



General Assembly

Amendment

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LCO No. 4197

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Offered by:

SEN. MCKINNEY, 28th Dist.

SEN. FASANO, 34th Dist.

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To: Senate Bill No. 288

File No. 91

Cal. No. 89

"AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS FOR TECHNICAL CORRECTIONS TO THE GENERAL GOVERNMENT ADMINISTRATION AND ELECTIONS STATUTES."

1 After the last section, add the following and renumber sections and
2 internal references accordingly:

3 "Sec. 501. (NEW) (*Effective October 1, 2010*) (a) There is established a
4 Department of Human Services. The department head shall be the
5 Commissioner of Human Services, who shall be appointed by the
6 Governor, in accordance with the provisions of sections 4-5 to 4-8,
7 inclusive, of the general statutes, with the powers and duties therein
8 prescribed.

9 (b) The Department of Human Services shall constitute a successor
10 department to the Department of Public Health, the Department of
11 Children and Families, the Department of Developmental Services, the

12 Department of Mental Health and Addiction Services and the
13 Department of Social Services in accordance with the provisions of
14 sections 4-38d and 4-39 of the general statutes.

15 (c) Whenever the words "Commissioner of Public Health",
16 "Commissioner of Children and Families", "Commissioner of
17 Developmental Services", "Commissioner of Mental Health and
18 Addiction Services" and "Commissioner of Social Services" are used in
19 the general statutes, the words "Commissioner of Human Services"
20 shall be substituted in lieu thereof. Wherever the words "Department
21 of Public Health", "Department of Children and Families",
22 "Department of Developmental Services", "Department of Mental
23 Health and Addiction Services" and "Department of Social Services"
24 are used in the general statutes, the words "Department of Human
25 Services" shall be substituted in lieu thereof.

26 (d) Any order or regulation of the Department of Public Health, the
27 Department of Children and Families, the Department of
28 Developmental Services, the Department of Mental Health and
29 Addiction Services and the Department of Social Services that is in
30 force on October 1, 2010, shall continue in force and effect as an order
31 or regulation of the Department of Human Services until amended,
32 repealed or superseded pursuant to law. Where any order or
33 regulation of said departments conflict, the Commissioner of Human
34 Services may implement policies and procedures consistent with the
35 provisions of this act while in the process of adopting the policy or
36 procedure in regulation form, provided notice of intention to adopt the
37 regulations is printed in the Connecticut Law Journal within twenty
38 days of implementation. The policy or procedure shall be valid until
39 the time the final regulations are effective.

40 Sec. 502. Subsection (a) of section 1-101aa of the 2010 supplement to
41 the general statutes is repealed and the following is substituted in lieu
42 thereof (*Effective October 1, 2010*):

43 (a) As used in this section, "department" means the [Department of

44 Developmental Services, the Department of Mental Health and
45 Addiction Services or the Department of Public Health] Department of
46 Human Services, and "provider" means any independent contractor or
47 private agency under contract with the department to provide services.

48 Sec. 503. Section 1-217 of the general statutes is repealed and the
49 following is substituted in lieu thereof (*Effective October 1, 2010*):

50 (a) No public agency may disclose, under the Freedom of
51 Information Act, the residential address of any of the following
52 persons:

53 (1) A federal court judge, federal court magistrate, judge of the
54 Superior Court, Appellate Court or Supreme Court of the state, or
55 family support magistrate;

56 (2) A sworn member of a municipal police department, a sworn
57 member of the Division of State Police within the Department of Public
58 Safety or a sworn law enforcement officer within the Department of
59 Environmental Protection;

60 (3) An employee of the Department of Correction;

61 (4) An attorney-at-law who represents or has represented the state
62 in a criminal prosecution;

63 (5) An attorney-at-law who is or has been employed by the Public
64 Defender Services Division or a social worker who is employed by the
65 Public Defender Services Division;

66 (6) An inspector employed by the Division of Criminal Justice;

67 (7) A firefighter;

68 (8) An employee of the Department of [Children and Families]
69 Human Services;

70 (9) A member or employee of the Board of Pardons and Paroles;

71 (10) An employee of the judicial branch; or

72 [(11) An employee of the Department of Mental Health and
73 Addiction Services who provides direct care to patients; or]

74 [(12)] (11) A member or employee of the Commission on Human
75 Rights and Opportunities.

76 (b) The business address of any person described in this section
77 shall be subject to disclosure under section 1-210. The provisions of this
78 section shall not apply to Department of Motor Vehicles records
79 described in section 14-10.

80 Sec. 504. Section 4-5 of the 2010 supplement to the general statutes is
81 repealed and the following is substituted in lieu thereof (*Effective*
82 *October 1, 2010*):

83 As used in sections 4-6, 4-7 and 4-8, the term "department head"
84 means Secretary of the Office of Policy and Management,
85 Commissioner of Administrative Services, Commissioner of Revenue
86 Services, Banking Commissioner, [Commissioner of Children and
87 Families,] Commissioner of Consumer Protection, Commissioner of
88 Correction, Commissioner of Economic and Community Development,
89 State Board of Education, Commissioner of Emergency Management
90 and Homeland Security, Commissioner of Environmental Protection,
91 Commissioner of Agriculture, Commissioner of [Public Health]
92 Human Services, Insurance Commissioner, Labor Commissioner,
93 Liquor Control Commission, [Commissioner of Mental Health and
94 Addiction Services,] Commissioner of Public Safety, [Commissioner of
95 Social Services, Commissioner of Developmental Services,]
96 Commissioner of Motor Vehicles, Commissioner of Transportation,
97 Commissioner of Public Works, Commissioner of Veterans' Affairs,
98 Chief Information Officer, the chairperson of the Public Utilities
99 Control Authority, the executive director of the Board of Education
100 and Services for the Blind, the executive director of the Connecticut
101 Commission on Culture and Tourism, and the executive director of the
102 Office of Military Affairs. As used in sections 4-6 and 4-7, "department

103 head" also means the Commissioner of Education.

104 Sec. 505. Section 4-38c of the general statutes is repealed and the
105 following is substituted in lieu thereof (*Effective October 1, 2010*):

106 There shall be within the executive branch of state government the
107 following departments: Office of Policy and Management, Department
108 of Administrative Services, Department of Revenue Services,
109 Department of Banking, Department of Agriculture, [Department of
110 Children and Families,] Department of Consumer Protection,
111 Department of Correction, Department of Economic and Community
112 Development, State Board of Education, Department of Emergency
113 Management and Homeland Security, Department of Environmental
114 Protection, [Department of Public Health,] Board of Governors of
115 Higher Education, Department of Human Services, Insurance
116 Department, Labor Department, [Department of Mental Health and
117 Addiction Services, Department of Developmental Services,]
118 Department of Public Safety, [Department of Social Services,]
119 Department of Transportation, Department of Motor Vehicles,
120 Department of Veterans' Affairs, Department of Public Works and
121 Department of Public Utility Control.

122 Sec. 506. Section 4-60i of the general statutes is repealed and the
123 following is substituted in lieu thereof (*Effective October 1, 2010*):

124 The Commissioner of [Social] Human Services shall (1) develop,
125 throughout the Departments of [Developmental Services, Public
126 Health,] Human Services and Correction, [Children and Families and
127 Mental Health and Addiction Services,] uniform management
128 information, uniform statistical information, uniform terminology for
129 similar facilities and uniform regulations for the licensing of human
130 services facilities, (2) plan for increased participation of the private
131 sector in the delivery of human services, (3) provide direction and
132 coordination to federally funded programs in the human services
133 agencies and recommend uniform system improvements and
134 reallocation of physical resources and designation of a single

135 responsibility across human services agencies lines to eliminate
136 duplication.

137 Sec. 507. Section 4-61aa of the general statutes is repealed and the
138 following is substituted in lieu thereof (*Effective October 1, 2010*):

139 (a) There is established a committee to encourage the employment
140 by the state of persons with disabilities. The Commissioner of
141 Administrative Services shall appoint the members of the committee,
142 which shall be chaired by such commissioner, or his designee, and
143 include one representative of each of the following:

144 (1) The Board of Education and Services to the Blind;

145 (2) The Commission on the Deaf and Hearing Impaired;

146 (3) The Bureau of Rehabilitative Services;

147 (4) The Office of Protection and Advocacy for Persons with
148 Disabilities;

149 (5) The Department of [Mental Health and Addiction] Human
150 Services; and

151 [(6) The Department of Developmental Services; and]

152 [(7)] (6) The Labor Department.

153 (b) The committee shall:

154 (1) Advise, and develop written guidelines for, the Commissioner of
155 Administrative Services and the executive heads of other state agencies
156 regarding the adaptation of employment examinations and alternative
157 hiring processes for, and the reasonable accommodation of, persons
158 with disabilities; and

159 (2) Review the program established under subsection (b) of section
160 4-61u and compliance with the provisions of section 46a-70 concerning
161 persons with physical disabilities.

162 Sec. 508. Subsection (a) of section 4-61cc of the general statutes is
163 repealed and the following is substituted in lieu thereof (*Effective*
164 *October 1, 2010*):

165 (a) Notwithstanding any provision of the general statutes, each
166 executive branch agency, department, board, commission or official,
167 other than the Department of [Public Health] Human Services or the
168 State Board of Education, responsible for the issuance of a license,
169 certificate, permit or registration required by the general statutes for
170 the practice of a profession shall renew the license, certificate, permit
171 or registration issued to an individual which expires while the
172 individual is (1) on active duty in the armed forces of the United
173 States, or (2) a member of the National Guard when ordered out by the
174 Governor for military service. Such renewal shall be valid for a period
175 of one year from the date of such individual's discharge from active
176 duty or ordered military service, or until the date the individual
177 successfully renews the license in accordance with this section and the
178 general statutes, whichever occurs first. Such individual applying for
179 renewal of a license, certificate, permit or registration shall submit to
180 the agency, department, board, commission or official such
181 documentation as may be required by such agency, department, board,
182 commission or official.

183 Sec. 509. Section 4-66d of the general statutes is repealed and the
184 following is substituted in lieu thereof (*Effective October 1, 2010*):

185 (a) The Secretary of the Office of Policy and Management shall
186 develop a standardized form of notice for the [Departments of Social
187 Services, Children and Families, Developmental Services and Mental
188 Health and Addiction Services] Department of Human Services for the
189 purpose of disclosing to an applicant or recipient of care or support, or
190 the legally liable relative, as defined in subsection (c) of section 4a-12,
191 of a person receiving care or support, the possibility of liability for
192 reimbursement of any amount paid by the state on behalf of the care or
193 support of an applicant, recipient or child. Said form shall include the
194 following: (1) Whether payments required are full or partial payment

195 of moneys owed to the department; (2) that the applicant or recipient
196 of care or support, or the legally liable relative may be liable for the
197 entire cost of care or support; and (3) that upon request, at the end of
198 care or support, itemization of costs and list of services provided. Said
199 form may be included in an application for care or support.

200 (b) The [Departments of Social Services, Children and Families,
201 Developmental Services and Mental Health and Addiction Services]
202 Department of Human Services shall provide the form of notice
203 established pursuant to subsection (a) of this section to all applicants
204 or recipients of care or support or the legally liable relatives, as defined
205 in subsection (c) of section 4a-12, of a child receiving care or support, if
206 the whereabouts of such relatives are known.

207 Sec. 510. Subsection (a) of section 4-67x of the 2010 supplement to
208 the general statutes is repealed and the following is substituted in lieu
209 thereof (*Effective October 1, 2010*):

210 (a) There shall be a Child Poverty and Prevention Council consisting
211 of the following members or their designees: The Secretary of the
212 Office of Policy and Management, the president pro tempore of the
213 Senate, the speaker of the House of Representatives, the minority
214 leader of the Senate and the minority leader of the House of
215 Representatives, the Commissioners of [Children and Families, Social]
216 Human Services, Correction, [Developmental Services, Mental Health
217 and Addiction Services,] Transportation, [Public Health,] Education,
218 Economic and Community Development and Health Care Access, the
219 Labor Commissioner, the Chief Court Administrator, the chairperson
220 of the Board of Governors of Higher Education, the Child Advocate,
221 the chairperson of the Children's Trust Fund Council and the executive
222 directors of the Commission on Children and the Commission on
223 Human Rights and Opportunities. The Secretary of the Office of Policy
224 and Management, or the secretary's designee, shall be the chairperson
225 of the council. The council shall (1) develop and promote the
226 implementation of a ten-year plan, to begin June 8, 2004, to reduce the
227 number of children living in poverty in the state by fifty per cent, and

228 (2) within available appropriations, establish prevention goals and
229 recommendations and measure prevention service outcomes in
230 accordance with this section in order to promote the health and well-
231 being of children and families.

232 Sec. 511. Section 4a-16 of the 2010 supplement to the general statutes
233 is repealed and the following is substituted in lieu thereof (*Effective*
234 *October 1, 2010*):

235 When any person supported or cared for by the state under a
236 program of public assistance or in an institution maintained by the
237 Department [of Developmental Services or Department of Mental
238 Health and Addiction] Human Services, or when an inmate of the
239 Department of Correction, or when any child committed to the
240 Commissioner of [Social Services or Commissioner of Children and
241 Families] Human Services dies leaving only personal estate, including
242 personal assets owing and due the estate after death, not exceeding the
243 aggregate value, as described in section 45a-273, the Commissioner of
244 Administrative Services or the commissioner's authorized
245 representative shall, upon filing with the probate court having
246 jurisdiction of such estate a certificate that the total estate is under the
247 aggregate value, as described in section 45a-273, and the claim of the
248 state, together with the expense of last illness not exceeding three
249 hundred seventy-five dollars and funeral and burial expenses in
250 accordance with section 17b-84, equals or exceeds the amount of such
251 estate, be issued a certificate by said court that the commissioner is the
252 legal representative of such estate only for the following purpose. The
253 commissioner shall have authority to claim such estate, the
254 commissioner's receipt for the same to be a valid discharge of the
255 liability of any person turning over the same, and to settle the same by
256 payment of the expense of last illness not exceeding three hundred
257 seventy-five dollars, expense of funeral and burial in accordance with
258 section 17b-84 and the remainder as partial or full reimbursement of
259 the claim of the state for care or assistance rendered to the decedent.
260 The commissioner shall file with said probate court a statement of the
261 settlement of such estate as herein provided.

262 Sec. 512. Section 4-77a of the general statutes is repealed and the
263 following is substituted in lieu thereof (*Effective October 1, 2010*):

264 The estimates of expenditure requirements transmitted by the
265 administrative head of each budgeted agency to the Secretary of the
266 Office of Policy and Management, pursuant to section 4-77, shall
267 include an estimate of the amount required by such agency for the
268 payment of the workers' compensation claims of the employees of each
269 such agency. Appropriations which are recommended in the budget
270 document transmitted by the Governor in the odd-numbered years or
271 the status report transmitted by the Governor in the even-numbered
272 years to the General Assembly pursuant to section 4-71 or contained in
273 the state budget act or any deficiency bill, as provided in section 2-36,
274 for the payment of such claims shall be made as follows: (1) For the
275 Departments of [Developmental Services, Mental Health and
276 Addiction] Human Services, Correction, Transportation [,] and Public
277 Safety, [and Children and Families,] directly to said agencies; and (2)
278 for all other budgeted state agencies, to the Department of
279 Administrative Services which shall maintain an account for payment
280 of workers' compensation claims.

281 Sec. 513. Subsection (d) of section 4a-12 of the general statutes is
282 repealed and the following is substituted in lieu thereof (*Effective*
283 *October 1, 2010*):

284 (d) Notwithstanding the provisions of subsection (c) of this section,
285 no liability shall be imposed upon a liable relative upon determination
286 by the Department of [Developmental Services, Social Services,
287 Children and Families, Mental Health and Addiction Services or Public
288 Health] Human Services that the benefit of the assistance or service
289 provided would be significantly impaired by the imposition of such
290 liability. Each such department may waive all or part of any liability
291 resulting from its delay in establishing such liability if it determines
292 that imposition of such liability would pose a significant financial
293 hardship upon a liable relative.

294 Sec. 514. Subdivision (1) of subsection (a) of section 4a-82 of the
295 general statutes is repealed and the following is substituted in lieu
296 thereof (*Effective October 1, 2010*):

297 (1) "Person with a disability" means any individual with a disability,
298 excluding blindness, as such term is applied by the Department of
299 [Mental Health and Addiction Services, the Department of
300 Developmental] Human Services, the Bureau of Rehabilitation Services
301 within the Department of [Social] Human Services or the Veterans'
302 Administration and who is certified by the Bureau of Rehabilitation
303 Services within the Department of [Social] Human Services as
304 qualified to participate in a qualified partnership, as described in
305 subsections (f) to (m), inclusive, of this section;

306 Sec. 515. Section 8-3e of the general statutes is repealed and the
307 following is substituted in lieu thereof (*Effective October 1, 2010*):

308 (a) No zoning regulation shall treat the following in a manner
309 different from any single family residence: (1) Any community
310 residence that houses six or fewer mentally retarded persons and
311 necessary staff persons and that is licensed under the provisions of
312 section 17a-227, (2) any child-care residential facility that houses six or
313 fewer children with mental or physical disabilities and necessary staff
314 persons and that is licensed under sections 17a-145 to 17a-151,
315 inclusive, or (3) any community residence that houses six or fewer
316 persons receiving mental health or addiction services and necessary
317 staff persons paid for or provided by the Department of [Mental
318 Health and Addiction] Human Services and that has been issued a
319 license by [the Department of Public Health] such department under
320 the provisions of section 19a-491, if a license is required.

321 (b) Any resident of a municipality in which such a community
322 residence or child-care residential facility is located may, with the
323 approval of the legislative body of such municipality, petition the
324 Commissioner of Human Services to (1) [the Commissioner of
325 Developmental Services to] revoke the license of such community

326 residence on the grounds that such community residence is not in
327 compliance with the provisions of any statute or regulation concerning
328 the operation of such residences, (2) [the Commissioner of Children
329 and Families to] revoke the license of such child-care residential
330 facility on the grounds that such child-care residential facility is not in
331 compliance with the provision of any general statute or regulation
332 concerning the operation of such child-care residential facility, or (3)
333 [the Commissioner of Mental Health and Addiction Services to]
334 withdraw funding from such community residence on the grounds
335 that such community residence is not in compliance with the
336 provisions of any general statute or regulation adopted thereunder
337 concerning the operation of a community residence.

338 Sec. 516. Section 8-206d of the general statutes is repealed and the
339 following is substituted in lieu thereof (*Effective October 1, 2010*):

340 The Commissioner of Economic and Community Development shall
341 administer an emergency fuel assistance program to provide: (1)
342 Emergency fuel assistance on behalf of private, nonprofit group homes
343 and halfway houses receiving state aid and licensed by or under
344 contract with the [Department of Public Health, the Department of
345 Children and Families, the Department of Mental Health and
346 Addiction Services, the] Department of Correction or the Department
347 of [Developmental] Human Services, provided no group home or
348 halfway house shall receive emergency fuel assistance in excess of one
349 thousand dollars unless the commissioner finds additional assistance
350 is necessary to protect the health and safety of the residents of such
351 group home or halfway house; (2) grants to municipalities for
352 emergency fuel assistance to receivers of rents appointed pursuant to
353 section 47a-56a, to prevent and respond to abandonment by landlords
354 of tenant-occupied dwelling units, provided no municipality shall
355 receive an amount in excess of one thousand five hundred dollars for
356 each receivership established within such municipality unless the
357 commissioner finds additional assistance is necessary to protect the
358 health and safety of the residents of such dwelling units; and (3)
359 emergency fuel assistance to housing authorities for state-financed

360 housing projects, for fuel costs incurred after October 1, 1979. The
361 commissioner shall adopt regulations, in accordance with the
362 provisions of chapter 54, establishing eligibility criteria for the
363 distribution of state funds appropriated to the Department of
364 Economic and Community Development for such program. The
365 commissioner may, in his discretion and based on his determination of
366 need, allocate any funds appropriated for the purposes of this section
367 among group homes and halfway houses, municipalities and housing
368 authorities.

369 Sec. 517. Section 10-16y of the 2010 supplement to the general
370 statutes is repealed and the following is substituted in lieu thereof
371 (*Effective October 1, 2010*):

372 There shall be an Office of Early Childhood Planning, Outreach and
373 Coordination within the Department of Education. The office shall be
374 responsible for:

375 (1) Planning, developing and coordinating with other agencies the
376 delivery of services to children birth to nine years of age, inclusive;

377 (2) Coordinating the enhancement and implementation of the Early
378 Childhood Information System, in consultation with the Early
379 Childhood Education Cabinet pursuant to section 10-16z, with the
380 capability of tracking: (A) The health, safety and school readiness of all
381 children receiving early care and education from any local or regional
382 board of education or any program receiving public funding, in a
383 manner similar to the system described in section 10-10a; (B) the
384 characteristics of the existing and potential workforce serving such
385 children in any local or regional school district or in a program
386 receiving any public funding; and (C) the characteristics of the
387 programs in which such children are served. The Department of
388 Education shall be responsible for assigning unique identifiers to all
389 such children and staff and programs tracked by the Early Childhood
390 Information System. Any local or regional board of education, school
391 readiness program, as defined in subdivision (1) of subsection (a) of

392 section 10-16p receiving any public funding, or any child day care
393 center described in subdivision (1) of section 19a-77 and licensed by
394 the Department of [Public Health] Human Services, including any
395 participating in a program administered by [the Department of Social
396 Services] such department pursuant to chapter 319rr, shall ensure that
397 all children and all staff in such center or program are entered into the
398 Early Childhood Information System;

399 (3) Developing and reporting on an early childhood accountability
400 plan, in consultation with the Early Childhood Education Cabinet;

401 (4) Implementing a communications strategy for outreach to
402 families, service providers and policymakers;

403 (5) Beginning a state-wide longitudinal evaluation of the school
404 readiness program, not later than January 1, 2010, in consultation with
405 the Department of [Social] Human Services, that examines the
406 educational progress of children from prekindergarten programs to
407 grade four, inclusive, including a study of the reliability and validity of
408 the kindergarten assessment tool developed pursuant to subsection (h)
409 of section 10-14n; and

410 (6) Developing, coordinating and supporting public and private
411 partnerships to aid early childhood initiatives.

412 Sec. 518. Subsection (a) of section 10-16z of the 2010 supplement to
413 the general statutes is repealed and the following is substituted in lieu
414 thereof (*Effective October 1, 2010*):

415 (a) There is established the Early Childhood Education Cabinet. The
416 cabinet shall consist of: (1) The Commissioner of Education, or the
417 commissioner's designee, (2) one representative from the Department
418 of Education who is responsible for programs required under the
419 Individuals With Disabilities Education Act, 20 USC 1400 et seq., as
420 amended from time to time, appointed by the Commissioner of
421 Education, (3) [the Commissioner of Social Services, or the
422 commissioner's designee, (4)] a representative from an institution of

423 higher education in this state appointed by the Commissioner of
424 Higher Education, [(5) the Commissioner of Public Health, or the
425 commissioner's designee, (6) the Commissioner of Developmental
426 Services, or the commissioner's designee, (7) the Commissioner of
427 Mental Health and Addiction Services, or the commissioner's designee,
428 (8)] (4) the Commissioner of Human Services, or the commissioner's
429 designee, (5) the executive director of the Commission on Children, or
430 the executive director's designee, [(9)] (6) the project director of the
431 Connecticut Head Start State Collaboration Office, [(10)] (7) a
432 representative from a Head Start program appointed by the minority
433 leader of the House of Representatives, [(11)] (8) a representative of a
434 local provider of early childhood education appointed by the minority
435 leader of the Senate, [(12)] (9) two appointed by the speaker of the
436 House of Representatives, one of whom is a member of the House of
437 Representatives and one of whom is a parent who has a child
438 attending a school in a priority school district, [(13)] (10) two
439 appointed by the president pro tempore of the Senate, one of whom is
440 a member of the Senate and one of whom is a representative of a
441 public elementary school with a prekindergarten program, [(14)] (11) a
442 representative of the business or philanthropic community in this state
443 appointed by the Governor, and [(15)] (12) the Secretary of the Office
444 of Policy and Management, or the secretary's designee. The
445 chairperson of the council shall be appointed from among its members
446 by the Governor.

447 Sec. 519. Subsection (a) of section 10-19 of the general statutes is
448 repealed and the following is substituted in lieu thereof (*Effective*
449 *October 1, 2010*):

450 (a) The knowledge, skills and attitudes required to understand and
451 avoid the effects of alcohol, of nicotine or tobacco and of drugs, as
452 defined in subdivision (17) of section 21a-240, on health, character,
453 citizenship and personality development shall be taught every
454 academic year to pupils in all grades in the public schools; and, in
455 teaching such subjects, textbooks and such other materials as are
456 necessary shall be used. Annually, at such time and in such manner as

457 the Commissioner of Education shall request, each local and regional
458 board of education shall attest to the State Board of Education that all
459 pupils enrolled in its schools have been taught such subjects pursuant
460 to this subsection and in accordance with a planned, ongoing and
461 systematic program of instruction. The content and scheduling of
462 instruction shall be within the discretion of the local or regional board
463 of education. Institutions of higher education approved by the State
464 Board of Education to train teachers shall give instruction on the
465 subjects prescribed in this section and concerning the best methods of
466 teaching the same. The State Board of Education and the Board of
467 Governors of Higher Education in consultation with the Commissioner
468 of [Mental Health and Addiction Services and the Commissioner of
469 Public Health] Human Services shall develop health education or other
470 programs for elementary and secondary schools and for the training of
471 teachers, administrators and guidance personnel with reference to
472 understanding and avoiding the effects of nicotine or tobacco, alcohol
473 and drugs.

474 Sec. 520. Subsection (e) of section 10-76d of the 2010 supplement to
475 the general statutes is repealed and the following is substituted in lieu
476 thereof (*Effective October 1, 2010*):

477 (e) (1) Any local or regional board of education which provides
478 special education pursuant to any mandates in this section shall
479 provide transportation, to and from, but not beyond the curb of, the
480 residence of the child, unless otherwise agreed upon by the board and
481 the parent or guardian of the child, tuition, room and board and other
482 items necessary to the provision of such special education except for
483 children who are placed in a residential facility because they need
484 services other than educational services, in which case the financial
485 responsibility of the school district and payment to such district shall
486 be limited to the reasonable costs of special education instruction as
487 defined in the regulations of the State Board of Education. If a hearing
488 board, pursuant to subsection (d) of section 10-76h, rejects the
489 educational program prescribed by the local or regional board of
490 education and determines that a placement by a parent or guardian

491 was appropriate, the local or regional board of education shall
492 reimburse the parent or guardian for the reasonable costs incurred for
493 the provision of special education pursuant to this section from the
494 initiation of review procedures as provided by said section 10-76h.

495 (2) For purposes of this subdivision, "public agency" includes the
496 offices of a government of a federally recognized Native American
497 tribe. Notwithstanding any other provisions of the general statutes, for
498 the fiscal year ending June 30, 1987, and each fiscal year thereafter,
499 whenever a public agency, other than a local or regional board of
500 education, the State Board of Education or the Superior Court acting
501 pursuant to section 10-76h, places a child in a foster home, group
502 home, hospital, state institution, receiving home, custodial institution
503 or any other residential or day treatment facility, and such child
504 requires special education, the local or regional board of education
505 under whose jurisdiction the child would otherwise be attending
506 school or, if no such board can be identified, the local or regional board
507 of education of the town where the child is placed, shall provide the
508 requisite special education and related services to such child in
509 accordance with the provisions of this section. Within one business day
510 of such a placement by the Department of [Children and Families]
511 Human Services or offices of a government of a federally recognized
512 Native American tribe, said department or offices shall orally notify
513 the local or regional board of education responsible for providing
514 special education and related services to such child of such placement.
515 The department or offices shall provide written notification to such
516 board of such placement within two business days of the placement.
517 Such local or regional board of education shall convene a planning and
518 placement team meeting for such child within thirty days of the
519 placement and shall invite a representative of the Department of
520 [Children and Families] Human Services or offices of a government of
521 a federally recognized Native American tribe to participate in such
522 meeting. (A) The local or regional board of education under whose
523 jurisdiction such child would otherwise be attending school shall be
524 financially responsible for the reasonable costs of such special

525 education and related services in an amount equal to the lesser of one
526 hundred per cent of the costs of such education or the average per
527 pupil educational costs of such board of education for the prior fiscal
528 year, determined in accordance with the provisions of subsection (a) of
529 section 10-76f. The State Board of Education shall pay on a current
530 basis, except as provided in subdivision (3) of this subsection, any
531 costs in excess of such local or regional board's basic contributions paid
532 by such board of education in accordance with the provisions of this
533 subdivision. (B) Whenever a child is placed pursuant to this
534 subdivision, on or after July 1, 1995, by the Department of [Children
535 and Families] Human Services and the local or regional board of
536 education under whose jurisdiction such child would otherwise be
537 attending school cannot be identified, the local or regional board of
538 education under whose jurisdiction the child attended school or in
539 whose district the child resided at the time of removal from the home
540 by said department shall be responsible for the reasonable costs of
541 special education and related services provided to such child, for one
542 calendar year or until the child is committed to the state pursuant to
543 section 46b-129 or 46b-140 or is returned to the child's parent or
544 guardian, whichever is earlier. If the child remains in such placement
545 beyond one calendar year the Department of [Children and Families]
546 Human Services shall be responsible for such costs. During the period
547 the local or regional board of education is responsible for the
548 reasonable cost of special education and related services pursuant to
549 this subparagraph, the board shall be responsible for such costs in an
550 amount equal to the lesser of one hundred per cent of the costs of such
551 education and related services or the average per pupil educational
552 costs of such board of education for the prior fiscal year, determined in
553 accordance with the provisions of subsection (a) of section 10-76f. The
554 State Board of Education shall pay on a current basis, except as
555 provided in subdivision (3) of this subsection, any costs in excess of
556 such local or regional board's basic contributions paid by such board of
557 education in accordance with the provisions of this subdivision. The
558 costs for services other than educational shall be paid by the state
559 agency which placed the child. The provisions of this subdivision shall

560 not apply to the school districts established within the Department of
561 [Children and Families] Human Services, pursuant to section 17a-37 []
562 or section 17a-240 or the Department of Correction, pursuant to section
563 18-99a, [or the Department of Developmental Services, pursuant to
564 section 17a-240,] provided in any case in which special education is
565 being provided at a private residential institution, including the
566 residential components of regional educational service centers, to a
567 child for whom no local or regional board of education can be found
568 responsible under subsection (b) of this section, Unified School District
569 #2 shall provide the special education and related services and be
570 financially responsible for the reasonable costs of such special
571 education instruction for such children. Notwithstanding the
572 provisions of this subdivision, for the fiscal years ending June 30, 2004,
573 to June 30, 2007, inclusive, and for the fiscal years ending June 30, 2010,
574 and June 30, 2011, the amount of the grants payable to local or regional
575 boards of education in accordance with this subdivision shall be
576 reduced proportionately if the total of such grants in such year exceeds
577 the amount appropriated for the purposes of this subdivision for such
578 year.

579 (3) Payment for children who require special education and who
580 reside on state-owned or leased property or in permanent family
581 residences as defined in section 17a-154, and who are not the
582 educational responsibility of the unified school districts established
583 pursuant to section 17a-37, section 17a-240 or section 18-99a, shall be
584 made in the following manner: The State Board of Education shall pay
585 to the school district which is responsible for providing instruction for
586 each such child pursuant to the provisions of this subsection one
587 hundred per cent of the reasonable costs of such instruction. In the
588 fiscal year following such payment, the State Board of Education shall
589 deduct from the special education grant due the local or regional board
590 of education under whose jurisdiction the child would otherwise be
591 attending school, where such board has been identified, the amount
592 for which such board would otherwise have been financially
593 responsible pursuant to the provisions of subdivision (2) of this

594 subsection. No such deduction shall be made for any school district
595 which is responsible for providing special education instruction for
596 children whose parents or legal guardians do not reside within such
597 district. The amount deducted shall be included as a net cost of special
598 education by the Department of Education for purposes of the state's
599 special education grant calculated pursuant to section 10-76g. A school
600 district otherwise eligible for reimbursement under the provisions of
601 this subdivision for the costs of education of a child residing in a
602 permanent family residence shall continue to be so eligible in the event
603 that a person providing foster care in such residence adopts the child.
604 Notwithstanding the provisions of this subdivision, for the fiscal years
605 ending June 30, 2004, and June 30, 2005, the amount of the grants
606 payable to local or regional boards of education in accordance with
607 this subdivision shall be reduced proportionately if the total of such
608 grants in such year exceeds the amount appropriated for the purposes
609 of this subdivision for such year.

610 (4) Notwithstanding any other provision of this section, the
611 Department of [Mental Health and Addiction] Human Services shall
612 provide regular education and special education and related services
613 to eligible residents in facilities operated by the department who are
614 eighteen to twenty-one years of age. In the case of a resident who
615 requires special education, the department shall provide the requisite
616 identification and evaluation of such resident in accordance with the
617 provisions of this section. The department shall be financially
618 responsible for the provision of educational services to eligible
619 residents. The Departments of [Mental Health and Addiction Services,
620 Children and Families] Human Services and Education shall develop
621 and implement an interagency agreement which specifies the role of
622 each agency in ensuring the provision of appropriate education
623 services to eligible residents in accordance with this section. The State
624 Board of Education shall pay to the Department of [Mental Health and
625 Addiction] Human Services one hundred per cent of the reasonable
626 costs of such educational services provided to eligible residents of such
627 facilities. Payment shall be made by the board as follows: Eighty-five

628 per cent of the estimated cost in July and the adjusted balance in May.

629 (5) Application for the grant to be paid by the state for costs in
630 excess of the local or regional board of education's basic contribution
631 shall be made by such board of education by filing with the State
632 Board of Education, in such manner as prescribed by the
633 Commissioner of Education, annually on or before December first a
634 statement of the cost of providing special education, as defined in
635 subdivision (2) of this subsection, for a child of the board placed by a
636 state agency in accordance with the provisions of said subdivision or,
637 where appropriate, a statement of the cost of providing educational
638 services other than special educational services pursuant to the
639 provisions of subsection (b) of section 10-253, provided a board of
640 education may submit, not later than March first, claims for additional
641 children or costs not included in the December filing. Payment by the
642 state for such excess costs shall be made to the local or regional board
643 of education as follows: Seventy-five per cent of the cost in February
644 and the balance in May. The amount due each town pursuant to the
645 provisions of this subsection and the amount due to each town as
646 tuition from other towns pursuant to this section shall be paid to the
647 treasurer of each town entitled to such aid, provided the treasurer shall
648 treat such grant or tuition received, or a portion of such grant or
649 tuition, which relates to special education expenditures incurred
650 pursuant to subdivisions (2) and (3) of this subsection in excess of such
651 board's budgeted estimate of such expenditures, as a reduction in
652 expenditures by crediting such expenditure account, rather than town
653 revenue. The state shall notify the local or regional board of education
654 when payments are made to the treasurer of the town pursuant to this
655 subdivision.

656 Sec. 521. Subsection (a) of section 10-76i of the general statutes is
657 repealed and the following is substituted in lieu thereof (*Effective*
658 *October 1, 2010*):

659 (a) There shall be an Advisory Council for Special Education which
660 shall advise the General Assembly, State Board of Education and the

661 Commissioner of Education, and which shall engage in such other
662 activities as described in this section. Said advisory council shall
663 consist of the following members: (1) Two appointed by the
664 Commissioner of Education, one of whom shall be an official of the
665 Department of Education and one of whom shall be a representative of
666 an institution of higher education in the state that prepares teacher and
667 related services personnel; (2) ~~[two]~~ four appointed by the
668 Commissioner of ~~[Developmental]~~ Human Services, ~~[one]~~ two of
669 whom shall be ~~[an official]~~ officials of the department and ~~[one]~~ two of
670 whom shall be ~~[a person]~~ persons with disabilities or a parent of such a
671 person; (3) ~~[two]~~ appointed by the Commissioner of Children and
672 Families, one of whom shall be an official of the department and one of
673 whom shall be a person with disabilities or a parent or foster parent of
674 such a person; ~~(4)]~~ one appointed by the Commissioner of Correction;
675 ~~[(5)]~~ (4) four who are members of the General Assembly, one
676 appointed by the majority leader of the House of Representatives, one
677 appointed by the minority leader of the House of Representatives, one
678 appointed by the president pro tempore of the Senate and one
679 appointed by the minority leader of the Senate; ~~[(6)]~~ (5) three
680 appointed by the president pro tempore of the Senate, one of whom
681 shall be a member of the Connecticut Association of Boards of
682 Education, one of whom shall be a member of the Connecticut Speech-
683 Language-Hearing Association and one of whom shall be a person
684 with disabilities or the parent of such a person; ~~[(7)]~~ (6) two appointed
685 by the majority leader of the Senate one of whom shall be a person
686 with disabilities or the parent of such a person and one of whom shall
687 be a regular education teacher; ~~[(8)]~~ (7) four appointed by the minority
688 leader of the Senate, one of whom shall be a representative of a
689 vocational, community or business organization concerned with the
690 provision of transitional services to children with disabilities, one of
691 whom shall be a member of the Connecticut Association of Private
692 Special Education Facilities and two of whom shall be persons with
693 disabilities or the parents of such persons; ~~[(9)]~~ (8) three appointed by
694 the speaker of the House of Representatives, one of whom shall be a
695 member of the Connecticut Association of School Administrators and a

696 local education official, one of whom shall be a person with disabilities
697 or the parent of such a person and one of whom shall be a member of
698 the literacy coalition and a person with disabilities or the parent of
699 such a person; [(10)] (9) two appointed by the majority leader of the
700 House of Representatives, one of whom shall be a person working in
701 the field of special-education-related services and one of whom shall
702 be a person with disabilities or the parent of such a person; [(11)] (10)
703 four appointed by the minority leader of the House of Representatives,
704 two of whom shall be persons with disabilities or the parents of such
705 persons, one of whom shall be a member of the Connecticut
706 Association of Pupil Personnel Administrators and an administrator of
707 a program for children who require special education, and one of
708 whom shall be a special education teacher; [(12)] (11) eight appointed
709 by the Governor, all of whom shall be persons with disabilities or
710 parents of such persons and one of whom shall also be associated with
711 a charter school; and [(13)] (12) such other members as required by the
712 Individuals with Disabilities Education Act, 20 USC 1400 et seq., as
713 amended from time to time, appointed by the Commissioner of
714 Education. The terms of the present members shall expire on June 30,
715 1998. Appointments shall be made to the council by July 1, 1998.
716 Members shall serve two-year terms, except that members appointed
717 pursuant to subdivisions (1) to [(4)] (3), inclusive, and [(12)] (11) of this
718 subsection whose terms commenced July 1, 1998, shall serve three-year
719 terms and the successors to such members appointed pursuant to said
720 subdivisions shall serve two-year terms.

721 Sec. 522. Subsection (a) of section 10-253 of the 2010 supplement to
722 the general statutes is repealed and the following is substituted in lieu
723 thereof (*Effective October 1, 2010*):

724 (a) Children placed out by the Commissioner of [Children and
725 Families] Human Services or by other agencies or persons, including
726 offices of a government of a federally recognized Native American
727 tribe, private child-caring or child-placing agencies licensed by the
728 Department of [Children and Families] Human Services, and eligible
729 residents of facilities operated by the Department of [Mental Health

730 and Addiction Services or by the Department of Public Health] Human
731 Services who are eighteen to twenty-one years of age, shall be entitled
732 to all free school privileges of the school district where they then reside
733 as a result of such placement, except as provided in subdivision (4) of
734 subsection (e) of section 10-76d. Except as provided in subsection (d) of
735 this section and subdivision (4) of subsection (e) of section 10-76d,
736 payment for such education shall be made by the board of education of
737 the school district under whose jurisdiction such child would
738 otherwise be attending school where such a school district is identified.

739 Sec. 523. Subsection (b) of section 17a-4a of the general statutes is
740 repealed and the following is substituted in lieu thereof (*Effective*
741 *October 1, 2010*):

742 (b) The Children's Behavioral Health Advisory Committee shall be
743 composed of the following ex-officio voting members: (1) The
744 Commissioner of [Children and Families] Human Services or the
745 commissioner's designee; (2) [the Commissioner of Social Services or
746 the commissioner's designee; (3)] the Executive Director of the
747 Children's Health Council or said director's designee; [(4)] (3) the Chief
748 Court Administrator or said administrator's designee; [(5)] (4) the
749 Commissioner of Education or the commissioner's designee; [(6) the
750 Commissioner of Mental Health and Addiction Services or the
751 commissioner's designee; (7) the Commissioner of Developmental
752 Services or the commissioner's designee; (8)] and (5) the executive
753 director of the Office of Protection and Advocacy for Persons with
754 Disabilities or the director's designee; and the following public
755 members: (A) Two members appointed by the Governor, one of whom
756 shall be a parent of a child who receives behavioral health services and
757 one of whom shall be a provider of behavioral health services; (B) six
758 members, one of whom shall be appointed by the president pro
759 tempore of the Senate, one of whom shall be appointed by the speaker
760 of the House of Representatives, one of whom shall be appointed by
761 the majority leader of the Senate, one of whom shall be appointed by
762 the majority leader of the House of Representatives, one of whom shall
763 be appointed by the minority leader of the Senate and one of whom

764 shall be appointed by the minority leader of the House of
765 Representatives, and all of whom shall be knowledgeable on issues
766 relative to children in need of behavioral health services and family
767 supports; and (C) sixteen members appointed by the chairperson of the
768 State Advisory Council on Children and Families. The membership of
769 the advisory committee shall fairly and adequately represent parents
770 of children who have a serious emotional disturbance. At least fifty-
771 one per cent of the members of the advisory committee shall be
772 persons who are parents or relatives of a child who has or had a
773 serious emotional disturbance or persons who had a serious emotional
774 disturbance as children and no more than half the members of the
775 committee shall be persons who receive income from a private practice
776 or any public or private agency that delivers behavioral health
777 services.

778 Sec. 524. Section 17a-22a of the general statutes is repealed and the
779 following is substituted in lieu thereof (*Effective October 1, 2010*):

780 (a) The Commissioner of [Social Services and the Commissioner of
781 Children and Families] Human Services shall, within available
782 appropriations, develop and administer an integrated behavioral
783 health service delivery system to be known as Connecticut Community
784 KidCare. Said system shall provide services to children and youths
785 with behavioral health needs who are in the custody of the
786 Department of [Children and Families] Human Services, who are
787 eligible to receive services from the HUSKY Plan, Part A or the
788 federally subsidized portion of Part B, or receive services under the
789 voluntary services program operated by the Department of [Children
790 and Families] Human Services. All necessary changes to the IV-E, Title
791 XIX and Title XXI state plans shall be made to maximize federal
792 financial participation. The Commissioner of [Social] Human Services
793 may amend the state Medicaid plan to facilitate the claiming of federal
794 reimbursement for private nonmedical institutions as defined in the
795 Social Security Act. The Commissioner of [Social] Human Services may
796 implement policies and procedures necessary to provide
797 reimbursement for the services provided by private nonmedical

798 institutions, as defined in 42 CFR Part 434, while in the process of
799 adopting such policies and procedures in regulation form, provided
800 the commissioner prints notice of intention to adopt the regulations in
801 the Connecticut Law Journal within twenty days of implementing such
802 policies and procedures. Policies and procedures implemented
803 pursuant to this subsection shall be valid until the time such
804 regulations are effective.

805 (b) Connecticut Community KidCare shall, within available
806 appropriations, provide a comprehensive benefit package of
807 behavioral health specialty services. The HUSKY Plan shall continue to
808 provide primary behavioral health services and may provide
809 additional behavioral health services to be determined by the
810 Department of [Social] Human Services and shall assure an integration
811 of such services with the behavioral health services provided by
812 Connecticut Community KidCare.

813 (c) Connecticut Community KidCare shall include: (1) A system of
814 care model in which service planning is based on the needs and
815 preferences of the child or youth and his or her family and that places
816 an emphasis on early identification, prevention and treatment; (2) a
817 comprehensive behavioral health program with a flexible benefit
818 package that shall include clinically necessary and appropriate home
819 and community-based treatment services and comprehensive support
820 services in the least restrictive setting; (3) community-based care
821 planning and service delivery, including services and supports for
822 children from birth through early childhood that link Connecticut
823 Community KidCare to the early childhood community and promote
824 emotional wellness; (4) comprehensive children and youth behavioral
825 health training for agency and system staff and interested parents and
826 guardians; (5) an efficient balance of local participation and state-wide
827 administration; (6) integration of agency funding to support the benefit
828 package; (7) a performance measurement system for monitoring
829 quality and access; (8) accountability for quality, access and cost; (9)
830 elimination of the major gaps in services and barriers to access
831 services; (10) a system of care that is family-focused with respect for

832 the legal rights of the child or youth and his or her parents and
833 provides training, support and family advocacy services; (11)
834 assurances of timely payment of service claims; (12) assurances that no
835 child or youth shall be disenrolled or inappropriately discharged due
836 to behavioral health care needs; and (13) identification of youths in
837 need of transition services to adult systems.

838 [(d) The Commissioner of Social Services and the Commissioner of
839 Children and Families shall enter into a memorandum of
840 understanding for the purpose of the joint administration of
841 Connecticut Community KidCare. Such memorandum of
842 understanding shall establish mechanisms to administer funding for,
843 establish standards for and monitor implementation of Connecticut
844 Community KidCare and specify that (1) the Department of Social
845 Services, which is the agency designated as the single state agency for
846 the administration of the Medicaid program pursuant to Title XIX of
847 the Social Security Act and is the agency responsible for the
848 administration of the HUSKY Plan, Part B under Title XXI of the Social
849 Security Act, manage all Medicaid and HUSKY Plan modifications,
850 waiver amendments, federal reporting and claims processing and
851 provide financial management, and (2) the Department of Children
852 and Families, which is the state agency responsible for administering
853 and evaluating a comprehensive and integrated state-wide program of
854 services for children and youths with behavioral health needs, define
855 the services to be included in the continuum of care and develop state-
856 wide training programs for providers, families and other persons.

857 (e) Said commissioners shall consult with the Commissioner of
858 Mental Health and Addiction Services, the Commissioner of
859 Developmental Services, the Commissioner of Public Health and the
860 Commissioner of Education during the development of Connecticut
861 Community KidCare in order to (1) ensure coordination of a delivery
862 system of behavioral health services across the life span of children,
863 youths and adults with behavioral health needs, (2) maximize federal
864 reimbursement and revenue, and (3) ensure the coordination of care
865 and funding among agencies.]

866 [(f)] (d) The Commissioner of [Social Services and the Commissioner
867 of Children and Families] Human Services may apply for any federal
868 waivers or waiver amendments necessary to implement the provisions
869 of this section.

870 Sec. 525. Section 17a-22b of the 2010 supplement to the general
871 statutes is repealed and the following is substituted in lieu thereof
872 (*Effective October 1, 2010*):

873 (a) Each community collaborative shall, within available
874 appropriations, (1) complete a local needs assessment which shall
875 include objectives and performance measures, (2) specify the number
876 of children and youths requiring behavioral health services, and (3)
877 specify the number of children and youths actually receiving
878 community-based and residential services and the type and frequency
879 of such services. Each community collaborative shall submit its local
880 needs assessment to the Commissioner of [Children and Families and
881 the Commissioner of Social] Human Services.

882 (b) The area offices of the Department of [Children and Families]
883 Human Services shall contract with lead service agencies, within
884 available appropriations, to coordinate the care of all children and
885 youths enrolled in Connecticut Community KidCare residing within
886 their designated catchment areas, including children and youths with
887 complex behavioral health service needs. The lead service agencies
888 shall employ or subcontract for the employment of care coordinators to
889 assist families in establishing and implementing individual service
890 plans for children and youths with complex behavioral health service
891 needs and to improve clinical outcomes and cost effectiveness. Parents
892 shall be afforded a choice of contracted providers for authorized
893 services.

894 (c) Each community collaborative may establish the number of
895 members and the type of representatives to ensure that the
896 membership of such collaborative is appropriately balanced. The chief
897 elected officers of municipalities served by a community collaborative

898 may designate a member to serve as a representative of the chief
899 elected officials. A community collaborative, at a minimum, shall
900 consist of representatives from the local or regional board of education,
901 special education program, youth services bureau, local departments
902 of social services and public health, representatives from private
903 organizations serving children and youths and a substantial number of
904 parents of children and youths with behavioral health needs. A
905 community collaborative shall participate in the area advisory councils
906 established under section 17a-30, provide outreach to community
907 resources, coordinate behavioral health services by forming, with the
908 consent of the family, child specific teams for children and youths with
909 complex behavioral health service needs, conduct community need
910 assessments to identify service gaps and service barriers, identify
911 priority investment areas for the state and lead service agencies and
912 provide public education and support. A community collaborative
913 shall establish a governance structure, determine membership and
914 identify or establish a fiscal agent.

915 (d) The Commissioner of [Children and Families and the
916 Commissioner of Social] Human Services shall, within available
917 appropriations, provide or arrange for the administrative services
918 necessary to operate Connecticut Community KidCare.

919 Sec. 526. Subsection (a) of section 17a-22c of the 2010 supplement to
920 the general statutes is repealed and the following is substituted in lieu
921 thereof (*Effective October 1, 2010*):

922 (a) The Commissioner of [Children and Families and the
923 Commissioner of Social] Human Services shall establish performance
924 measures in the areas of finance, administration, utilization, client
925 satisfaction, quality and access for Connecticut Community KidCare.

926 Sec. 527. Section 17a-22f of the general statutes is repealed and the
927 following is substituted in lieu thereof (*Effective October 1, 2010*):

928 (a) The Commissioner of [Social] Human Services may, with regard
929 to the provision of behavioral health services provided pursuant to a

930 state plan under Title XIX or Title XXI of the Social Security Act [(1)
931 Contract] contract with an administrative services organization to
932 provide clinical management, provider network development and
933 other administrative services. [; and (2) delegate responsibility to the
934 Department of Children and Families for the clinical management
935 portion of such administrative contract.]

936 (b) For purposes of this section, the term "clinical management"
937 describes the process of evaluating and determining the
938 appropriateness of the utilization of behavioral health services and
939 providing assistance to clinicians or beneficiaries to ensure appropriate
940 use of resources and may include, but is not limited to, authorization,
941 concurrent and retrospective review, discharge review, quality
942 management, provider certification and provider performance
943 enhancement. The [Commissioners of Social Services and Children and
944 Families] Commissioner of Human Services shall [jointly] develop
945 clinical management policies and procedures. The Department of
946 [Social] Human Services may implement policies and procedures
947 necessary to carry out the purposes of this section, including any
948 necessary changes to existing behavioral health policies and
949 procedures concerning utilization management, while in the process of
950 adopting such policies and procedures in regulation form, provided
951 the commissioner publishes notice of intention to adopt the regulations
952 in the Connecticut Law Journal within twenty days of implementing
953 such policies and procedures. Policies and procedures implemented
954 pursuant to this subsection shall be valid until the earlier of (1) the
955 time such regulations are effective, or (2) December 31, 2006.

956 Sec. 528. Subsection (b) of section 17a-22g of the general statutes is
957 repealed and the following is substituted in lieu thereof (*Effective*
958 *October 1, 2010*):

959 (b) No person shall solicit, disclose, receive or make use of, or
960 authorize, knowingly permit, participate in or acquiesce in the use of,
961 any list of the names of, or any information concerning, persons
962 applying for or receiving assistance under the Connecticut Community

963 KidCare program, directly or indirectly derived from the records,
964 papers, files or communications of the state or its subdivisions or
965 agencies, or acquired in the course of the performance of official
966 duties. [The Commissioner of Children and Families shall disclose
967 case-specific information to any authorized representative of the
968 Commissioner of Social Services for purposes directly connected with
969 the administration of Connecticut Community KidCare.] No such
970 representative shall disclose any information obtained pursuant to this
971 section, except as specified in this section.

972 Sec. 529. Section 17a-22h of the general statutes is repealed and the
973 following is substituted in lieu thereof (*Effective October 1, 2010*):

974 (a) The [Commissioners of Social Services and Children and
975 Families] Commissioner of Human Services shall develop and
976 implement an integrated behavioral health service system for HUSKY
977 Part A and HUSKY Part B members, children enrolled in the voluntary
978 services program operated by the Department of [Children and
979 Families] Human Services and may, at the discretion of the
980 [Commissioners of Children and Families and Social Services]
981 Commissioner of Human Services, include other children, adolescents
982 and families served by the Department of [Children and Families]
983 Human Services, which shall be known as the Behavioral Health
984 Partnership. The Behavioral Health Partnership shall seek to increase
985 access to quality behavioral health services through: (1) Expansion of
986 individualized, family-centered, community-based services; (2)
987 maximization of federal revenue to fund behavioral health services; (3)
988 reduction in the unnecessary use of institutional and residential
989 services for children; (4) capture and investment of enhanced federal
990 revenue and savings derived from reduced residential services and
991 increased community-based services; (5) improved administrative
992 oversight and efficiencies; and (6) monitoring of individual outcomes,
993 provider performance, taking into consideration the acuity of the
994 patients served by each provider, and overall program performance.

995 (b) The Behavioral Health Partnership shall operate in accordance

996 with the financial requirements specified in this subsection. Prior to the
997 conversion of any grant-funded services to a rate-based, fee-for-service
998 payment system, the Department of [Social Services and the
999 Department of Children and Families] Human Services shall submit
1000 documentation verifying that the proposed rates seek to cover the
1001 reasonable cost of providing services to the Behavioral Health
1002 Partnership Oversight Council, established pursuant to section 17a-22j.

1003 Sec. 530. Subsection (a) of section 17a-22i of the general statutes is
1004 repealed and the following is substituted in lieu thereof (*Effective*
1005 *October 1, 2010*):

1006 (a) The Commissioner of [Children and Families and the
1007 Commissioner of Social Services shall each] Human Services shall
1008 designate a director for the Behavioral Health Partnership. [Each] The
1009 director shall coordinate the responsibilities of his or her department,
1010 within the statutory authority of [each] the department, for the
1011 planning, development, administration and evaluation of the activities
1012 specified under subsection (a) of section 17a-22h to increase access to
1013 quality behavioral health services.

1014 Sec. 531. Section 17a-22j of the general statutes is repealed and the
1015 following is substituted in lieu thereof (*Effective October 1, 2010*):

1016 (a) There is established a Behavioral Health Partnership Oversight
1017 Council which shall advise the [Commissioners of Children and
1018 Families and Social Services] Commissioner of Human Services on the
1019 planning and implementation of the Behavioral Health Partnership.

1020 (b) The council shall consist of the following members:

1021 (1) Four appointed by the speaker of the House of Representatives;
1022 two of whom are representatives of general or specialty psychiatric
1023 hospitals; one of whom is an adult with a psychiatric disability; and
1024 one of whom is an advocate for adults with psychiatric disabilities;

1025 (2) Four appointed by the president pro tempore of the Senate, two

1026 of whom are parents of children who have a behavioral health
1027 disorder or have received child protection or juvenile justice services
1028 from the Department of [Children and Families] Human Services; one
1029 of whom has expertise in health policy and evaluation; and one of
1030 whom is an advocate for children with behavioral health disorders;

1031 (3) Two appointed by the majority leader of the House of
1032 Representatives; one of whom is a primary care provider serving
1033 children pursuant to the HUSKY Plan; and one of whom is a child
1034 psychiatrist serving children pursuant to the HUSKY Plan;

1035 (4) Two appointed by the majority leader of the Senate; one of
1036 whom is either an adult with a substance use disorder or an advocate
1037 for adults with substance use disorders; and one of whom is a
1038 representative of school-based health clinics;

1039 (5) Two appointed by the minority leader of the House of
1040 Representatives; one of whom is a provider of community-based
1041 behavioral health services for adults; and one of whom is a provider of
1042 residential treatment for children;

1043 (6) Two appointed by the minority leader of the Senate; one of
1044 whom is a provider of community-based services for children with
1045 behavioral health problems; and one of whom is a member of the
1046 advisory council on Medicaid managed care;

1047 (7) Four appointed by the Governor; two of whom are
1048 representatives of general or specialty psychiatric hospitals and two of
1049 whom are parents of children who have a behavioral health disorder
1050 or have received child protection or juvenile justice services from the
1051 Department of [Children and Families] Human Services;

1052 (8) The chairpersons and ranking members of the joint standing
1053 committees of the General Assembly having cognizance of matters
1054 relating to human services, public health, appropriations and the
1055 budgets of state agencies, or their designees;

1056 (9) A member of the Community Mental Health Strategy Board,
1057 established pursuant to section 17a-485b, as selected by said board;

1058 [(10) The Commissioner of Mental Health and Addiction Services,
1059 or said commissioner's designee;]

1060 [(11)] (10) Seven nonvoting ex-officio members, one each appointed
1061 by the Commissioners of [Social Services, Children and Families,
1062 Mental Health and Addiction] Human Services and Education to
1063 represent his or her department and one appointed by the State
1064 Comptroller, the Secretary of the Office of Policy and Management and
1065 the Office of Health Care Access to represent said offices;

1066 [(12)] (11) One or more consumers appointed by the chairpersons of
1067 the council, to be nonvoting ex-officio members; and

1068 [(13)] (12) One representative from the administrative services
1069 organization and from each Medicaid managed care organization, to
1070 be nonvoting ex-officio members.

1071 (c) All appointments to the council shall be made no later than July
1072 1, 2005, except that the chairpersons of the council may appoint
1073 additional consumers to the council as nonvoting ex-officio members.
1074 Any vacancy shall be filled by the appointing authority.

1075 (d) The chairpersons of the advisory council on Medicaid managed
1076 care shall select the chairpersons of the Behavioral Health Partnership
1077 Oversight Council from among the members of such oversight council.
1078 Such chairpersons shall convene the first meeting of the council, which
1079 shall be held not later than August 1, 2005. The council shall meet at
1080 least monthly thereafter.

1081 (e) The Joint Committee on Legislative Management shall provide
1082 administrative support to the chairpersons and assistance in convening
1083 the council's meetings.

1084 (f) The council shall make specific recommendations on matters
1085 related to the planning and implementation of the Behavioral Health

1086 Partnership which shall include, but not be limited to: (1) Review of
1087 any contract entered into by the [Departments of Children and
1088 Families and Social Services] Department of Human Services with an
1089 administrative services organization, to assure that the administrative
1090 services organization's decisions are based solely on clinical
1091 management criteria developed by the clinical management committee
1092 established in section 17a-22k; (2) review of behavioral health services
1093 pursuant to Title XIX and Title XXI of the Social Security Act to assure
1094 that federal revenue is being maximized; and (3) review of periodic
1095 reports on the program activities, finances and outcomes, including
1096 reports from the director of the Behavioral Health Partnership on
1097 achievement of service delivery system goals, pursuant to section 17a-
1098 22i. The council may conduct or cause to be conducted an external,
1099 independent evaluation of the Behavioral Health Partnership.

1100 (g) On or before March 1, 2006, and annually thereafter, the council
1101 shall submit a report to the Governor and, in accordance with section
1102 11-4a, to the joint standing committees of the General Assembly having
1103 cognizance of matters relating to human services, public health and
1104 appropriations and the budgets of state agencies, on the council's
1105 activities and progress.

1106 Sec. 532. Section 17a-22k of the general statutes is repealed and the
1107 following is substituted in lieu thereof (*Effective October 1, 2010*):

1108 There is established a clinical management committee to develop
1109 clinical management guidelines to be used for the Behavioral Health
1110 Partnership. The committee shall consist of [two] five members
1111 selected by the Commissioner of [Children and Families, two members
1112 selected by the Commissioner of Social Services, one member selected
1113 by the Commissioner of Mental Health and Addiction] Human
1114 Services and two members selected by the Behavioral Health
1115 Partnership Oversight Council, established pursuant to section 17a-22j,
1116 as amended by this act. Members of the committee shall have requisite
1117 expertise or experience in behavioral health services.

1118 Sec. 533. Section 17a-22l of the general statutes is repealed and the
1119 following is substituted in lieu thereof (*Effective October 1, 2010*):

1120 The [Departments of Children and Families and Social Services]
1121 Department of Human Services shall develop consumer and provider
1122 appeal procedures and shall submit such procedures to the Behavioral
1123 Health Partnership Oversight Council for review and comment. Such
1124 procedures shall include, but not be limited to, procedures for a
1125 consumer or any provider acting on behalf of a consumer to appeal a
1126 denial or determination. The [Departments of Children and Families
1127 and Social Services] Department of Human Services shall establish
1128 time frames for appealing decisions made by the administrative
1129 services organization, including an expedited review in emergency
1130 situations. Any procedure for appeals shall require that an appeal be
1131 heard not later than thirty days after such appeal is filed and shall be
1132 decided not later than forty-five days after such appeal is filed.

1133 Sec. 534. Section 17a-22m of the general statutes is repealed and the
1134 following is substituted in lieu thereof (*Effective October 1, 2010*):

1135 On or before October 1, 2006, and annually thereafter, the
1136 [Commissioners of Children and Families and Social Services]
1137 Commissioner of Human Services shall conduct an evaluation of the
1138 Behavioral Health Partnership and shall report, in accordance with
1139 section 11-4a, to the joint standing committees of the General
1140 Assembly having cognizance of matters relating to appropriations and
1141 the budgets of state agencies, public health and human services on the
1142 provision of behavioral health services under the Behavioral Health
1143 Partnership, including information on the status of the administrative
1144 services organization implementation, [the status of the collaboration
1145 among the Departments of Children and Families and Social Services,]
1146 the services provided, the number of persons served, program
1147 outcomes and spending by child and adult populations.

1148 Sec. 535. Subsection (a) of section 17a-22o of the general statutes is
1149 repealed and the following is substituted in lieu thereof (*Effective*

1150 *October 1, 2010*):

1151 (a) The [Departments of Children and Families and Social Services]
1152 Department of Human Services may establish provider specific
1153 inpatient, partial hospitalization, intensive outpatient and other
1154 intensive service rates. Within available appropriations, the initial rates
1155 shall not be less than each provider's blend of rates from the HUSKY
1156 Plans in effect on July 1, 2005, unless the date of implementation of the
1157 Behavioral Health Partnership is later than January 1, 2006. If such
1158 implementation date is later then January 1, 2006, such initial rates,
1159 within available appropriations, shall not be less than each provider's
1160 blend of rates in effect sixty days prior to the implementation date of
1161 the Behavioral Health Partnership. Within available appropriations,
1162 the departments may provide grant payments, where necessary, to
1163 address provider financial impacts. The departments may establish
1164 uniform outpatient rates allowing a differential for child and adult
1165 services. In no event shall such rate increases exceed rates paid
1166 through Medicare for such services. The Behavioral Health Partnership
1167 Oversight Council shall review any such rate methodology as
1168 provided for in subsection (b) of this section. Notwithstanding the
1169 provisions of sections 17b-239 and 17b-241, rates for behavioral health
1170 services shall be established in accordance with this section.

1171 Sec. 536. Section 17a-22p of the general statutes is repealed and the
1172 following is substituted in lieu thereof (*Effective October 1, 2010*):

1173 (a) The [Departments of Children and Families and Social Services]
1174 Department of Human Services shall enter a [joint] contract with an
1175 administrative services organization to perform eligibility verification,
1176 utilization management, intensive care management, quality
1177 management, coordination of medical and behavioral health services,
1178 provider network development and management, recipient and
1179 provider services and reporting. The contract shall provide for the
1180 organization to commence such activities on or after October 1, 2005.

1181 (b) Claims under the Behavioral Health Partnership shall be paid by

1182 the Department of Social Services' Medicaid management information
1183 systems vendor, except that the Department of [Children and Families]
1184 Human Services may, at its discretion, continue to use existing claims
1185 payment systems.

1186 (c) The administrative services organization shall authorize services,
1187 based solely on guidelines established by the clinical management
1188 committee, established pursuant to section 17a-22k. The administrative
1189 services organization may make exceptions to the guidelines when
1190 requested by a member, or the member's legal guardian or service
1191 provider, and determined by the administrative services organization
1192 to be in the best interest of the member. Decisions regarding the
1193 interpretation of such guidelines shall be made by the [Departments of
1194 Children and Families and Social Services] Department of Human
1195 Services. No administrative services organization shall have any
1196 financial incentive to approve, deny or reduce services. The
1197 administrative services organization shall ensure that service providers
1198 and persons seeking services have timely access to program
1199 information and timely responses to inquiries, including inquiries
1200 concerning the clinical guidelines for services.

1201 (d) The administrative services organization shall provide or
1202 arrange for on-site assistance to facilitate the appropriate placement, as
1203 soon as practicable, of children with behavioral health diagnoses who
1204 the administrative services organization knows to have been in an
1205 emergency department for over forty-eight hours. The administrative
1206 services organization shall provide or arrange for on-site assistance to
1207 arrange for the discharge or appropriate placement, as soon as
1208 practicable, for children the administrative services organization
1209 knows to have remained in an inpatient hospital unit for more than
1210 five days longer than is medically necessary, as agreed by the
1211 administrative services organization and the hospital.

1212 (e) The [Departments of Children and Families and Social Services]
1213 Department of Human Services shall develop, in consultation with the
1214 Behavioral Health Partnership, a comprehensive plan for monitoring

1215 the performance of the administrative services organization which
1216 shall include data on service authorizations, individual outcomes,
1217 appeals, outreach and accessibility, comments from program
1218 participants compiled from written surveys and face-to-face
1219 interviews.

1220 (f) The Behavioral Health Partnership shall establish policies to
1221 coordinate benefits received under the partnership with those received
1222 through Medicaid managed care organizations for persons covered by
1223 both a Medicaid managed care organization and the Behavioral Health
1224 Partnership. Such policies shall specify a coordinated delivery of both
1225 physical and behavioral health care. The policies shall be submitted to
1226 the Behavioral Health Partnership Oversight Council for review and
1227 comment.

1228 Sec. 537. Section 17a-22aa of the general statutes is repealed and the
1229 following is substituted in lieu thereof (*Effective October 1, 2010*):

1230 The Commissioner of [Children and Families] Human Services, in
1231 consultation with [the Commissioner of Mental Health and Addiction
1232 Services and] the Community Mental Health Strategy Board,
1233 established under section 17a-485b, shall, within available
1234 appropriations, maintain the availability of flexible emergency funding
1235 for children with psychiatric disabilities who are not under the
1236 supervision of the Department of [Children and Families] Human
1237 Services.

1238 Sec. 538. Subsection (g) of section 17a-28 of the 2010 supplement to
1239 the general statutes is repealed and the following is substituted in lieu
1240 thereof (*Effective October 1, 2010*):

1241 (g) When the commissioner or his designee determines it to be in a
1242 person's best interest, the commissioner or his designee may disclose
1243 records, whether or not created by the department and not otherwise
1244 privileged or confidential communications under state or federal law,
1245 without the consent of a person to:

1246 (1) Multidisciplinary teams which are formed to assist the
1247 department in investigation, evaluation or treatment of child abuse
1248 and neglect cases or a multidisciplinary provider of professional
1249 treatment services under contract with the department for a child
1250 referred to the provider;

1251 (2) Any agency in another state which is responsible for
1252 investigating or protecting against child abuse or neglect for the
1253 purpose of investigating a child abuse case;

1254 (3) An individual, including a physician, authorized pursuant to
1255 section 17a-101f to place a child in protective custody if such
1256 individual has before him a child whom he reasonably suspects may
1257 be a victim of abuse or neglect and such individual requires the
1258 information in a record in order to determine whether to place the
1259 child in protective custody;

1260 (4) An individual or public or private agency responsible for a
1261 person's care or custody and authorized by the department to
1262 diagnose, care for, treat or supervise a child who is the subject of a
1263 record of child abuse or neglect or a public or private agency
1264 responsible for a person's education for a purpose related to the
1265 individual's or agency's responsibilities;

1266 (5) The Attorney General or any assistant attorney general
1267 providing legal counsel for the department;

1268 (6) Individuals or public or private agencies engaged in medical,
1269 psychological or psychiatric diagnosis or treatment of a person
1270 perpetrating the abuse or who is unwilling or unable to protect the
1271 child from abuse or neglect when the commissioner or his designee
1272 determines that the disclosure is needed to accomplish the objectives
1273 of diagnosis or treatment;

1274 (7) A person who reports child abuse pursuant to sections 17a-101a
1275 to 17a-101c, inclusive, and section 17a-103, who made a report of abuse
1276 involving the subject child, provided the information disclosed is

1277 limited to (A) the status of the investigation; and (B) in general terms,
1278 any action taken by the department;

1279 (8) An individual conducting bona fide research, provided no
1280 information identifying the subjects of records shall be disclosed
1281 unless (A) such information is essential to the purpose of the research;
1282 (B) each person identified in a record or his authorized representative
1283 has authorized such disclosure in writing; and (C) the department has
1284 given written approval;

1285 (9) The Auditors of Public Accounts or their representative,
1286 provided no information identifying the subjects of the records shall be
1287 disclosed unless such information is essential to an audit conducted
1288 pursuant to section 2-90;

1289 [(10) The Department of Social Services, provided the information
1290 disclosed is necessary to promote the health, safety and welfare of the
1291 child;]

1292 [(11)] (10) A judge of the Superior Court for purposes of
1293 determining the appropriate disposition of a child convicted as
1294 delinquent or a child who is a member of a family with service needs;
1295 and

1296 [(12)] (11) The superintendents, or their designees, of state-operated
1297 facilities within the department.]; and

1298 (13) The Department of Developmental Services, to allow said
1299 department to determine eligibility, facilitate enrollment and plan for
1300 the provision of services to a child, who is a client of said department
1301 but who is not yet participating in said department's voluntary
1302 services program. Records provided pursuant to this subdivision shall
1303 be limited to a written summary of any investigation conducted by the
1304 Department of Children and Families pursuant to section 17a-101g. At
1305 the time that a parent or guardian completes an application for
1306 enrollment of a child in the Department of Developmental Services
1307 voluntary services program, said department shall notify such parent

1308 or guardian that records specified in this subdivision may be provided
1309 by the Department of Children and Families to the Department of
1310 Developmental Services without the consent of such parent or
1311 guardian.]

1312 Sec. 539. Section 17a-52 of the general statutes is repealed and the
1313 following is substituted in lieu thereof (*Effective October 1, 2010*):

1314 (a) There is established a Youth Suicide Advisory Board, within the
1315 Department of [Children and Families] Human Services, which shall
1316 be a coordinating source for youth suicide prevention. The board shall
1317 consist of twenty members, which shall include one psychiatrist
1318 licensed to practice medicine in this state, one psychologist licensed in
1319 this state, one representative of a local or regional board of education,
1320 one high school teacher, one high school student, one college or
1321 university faculty member, one college or university student and one
1322 parent, all appointed by the Commissioner of [Children and Families]
1323 Human Services, one representative of the Department of [Public
1324 Health] Human Services appointed by the Commissioner of [Public
1325 Health] Human Services, one representative of the state Department of
1326 Education appointed by the Commissioner of Education and one
1327 representative of the Department of Higher Education appointed by
1328 the Commissioner of Higher Education. The balance of the board shall
1329 be comprised of persons with expertise in the mental health of children
1330 or mental health issues with a focus on suicide prevention and shall be
1331 appointed by the Commissioner of [Children and Families] Human
1332 Services. Members of the board shall serve for two-year terms, without
1333 compensation. Any member who fails to attend three consecutive
1334 meetings or fifty per cent of all meetings held during any calendar year
1335 shall be deemed to have resigned from the board. The Commissioner
1336 of [Children and Families] Human Services shall be a nonvoting, ex-
1337 officio member of the board. The board shall elect a chairman, and a
1338 vice-chairman to act in the chairman's absence.

1339 (b) The board shall: (1) Increase public awareness of the existence of
1340 youth suicide and means of prevention; (2) make recommendations to

1341 the commissioner for the development of state-wide training in the
1342 prevention of youth suicide; (3) develop a strategic youth suicide
1343 prevention plan; (4) recommend interagency policies and procedures
1344 for the coordination of services for youths and families in the area of
1345 suicide prevention; (5) make recommendations for the establishment
1346 and implementation of suicide prevention procedures in schools and
1347 communities; (6) establish a coordinated system for the utilization of
1348 data for the prevention of youth suicide; and (7) make
1349 recommendations concerning the integration of suicide prevention and
1350 intervention strategies into other youth-focused prevention and
1351 intervention programs.

1352 Sec. 540. Section 17a-54a of the general statutes is repealed and the
1353 following is substituted in lieu thereof (*Effective October 1, 2010*):

1354 The Commissioner of [Children and Families] Human Services, in
1355 collaboration with the [Commissioners] Commissioner of Economic
1356 and Community Development, [Social Services, Developmental
1357 Services and Public Health,] the Secretary of the Office of Policy and
1358 Management and the executive director of the Connecticut Housing
1359 Finance Authority, shall establish a pilot project to provide affordable
1360 housing and support services to families with children who have one
1361 or more serious, chronic medical conditions and have ongoing,
1362 significant health care service needs.

1363 Sec. 541. Section 17a-98a of the general statutes is repealed and the
1364 following is substituted in lieu thereof (*Effective October 1, 2010*):

1365 (a) The Department of [Children and Families, in consultation with
1366 the Departments of Social Services, Mental Health and Addiction
1367 Services and Developmental] Human Services [,] shall establish, within
1368 available appropriations, a kinship navigator program. Such program
1369 shall ensure that: (1) When the Department of [Children and Families]
1370 Human Services determines that it is in the best interest of the child to
1371 be placed with a relative for foster care, the department informs the
1372 relative regarding procedures to become licensed as a foster parent,

1373 and (2) grandparents and other relatives caring for a minor child are
1374 provided with information on the array of state services and benefits
1375 for which they may be eligible, including the subsidy program
1376 established pursuant to section 17a-126. The Commissioner of
1377 [Children and Families] Human Services shall, within available
1378 appropriations, ensure that information on the array of services
1379 available under the kinship navigator program is accessible through
1380 the 2-1-1 Infoline program.

1381 (b) Not later than January 1, 2008, and annually thereafter, the
1382 Commissioner of [Children and Families] Human Services shall report,
1383 in accordance with section 11-4a, on the implementation of the kinship
1384 navigator program to the joint standing committee of the General
1385 Assembly having cognizance of matters relating to human services.

1386 Sec. 542. Subsection (b) of section 17a-101 of the 2010 supplement to
1387 the general statutes is repealed and the following is substituted in lieu
1388 thereof (*Effective October 1, 2010*):

1389 (b) The following persons shall be mandated reporters: Any
1390 physician or surgeon licensed under the provisions of chapter 370, any
1391 resident physician or intern in any hospital in this state, whether or not
1392 so licensed, any registered nurse, licensed practical nurse, medical
1393 examiner, dentist, dental hygienist, psychologist, coach of intramural
1394 or interscholastic athletics, school superintendent, school teacher,
1395 school principal, school guidance counselor, school paraprofessional,
1396 school coach, social worker, police officer, juvenile or adult probation
1397 officer, juvenile or adult parole officer, member of the clergy,
1398 pharmacist, physical therapist, optometrist, chiropractor, podiatrist,
1399 mental health professional or physician assistant, any person who is a
1400 licensed or certified emergency medical services provider, any person
1401 who is a licensed or certified alcohol and drug counselor, any person
1402 who is a licensed marital and family therapist, any person who is a
1403 sexual assault counselor or a battered women's counselor as defined in
1404 section 52-146k, any person who is a licensed professional counselor,
1405 any person who is a licensed foster parent, any person paid to care for

1406 a child in any public or private facility, child day care center, group
1407 day care home or family day care home licensed by the state, any
1408 employee of the Department of [Children and Families, any employee
1409 of the Department of Public Health who is responsible for the licensing
1410 of child day care centers, group day care homes, family day care
1411 homes or youth camps] Human Services, the Child Advocate and any
1412 employee of the Office of the Child Advocate.

1413 Sec. 543. Subsection (c) of section 17a-127 of the general statutes is
1414 repealed and the following is substituted in lieu thereof (*Effective*
1415 *October 1, 2010*):

1416 (c) The Commissioner of [Children and Families, in consultation
1417 with the Commissioner of Social Services,] Human Services may adopt
1418 regulations in accordance with chapter 54 for the purpose of
1419 implementing the provisions of this section.

1420 Sec. 544. Subsection (a) of section 17a-215b of the 2010 supplement
1421 to the general statutes is repealed and the following is substituted in
1422 lieu thereof (*Effective October 1, 2010*):

1423 (a) The Commissioner of [Developmental Services] Human Services,
1424 in consultation with [the Commissioners of Social Services and Mental
1425 Health and Addiction Services and] any other commissioner the
1426 Commissioner of [Developmental] Human Services deems
1427 appropriate, shall establish a pilot autism spectrum disorders program,
1428 to provide a coordinated system of supports and services, including
1429 case management, for persons with autism spectrum disorders who do
1430 not have mental retardation, as defined in section 1-1g, and their
1431 families. The pilot program shall serve up to seventy-five adults with
1432 autism spectrum disorders who are not eligible for services from the
1433 Department of [Developmental] Human Services under this chapter.

1434 Sec. 545. Subsections (i) and (j) of section 17a-215c of the general
1435 statutes are repealed and the following is substituted in lieu thereof
1436 (*Effective October 1, 2010*):

1437 (i) The Commissioner of [Social Services, in consultation with the
1438 Commissioner of Developmental] Human Services [,] may seek
1439 approval of an amendment to the state Medicaid plan or a waiver from
1440 federal law, whichever is sufficient and most expeditious, to establish
1441 and implement a Medicaid-financed home and community-based
1442 program to provide community-based services and, if necessary,
1443 housing assistance, to adults with autism spectrum disorders who are
1444 not mentally retarded.

1445 (j) On or before January 1, 2008, and annually thereafter, the
1446 Commissioner of [Social Services, in consultation with the
1447 Commissioner of Developmental Services, and] Human Services, in
1448 accordance with the provisions of section 11-4a, shall submit a report
1449 to the joint standing committee of the General Assembly having
1450 cognizance of matters relating to public health, on the status of any
1451 amendment to the state Medicaid plan or waiver from federal law as
1452 described in subsection (i) of this section and on the establishment and
1453 implementation of the program authorized pursuant to subsection (i)
1454 of this section.

1455 Sec. 546. Subsection (a) of section 17a-218 of the 2010 supplement to
1456 the general statutes is repealed and the following is substituted in lieu
1457 thereof (*Effective October 1, 2010*):

1458 (a) For purposes of this section, the following terms have the
1459 following meanings: "Commissioner" means the Commissioner of
1460 [Developmental] Human Services; "department" means the
1461 Department of [Developmental] Human Services; and "emergency
1462 placement" means cases in which there has been a request for a
1463 residential accommodation for an individual for whom there is an
1464 unforeseen emergency in his current living arrangement, or cases in
1465 which the department has had no previous knowledge of a need for
1466 placement, or cases in which such a placement is needed because of
1467 actions of another state agency or department, [including, but not
1468 limited to, the Department of Mental Health and Addiction Services,
1469 the Department of Children and Families,] and any court, or cases

1470 prior to any other planned placements, because the health or safety of
1471 the individual needing such placement would be adversely affected
1472 without such placement.

1473 Sec. 547. Section 17a-246 of the general statutes is repealed and the
1474 following is substituted in lieu thereof (*Effective October 1, 2010*):

1475 (a) The amount of payments to be paid by the state to any
1476 organization which provides employment opportunities and day
1477 services for persons referred by any state agency shall be determined
1478 annually by the [Commissioners of Developmental Services, Social
1479 Services, Mental Health and Addiction Services] Commissioner of
1480 Human Services and any other state agency which purchases
1481 employment opportunities and day services using a uniform payment
1482 system. Nothing contained herein shall authorize a payment by the
1483 state in excess of the charges for comparable services to the general
1484 public. For purposes of this section, "employment opportunities and
1485 day services" means the following programs: Supported employment,
1486 sheltered employment, community experience, adult day treatment
1487 and opportunities for older adults.

1488 (b) Notwithstanding the provisions of the general statutes or the
1489 regulations of the Connecticut state agencies, for the fiscal year
1490 commencing July 1, 1989, and ending June 30, 1990, the Department of
1491 [Developmental Services, in conjunction with the Departments of
1492 Mental Health and Addiction Services and Social] Human Services []
1493 shall pro rate any reduction in available appropriations to any agency
1494 funded pursuant to sections 19a-476 to 19a-482, inclusive, of the
1495 general statutes, revision of 1958, revised to 1989. Such proration shall
1496 not be construed to authorize a reduction in the level of services to
1497 persons receiving services pursuant to said sections as of May 31, 1989,
1498 except that upon a showing of hardship to the appropriate
1499 commissioner, an agency may be granted relief. Any agency accredited
1500 by an appropriate national accrediting body on June 30, 1989, shall
1501 continue such accreditation through June 30, 1990.

1502 (c) The Commissioner of [Developmental] Human Services, in
1503 consultation with [the Commissioners of Mental Health and Addiction
1504 Services, Social Services and] any other agency which pays for
1505 employment opportunities and day services, shall adopt regulations,
1506 in accordance with chapter 54, to implement the provisions of
1507 subsection (a) of this section.

1508 Sec. 548. Subsections (a) to (c), inclusive, of section 17a-247b of the
1509 general statutes are repealed and the following is substituted in lieu
1510 thereof (*Effective October 1, 2010*):

1511 (a) The Department of [Developmental] Human Services shall
1512 establish and maintain a registry of individuals who have been
1513 terminated or separated from employment as a result of substantiated
1514 abuse or neglect. The department shall, for the purposes of
1515 maintaining the registry, be capable of responding to inquiries in
1516 accordance with subsection (c) of this section as to whether an
1517 individual has been terminated or separated from employment as a
1518 result of substantiated abuse or neglect. Such capability may include
1519 response by telephone voice mail or other automated response for
1520 initial inquiries.

1521 (b) The registry shall include, but not be limited to, the following: (1)
1522 The names, addresses and Social Security numbers of those
1523 individuals terminated or separated from employment as a result of
1524 substantiated abuse or neglect; (2) the date of termination or
1525 separation; (3) the type of abuse or neglect; and (4) the name of any
1526 employer or authorized agency requesting information from the
1527 registry, the reason for the request and the date of the request.

1528 (c) The department shall make information in the registry available
1529 only to: (1) Authorized agencies, for the purpose of protective service
1530 determinations; or (2) employers who employ individuals to provide
1531 services to a department client. [; or (3) the Departments of Children
1532 and Families and Mental Health and Addiction Services, for the
1533 purpose of determining whether an applicant for employment appears

1534 on the registry.]

1535 Sec. 549. Section 17a-248 of the general statutes is repealed and the
1536 following is substituted in lieu thereof (*Effective October 1, 2010*):

1537 As used in this section and sections 17a-248b to 17a-248g, inclusive,
1538 38a-490a and 38a-516a, unless the context otherwise requires:

1539 (1) "Commissioner" means the Commissioner of Developmental
1540 Services.

1541 (2) "Council" means the State Interagency Birth-to-Three
1542 Coordinating Council established pursuant to section 17a-248b.

1543 (3) "Early intervention services" means early intervention services,
1544 as defined in 34 CFR Part 303.12, as from time to time amended.

1545 (4) "Eligible children" means children from birth to thirty-six months
1546 of age, who are not eligible for special education and related services
1547 pursuant to sections 10-76a to 10-76h, inclusive, and who need early
1548 intervention services because such children are:

1549 (A) Experiencing a significant developmental delay as measured by
1550 standardized diagnostic instruments and procedures, including
1551 informed clinical opinion, in one or more of the following areas: (i)
1552 Cognitive development; (ii) physical development, including vision or
1553 hearing; (iii) communication development; (iv) social or emotional
1554 development; or (v) adaptive skills; or

1555 (B) Diagnosed as having a physical or mental condition that has a
1556 high probability of resulting in developmental delay.

1557 (5) "Evaluation" means a multidisciplinary professional, objective
1558 assessment conducted by appropriately qualified personnel in order to
1559 determine a child's eligibility for early intervention services.

1560 (6) "Individualized family service plan" means a written plan for
1561 providing early intervention services to an eligible child and the child's

1562 family.

1563 (7) "Lead agency" means the Department of Developmental
1564 Services, the public agency responsible for the administration of the
1565 birth-to-three system in collaboration with the participating agencies.

1566 (8) "Parent" means the child's parent or a person in a parental
1567 relationship to the child. With respect to a child who has no parent or
1568 person in a parental relationship, "parent" means the person
1569 designated to serve in a parental relationship for the purposes of this
1570 section and sections 17a-248b to 17a-248g, inclusive, 38a-490a and 38a-
1571 516a, pursuant to regulations of the Department of [Developmental]
1572 Human Services, adopted in accordance with chapter 54, [in
1573 consultation with the Department of Children and Families,] for
1574 children in foster care.

1575 (9) "Participating agencies" includes, but is not limited to, the
1576 Departments of Education, [Social Services, Public Health, Children
1577 and Families and Developmental] and Human Services, the Insurance
1578 Department, the Board of Education and Services for the Blind, the
1579 Commission on the Deaf and Hearing Impaired and the Office of
1580 Protection and Advocacy for Persons with Disabilities.

1581 (10) "Qualified personnel" means persons who meet the standards
1582 specified in 34 CFR Part 303.12(e), as from time to time amended, and
1583 who are licensed physicians or psychologists or persons holding a
1584 state-approved or recognized license, certificate or registration in one
1585 or more of the following fields: (A) Special education, including
1586 teaching of the blind and the deaf; (B) speech and language pathology
1587 and audiology; (C) occupational therapy; (D) physical therapy; (E)
1588 social work; (F) nursing; (G) dietary or nutritional counseling; and (H)
1589 other fields designated by the commissioner that meet requirements
1590 that apply to the area in which the person is providing early
1591 intervention services, provided there is no conflict with existing
1592 professional licensing, certification and registration requirements.

1593 (11) "Region" means a region within the Department of

1594 Developmental Services.

1595 (12) "Service coordinator" means a person carrying out service
1596 coordination, as defined in 34 CFR Part 303.22, as from time to time
1597 amended.

1598 (13) "Primary care provider" means physicians and advanced
1599 practice registered nurses, licensed by the Department of Public
1600 Health, who are responsible for performing or directly supervising the
1601 primary care services for children enrolled in the birth-to-three
1602 program.

1603 Sec. 550. Section 17a-277 of the general statutes is repealed and the
1604 following is substituted in lieu thereof (*Effective October 1, 2010*):

1605 The director of any state training school, regional facility or other
1606 facility for the care and training of persons with mental retardation
1607 may place any resident with mental retardation committed or
1608 admitted to such training school, regional facility or other facility
1609 provided for the care and training of persons with mental retardation,
1610 under the provisions of sections 17a-210 to 17a-247, inclusive, and 17a-
1611 273, in a private boarding home, group home or other residential
1612 facility to be cared for in accordance with the following conditions:

1613 (1) Such resident shall, despite such transfer, remain subject to the
1614 control of the director of such training school, regional facility or other
1615 facility provided for the care and training of persons with mental
1616 retardation and the director may, at any time, order and provide for
1617 the return of any such resident to such training school, regional facility
1618 or other facility provided for the care and training of persons with
1619 mental retardation, subject to any limitations of the term of
1620 commitment contained in the order of commitment under which such
1621 resident was committed;

1622 (2) When the transfer of any such resident has been authorized or
1623 when, having been transferred to a private boarding home, group
1624 home or other residential facility for persons with mental retardation,

1625 such resident has been returned to the training school, regional facility
1626 or other facility, the director of such training school, regional facility or
1627 other facility shall forthwith so notify the Commissioner of
1628 [Developmental] Human Services;

1629 (3) Such private boarding home, group home or other residential
1630 facility shall be licensed by the Department of [Developmental
1631 Services, the Department of Children and Families or the Department
1632 of Public Health] Human Services under such regulations as the
1633 [departments adopt] department adopts, in accordance with chapter
1634 54; and

1635 (4) The Commissioner of [Developmental] Human Services shall,
1636 upon request, be given access to the complete record of any resident
1637 placed in a private boarding home, group home or other residential
1638 facility pursuant to this section.

1639 Sec. 551. Subsection (i) of section 17a-451 of the 2010 supplement to
1640 the general statutes is repealed and the following is substituted in lieu
1641 thereof (*Effective October 1, 2010*):

1642 (i) The commissioner shall be responsible for the coordination of all
1643 activities in the state relating to substance use disorders and treatment,
1644 including activities of the Departments of [Children and Families,]
1645 Correction [, Public Health, Social Services] and Veterans' Affairs, the
1646 Judicial Branch and any other department or entity providing services
1647 to persons with substance use disorders.

1648 Sec. 552. Section 17a-453b of the general statutes is repealed and the
1649 following is substituted in lieu thereof (*Effective October 1, 2010*):

1650 The Commissioner of [Social Services and the Commissioner of
1651 Mental Health and Addiction] Human Services shall seek a waiver
1652 from federal law for the purposes of conducting community based
1653 services for rehabilitation and restoration of functions for persons
1654 eligible under the behavioral health managed care program
1655 established by section 17a-453a.

1656 Sec. 553. Section 17a-453c of the general statutes is repealed and the
1657 following is substituted in lieu thereof (*Effective October 1, 2010*):

1658 There shall be [an interagency collaboration] a program, to be
1659 known as "Project Safe", [between the Department of Mental Health
1660 and Addiction Services and the Department of Children and Families,]
1661 for the evaluation of and service delivery to families identified by the
1662 Department of [Children and Families] Human Services as requiring
1663 substance abuse and other behavioral health services. Such
1664 [collaboration] program shall include, but not be limited to,
1665 evaluations, service needs, service delivery, housing, medical
1666 coverage, vocation and employment support and other related
1667 recovery support services. [The Commissioner of Mental Health and
1668 Addiction Services and the Commissioner of Children and Families
1669 shall enter into a written memorandum of understanding to carry out
1670 the interagency collaboration required under this section.] The
1671 Department of Social Services and the Labor Department may
1672 participate in such [collaboration] program as necessary on a case-by-
1673 case basis.

1674 Sec. 554. Section 17a-453d of the 2010 supplement to the general
1675 statutes is repealed and the following is substituted in lieu thereof
1676 (*Effective October 1, 2010*):

1677 The Department of [Mental Health and Addiction] Human Services,
1678 in collaboration with the [Department of Children and Families and
1679 the] Department of Veterans' Affairs, shall provide behavioral health
1680 services, on a transitional basis, for the dependents and any member of
1681 any reserve component of the armed forces of the United States who
1682 has been called to active service in the armed forces of this state or the
1683 United States for Operation Enduring Freedom or Operation Iraqi
1684 Freedom. Such transitional services shall be provided when no
1685 Department of Defense coverage for such services is available or such
1686 member is not eligible for such services through the Department of
1687 Defense, until an approved application is received from the federal
1688 Department of Veterans' Affairs and coverage is available to such

1689 member and such member's dependents.

1690 Sec. 555. Subsection (b) of section 17a-468b of the general statutes is
1691 repealed and the following is substituted in lieu thereof (*Effective*
1692 *October 1, 2010*):

1693 (b) Notwithstanding the provisions of chapters 368v and 368z,
1694 community-based organizations may operate residences for adult
1695 persons with acquired brain injuries. Notwithstanding the provisions
1696 of chapter 378, medication may be administered to persons residing in
1697 such residences by trained persons pursuant to the written order of a
1698 physician licensed under chapter 370, a dentist licensed under chapter
1699 379, an advanced practice registered nurse licensed to prescribe in
1700 accordance with section 20-94a, or a physician assistant licensed to
1701 prescribe in accordance with section 20-12d. The Commissioner of
1702 [Public Health, in consultation with the Commissioner of Mental
1703 Health and Addiction] Human Services [,] shall develop standards for
1704 the operation of such residences and the training required of persons
1705 authorized under this section to administer medications in such
1706 residences.

1707 Sec. 556. Section 17a-474 of the 2010 supplement to the general
1708 statutes is repealed and the following is substituted in lieu thereof
1709 (*Effective October 1, 2010*):

1710 Whenever any person has been committed by any court to any state
1711 hospital for persons with psychiatric disabilities, or child care facility,
1712 the Commissioner of [Mental Health and Addiction Services, the
1713 Commissioner of Children and Families, as appropriate,] Human
1714 Services or any person interested may, at any time thereafter, make
1715 application to the court making the order of commitment for a
1716 revocation or modification of such order or of the terms and conditions
1717 thereof. Such court shall thereupon order such notice of the time and
1718 place of hearing thereon as it deems advisable, shall hear and
1719 determine such application and may thereupon revoke, modify or
1720 affirm such order, and the action of the court thereon shall be subject

1721 to appeal as in other cases. Any individual receiving care in a hospital
1722 for persons with psychiatric disabilities may be transferred to any
1723 other state hospital for persons with psychiatric disabilities by order of
1724 the court making the original commitment of such individual, upon
1725 application in writing by the superintendent of the hospital from
1726 which such transfer is to be made. Such court shall transmit copies of
1727 such order forthwith to the Commissioner of [Mental Health and
1728 Addiction Services or the Commissioner of Children and Families, as
1729 appropriate,] Human Services and the hospital from which transfer is
1730 made shall pay all costs of such order and transfer. [Said
1731 commissioners] The Commissioner of Human Services may at any
1732 time cause an individual receiving care in a state hospital for persons
1733 with psychiatric disabilities to be removed to another state hospital for
1734 persons with psychiatric disabilities, as the circumstances or necessities
1735 of the case may require.

1736 Sec. 557. Section 17a-475a of the general statutes is repealed and the
1737 following is substituted in lieu thereof (*Effective October 1, 2010*):

1738 The [Commissioners of Mental Health and Addiction Services and
1739 Developmental Services] Commissioner of Human Services shall
1740 provide mammographic and pelvic examinations, as needed,
1741 according to the standards set by the American College of
1742 Obstetricians and Gynecology, to patients being cared for in state-
1743 operated facilities, as defined in subsection (c) of section 17a-458, or in
1744 any institution or facility operated by the Department of
1745 [Developmental] Human Services.

1746 Sec. 558. Section 17a-485a of the general statutes is repealed and the
1747 following is substituted in lieu thereof (*Effective October 1, 2010*):

1748 (a) Expenditures from the Community Mental Health Strategic
1749 Investment Fund established under section 17a-485 shall be made in
1750 accordance with a community mental health strategic plan and
1751 financial assistance plan adopted by the Community Mental Health
1752 Strategy Board established under section 17a-485b on or before

1753 January 1, 2002, and annually thereafter. Such strategic plan shall be
1754 consistent with other applicable state plans for mental health services.

1755 (b) The Commissioners of [Mental Health and Addiction Services,
1756 Children and Families] Human Services, Economic and Community
1757 Development, Education [] and Correction, [Public Health and Social
1758 Services,] the Secretary of the Office of Policy and Management and
1759 the Chief Court Administrator shall provide such information,
1760 including, but not limited to, information regarding needs
1761 assessments, program reviews and program revenues and expenses,
1762 and make such recommendations for expenditures from the account
1763 established under section 17a-485, as may be requested by the board.

1764 Sec. 559. Subsection (a) of section 17a-485b of the general statutes is
1765 repealed and the following is substituted in lieu thereof (*Effective*
1766 *October 1, 2010*):

1767 (a) There is established a Community Mental Health Strategy Board.
1768 The voting members of the board shall be appointed as follows: (1)
1769 Two members by the Governor; (2) two members by the president pro
1770 tempore of the Senate; (3) two members by the speaker of the House of
1771 Representatives; (4) one member by the majority leader of the Senate;
1772 (5) one member by the majority leader of the House of Representatives;
1773 (6) two members by the minority leader of the Senate; (7) two members
1774 by the minority leader of the House of Representatives; and (8) the
1775 Commissioner of [Children and Families; and (9) the Commissioner of
1776 Mental Health and Addiction] Human Services, who shall serve as
1777 chairperson. The Secretary of the Office of Policy and Management, the
1778 Chief Court Administrator and the Commissioners of Economic and
1779 Community Development, Education [] and Correction, [Public
1780 Health and Social Services,] or their designees, shall serve as
1781 nonvoting ex-officio members of the board. Board members shall serve
1782 without compensation but shall be reimbursed for their necessary
1783 expenses. All initial appointments to the board shall be made not later
1784 than September 1, 2001. The Commissioner of [Mental Health and
1785 Addiction] Human Services shall convene the first meeting of the

1786 board not later than September 15, 2001.

1787 Sec. 560. Section 17a-485c of the general statutes is repealed and the
1788 following is substituted in lieu thereof (*Effective October 1, 2010*):

1789 (a) The Commissioner of [Mental Health and Addiction] Human
1790 Services, in collaboration with the [Commissioners of Social Services,
1791 Children and Families and] Commissioner of Economic and
1792 Community Development and the Connecticut Housing Finance
1793 Authority, shall establish a Supportive Housing Initiative to provide
1794 additional units of affordable housing and support services to eligible
1795 persons. The Supportive Housing Initiative shall be implemented in
1796 two phases with the first phase to be known as the Supportive
1797 Housing Pilots Initiative and the second phase to be known as the
1798 Next Steps Initiative.

1799 (b) The Supportive Housing Pilots Initiative shall provide up to six
1800 hundred fifty additional units of affordable housing and support
1801 services to eligible households, as defined in section 17a-484a, and to
1802 persons with serious mental health needs who are community-
1803 supervised offenders supervised by the executive or judicial branch.
1804 Such housing shall be permanent supportive housing or transitional
1805 living programs, and the permanent supportive housing may include
1806 both individuals and families with special needs and individuals and
1807 families without such needs.

1808 (c) The Next Steps Initiative shall provide up to one thousand
1809 additional units of affordable housing and support services to: (1)
1810 Eligible households, as defined in section 17a-484a; (2) families who
1811 are eligible under the state plan for the federal temporary assistance
1812 for needy families program; (3) adults who are eighteen to twenty-
1813 three years of age, inclusive, and who are homeless, or at risk for
1814 becoming homeless because they are transitioning from foster care or
1815 other residential programs; and (4) persons with serious mental health
1816 needs who are community-supervised offenders supervised by the
1817 executive or judicial branch. Such housing shall be permanent

1818 supportive housing and may include both individuals and families
1819 with special needs and individuals and families without such needs.

1820 (d) The Connecticut Housing Finance Authority shall issue one or
1821 more requests for proposals by persons or entities interested in
1822 participating in such initiative with priority given to applicants that
1823 include organizations deemed qualified to provide services by the
1824 [Departments of Mental Health and Addiction Services, Social Services
1825 and Children and Families] Department of Human Services. The
1826 Connecticut Housing Finance Authority shall review and underwrite
1827 projects developed under the Supportive Housing Initiative. For
1828 purposes of this subsection, "state assistance" means a payment by the
1829 state of actual debt service, comprised of principal, interest, interest
1830 rate swap payments, liquidity fees, letter of credit fees, trustee fees,
1831 and other similar bond-related expenses.

1832 Sec. 561. Section 17a-485d of the general statutes is repealed and the
1833 following is substituted in lieu thereof (*Effective October 1, 2010*):

1834 (a) The Department of [Mental Health and Addiction Services, in
1835 consultation with the Department of Social Services,] Human Services
1836 shall conduct a study concerning the implementation of adult
1837 rehabilitation services under Medicaid. Not later than February 1,
1838 2002, the departments shall jointly submit a report of their findings
1839 and recommendations to the Governor and to the joint standing
1840 committees of the General Assembly having cognizance of matters
1841 relating to public health, human services and appropriations and the
1842 budgets of state agencies, in accordance with the provisions of section
1843 11-4a. The report shall include, but not be limited to, an
1844 implementation plan, a cost benefit analysis and a description of the
1845 plan's impact on existing services.

1846 (b) The Department of [Mental Health and Addiction Services and
1847 the Department of Social] Human Services shall conduct a study
1848 concerning the advisability of entering into an interagency agreement
1849 pursuant to which the Department of [Mental Health and Addiction]

1850 Human Services would provide clinical management of mental health
1851 services, including, but not limited to, review and authorization of
1852 services, implementation of quality assurance and improvement
1853 initiatives and provision of case management services, for aged, blind
1854 or disabled adults enrolled in the Medicaid program to the extent
1855 permitted under federal law. Not later than February 1, 2002, the
1856 departments shall jointly submit a report of their findings and
1857 recommendations to the Governor and to the joint standing
1858 committees of the General Assembly having cognizance of matters
1859 relating to public health, human services and appropriations and the
1860 budgets of state agencies, in accordance with the provisions of section
1861 11-4a.

1862 (c) The Commissioner of [Social] Human Services shall take such
1863 action as may be necessary to amend the Medicaid state plan to
1864 provide for coverage of optional adult rehabilitation services supplied
1865 by providers of mental health services or substance abuse
1866 rehabilitation services for adults with serious and persistent mental
1867 illness or who have alcoholism or other substance abuse conditions,
1868 that are certified by the Department of [Mental Health and Addiction]
1869 Human Services. For the fiscal years ending June 30, 2004, and June 30,
1870 2005, up to three million dollars in each such fiscal year of any moneys
1871 received by the state as federal reimbursement for optional Medicaid
1872 adult rehabilitation services shall be credited to the Community
1873 Mental Health Restoration subaccount within the account established
1874 under section 17a-485 and shall be available for use for the purposes of
1875 the subaccount. The Commissioner of [Social] Human Services shall
1876 adopt regulations, in accordance with the provisions of chapter 54, to
1877 implement optional rehabilitation services under the Medicaid
1878 program. The commissioner shall implement policies and procedures
1879 to administer such services while in the process of adopting such
1880 policies or procedures in regulation form, provided notice of intention
1881 to adopt the regulations is printed in the Connecticut Law Journal
1882 within forty-five days of implementation, and any such policies or
1883 procedures shall be valid until the time final regulations are effective.

1884 (d) Not later than February 1, 2006, the Commissioner of [Mental
1885 Health and Addiction Services, in consultation with the
1886 Commissioners of Children and Families and Social] Human Services
1887 shall report, in accordance with the provisions of section 11-4a, to the
1888 joint standing committees of the General Assembly having cognizance
1889 of matters relating to public health, human services and appropriations
1890 and the budgets of state agencies, on any moneys received by the state
1891 as federal Medicaid reimbursement for providing coverage of optional
1892 rehabilitation services for children and adults.

1893 (e) The Commissioner of [Mental Health and Addiction] Human
1894 Services shall have the authority to certify providers of mental health
1895 or substance abuse rehabilitation services for adults with serious and
1896 persistent mental illness or who have alcoholism or other substance
1897 abuse conditions for the purpose of coverage of optional rehabilitation
1898 services. The Commissioner of [Mental Health and Addiction] Human
1899 Services shall adopt regulations, in accordance with the provisions of
1900 chapter 54, for purposes of certification of such providers. The
1901 commissioner shall implement policies and procedures for purposes of
1902 such certification while in the process of adopting such policies or
1903 procedures in regulation form, provided notice of intention to adopt
1904 the regulations is printed in the Connecticut Law Journal no later than
1905 twenty days after implementation and any such policies and
1906 procedures shall be valid until the time the regulations are effective.

1907 Sec. 562. Section 17a-487 of the general statutes is repealed and the
1908 following is substituted in lieu thereof (*Effective October 1, 2010*):

1909 [(a) If a serious injury or unexpected death occurs involving a
1910 person being served by the Department of Mental Health and
1911 Addiction Services and the Department of Children and Families, each
1912 agency may share, in accordance with applicable federal privacy laws,
1913 information and records in its custody relating to the care and
1914 treatment of said person with the other agency without the consent of
1915 said person, provided the information shared is necessary to allow
1916 each agency to assist the other in investigating such occurrence and

1917 identifying risk factors that might prevent the occurrence of a similar
1918 serious injury or unexpected death.]

1919 [(b)] The finding of any investigation of a serious injury or
1920 unexpected death conducted by the Department of [Mental Health and
1921 Addiction Services and the Department of Children and Families]
1922 Human Services shall not be subject to disclosure pursuant to section
1923 1-210, nor shall such findings be subject to discovery or introduction
1924 into evidence in any civil action arising out of such serious injury or
1925 death. Nothing in this section shall be construed as restricting
1926 disclosure of confidential communications or records upon which such
1927 finding is based where such disclosure is otherwise required by law.
1928 No person who participated in an investigation conducted pursuant to
1929 this section shall be permitted or required to testify in any civil action
1930 as to the content of such action; except that the provisions of this
1931 section shall not preclude (1) in any civil action (A) the use of any
1932 writing that was created independently of such action; (B) the
1933 testimony of any person concerning the facts that formed the basis for
1934 the institution of such action; or (C) disclosure of the fact that staff
1935 privileges were terminated or restricted, including the specific
1936 restriction imposed, if any, or (2) in any health care provider
1937 proceedings concerning the termination or restriction of staff
1938 privileges, the use of data discussed or developed during an
1939 investigation.

1940 Sec. 563. Section 17a-511 of the general statutes is repealed and the
1941 following is substituted in lieu thereof (*Effective October 1, 2010*):

1942 (a) Any person who has been committed by any court to a hospital
1943 for psychiatric disabilities may be transferred to any other hospital for
1944 psychiatric disabilities upon agreement of the superintendents of the
1945 respective institutions from and to which it is desired to make such
1946 transfer, subject to the approval of the Commissioner of [Mental
1947 Health and Addiction Services, or, in the case of a person under
1948 eighteen years of age, the approval of the Commissioner of Children
1949 and Families] Human Services. Such agreement shall be in writing,

1950 executed in triplicate and in accordance with a form prescribed by the
1951 Attorney General, which form shall be uniform throughout the state.
1952 One copy of such agreement shall be filed for record in the court by
1953 which such person was committed and one copy retained in the files of
1954 each of the institutions participating in such transfer. Any such
1955 agreement shall have the same effect as an order of the court
1956 committing the person named therein. The conservator, overseer or
1957 any member of the family of any person so transferred, or his or her
1958 next friend, may make application to the court which made the order
1959 of commitment, for a revocation or modification of such agreement,
1960 and thereupon such court shall order such notice of the time and place
1961 of hearing thereon as it finds reasonable and upon such hearing may
1962 revoke, modify or affirm such transfer.

1963 (b) Any person who has been voluntarily admitted to a hospital for
1964 psychiatric disabilities pursuant to section 17a-506 may, with the
1965 informed consent of such person, be transferred to any other hospital
1966 for psychiatric disabilities. If that person is subject to the jurisdiction of
1967 the Commissioner of [Mental Health and Addiction] Human Services,
1968 the transfer shall require the agreement of the superintendents of the
1969 respective institutions from and to which it is desired to make the
1970 transfer and the approval of the Commissioner of [Mental Health and
1971 Addiction] Human Services. [If that person is under eighteen years of
1972 age and subject to the jurisdiction of the Commissioner of Children
1973 and Families, the transfer shall require the agreement of the
1974 superintendents of the respective institutions from and to which it is
1975 desired to make the transfer and the approval of the Commissioner of
1976 Children and Families.] An agreement to transfer under this subsection
1977 shall be in writing, executed in triplicate and in accordance with a form
1978 prescribed by the Attorney General, which form shall be uniform
1979 throughout the state. One copy of the agreement shall be retained in
1980 the files of each of the institutions participating in the transfer and one
1981 copy shall be provided to the person who has been voluntarily
1982 admitted or to that person's authorized representative. A transfer
1983 under this subsection shall not affect the person's rights under the

1984 voluntary admission.

1985 Sec. 564. Section 17a-560 of the general statutes is repealed and the
1986 following is substituted in lieu thereof (*Effective October 1, 2010*):

1987 As used in sections 17a-560 to 17a-576, inclusive, unless specifically
1988 provided otherwise, "division", means the Whiting Forensic Division,
1989 including the diagnostic unit established under the provisions of
1990 section 17a-562, or any other facility of the Department of [Mental
1991 Health and Addiction] Human Services which the commissioner may
1992 designate as appropriate. The words "institute" or "diagnostic unit", as
1993 used in sections 17a-566, 17a-567, 17a-570 and 17a-576 when applied to
1994 children or youths under the age of eighteen, mean any facility of the
1995 Department of [Children and Families] Human Services designated by
1996 the Commissioner of [Children and Families] Human Services. "Board"
1997 means the advisory and review board appointed under the provisions
1998 of section 17a-565. "Commissioner" means the Commissioner of
1999 [Mental Health and Addiction Services or in the case of children, the
2000 Commissioner of Children and Families] Human Services.

2001 Sec. 565. Subsection (a) of section 17a-582 of the general statutes is
2002 repealed and the following is substituted in lieu thereof (*Effective*
2003 *October 1, 2010*):

2004 (a) When any person charged with an offense is found not guilty by
2005 reason of mental disease or defect pursuant to section 53a-13, the court
2006 shall order such acquittee committed to the custody of the
2007 Commissioner of [Mental Health and Addiction] Human Services
2008 [who shall cause such acquittee] to be confined, pending an order of
2009 the court pursuant to subsection (e) of this section, in any of the state
2010 hospitals for psychiatric disabilities or [to the custody of the
2011 Commissioner of Developmental Services,] for an examination to
2012 determine his mental condition.

2013 Sec. 566. Subsection (b) of section 17a-667 of the general statutes is
2014 repealed and the following is substituted in lieu thereof (*Effective*
2015 *October 1, 2010*):

2016 (b) The council shall consist of the following members: (1) The
2017 Secretary of the Office of Policy and Management, or the secretary's
2018 designee; (2) the Commissioners of [Children and Families,] Consumer
2019 Protection, Correction, Education, Higher Education, [Mental Health
2020 and Addiction Services] Human Services, Motor Vehicles, [Public
2021 Health,] Public Safety [, Social Services] and Transportation and the
2022 Insurance Commissioner, or their designees; (3) the Chief Court
2023 Administrator, or the Chief Court Administrator's designee; (4) the
2024 chairperson of the Board of Pardons and Paroles, or the chairperson's
2025 designee; (5) the Chief State's Attorney, or the Chief State's Attorney's
2026 designee; (6) the Chief Public Defender, or the Chief Public Defender's
2027 designee; and (7) the cochairpersons and ranking members of the joint
2028 standing committees of the General Assembly having cognizance of
2029 matters relating to public health, criminal justice and appropriations,
2030 or their designees. The Commissioner of [Mental Health and Addiction
2031 Services and the Commissioner of Children and Families] Human
2032 Services shall be [cochairpersons] chairperson of the council. The
2033 Office of Policy and Management shall, within available
2034 appropriations, provide staff for the council.

2035 Sec. 567. Subsection (c) of section 17b-4 of the general statutes is
2036 repealed and the following is substituted in lieu thereof (*Effective*
2037 *October 1, 2010*):

2038 (c) The Department of [Social Services, in conjunction with the
2039 Department of Public Health,] Human Services may adopt regulations
2040 in accordance with the provisions of chapter 54 to establish
2041 requirements with respect to the submission of reports concerning
2042 financial solvency and quality of care by nursing homes for the
2043 purpose of determining the financial viability of such homes,
2044 identifying homes that appear to be experiencing financial distress and
2045 examining the underlying reasons for such distress. Such reports shall
2046 be submitted to the Nursing Home Financial Advisory Committee
2047 established under section 17b-339.

2048 Sec. 568. Subsection (b) of section 17b-6 of the general statutes is

2049 repealed and the following is substituted in lieu thereof (*Effective*
2050 *October 1, 2010*):

2051 (b) The [Commissioners of Social Services and Public Health,]
2052 Commissioner of Human Services and the Secretary of the Office of
2053 Policy and Management, on behalf of other state agencies, shall ensure
2054 that the following intra-agency and interagency goals are addressed
2055 and met: (1) The establishment by the Office of Policy and
2056 Management pursuant to section 16a-4a of not more than six uniform
2057 regional service delivery areas to be developed in consideration of (A)
2058 geographical size; (B) general population distribution; (C) agency
2059 target population and caseload; (D) location of department facilities;
2060 (E) the accessibility of transportation for clients to service delivery
2061 offices and for workers to clients and (F) any federal requirements; (2)
2062 the coordination by the Office of Policy and Management pursuant to
2063 section 16a-4a of the regional service delivery areas of other state
2064 agencies which provide services closely linked with health and human
2065 services programs with the regional service delivery areas developed
2066 pursuant to subdivision (1) of this subsection; (3) the decentralization
2067 of the service delivery operations of each agency to provide as much
2068 autonomy as possible to each regional office enabling the office to
2069 respond effectively to the particular service needs of the region; (4)
2070 coordinated control and direction for programs to ensure consistency
2071 and uniformity among the regions in the development and provision
2072 of services; (5) the development of a strategic planning unit in the
2073 office of each commissioner to centralize policy development and
2074 planning within the agency and promote interagency coordination of
2075 health and human services planning and policy development; (6)
2076 development of a common intake process for entry into the health and
2077 human services system for information and referral, screening,
2078 eligibility determinations and service delivery; (7) the creation of a
2079 single application form for client intake and eligibility determinations
2080 with a common client identifier; (8) development of a commonly-
2081 linked computerized management information system with the
2082 capacity to track clients and determine eligibility across programs; (9)

2083 the coordination of current advisory boards and councils to provide
2084 input and expertise from consumers, advocates and other interested
2085 parties to the commissioners; and (10) the encouragement of
2086 collaborations that will foster the development and maintain the client-
2087 focused structure of the health and human services system, as well as
2088 involve partnerships between clients and their service providers.

2089 Sec. 569. Subsection (a) of section 17b-28 of the 2010 supplement to
2090 the general statutes is repealed and the following is substituted in lieu
2091 thereof (*Effective October 1, 2010*):

2092 (a) There is established a council which shall advise the
2093 Commissioner of [Social] Human Services on the planning and
2094 implementation of a system of Medicaid managed care and shall
2095 monitor such planning and implementation and shall advise the
2096 Waiver Application Development Council, established pursuant to
2097 section 17b-28a, on matters including, but not limited to, eligibility
2098 standards, benefits, access and quality assurance. The council shall be
2099 composed of the chairpersons and ranking members of the joint
2100 standing committees of the General Assembly having cognizance of
2101 matters relating to human services, public health and appropriations
2102 and the budgets of state agencies, or their designees; two members of
2103 the General Assembly, one to be appointed by the president pro
2104 tempore of the Senate and one to be appointed by the speaker of the
2105 House of Representatives; the director of the Commission on Aging, or
2106 a designee; the director of the Commission on Children, or a designee;
2107 a representative of each organization that has been selected by the state
2108 to provide managed care and a representative of a primary care case
2109 management provider, to be appointed by the president pro tempore
2110 of the Senate; two representatives of the insurance industry, to be
2111 appointed by the speaker of the House of Representatives; two
2112 advocates for persons receiving Medicaid, one to be appointed by the
2113 majority leader of the Senate and one to be appointed by the minority
2114 leader of the Senate; one advocate for persons with substance use
2115 disorders, to be appointed by the majority leader of the House of
2116 Representatives; one advocate for persons with psychiatric disabilities,

2117 to be appointed by the minority leader of the House of
2118 Representatives; two advocates for the Department of Children and
2119 Families foster families, one to be appointed by the president pro
2120 tempore of the Senate and one to be appointed by the speaker of the
2121 House of Representatives; two members of the public who are
2122 currently recipients of Medicaid, one to be appointed by the majority
2123 leader of the House of Representatives and one to be appointed by the
2124 minority leader of the House of Representatives; [two representatives
2125 of the Department of Social Services, to be appointed by the
2126 Commissioner of Social Services; two representatives of the
2127 Department of Public Health, to be appointed by the Commissioner of
2128 Public Health; two representatives of the Department of Mental Health
2129 and Addiction Services, to be appointed by the Commissioner of
2130 Mental Health and Addiction Services; two representatives of the
2131 Department of Children and Families, to be appointed by the
2132 Commissioner of Children and Families] two representatives of the
2133 Department of Human Services, to be appointed by the Commissioner
2134 of Human Services; two representatives of the Office of Policy and
2135 Management, to be appointed by the Secretary of the Office of Policy
2136 and Management; one representative of the office of the State
2137 Comptroller, to be appointed by the State Comptroller and the
2138 members of the Health Care Access Board who shall be ex-officio
2139 members and who may not designate persons to serve in their place.
2140 The council shall choose a chair from among its members. The Joint
2141 Committee on Legislative Management shall provide administrative
2142 support to such chair. The council shall convene its first meeting no
2143 later than June 1, 1994.

2144 Sec. 570. Section 17b-28a of the general statutes is repealed and the
2145 following is substituted in lieu thereof (*Effective October 1, 2010*):

2146 (a) There is established a Waiver Application Development Council
2147 that shall be composed of the following members: The chairpersons
2148 and ranking members of the joint standing committee of the General
2149 Assembly having cognizance of matters relating to appropriations, or
2150 their designees; the chairpersons and ranking members of the joint

2151 standing committee of the General Assembly having cognizance of
2152 matters relating to human services, or their designees; the chairpersons
2153 and ranking members of the joint standing committee of the General
2154 Assembly having cognizance of matters relating to public health, or
2155 their designees; [the Commissioner of Social Services, or his designee;
2156 the Commissioner of Public Health, or his designee; the Commissioner
2157 of Mental Health and Addiction Services, or his designee; the
2158 Commissioner of Developmental Services, or his designee;] the
2159 Commissioner of Human Services, or the commissioner's designee; the
2160 Secretary of the Office of Policy and Management, or [his] the
2161 commissioner's designee; the State Comptroller, or [his] the
2162 Comptroller's designee; a representative of advocacy for mental
2163 retardation to be appointed by the president pro tempore of the Senate;
2164 a representative of advocacy for the elderly to be appointed by the
2165 majority leader of the Senate; a representative of the nursing home
2166 industry to be appointed by the minority leader of the Senate; a
2167 representative of the home health care industry, independent of the
2168 nursing home industry, to be appointed by the speaker of the House of
2169 Representatives; a representative of the mental health profession to be
2170 appointed by the majority leader of the House of Representatives; a
2171 representative of the substance abuse profession to be appointed by
2172 the minority leader of the House of Representatives; a health care
2173 provider to be appointed by the president pro tempore of the Senate;
2174 two elderly consumers of Medicaid services who are also eligible for
2175 Medicare, to be appointed by the speaker of the House of
2176 Representatives; a representative of the managed care industry, to be
2177 appointed by the president pro tempore of the Senate; a social services
2178 care provider, to be appointed by the majority leader of the House of
2179 Representatives; a family support care provider, to be appointed by
2180 the majority leader of the Senate; two persons with disabilities who are
2181 consumers of Medicaid services, one to be appointed by the president
2182 pro tempore of the Senate and one to be appointed by the minority
2183 leader of the House of Representatives; a representative of legal
2184 advocacy for Medicaid clients, to be appointed by the minority leader
2185 of the Senate; and six members of the General Assembly, one member

2186 appointed by the president pro tempore of the Senate; one member
2187 appointed by the majority leader of the Senate; one member appointed
2188 by the minority leader of the Senate; one member appointed by the
2189 speaker of the House of Representatives; one member appointed by
2190 the majority leader of the House of Representatives; and one member
2191 appointed by the minority leader of the House of Representatives. The
2192 council shall be responsible for advising the Department of [Social]
2193 Human Services, which shall be the lead agency in the development of
2194 a Medicaid Research and Demonstration Waiver under Section 1115 of
2195 the Social Security Act for application to the Office of State Health
2196 Reform of the United States Department of Health and Human
2197 Services by May 1, 1996. The council shall advise the department with
2198 respect to specific provisions within the waiver application, including
2199 but not limited to, the identification of populations to be included in a
2200 managed care program, a timetable for inclusion of distinct
2201 populations, expansion of access to care, quality assurance and
2202 grievance procedures for consumers and providers. The council shall
2203 also advise the department with respect to the goals of the waiver,
2204 including but not limited to, the expansion of access and coverage,
2205 making state health spending more efficient and to the reduction of
2206 uncompensated care.

2207 (b) There is established a Medicaid waiver unit within the
2208 Department of [Social] Human Services for the purposes of developing
2209 the waiver under subsection (a) of this section. The Medicaid waiver
2210 unit's responsibilities shall include but not be limited to the following:
2211 (1) Administrating the Medicaid managed care program, established
2212 pursuant to section 17b-28; (2) contracting with and evaluating prepaid
2213 health plans providing Medicaid services, including negotiation and
2214 establishment of capitated rates; (3) assessing quality assurance
2215 information compiled by the federally required independent quality
2216 assurance contractor; (4) monitoring contractual compliance; (5)
2217 evaluating enrollment broker performance; (6) providing assistance to
2218 the Insurance Department for the regulation of Medicaid managed
2219 care health plans; and (7) developing a system to compare

2220 performance levels among prepaid health plans providing Medicaid
2221 services.

2222 Sec. 571. Section 17b-32 of the general statutes is repealed and the
2223 following is substituted in lieu thereof (*Effective October 1, 2010*):

2224 (a) The Department of Social Services shall, within available
2225 appropriations, [and in consultation with the Department of Public
2226 Health,] establish a pilot training program for nurse practitioners
2227 seeking to specialize in family practice to receive one year of formal
2228 training at a community-based health center located in an area
2229 designated by the federal Health Resources and Services
2230 Administration as a health professional shortage area, a medically
2231 underserved area or an area with medically underserved populations.

2232 (b) The Commissioner of [Social Services, in consultation with the
2233 Commissioner of Public Health,] Human Services shall establish
2234 eligibility requirements for participation in the program.

2235 (c) The pilot program shall commence on or before October 1, 2008,
2236 and shall terminate not later than October 1, 2010.

2237 (d) The Commissioner of [Social] Human Services shall report, in
2238 accordance with section 11-4a, to the joint standing committees of the
2239 General Assembly having cognizance of matters relating to human
2240 services and public health not later than January 1, 2011, concerning
2241 any increase in access to care at community-based health centers as a
2242 result of such pilot program.

2243 Sec. 572. Section 17b-33 of the 2010 supplement to the general
2244 statutes is repealed and the following is substituted in lieu thereof
2245 (*Effective October 1, 2010*):

2246 The Department of [Social] Human Services shall establish, within
2247 available appropriations, a fall prevention program. Within such
2248 program, the department shall:

2249 (1) Promote and support research to: (A) Improve the identification,

2250 diagnosis, treatment and rehabilitation of older adults and others who
2251 have a high risk of falling; (B) improve data collection and analysis to
2252 identify risk factors for falls and factors that reduce the likelihood of
2253 falls; (C) design, implement and evaluate the most effective fall
2254 prevention interventions; (D) improve intervention strategies that have
2255 been proven effective in reducing falls by tailoring such strategies to
2256 specific populations of older adults; (E) maximize the dissemination of
2257 proven, effective fall prevention interventions; (F) assess the risk of
2258 falls occurring in various settings; (G) identify barriers to the adoption
2259 of proven interventions with respect to the prevention of falls among
2260 older adults; (H) develop, implement and evaluate the most effective
2261 approaches to reducing falls among high-risk older adults living in
2262 communities and long-term care and assisted living facilities; and (I)
2263 evaluate the effectiveness of community programs designed to prevent
2264 falls among older adults;

2265 (2) Establish [, in consultation with the Commissioner of Public
2266 Health,] a professional education program in fall prevention,
2267 evaluation and management for physicians, allied health professionals
2268 and other health care providers who provide services for the elderly in
2269 this state. The Commissioner of [Social Services] Human Services may
2270 contract for the establishment of such program through (A) a request
2271 for proposal process, (B) a competitive grant program, or (C)
2272 cooperative agreements with qualified organizations, institutions or
2273 consortia of qualified organizations and institutions;

2274 (3) Oversee and support demonstration and research projects to be
2275 carried out by organizations, institutions or consortia of organizations
2276 and institutions deemed qualified by the Commissioner of [Social]
2277 Human Services. Such demonstration and research projects may be in
2278 the following areas:

2279 (A) Targeted fall risk screening and referral programs;

2280 (B) Programs designed for community-dwelling older adults that
2281 use fall intervention approaches, including physical activity,

2282 medication assessment and reduction of medication when possible,
2283 vision enhancement and home-modification strategies;

2284 (C) Programs that target new fall victims who are at a high risk for
2285 second falls and that are designed to maximize independence and
2286 quality of life for older adults, particularly those older adults with
2287 functional limitations;

2288 (D) Private sector and public-private partnerships to develop
2289 technologies to prevent falls among older adults and prevent or reduce
2290 injuries when falls occur; and

2291 (4) Award grants to, or enter into contracts or cooperative
2292 agreements with, organizations, institutions or consortia of
2293 organizations and institutions deemed qualified by the Commissioner
2294 of [Social] Human Services to design, implement and evaluate fall
2295 prevention programs using proven intervention strategies in
2296 residential and institutional settings.

2297 Sec. 573. Section 17b-90 of the general statutes is repealed and the
2298 following is substituted in lieu thereof (*Effective October 1, 2010*):

2299 (a) The commissioner shall adopt regulations, in accordance with
2300 chapter 54, necessary to enable him to carry out the programs the
2301 Department of [Social] Human Services is designated to administer
2302 pursuant to section 17b-2, including any regulations necessary for
2303 receiving grants from the federal government to this state if the
2304 absence of any such regulation would result in the loss of such grants
2305 and regulations governing the custody and use of the records, papers,
2306 files and communications concerning persons applying for or receiving
2307 assistance under said sections. When names and addresses of
2308 recipients of such assistance are required by law to be furnished to or
2309 held by any other government agency, such agency shall adopt
2310 regulations to prevent the publication of lists thereof or their use for
2311 purposes not directly connected with the administration of said
2312 programs.

2313 (b) No person shall, except for purposes directly connected with the
2314 administration of programs of the Department of [Social] Human
2315 Services and in accordance with the regulations of the commissioner,
2316 solicit, disclose, receive or make use of, or authorize, knowingly
2317 permit, participate in or acquiesce in the use of, any list of the names
2318 of, or any information concerning, persons applying for or receiving
2319 assistance from the Department of [Social] Human Services or persons
2320 participating in a program administered by said department, directly
2321 or indirectly derived from the records, papers, files or communications
2322 of the state or its subdivisions or agencies, or acquired in the course of
2323 the performance of official duties. The Commissioner of [Social]
2324 Human Services shall disclose (1) to any authorized representative of
2325 the Labor Commissioner such information directly related to
2326 unemployment compensation, administered pursuant to chapter 567
2327 or information necessary for implementation of sections 17b-688b, 17b-
2328 688c and 17b-688h and section 122 of public act 97-2 of the June 18
2329 special session, (2) [to any authorized representative of the
2330 Commissioner of Mental Health and Addiction Services any
2331 information necessary for the implementation and operation of the
2332 basic needs supplement program or for the management of and
2333 payment for behavioral health services for applicants for and
2334 recipients of state-administered general assistance, (3)] to any
2335 authorized representative of the Commissioner of Administrative
2336 Services, or the Commissioner of Public Safety such information as the
2337 state Commissioner of [Social] Human Services determines is directly
2338 related to and necessary for the Department of Administrative Services
2339 or the Department of Public Safety for purposes of performing their
2340 functions of collecting social services recoveries and overpayments or
2341 amounts due as support in social services cases, investigating social
2342 services fraud or locating absent parents of public assistance recipients,
2343 [(4) to any authorized representative of the Commissioner of Children
2344 and Families necessary information concerning a child or the
2345 immediate family of a child receiving services from the Department of
2346 Social Services, including safety net services, if the Commissioner of
2347 Children and Families or the Commissioner of Social Services has

2348 determined that imminent danger to such child's health, safety or
2349 welfare exists to target the services of the family services programs
2350 administered by the Department of Children and Families, (5)] (3) to a
2351 town official or other contractor or authorized representative of the
2352 Labor Commissioner such information concerning an applicant for or a
2353 recipient of financial or medical assistance under state-administered
2354 general assistance deemed necessary by said commissioners to carry
2355 out their respective responsibilities to serve such persons under the
2356 programs administered by the Labor Department that are designed to
2357 serve applicants for or recipients of state-administered general
2358 assistance, [(6) to any authorized representative of the Commissioner
2359 of Mental Health and Addiction Services for the purposes of the
2360 behavioral health managed care program established by section 17a-
2361 453, (7) to any authorized representative of the Commissioner of Public
2362 Health to carry out his or her respective responsibilities under
2363 programs that regulate child day care services or youth camps, or (8)]
2364 or (4) to a health insurance provider, in IV-D support cases, as defined
2365 in section 46b-231, information concerning a child and the custodial
2366 parent of such child that is necessary to enroll such child in a health
2367 insurance plan available through such provider when the noncustodial
2368 parent of such child is under court order to provide health insurance
2369 coverage but is unable to provide such information, provided the
2370 Commissioner of [Social] Human Services determines, after providing
2371 prior notice of the disclosure to such custodial parent and an
2372 opportunity for such parent to object, that such disclosure is in the best
2373 interests of the child. No such representative shall disclose any
2374 information obtained pursuant to this section, except as specified in
2375 this section. Any applicant for assistance provided through said
2376 department shall be notified that, if and when such applicant receives
2377 benefits, the department will be providing law enforcement officials
2378 with the address of such applicant upon the request of any such
2379 official pursuant to section 17b-16a.

2380 (c) In IV-D support cases, as defined in subdivision (13) of
2381 subsection (b) of section 46b-231, in addition to the prohibitions of

2382 subsection (b) of this section, no information shall be released
2383 concerning the whereabouts of one party to another party (1) against
2384 whom a protective order, a restraining order or a standing criminal
2385 restraining order with respect to the former party is in effect, or (2) if
2386 the department has reason to believe that the release of the information
2387 may result in physical or emotional harm to the former party.

2388 [(d) The Commissioner of Social Services shall provide written
2389 notice to a person applying for or receiving assistance from the
2390 Department of Social Services or a person participating in a program
2391 administered by said department that such person's address and
2392 telephone number may be provided to the Department of Children
2393 and Families pursuant to subdivision (2) of subsection (b) of this
2394 section.]

2395 [(e)] (d) Penalties prescribed by subsection (b) of section 17b-97 shall
2396 apply to violations of this section.

2397 Sec. 574. Section 17b-195 of the general statutes is repealed and the
2398 following is substituted in lieu thereof (*Effective October 1, 2010*):

2399 Notwithstanding any provision of the general statutes, when a
2400 person who is ineligible for financial assistance due to his
2401 employability status is currently in or enters a residential substance
2402 abuse treatment facility, the town shall pay his room and board while
2403 at such facility as an expense reimbursable under the general
2404 assistance program by the Department of [Social Services or the
2405 Department of Mental Health and Addiction] Human Services,
2406 provided the person is eligible to receive medical assistance. The town
2407 shall be responsible for these costs until the date upon which the
2408 administration of the general assistance program is assumed by the
2409 state or is officially delegated to a town by the Commissioner of
2410 [Social] Human Services, at which time the Department of [Social
2411 Services or the Department of Mental Health and Addiction] Human
2412 Services shall assume these costs. Such assistance shall be paid directly
2413 to the treatment facility at a rate established or negotiated by the

2414 Department of [Social Services or negotiated by the Department of
2415 Mental Health and Addiction] Human Services.

2416 Sec. 575. Section 17b-222 of the general statutes is repealed and the
2417 following is substituted in lieu thereof (*Effective October 1, 2010*):

2418 As used in this section and sections 17b-223, 17b-228, 17b-229 and
2419 17b-745, "state humane institution" or "humane institution" means state
2420 mental hospitals, community mental health centers, treatment facilities
2421 for children and adolescents, or any other facility or program
2422 administered by the [Departments of Mental Health and Addiction
2423 Services, Developmental Services, or Children and Families]
2424 Department of Human Services. The person in charge of each state
2425 humane institution shall furnish the Commissioner of Administrative
2426 Services with a daily report of changes in the patient roster and the
2427 date of formal commitment of each patient.

2428 Sec. 576. Section 17b-225 of the general statutes is repealed and the
2429 following is substituted in lieu thereof (*Effective October 1, 2010*):

2430 (a) The Department of Public Safety [, the Department of Social
2431 Services] and the United States Department of Health and Human
2432 Services shall be entitled to receive only such information concerning
2433 patients in institutions, hospitals and facilities of the [Departments of
2434 Public Health, Developmental Services and Mental Health and
2435 Addiction Services] Department of Human Services as is required to
2436 obtain support and payments for the care of such patients, including
2437 submissions of such information to probate courts, agencies and
2438 corporations dispensing benefits, or only such information concerning
2439 such patients as is required for the purpose of claiming federal
2440 reimbursement, or only such information concerning such patients as
2441 is required for the review and audit of federally funded programs.
2442 Any such information received by said Department of Public Safety [,
2443 Department of Social Services] and United States Department of
2444 Health and Human Services shall be confidential and shall be used for
2445 the purposes of obtaining support and payments for the care of said

2446 patients or for the purpose of claiming federal reimbursement or for
2447 the review and audit of federally funded programs.

2448 (b) The Department of Administrative Services shall be entitled to
2449 receive only such information concerning patients in institutions,
2450 hospitals and facilities of the [Departments of Public Health, Mental
2451 Health and Addiction Services and Developmental Services,]
2452 Department of Human Services and state humane institutions, as
2453 defined in section 17b-222, as is required to obtain support and
2454 payments for the care of such patients, including submissions of such
2455 information to probate courts, agencies and corporations dispensing
2456 benefits. Any such information received by said Department of
2457 Administrative Services shall be confidential and shall be used only for
2458 the purposes specified in this subsection.

2459 Sec. 577. Section 17b-234 of the general statutes is repealed and the
2460 following is substituted in lieu thereof (*Effective October 1, 2010*):

2461 The Department of [Social] Human Services shall notify the
2462 Newington Children's Hospital of each referral for whom said
2463 department can apply for federal matching grants. Newington
2464 Children's Hospital shall charge the Department of Social Services for
2465 said eligible referrals only and shall retain all such payments received
2466 from the department. Such payments by the state shall be in lieu of all
2467 other payments to said hospital by the state or any town in this state
2468 except payments by the Department of [Social] Human Services as
2469 provided in this section [] or the State Board of Education, [or the
2470 Department of Public Health.] Such payments shall not prevent
2471 payments to said hospital from private sources for the care and
2472 support of any child in said hospital or for the balance of such
2473 operating expense. The Office of Health Care Access, in establishing
2474 rates to be charged by the Newington Children's Hospital, shall not
2475 include the grant made to said hospital pursuant to this section. In
2476 order to be eligible for the grant authorized by this section, the
2477 Newington Children's Hospital shall cooperate with The University of
2478 Connecticut Health Center in order to provide consolidated and

2479 coordinated pediatric services.

2480 Sec. 578. Subsection (a) of section 17b-256 of the general statutes is
2481 repealed and the following is substituted in lieu thereof (*Effective*
2482 *October 1, 2010*):

2483 (a) The Commissioner of [Social] Human Services may administer,
2484 within available appropriations, a program providing payment for the
2485 cost of drugs prescribed by a physician for the treatment of acquired
2486 immunodeficiency syndrome or human immunodeficiency virus. The
2487 commissioner [, in consultation with the Commissioner of Public
2488 Health,] shall determine specific drugs to be covered and may
2489 implement a pharmacy lock-in procedure for the program. The
2490 Commissioner of [Social] Human Services shall adopt regulations, in
2491 accordance with the provisions of chapter 54, to carry out the purposes
2492 of this section. The commissioner may implement the program while
2493 in the process of adopting regulations, provided notice of intent to
2494 adopt the regulations is published in the Connecticut Law Journal
2495 within twenty days of implementation. The regulations may include
2496 eligibility for all persons with acquired immunodeficiency syndrome
2497 or human immunodeficiency virus whose income is below four
2498 hundred per cent of the federal poverty level. Subject to federal
2499 approval, the commissioner may, within available federal resources,
2500 maintain existing insurance policies for eligible clients, including, but
2501 not limited to, coverage of costs associated with such policies, that
2502 provide a full range of human immunodeficiency virus treatments and
2503 access to comprehensive primary care services as determined by the
2504 commissioner and as provided by federal law, and may provide
2505 payment, determined by the commissioner, for (1) drugs and
2506 nutritional supplements prescribed by a physician that prevent or treat
2507 opportunistic diseases and conditions associated with acquired
2508 immunodeficiency syndrome or human immunodeficiency virus; (2)
2509 ancillary supplies related to the administration of such drugs; and (3)
2510 laboratory tests ordered by a physician. On and after May 26, 2006,
2511 persons who previously received insurance assistance under the
2512 program established pursuant to section 17b-255 of the general

2513 statutes, revision of 1958, revised to 2005, shall continue to receive such
2514 assistance until the expiration of the insurance coverage, provided
2515 such person continues to meet program eligibility requirements
2516 established in accordance with this subsection. On or before March 1,
2517 2007, and annually thereafter, the Commissioner of [Social] Human
2518 Services shall report, in accordance with section 11-4a, to the joint
2519 standing committees of the General Assembly having cognizance of
2520 matters relating to human services, public health and appropriations
2521 and the budgets of state agencies on the projected availability of funds
2522 for the program established pursuant to this section.

2523 Sec. 579. Section 17b-257c of the general statutes is repealed and the
2524 following is substituted in lieu thereof (*Effective October 1, 2010*):

2525 (a) The Commissioner of [Social] Human Services, after consultation
2526 with the [Commissioner of Mental Health and Addiction Services and
2527 the] Secretary of the Office of Policy and Management, may provide,
2528 within available appropriations, payments to long-term care facilities
2529 for the care of certain illegal immigrants. Payments may be made to
2530 cover the costs of care, as well as other incidentals as determined by
2531 the Commissioner of [Social] Human Services, for illegal immigrants
2532 who have been admitted to an acute care or psychiatric hospital and
2533 for whom services available in a long-term care facility are an
2534 appropriate and cost-effective alternative. Such individuals must be
2535 otherwise eligible for Medicaid, have resided in this state for at least
2536 five years and be unable to return to their country of origin due to
2537 medical illness or regulations barring reentry of persons who are ill or
2538 disabled or based upon a decision by the Immigration and
2539 Naturalization Service not to proceed with deportation.

2540 (b) The Commissioner of [Social] Human Services shall implement
2541 the policies and procedures necessary to carry out the provisions of
2542 subsection (a) of this section while in the process of adopting such
2543 policies and procedures in regulation form, provided notice of intent to
2544 adopt the regulations is published in the Connecticut Law Journal
2545 within twenty days after implementation. Such policies and

2546 procedures shall be valid until the time final regulations are effective.

2547 Sec. 580. Subsection (h) of section 17b-261 of the 2010 supplement to
2548 the general statutes is repealed and the following is substituted in lieu
2549 thereof (*Effective October 1, 2010*):

2550 (h) Medical assistance shall be provided, in accordance with the
2551 provisions of subsection (e) of section 17a-6, to any child under the
2552 supervision of the Commissioner of [Children and Families] Human
2553 Services who is not receiving Medicaid benefits, has not yet qualified
2554 for Medicaid benefits or is otherwise ineligible for such benefits.
2555 Medical assistance shall also be provided to any child in the voluntary
2556 services program operated by the Department of [Developmental]
2557 Human Services who is not receiving Medicaid benefits, has not yet
2558 qualified for Medicaid benefits or is otherwise ineligible for benefits.
2559 To the extent practicable, the Commissioner of [Children and Families
2560 and the Commissioner of Developmental] Human Services shall apply
2561 for, or assist such child in qualifying for, the Medicaid program.

2562 Sec. 581. Section 17b-263a of the general statutes is repealed and the
2563 following is substituted in lieu thereof (*Effective October 1, 2010*):

2564 [(a)] On or before December 31, 2006, the Commissioner of [Social]
2565 Human Services, in consultation with the [Commissioner of Mental
2566 Health and Addiction Services and the] Community Mental Health
2567 Strategy Board, established under section 17a-485b, shall take such
2568 action as is necessary to amend the Medicaid state plan to include
2569 assertive community treatment teams and community support services
2570 within the definition of optional adult rehabilitation services. Such
2571 community treatment teams shall provide intensive, integrated,
2572 multidisciplinary services to adults with severe psychiatric disabilities,
2573 including, but not limited to, persons who are homeless, persons
2574 diverted or discharged from in-patient programs or nursing homes
2575 and persons diverted or released from correctional facilities, or who
2576 are at risk of incarceration, and such teams shall provide intensive
2577 community care management through case managers, nurses and

2578 physicians and shall include, but not be limited to, vocational, peer
2579 and substance abuse specialists. The Commissioner of [Social] Human
2580 Services shall adopt regulations, in accordance with the provisions of
2581 chapter 54, for purposes of establishing the services specified in this
2582 subsection. The Commissioner of [Social] Human Services may
2583 implement policies and procedures for purposes of establishing such
2584 services while in the process of adopting such policies or procedures in
2585 regulation form, provided notice of intention to adopt the regulations
2586 is printed in the Connecticut Law Journal no later than twenty days
2587 after implementation and any such policies and procedures shall be
2588 valid until the time the regulations are effective.

2589 [(b) For purposes of this section, the Commissioner of Social
2590 Services shall enter into a memorandum of understanding with the
2591 Department of Mental Health and Addiction Services that delegates
2592 responsibility to the Commissioner of Mental Health and Addiction
2593 Services for the clinical management of adult rehabilitation services
2594 provided to adults eighteen years of age or older who are otherwise
2595 receiving mental health services from said department. For purposes
2596 of this section, the term "clinical management" describes the process of
2597 evaluating and determining the appropriateness of the utilization of
2598 behavioral health services, providing assistance to clinicians or
2599 beneficiaries to ensure appropriate use of resources and may include,
2600 but is not limited to, authorization, concurrent and retrospective
2601 review, discharge review, quality management, provider certification
2602 and provider performance enhancement. The Commissioner of Social
2603 Services and the Commissioner of Mental Health and Addiction
2604 Services shall jointly develop clinical management policies and
2605 procedures for purposes of this section. The Commissioner of Social
2606 Services may implement policies and procedures necessary to carry
2607 out the purposes of this section, including any necessary changes to
2608 existing behavioral health policies and procedures concerning
2609 utilization management, while in the process of adopting such policies
2610 and procedures in regulation form, in accordance with the provisions
2611 of chapter 54, provided the commissioner publishes notice of intention

2612 to adopt the regulations in the Connecticut Law Journal not later than
2613 twenty days after implementing such policies and procedures. Policies
2614 and procedures implemented pursuant to this subsection shall be valid
2615 until the earlier of the time such regulations are effective, or December
2616 1, 2006.]

2617 Sec. 582. Subsection (a) of section 17b-276 of the 2010 supplement to
2618 the general statutes is repealed and the following is substituted in lieu
2619 thereof (*Effective October 1, 2010*):

2620 (a) The Commissioner of [Social] Human Services shall identify
2621 geographic areas of the state where competitive bidding for
2622 nonemergency transportation services provided to medical assistance
2623 recipients to access covered medical services would result in cost
2624 savings to the state. For the identified areas, the Commissioner of
2625 [Social] Human Services, in consultation with the Commissioner of
2626 Transportation [, the Commissioner of Public Health] and the Secretary
2627 of the Office of Policy and Management, shall purchase such
2628 nonemergency transportation services through a competitive bidding
2629 process. Any transportation providers awarded a contract or
2630 subcontract for the direct provision of such services shall meet state
2631 licensure or certification requirements and the nonemergency
2632 transportation requirements established by the Department of [Social]
2633 Human Services, and shall provide the most cost effective
2634 transportation service, provided any contractor awarded a contract
2635 solely for coordinating such transportation services shall not be
2636 required to meet such licensure or certification requirements and
2637 provided the first such contracts for the purchase of such services shall
2638 not exceed one year. Prior to awarding a contract pursuant to this
2639 section, the Commissioner of [Social] Human Services shall consider
2640 the effect of the contract on the emergency ambulance primary service
2641 areas and volunteer ambulance services affected by the contract. The
2642 commissioner may limit the geographic areas to be served by a
2643 contractor and may limit the amount of services to be performed by a
2644 contractor. The commissioner may operate one or more pilot programs
2645 prior to state-wide operation of a competitive bidding program for

2646 nonemergency transportation services. By enrolling in the Medicaid
2647 program or participating in the competitively bid contract for
2648 nonemergency transportation services, providers of nonemergency
2649 transportation services agree to offer to recipients of medical assistance
2650 all types or levels of transportation services for which they are licensed
2651 or certified. Effective October 1, 1991, payment for such services shall
2652 be made only for services provided to an eligible recipient who is
2653 actually transported. A contract entered into pursuant to this section
2654 may include services provided by another state agency.
2655 Notwithstanding any provision of the general statutes, a contract
2656 entered into pursuant to this section shall establish the rates to be paid
2657 for the transportation services provided under the contract. A contract
2658 entered into pursuant to this section may include services provided by
2659 another state agency and shall supersede any conflicting provisions of
2660 the regulations of Connecticut state agencies pertaining to medical
2661 transportation services. Any contractor awarded a contract for
2662 coordinating nonemergency transportation services for medical
2663 assistance recipients, who also coordinates transportation services for
2664 nonmedical assistance recipients, shall disclose to any transportation
2665 provider, with whom it subcontracts to provide nonemergency
2666 transportation services under this section, the source of payment at the
2667 time the service is requested.

2668 Sec. 583. Subsections (a) to (c), inclusive, of section 17b-294 of the
2669 general statutes are repealed and the following is substituted in lieu
2670 thereof (*Effective October 1, 2010*):

2671 (a) The commissioner shall, within available appropriations,
2672 establish two supplemental health insurance programs, to be known as
2673 HUSKY Plus programs, for enrollees of the subsidized portion of the
2674 HUSKY Plan, Part B with family incomes which do not exceed three
2675 hundred per cent of the federal poverty level, whose medical needs
2676 cannot be accommodated within the basic benefit package offered
2677 enrollees. One program shall supplement coverage for those medically
2678 eligible enrollees with intensive physical health needs and one shall
2679 supplement coverage for those medically eligible enrollees with

2680 intensive behavioral health needs.

2681 (b) Within available appropriations, the commissioner shall contract
2682 with entities to administer and operate the HUSKY Plus program for
2683 medically eligible enrollees with intensive physical health needs. Such
2684 entities shall be the same entities that the Department of [Public
2685 Health] Human Services contracts with to administer and operate the
2686 program under Title V of the Social Security Act. The advisory
2687 committee established by the Department of [Public Health] Human
2688 Services for Title V of the Social Security Act shall be the steering
2689 committee for such program, [, except that such committee shall
2690 include representatives of the Departments of Social Services and
2691 Children and Families.]

2692 (c) Within available appropriations, the commissioner shall contract
2693 with one or more entities to operate the HUSKY Plus program for
2694 medically eligible enrollees with intensive behavioral health needs.
2695 The steering committee for such program shall be established by the
2696 commissioner, [, in consultation with the Commissioner of Children
2697 and Families.] The steering committee shall include representatives of
2698 the [Departments of Social Services and Children and Families]
2699 Department of Human Services.

2700 Sec. 584. Subsection (a) of section 17b-297 of the general statutes is
2701 repealed and the following is substituted in lieu thereof (*Effective*
2702 *October 1, 2010*):

2703 (a) The commissioner, in consultation with the Children's Health
2704 Council, the Medicaid Managed Care Council and the 2-1-1 Infoline
2705 program, shall develop mechanisms to increase outreach and
2706 maximize enrollment of eligible children and adults in the HUSKY
2707 Plan, Part A or Part B, including, but not limited to, development of
2708 mail-in applications and appropriate outreach materials through the
2709 Department of [Revenue Services, the Labor Department, the
2710 Department of Social Services, the Department of Public Health, the
2711 Department of Children and Families] Human Services and the Office

2712 of Protection and Advocacy for Persons with Disabilities. Such
2713 mechanisms shall seek to maximize federal funds where appropriate
2714 for such outreach activities.

2715 Sec. 585. Subsection (a) of section 17b-306 of the general statutes is
2716 repealed and the following is substituted in lieu thereof (*Effective*
2717 *October 1, 2010*):

2718 (a) The Commissioner of [Social Services, in consultation with the
2719 Commissioner of Public Health,] Human Services shall develop and
2720 within available appropriations implement a plan for a system of
2721 preventive health services for children under the HUSKY Plan, Part A
2722 and Part B. The goal of the system shall be to improve health outcomes
2723 for all children enrolled in the HUSKY Plan and to reduce racial and
2724 ethnic health disparities among children. Such system shall ensure that
2725 services under the federal Early and Periodic Screening, Diagnosis and
2726 Treatment Program are provided to children enrolled in the HUSKY
2727 Plan, Part A.

2728 Sec. 586. Subsection (c) of section 17b-337 of the 2010 supplement to
2729 the general statutes is repealed and the following is substituted in lieu
2730 thereof (*Effective October 1, 2010*):

2731 (c) The Long-Term Care Planning Committee shall consist of: (1)
2732 The chairpersons and ranking members of the joint standing and select
2733 committees of the General Assembly having cognizance of matters
2734 relating to human services, public health, elderly services and
2735 long-term care; (2) the Commissioner of [Social] Human Services, or
2736 the commissioner's designee; (3) one member of the Office of Policy
2737 and Management appointed by the Secretary of the Office of Policy
2738 and Management; (4) one member from the Department of [Social]
2739 Human Services appointed by the Commissioner of [Social] Human
2740 Services; (5) [two members from the Department of Public Health
2741 appointed by the Commissioner of Public Health, one of whom is from
2742 the Office of Health Care Access division of the department; (6)] one
2743 member from the Department of Economic and Community

2744 Development appointed by the Commissioner of Economic and
2745 Community Development; [(7) one member from the Department of
2746 Developmental Services appointed by the Commissioner of
2747 Developmental Services; (8) one member from the Department of
2748 Mental Health and Addiction Services appointed by the Commissioner
2749 of Mental Health and Addiction Services; (9)] (6) one member from the
2750 Department of Transportation appointed by the Commissioner of
2751 Transportation; [(10) one member from the Department of Children
2752 and Families appointed by the Commissioner of Children and
2753 Families; and (11)] and (7) the executive director of the Office of
2754 Protection and Advocacy for Persons with Disabilities or the executive
2755 director's designee. The committee shall convene no later than ninety
2756 days after June 4, 1998. Any vacancy shall be filled by the appointing
2757 authority. The chairperson shall be elected from among the members
2758 of the committee. The committee shall seek the advice and
2759 participation of any person, organization or state or federal agency it
2760 deems necessary to carry out the provisions of this section.

2761 Sec. 587. Subsections (a) and (b) of section 17b-339 of the 2010
2762 supplement to the general statutes are repealed and the following is
2763 substituted in lieu thereof (*Effective October 1, 2010*):

2764 (a) There is established a Nursing Home Financial Advisory
2765 Committee to examine the financial solvency of nursing homes on an
2766 ongoing basis and to support the [Departments of Social Services and
2767 Public Health] Department of Human Services in [their] its mission to
2768 provide oversight to the nursing home industry on issues concerning
2769 the financial solvency of and quality of care provided by nursing
2770 homes. The committee shall consist of the Commissioner of [Social
2771 Services, or his designee] Human Services, or the commissioner's
2772 designee; [the Commissioner of Public Health, or his designee;] the
2773 Secretary of the Office of Policy and Management, or [his] the
2774 commissioner's designee; the executive director of the Connecticut
2775 Health and Education Facilities Authority, or [his] the executive
2776 director's designee; and the executive director of the Connecticut
2777 Association of Not-for-Profit Providers for the Aging, or the executive

2778 director's designee; and the executive director of the Connecticut
2779 Association of Health Care Facilities, or the executive director's
2780 designee. The Commissioner of [Social Services and the Commissioner
2781 of Public Health] Human Services shall be the [chairpersons]
2782 chairperson of the committee.

2783 (b) The committee, upon receipt of a report relative to the financial
2784 solvency of and quality of care provided by nursing homes in the state,
2785 shall recommend appropriate action for improving the financial
2786 condition of any nursing home that is in financial distress to the
2787 Commissioner of [Social Services and the Commissioner of Public
2788 Health] Human Services. The Commissioner of [Social] Human
2789 Services shall submit quarterly reports to the committee concerning
2790 pending nursing home requests for interim rate increases. Such reports
2791 shall, without identifying any requesting facility by name, list the
2792 amount of each increase requested, the reason for the request and the
2793 rate that will result if the request is granted.

2794 Sec. 588. Subsection (a) of section 17b-340 of the 2010 supplement to
2795 the general statutes is repealed and the following is substituted in lieu
2796 thereof (*Effective October 1, 2010*):

2797 (a) The rates to be paid by or for persons aided or cared for by the
2798 state or any town in this state to licensed chronic and convalescent
2799 nursing homes, to chronic disease hospitals associated with chronic
2800 and convalescent nursing homes, to rest homes with nursing
2801 supervision, to licensed residential care homes, as defined by section
2802 19a-490, and to residential facilities for the mentally retarded which are
2803 licensed pursuant to section 17a-227 and certified to participate in the
2804 Title XIX Medicaid program as intermediate care facilities for the
2805 mentally retarded, for room, board and services specified in licensing
2806 regulations issued by the licensing agency shall be determined
2807 annually, except as otherwise provided in this subsection, after a
2808 public hearing, by the Commissioner of Social Services, to be effective
2809 July first of each year except as otherwise provided in this subsection.
2810 Such rates shall be determined on a basis of a reasonable payment for

2811 such necessary services, which basis shall take into account as a factor
2812 the costs of such services. Cost of such services shall include
2813 reasonable costs mandated by collective bargaining agreements with
2814 certified collective bargaining agents or other agreements between the
2815 employer and employees, provided "employees" shall not include
2816 persons employed as managers or chief administrators or required to
2817 be licensed as nursing home administrators, and compensation for
2818 services rendered by proprietors at prevailing wage rates, as
2819 determined by application of principles of accounting as prescribed by
2820 said commissioner. Cost of such services shall not include amounts
2821 paid by the facilities to employees as salary, or to attorneys or
2822 consultants as fees, where the responsibility of the employees,
2823 attorneys, or consultants is to persuade or seek to persuade the other
2824 employees of the facility to support or oppose unionization. Nothing
2825 in this subsection shall prohibit inclusion of amounts paid for legal
2826 counsel related to the negotiation of collective bargaining agreements,
2827 the settlement of grievances or normal administration of labor
2828 relations. The commissioner may, in his discretion, allow the inclusion
2829 of extraordinary and unanticipated costs of providing services which
2830 were incurred to avoid an immediate negative impact on the health
2831 and safety of patients. The commissioner may, in his discretion, based
2832 upon review of a facility's costs, direct care staff to patient ratio and
2833 any other related information, revise a facility's rate for any increases
2834 or decreases to total licensed capacity of more than ten beds or changes
2835 to its number of licensed rest home with nursing supervision beds and
2836 chronic and convalescent nursing home beds. The commissioner may
2837 so revise a facility's rate established for the fiscal year ending June 30,
2838 1993, and thereafter for any bed increases, decreases or changes in
2839 licensure effective after October 1, 1989. Effective July 1, 1991, in
2840 facilities which have both a chronic and convalescent nursing home
2841 and a rest home with nursing supervision, the rate for the rest home
2842 with nursing supervision shall not exceed such facility's rate for its
2843 chronic and convalescent nursing home. All such facilities for which
2844 rates are determined under this subsection shall report on a fiscal year
2845 basis ending on the thirtieth day of September. Such report shall be

2846 submitted to the commissioner by the thirty-first day of December. The
2847 commissioner may reduce the rate in effect for a facility which fails to
2848 report on or before such date by an amount not to exceed ten per cent
2849 of such rate. The commissioner shall annually, on or before the
2850 fifteenth day of February, report the data contained in the reports of
2851 such facilities to the joint standing committee of the General Assembly
2852 having cognizance of matters relating to appropriations. For the cost
2853 reporting year commencing October 1, 1985, and for subsequent cost
2854 reporting years, facilities shall report the cost of using the services of
2855 any nursing pool employee by separating said cost into two categories,
2856 the portion of the cost equal to the salary of the employee for whom
2857 the nursing pool employee is substituting shall be considered a
2858 nursing cost and any cost in excess of such salary shall be further
2859 divided so that seventy-five per cent of the excess cost shall be
2860 considered an administrative or general cost and twenty-five per cent
2861 of the excess cost shall be considered a nursing cost, provided if the
2862 total nursing pool costs of a facility for any cost year are equal to or
2863 exceed fifteen per cent of the total nursing expenditures of the facility
2864 for such cost year, no portion of nursing pool costs in excess of fifteen
2865 per cent shall be classified as administrative or general costs. The
2866 commissioner, in determining such rates, shall also take into account
2867 the classification of patients or boarders according to special care
2868 requirements or classification of the facility according to such factors
2869 as facilities and services and such other factors as he deems reasonable,
2870 including anticipated fluctuations in the cost of providing such
2871 services. The commissioner may establish a separate rate for a facility
2872 or a portion of a facility for traumatic brain injury patients who require
2873 extensive care but not acute general hospital care. Such separate rate
2874 shall reflect the special care requirements of such patients. If changes
2875 in federal or state laws, regulations or standards adopted subsequent
2876 to June 30, 1985, result in increased costs or expenditures in an amount
2877 exceeding one-half of one per cent of allowable costs for the most
2878 recent cost reporting year, the commissioner shall adjust rates and
2879 provide payment for any such increased reasonable costs or
2880 expenditures within a reasonable period of time retroactive to the date

2881 of enforcement. [Nothing in this section shall be construed to require
2882 the Department of Social Services to adjust rates and provide payment
2883 for any increases in costs resulting from an inspection of a facility by
2884 the Department of Public Health.] Such assistance as the commissioner
2885 requires from other state agencies or departments in determining rates
2886 shall be made available to him at his request. Payment of the rates
2887 established hereunder shall be conditioned on the establishment by
2888 such facilities of admissions procedures which conform with this
2889 section, section 19a-533 and all other applicable provisions of the law
2890 and the provision of equality of treatment to all persons in such
2891 facilities. The established rates shall be the maximum amount
2892 chargeable by such facilities for care of such beneficiaries, and the
2893 acceptance by or on behalf of any such facility of any additional
2894 compensation for care of any such beneficiary from any other person
2895 or source shall constitute the offense of aiding a beneficiary to obtain
2896 aid to which he is not entitled and shall be punishable in the same
2897 manner as is provided in subsection (b) of section 17b-97. For the fiscal
2898 year ending June 30, 1992, rates for licensed residential care homes and
2899 intermediate care facilities for the mentally retarded may receive an
2900 increase not to exceed the most recent annual increase in the Regional
2901 Data Resources Incorporated McGraw-Hill Health Care Costs:
2902 Consumer Price Index (all urban)-All Items. Rates for newly certified
2903 intermediate care facilities for the mentally retarded shall not exceed
2904 one hundred fifty per cent of the median rate of rates in effect on
2905 January 31, 1991, for intermediate care facilities for the mentally
2906 retarded certified prior to February 1, 1991. Notwithstanding any
2907 provision of this section, the Commissioner of Social Services may,
2908 within available appropriations, provide an interim rate increase for a
2909 licensed chronic and convalescent nursing home or a rest home with
2910 nursing supervision for rate periods no earlier than April 1, 2004, only
2911 if the commissioner determines that the increase is necessary to avoid
2912 the filing of a petition for relief under Title 11 of the United States
2913 Code; imposition of receivership pursuant to sections 19a-541 to 19a-
2914 549, inclusive; or substantial deterioration of the facility's financial
2915 condition that may be expected to adversely affect resident care and

2916 the continued operation of the facility, and the commissioner
2917 determines that the continued operation of the facility is in the best
2918 interest of the state. The commissioner shall consider any requests for
2919 interim rate increases on file with the department from March 30, 2004,
2920 and those submitted subsequently for rate periods no earlier than
2921 April 1, 2004. When reviewing a rate increase request the
2922 commissioner shall, at a minimum, consider: (1) Existing chronic and
2923 convalescent nursing home or rest home with nursing supervision
2924 utilization in the area and projected bed need; (2) physical plant long-
2925 term viability and the ability of the owner or purchaser to implement
2926 any necessary property improvements; (3) licensure and certification
2927 compliance history; (4) reasonableness of actual and projected
2928 expenses; and (5) the ability of the facility to meet wage and benefit
2929 costs. No rate shall be increased pursuant to this subsection in excess
2930 of one hundred fifteen per cent of the median rate for the facility's peer
2931 grouping, established pursuant to subdivision (2) of subsection (f) of
2932 this section, unless recommended by the commissioner and approved
2933 by the Secretary of the Office of Policy and Management after
2934 consultation with the commissioner. Such median rates shall be
2935 published by the Department of Social Services not later than April
2936 first of each year. In the event that a facility granted an interim rate
2937 increase pursuant to this section is sold or otherwise conveyed for
2938 value to an unrelated entity less than five years after the effective date
2939 of such rate increase, the rate increase shall be deemed rescinded and
2940 the department shall recover an amount equal to the difference
2941 between payments made for all affected rate periods and payments
2942 that would have been made if the interim rate increase was not
2943 granted. The commissioner may seek recovery from payments made to
2944 any facility with common ownership. With the approval of the
2945 Secretary of the Office of Policy and Management, the commissioner
2946 may waive recovery and rescission of the interim rate for good cause
2947 shown that is not inconsistent with this section, including, but not
2948 limited to, transfers to family members that were made for no value.
2949 The commissioner shall provide written quarterly reports to the joint
2950 standing committees of the General Assembly having cognizance of

2951 matters relating to human services and appropriations and the budgets
2952 of state agencies and to the select committee of the General Assembly
2953 having cognizance of matters relating to aging, that identify each
2954 facility requesting an interim rate increase, the amount of the
2955 requested rate increase for each facility, the action taken by the
2956 commissioner and the secretary pursuant to this subsection, and
2957 estimates of the additional cost to the state for each approved interim
2958 rate increase. Nothing in this subsection shall prohibit the
2959 commissioner from increasing the rate of a licensed chronic and
2960 convalescent nursing home or a rest home with nursing supervision
2961 for allowable costs associated with facility capital improvements or
2962 increasing the rate in case of a sale of a licensed chronic and
2963 convalescent nursing home or a rest home with nursing supervision,
2964 pursuant to subdivision (16) of subsection (f) of this section, if
2965 receivership has been imposed on such home.

2966 Sec. 589. Subsection (g) of section 17b-340 of the 2010 supplement to
2967 the general statutes is repealed and the following is substituted in lieu
2968 thereof (*Effective October 1, 2010*):

2969 (g) For the fiscal year ending June 30, 1993, any intermediate care
2970 facility for the mentally retarded with an operating cost component of
2971 its rate in excess of one hundred forty per cent of the median of
2972 operating cost components of rates in effect January 1, 1992, shall not
2973 receive an operating cost component increase. For the fiscal year
2974 ending June 30, 1993, any intermediate care facility for the mentally
2975 retarded with an operating cost component of its rate that is less than
2976 one hundred forty per cent of the median of operating cost
2977 components of rates in effect January 1, 1992, shall have an allowance
2978 for real wage growth equal to thirty per cent of the increase
2979 determined in accordance with subsection (q) of section 17-311-52 of
2980 the regulations of Connecticut state agencies, provided such operating
2981 cost component shall not exceed one hundred forty per cent of the
2982 median of operating cost components in effect January 1, 1992. Any
2983 facility with real property other than land placed in service prior to
2984 October 1, 1991, shall, for the fiscal year ending June 30, 1995, receive a

2985 rate of return on real property equal to the average of the rates of
2986 return applied to real property other than land placed in service for the
2987 five years preceding October 1, 1993. For the fiscal year ending June 30,
2988 1996, and any succeeding fiscal year, the rate of return on real property
2989 for property items shall be revised every five years. The commissioner
2990 shall, upon submission of a request, allow actual debt service,
2991 comprised of principal and interest, in excess of property costs allowed
2992 pursuant to section 17-311-52 of the regulations of Connecticut state
2993 agencies, provided such debt service terms and amounts are
2994 reasonable in relation to the useful life and the base value of the
2995 property. For the fiscal year ending June 30, 1995, and any succeeding
2996 fiscal year, the inflation adjustment made in accordance with
2997 subsection (p) of section 17-311-52 of the regulations of Connecticut
2998 state agencies shall not be applied to real property costs. For the fiscal
2999 year ending June 30, 1996, and any succeeding fiscal year, the
3000 allowance for real wage growth, as determined in accordance with
3001 subsection (q) of section 17-311-52 of the regulations of Connecticut
3002 state agencies, shall not be applied. For the fiscal year ending June 30,
3003 1996, and any succeeding fiscal year, no rate shall exceed three
3004 hundred seventy-five dollars per day unless the commissioner [, in
3005 consultation with the Commissioner of Developmental Services,]
3006 determines after a review of program and management costs, that a
3007 rate in excess of this amount is necessary for care and treatment of
3008 facility residents. For the fiscal year ending June 30, 2002, rate period,
3009 the [Commissioner of Social Services] commissioner shall increase the
3010 inflation adjustment for rates made in accordance with subsection (p)
3011 of section 17-311-52 of the regulations of Connecticut state agencies to
3012 update allowable fiscal year 2000 costs to include a three and one-half
3013 per cent inflation factor. For the fiscal year ending June 30, 2003, rate
3014 period, the commissioner shall increase the inflation adjustment for
3015 rates made in accordance with subsection (p) of section 17-311-52 of
3016 the regulations of Connecticut state agencies to update allowable fiscal
3017 year 2001 costs to include a one and one-half per cent inflation factor,
3018 except that such increase shall be effective November 1, 2002, and such
3019 facility rate in effect for the fiscal year ending June 30, 2002, shall be

3020 paid for services provided until October 31, 2002, except any facility
3021 that would have been issued a lower rate effective July 1, 2002, than for
3022 the fiscal year ending June 30, 2002, due to interim rate status or
3023 agreement with the department shall be issued such lower rate
3024 effective July 1, 2002, and have such rate updated effective November
3025 1, 2002, in accordance with applicable statutes and regulations. For the
3026 fiscal year ending June 30, 2004, rates in effect for the period ending
3027 June 30, 2003, shall remain in effect, except any facility that would have
3028 been issued a lower rate effective July 1, 2003, than for the fiscal year
3029 ending June 30, 2003, due to interim rate status or agreement with the
3030 department shall be issued such lower rate effective July 1, 2003. For
3031 the fiscal year ending June 30, 2005, rates in effect for the period
3032 ending June 30, 2004, shall remain in effect until September 30, 2004.
3033 Effective October 1, 2004, each facility shall receive a rate that is five
3034 per cent greater than the rate in effect September 30, 2004. Effective
3035 upon receipt of all the necessary federal approvals to secure federal
3036 financial participation matching funds associated with the rate increase
3037 provided in subdivision (4) of subsection (f) of this section, but in no
3038 event earlier than October 1, 2005, and provided the user fee imposed
3039 under section 17b-320 is required to be collected, each facility shall
3040 receive a rate that is four per cent more than the rate the facility
3041 received in the prior fiscal year, except any facility that would have
3042 been issued a lower rate effective October 1, 2005, than for the fiscal
3043 year ending June 30, 2005, due to interim rate status or agreement with
3044 the department, shall be issued such lower rate effective October 1,
3045 2005. Such rate increase shall remain in effect unless: (A) The federal
3046 financial participation matching funds associated with the rate increase
3047 are no longer available; or (B) the user fee created pursuant to section
3048 17b-320 is not in effect. For the fiscal year ending June 30, 2007, rates in
3049 effect for the period ending June 30, 2006, shall remain in effect until
3050 September 30, 2006, except any facility that would have been issued a
3051 lower rate effective July 1, 2006, than for the fiscal year ending June 30,
3052 2006, due to interim rate status or agreement with the department,
3053 shall be issued such lower rate effective July 1, 2006. Effective October
3054 1, 2006, no facility shall receive a rate that is more than three per cent

3055 greater than the rate in effect for the facility on September 30, 2006,
3056 except any facility that would have been issued a lower rate effective
3057 October 1, 2006, due to interim rate status or agreement with the
3058 department, shall be issued such lower rate effective October 1, 2006.
3059 For the fiscal year ending June 30, 2008, each facility shall receive a rate
3060 that is two and nine-tenths per cent greater than the rate in effect for
3061 the period ending June 30, 2007, except any facility that would have
3062 been issued a lower rate effective July 1, 2007, than for the rate period
3063 ending June 30, 2007, due to interim rate status, or agreement with the
3064 department, shall be issued such lower rate effective July 1, 2007. For
3065 the fiscal year ending June 30, 2009, rates in effect for the period
3066 ending June 30, 2008, shall remain in effect until June 30, 2009, except
3067 any facility that would have been issued a lower rate for the fiscal year
3068 ending June 30, 2009, due to interim rate status or agreement with the
3069 department, shall be issued such lower rate. For the fiscal years ending
3070 June 30, 2010, and June 30, 2011, rates in effect for the period ending
3071 June 30, 2009, shall remain in effect until June 30, 2011, except any
3072 facility that would have been issued a lower rate for the fiscal year
3073 ending June 30, 2010, or the fiscal year ending June 30, 2011, due to
3074 interim rate status or agreement with the department, shall be issued
3075 such lower rate.

3076 Sec. 590. Subsection (a) of section 17b-341 of the general statutes is
3077 repealed and the following is substituted in lieu thereof (*Effective*
3078 *October 1, 2010*):

3079 (a) (1) As used in this section, "self-pay patient" means a patient who
3080 is not receiving state or municipal assistance to pay for the cost of care.

3081 (2) The Commissioner of [Social] Human Services shall determine
3082 annually, after a public hearing, the rates to be charged to self-pay
3083 patients in any of the following licensed facilities if the facility does not
3084 have a provider agreement with the state to provide services to
3085 recipients of benefits obtained through Title XIX of the Social Security
3086 Amendments of 1965, except a facility that did not have a provider
3087 agreement in effect as of January 1, 1991, or had entered into a limited

3088 provider agreement before January 1, 1991: Chronic and convalescent
3089 nursing homes, chronic disease hospitals associated with chronic and
3090 convalescent nursing homes and rest homes with nursing supervision.
3091 Each such facility that does have such a provider agreement, each such
3092 facility that did not have a provider agreement in effect as of January 1,
3093 1991, or had entered into a limited provider agreement before January
3094 1, 1991, and each residential care home shall determine its own self-
3095 pay rates. Rates determined pursuant to this section shall be effective
3096 July 1, 1991, and on July first of each year thereafter through June 30,
3097 1993, and shall be determined for each facility individually, on the
3098 basis of payment for the reasonable costs of providing all services. All
3099 self-pay patients shall be given notice of a rate increase at least thirty
3100 days prior to the effective date of such rate increase. In determining
3101 rates to be charged to self-pay patients the commissioner shall: (1)
3102 Consider the quality of care provided by each facility, based on
3103 information [which the Department of Public Health shall provide to
3104 the commissioner,] known to the Department of Human Services and
3105 any testimony or information received from other interested parties;
3106 and (2) take into account the relevant cost considerations set forth in
3107 section 17b-340 and in the regulations adopted in accordance with
3108 subsection (a) of section 17b-238. Such regulations shall include but not
3109 be limited to the establishment of a formula for allowing profit or an
3110 operating surplus, and a fair rate of return on invested capital or
3111 equity. Nothing in this section shall authorize the commissioner to set
3112 a rate lower than the rate set under section 17b-340 for comparable
3113 services. Each facility determining its own self-pay rates shall report
3114 such rates to the commissioner upon determination and upon any
3115 modification. The commissioner shall document each rate so reported
3116 and each rate determined for a facility by the commissioner pursuant
3117 to this section. Each facility shall charge any self-pay patient who is
3118 insured under a long-term care insurance policy which is precertified
3119 pursuant to section 38a-475 a rate which is at least five per cent less
3120 than the rate charged other self-pay patients. On and after April 1,
3121 2008, each facility shall charge self-pay patients a per diem rate and not
3122 a monthly rate.

3123 Sec. 591. Section 17b-350 of the general statutes is repealed and the
3124 following is substituted in lieu thereof (*Effective October 1, 2010*):

3125 The Commissioner of [Social Services, in consultation with the
3126 Commissioner of Public Health,] Human Services shall establish a
3127 demonstration program for respite care in nursing homes for self-pay
3128 patients. The program shall offer a financial incentive for a nursing
3129 home to reserve beds for respite care.

3130 Sec. 592. Subsection (a) of section 17b-353 of the 2010 supplement to
3131 the general statutes is repealed and the following is substituted in lieu
3132 thereof (*Effective October 1, 2010*):

3133 (a) Any facility, as defined in subsection (a) of section 17b-352,
3134 which proposes (1) a capital expenditure exceeding one million
3135 dollars, which increases facility square footage by more than five
3136 thousand square feet or five per cent of the existing square footage,
3137 whichever is greater, (2) a capital expenditure exceeding two million
3138 dollars, or (3) the acquisition of major medical equipment requiring a
3139 capital expenditure in excess of four hundred thousand dollars,
3140 including the leasing of equipment or space, shall submit a request for
3141 approval of such expenditure, with such information as the
3142 department requires, to the Department of Social Services. Any such
3143 facility which proposes to acquire imaging equipment requiring a
3144 capital expenditure in excess of four hundred thousand dollars,
3145 including the leasing of such equipment, shall obtain the approval of
3146 the Office of Health Care Access in accordance with section 19a-639,
3147 subsequent to obtaining the approval of the Commissioner of Social
3148 Services. [Prior to the facility's obtaining the imaging equipment, the
3149 Commissioner of Public Health, after consultation with the
3150 Commissioner of Social Services, may elect to perform a joint or
3151 simultaneous review with the Department of Social Services.]

3152 Sec. 593. Section 17b-357 of the general statutes is repealed and the
3153 following is substituted in lieu thereof (*Effective October 1, 2010*):

3154 (a) For purposes of this section and sections 17b-358 to 17b-360,

3155 inclusive, a "nursing facility" means a chronic and convalescent home
3156 or a rest home with nursing supervision as defined in section 19a-521,
3157 which participates in the Medicaid program through a provider
3158 agreement with the Department of Social Services.

3159 (b) If the Department of [Public Health] Human Services finds,
3160 through the results of a survey, that a nursing facility is not in
3161 compliance with one or more of the requirements of Subsections (b),
3162 (c) and (d) of 42 USC 1396r and that such noncompliance poses an
3163 immediate and serious threat to patient health or safety, the
3164 Department of [Public Health] Human Services shall issue a statement
3165 of charges and a summary order to the facility, [and shall file a copy of
3166 the charges with the Department of Social Services with a request for a
3167 summary order from the Department of Social Services.] The summary
3168 order which the Department of [Social] Human Services may issue
3169 shall include termination of the facility's participation in Medicaid or
3170 appointment of a temporary manager to oversee the operation of the
3171 facility and may include transfer of patients to other participating
3172 facilities; denial of payment under Medicaid for new admissions;
3173 imposition of a directed plan of correction of the facility's deficiencies;
3174 imposition of civil monetary penalties; or imposition of other remedies
3175 authorized by regulations adopted by the Department of [Social
3176 Services] Human Services in accordance with chapter 54.

3177 (c) If the Department of [Public Health] Human Services finds,
3178 through the results of a survey, that a nursing facility is not in
3179 compliance with one or more of the requirements of Subsections (b),
3180 (c) and (d) of 42 USC 1396r but that such noncompliance does not pose
3181 an immediate and obvious threat to patient health or safety, the
3182 Department of [Public Health] Human Services shall issue a statement
3183 of charges to the facility, [and shall file a copy of the charges with the
3184 Department of Social Services with a request for an order imposing
3185 one or more alternative remedies under this subsection.] If the
3186 Department of [Social] Human Services finds [, based on a statement of
3187 charges filed by the Department of Public Health,] that a nursing
3188 facility is not in compliance with one or more of the requirements of

3189 Subsections (b), (c) and (d) of 42 USC 1396r, but does not issue a
3190 summary order, it may impose one or more of the following
3191 alternative remedies: Termination of the facility's participation in
3192 Medicaid; appointment of a temporary manager to oversee the
3193 operation of the facility; transfer of patients to other participating
3194 facilities; denial of payment under Medicaid for new admissions;
3195 imposition of a directed plan of correction of the facility's deficiencies;
3196 imposition of civil monetary penalties; or imposition of other remedies
3197 authorized by regulations adopted by the Department of [Social]
3198 Human Services in accordance with chapter 54. The civil monetary
3199 penalties imposed may be in the range of three thousand two hundred
3200 fifty dollars to ten thousand dollars per day for each day the facility is
3201 found to be out of compliance with one or more requirements of
3202 Subsections (b), (c) and (d) of 42 USC 1396r if the failure to comply
3203 with such requirements is found to constitute an immediate and
3204 serious threat to resident health or safety, or in the range of two
3205 hundred dollars to three thousand dollars per day for each day the
3206 facility is found to be out of compliance with a requirement of
3207 Subsections (b), (c) and (d) of 42 USC 1396r that is found not to
3208 constitute an immediate and serious threat to resident health or safety.
3209 The exact civil monetary penalty will be set depending on such factors
3210 as the existence of repeat deficiencies or uncorrected deficiencies and
3211 the overall compliance history of the provider. The remedies available
3212 to the Department of [Social] Human Services for violations of the
3213 requirements of Subsections (b), (c) and (d) of 42 USC 1396r are
3214 cumulative and are in addition to the remedies available to the
3215 Department of [Public Health] Human Services under chapter 368v for
3216 violations of state licensure requirements. Any penalties collected by
3217 the Department of [Social] Human Services pursuant to this section
3218 shall be deposited in a special fund under the control of the
3219 Department of [Social] Human Services, which fund shall be utilized,
3220 in the discretion of the department, for the protection of the health or
3221 property of residents of nursing facilities found to be deficient,
3222 including payment for the costs of relocating residents, payment for
3223 the maintenance of operation of a facility pending correction of

3224 deficiencies or closure, and reimbursement of residents for personal
3225 funds lost. The deficient nursing facility shall be obligated to
3226 reimburse the Department of [Social] Human Services for any moneys
3227 expended by the department at the facility from the fund established
3228 pursuant to this section.

3229 (d) The facility may request a hearing in accordance with the
3230 provisions of chapter 54 from the Department of [Social] Human
3231 Services within ten days of the issuance of the statement of charges or
3232 the summary order, as the case may be. If the facility does not request
3233 a hearing within ten days and no summary order has been issued, the
3234 Department of [Social] Human Services shall automatically adopt [the
3235 Department of Public Health's] its findings and shall issue an order
3236 incorporating one or more of the remedies authorized by subsection (c)
3237 of this section. If the facility timely requests a hearing or the
3238 Department of [Social] Human Services issues a summary order, the
3239 Department of [Social] Human Services shall issue a notice of hearing.
3240 At such hearing the facility shall be given the opportunity to present
3241 evidence and cross-examine witnesses. The Department of [Social]
3242 Human Services shall issue a decision based on the administrative
3243 record and may, if it finds the facility not in compliance with one or
3244 more of the requirements of Subsections (b), (c) and (d) of 42 USC
3245 1396r, order any of the remedies specified in this section. The
3246 Department of [Social] Human Services may impose any of the
3247 alternative remedies, except for a civil monetary penalty, during the
3248 pendency of any proceedings conducted pursuant to this subsection.
3249 In such cases, the Department of [Social] Human Services must
3250 provide the facility the opportunity to discuss the Department of
3251 [Public Health's] Human Service's findings at an informal conference
3252 prior to the imposition of any remedy. The requirement of an informal
3253 conference does not apply to summary order proceedings.

3254 Sec. 594. Section 17b-359 of the general statutes is repealed and the
3255 following is substituted in lieu thereof (*Effective October 1, 2010*):

3256 (a) For purposes of this section, the terms "mentally ill" and

3257 "specialized services" shall be as defined in Subsections (e)(7)(G)(i) and
3258 (iii) of Section 1919 of the Social Security Act and federal regulations.

3259 (b) No nursing facility shall admit any person, irrespective of source
3260 of payment, who has not undergone a preadmission screening process
3261 by which the Department of [Mental Health and Addiction] Human
3262 Services determines, based upon an independent physical and mental
3263 evaluation, [performed by or under the auspices of the Department of
3264 Social Services,] whether the person is mentally ill and, if so, whether
3265 such person requires the level of services provided by a nursing
3266 facility and, if such person is mentally ill and does require such level of
3267 services, whether the person requires specialized services. A person
3268 who is determined to be mentally ill and not to require nursing facility
3269 level services shall not be admitted to a nursing facility. In order to
3270 implement the preadmission review requirements of this section and
3271 to identify applicants for admission who may be mentally ill and
3272 subject to the requirements of this section, nursing facilities may not
3273 admit any person, irrespective of source of payment, unless an
3274 identification screen developed, or in the case of out-of-state residents
3275 approved, by the Department of [Social] Human Services has been
3276 completed and filed in accordance with federal law.

3277 (c) No payment from any source shall be due to any nursing facility
3278 that admits a resident in violation of the preadmission screening
3279 requirements of this section.

3280 (d) A nursing facility shall notify the Department of [Mental Health
3281 and Addiction] Human Services when a resident who is mentally ill
3282 undergoes a significant change in condition or when a resident who
3283 has not previously been diagnosed as mentally ill undergoes a change
3284 in condition which may require specialized services. Upon such
3285 notifications, the Department of [Mental Health and Addiction
3286 Services, under the auspices of the Department of Social Services,]
3287 Human Services shall perform an evaluation to determine whether the
3288 resident requires the level of services provided by a nursing facility or
3289 requires specialized services for mental illness.

3290 (e) The Department of [Mental Health and Addiction] Human
3291 Services [, in consultation with the Department of Social Services,] may
3292 no less than annually review, within available appropriations, the
3293 status of each resident in a nursing facility who is mentally ill to
3294 determine whether the resident requires (1) the level of services
3295 provided by a nursing facility, or (2) specialized services for mental
3296 illness. Nursing facilities shall grant to the Department of [Mental
3297 Health and Addiction Services and the Department of Social] Human
3298 Services access to nursing facility residents and their medical records
3299 for the purposes of this section.

3300 (f) In the case of a mentally ill resident who is determined under
3301 subsection (b), (d) or (e) of this section not to require the level of
3302 services provided by a nursing facility but to require specialized
3303 services for mental illness and who has continuously resided in a
3304 nursing facility for at least thirty months before the date of the
3305 determination, the resident may elect to remain in the facility or to
3306 receive services covered by Medicaid in an alternative appropriate
3307 institutional or noninstitutional setting in accordance with the
3308 alternative disposition plan submitted by the Department of [Social]
3309 Human Services to the Secretary of the United States Department of
3310 Health and Human Services, and consistent with the Department of
3311 [Mental Health and Addiction] Human Services requirements for the
3312 provision of specialized services.

3313 (g) In the case of a mentally ill resident who is determined under
3314 subsection (b), (d) or (e) of this section not to require the level of
3315 services provided by a nursing facility but to require specialized
3316 services for mental illness and who has not continuously resided in a
3317 nursing facility for at least thirty months before the date of the
3318 determination, the nursing facility in consultation with the Department
3319 of [Mental Health and Addiction] Human Services shall arrange for
3320 the safe and orderly discharge of the resident from the facility. If the
3321 department determines that the provision of specialized services
3322 requires an alternate residential placement, the discharge and transfer
3323 of the resident shall be made in accordance with the alternative

3324 disposition plan submitted by the Department of [Social] Human
3325 Services and approved by the Secretary of the United States
3326 Department of Health and Human Services, except if an alternate
3327 residential placement is not available, the resident shall not be
3328 transferred.

3329 (h) In the case of a resident who is determined under subsection (b),
3330 (d) or (e) of this section not to require the level of services provided by
3331 a nursing facility and not to require specialized services, the nursing
3332 facility shall arrange for the safe and orderly discharge of the resident
3333 from the facility.

3334 (i) Any person seeking admittance to a nursing facility or any
3335 resident of a nursing facility who is adversely affected by a
3336 determination of the Department of [Mental Health and Addiction]
3337 Human Services under this section may appeal such determination to
3338 the Department of [Social] Human Services within fifteen days of the
3339 receipt of the notice of a determination by the [Department of Mental
3340 Health and Addiction Services] department. If an appeal is taken [to
3341 the Department of Social Services] the determination of the
3342 Department of [Mental Health and Addiction] Human Services shall
3343 be stayed pending determination [by the Department of Social
3344 Services] of the appeal.

3345 Sec. 595. Section 17b-360 of the general statutes is repealed and the
3346 following is substituted in lieu thereof (*Effective October 1, 2010*):

3347 (a) For purposes of this section, the terms "mental retardation", "a
3348 condition related to mental retardation" and "specialized services" shall
3349 be as defined in Subsection (e)(7)(G)(ii) of Section 1919 of the Social
3350 Security Act and federal regulations.

3351 (b) No nursing facility may admit any new resident irrespective of
3352 source of payment, who has mental retardation or has a condition
3353 related to mental retardation unless the Department of
3354 [Developmental] Human Services has determined prior to admission
3355 based upon an independent physical and mental evaluation performed

3356 by [or under the auspices of the Department of Social Services] the
3357 department that because of the physical and mental condition of the
3358 individual, the individual requires the level of services provided by a
3359 nursing facility. If the individual requires such level of services, the
3360 Department of [Developmental] Human Services shall also determine
3361 whether the individual requires specialized services for such
3362 condition. An individual who is determined by the Department of
3363 [Developmental] Human Services to have mental retardation or to
3364 have a related condition and is determined not to require nursing
3365 facility level of services shall not be admitted to a nursing facility. In
3366 order to implement the preadmission review requirements of this
3367 section, and to identify applicants for admission who may have mental
3368 retardation or have conditions related to mental retardation and
3369 subject to the requirements of this section, nursing facilities may not
3370 admit any individual irrespective of source of payment, unless an
3371 identification screen developed, or in the case of out-of-state residents
3372 approved, by the Department of [Social] Human Services has been
3373 completed for the applicant and filed in accordance with federal law.

3374 (c) No payment from any source shall be due to a nursing facility
3375 that admits a resident in violation of the preadmission screening
3376 requirements of this section.

3377 (d) A nursing facility shall notify the Department of
3378 [Developmental] Human Services when a resident who has mental
3379 retardation undergoes a change in condition or when a resident who
3380 has not previously been diagnosed as having mental retardation
3381 undergoes a significant change in condition which may require
3382 specialized services. Upon such notification, the Department of
3383 [Developmental Services, under the auspices of the Department of
3384 Social Services,] Human Services shall perform an evaluation to
3385 determine whether the resident requires the level of services provided
3386 by a nursing facility or requires specialized services for mental
3387 retardation.

3388 (e) In the case of a resident who is determined under subsection (d)

3389 of this section not to require the level of services provided by a nursing
3390 facility but to require specialized services for mental retardation or a
3391 condition related to mental retardation and who has continually
3392 resided in a nursing facility for at least thirty months before the date of
3393 the determination, the resident may elect to remain in the facility or to
3394 receive services covered by Medicaid in an alternative appropriate
3395 institutional or noninstitutional setting in accordance with the terms of
3396 the alternative disposition plan submitted by the Department of
3397 [Social] Human Services and approved by the Secretary of the United
3398 States Department of Health and Human Services.

3399 (f) In the case of a resident with mental retardation or a related
3400 condition who is determined under subsection (d) of this section not to
3401 require the level of services provided by a nursing facility but to
3402 require specialized services for mental retardation or a related
3403 condition and who has not continuously resided in a nursing facility
3404 for at least thirty months before the date of the determination, the
3405 nursing facility, in consultation with the Department of
3406 [Developmental] Human Services, shall arrange for the safe and
3407 orderly discharge of the resident from the facility. If the department
3408 determines that the provision of specialized services requires an
3409 alternative residential placement, the discharge and transfer of the
3410 patient shall be in accordance with the alternative disposition plan
3411 submitted by the Department of [Social] Human Services and
3412 approved by the Secretary of the United States Department of Health
3413 and Human Services, except if an alternative residential facility is not
3414 available, the resident shall not be transferred.

3415 (g) In the case of a resident who is determined under subsection (d)
3416 of this section not to require the level of services provided by a nursing
3417 facility and not to require specialized services, the nursing facility shall
3418 arrange for the safe and orderly discharge of the resident from the
3419 facility.

3420 (h) The Department of [Developmental] Human Services shall be
3421 the agency responsible for making the determinations required by this

3422 section on behalf of individuals who have mental retardation and on
3423 behalf of individuals with conditions related to mental retardation and
3424 may provide services to such individuals to the extent required by
3425 federal law.

3426 (i) Any person seeking admittance to a nursing facility or any
3427 resident of a nursing facility who is adversely affected by a
3428 determination of the Department of [Developmental] Human Services
3429 under this section may appeal such determination to the Department
3430 of [Social] Human Services within fifteen days of the receipt of the
3431 notice of a determination by the Department of [Developmental]
3432 Human Services. If an appeal is taken, [to the Department of Social
3433 Services,] the determination of the Department of [Developmental]
3434 Human Services shall be stayed pending determination [by the
3435 Department of Social Services] of the appeal.

3436 Sec. 596. Section 17b-602a of the general statutes is repealed and the
3437 following is substituted in lieu thereof (*Effective October 1, 2010*):

3438 (a) The Department of [Social] Human Services, in consultation with
3439 the [Department of Mental Health and Addiction Services and the]
3440 Community Mental Health Strategy Board established under section
3441 17a-485b, may seek approval of an amendment to the state Medicaid
3442 plan or a waiver from federal law, whichever is sufficient and most
3443 expeditious, to establish and implement a Medicaid-financed home
3444 and community-based program to provide community-based services
3445 and, if necessary, housing assistance, to adults with severe and
3446 persistent psychiatric disabilities being discharged or diverted from
3447 nursing home residential care.

3448 (b) On or before January 1, 2007, and annually thereafter, the
3449 Commissioner of [Social Services, in consultation with the
3450 Commissioner of Mental Health and Addiction Services,] Human
3451 Services shall submit a report to the joint standing committee of the
3452 General Assembly having cognizance of matters relating to public
3453 health, in accordance with the provisions of section 11-4a, on the status

3454 of any amendment to the state Medicaid plan or waiver from federal
3455 law pursuant to subsection (a) of this section and on the establishment
3456 and implementation of the program authorized under said subsection
3457 (a).

3458 Sec. 597. Subsection (c) of section 17b-417 of the general statutes is
3459 repealed and the following is substituted in lieu thereof (*Effective*
3460 *October 1, 2010*):

3461 (c) Not later than June 30, 2005, the Long-Term Care Ombudsman
3462 shall submit a report on the pilot program to the [Commissioners of
3463 Social Services and Public Health] Commissioner of Human Services,
3464 to the joint standing committees of the General Assembly having
3465 cognizance of matters relating to human services, public health and
3466 appropriations, and to the select committee of the General Assembly
3467 having cognizance of matters relating to aging. The report shall be
3468 submitted in accordance with section 11-4a.

3469 Sec. 598. Subsection (a) of section 17b-611 of the general statutes is
3470 repealed and the following is substituted in lieu thereof (*Effective*
3471 *October 1, 2010*):

3472 (a) The Commissioner of [Social Services, after consultation with the
3473 Commissioner of Public Health,] Human Services may contract with
3474 an insurer, within available appropriations, to provide a subsidized
3475 nongroup health insurance product for disabled persons who would
3476 be eligible to receive supplemental security income benefits except for
3477 income and who have incomes above the eligibility limit for Medicaid
3478 and under two hundred per cent of the federal poverty level. The
3479 contract shall include a sliding fee schedule based on income for
3480 premiums and shall provide for the setting of premiums at a level to
3481 cover twenty per cent of program costs. The contract shall provide for
3482 the use of mechanisms to control costs.

3483 Sec. 599. Subsection (a) of section 17b-666 of the general statutes is
3484 repealed and the following is substituted in lieu thereof (*Effective*
3485 *October 1, 2010*):

3486 (a) The Bureau of Rehabilitation Services of the Department of
3487 [Social] Human Services may receive state and federal funds to
3488 administer, within available appropriations, an employment
3489 opportunities program to serve individuals with the most significant
3490 disabilities who do not meet the eligibility requirements of supported
3491 employment programs administered by the [Departments of
3492 Developmental Services and Mental Health and Addiction Services]
3493 Department of Human Services. For the purposes of this section,
3494 "individuals with the most significant disabilities" means those
3495 individuals who (1) have serious employment limitations in a total of
3496 three or more functional areas including, but not limited to, mobility,
3497 communication, self-care, interpersonal skills, work tolerance or work
3498 skills, or (2) will require significant ongoing disability-related services
3499 on the job in order to maintain employment.

3500 Sec. 600. Subsection (a) of section 17b-694 of the general statutes is
3501 repealed and the following is substituted in lieu thereof (*Effective*
3502 *October 1, 2010*):

3503 (a) The Labor Commissioner, in consultation with the
3504 [Commissioners of Social Services and Mental Health] Commissioner
3505 of Human Services, shall administer a grant program, within available
3506 appropriations, to fund employment placement projects for recipients
3507 of state-administered general assistance, cash assistance or medical
3508 assistance or recipients of Medicaid who are eighteen to twenty years
3509 of age. A grant may be awarded to (1) a municipality or group of
3510 towns which form a region based on a project plan providing
3511 education, training or other assistance in securing employment, (2) a
3512 private substance abuse or mental health services provider based on a
3513 project plan incorporating job placement in the treatment process, or
3514 (3) a nonprofit organization providing employment services when no
3515 municipality or group of towns elect to apply for such a grant for a
3516 given geographic area. A plan may include cash incentives as a
3517 supplement to wages for recipients who work.

3518 Sec. 601. Section 17b-732 of the general statutes is repealed and the

3519 following is substituted in lieu thereof (*Effective October 1, 2010*):

3520 Uniform forms of commitment papers or mittimus shall be used by
3521 all authorities throughout the state in the commitment by them of
3522 minors to the Commissioner [of Social Services, the Commissioner of
3523 Children and Families] Human Services or humane or reformatory
3524 institutions. Such forms shall be prepared by the Attorney General,
3525 printed at the expense of the state and furnished by the Commissioner
3526 of [Social] Human Services or his designee. In such forms there shall be
3527 stated the following particulars in regard to the minor committed
3528 thereby: Name, age or date of birth as exactly as can be determined,
3529 and the town or city and state in which born; name, nationality and
3530 religious preference of the parents so far as known. The age thus
3531 ascertained shall be taken as the true age of such minor with reference
3532 to the term of commitment. The authority committing any minor to the
3533 Commissioner of [Social Services, the Commissioner of Children and
3534 Families] Human Services or the Southbury Training School shall
3535 forthwith send a notice of such commitment to the Commissioner of
3536 [Social] Human Services or his designee in a form approved by him.
3537 The provisions of this section shall not apply to commitment papers
3538 made pursuant to sections 18-65a or 18-73, which shall be prepared by
3539 the Judicial Department.

3540 Sec. 602. Section 17b-733 of the general statutes is repealed and the
3541 following is substituted in lieu thereof (*Effective October 1, 2010*):

3542 The Department of [Social] Human Services shall be the lead agency
3543 for child day care services in Connecticut. The department shall: (1)
3544 Identify, annually, existing child day care services and maintain an
3545 inventory of all available services; (2) provide technical assistance to
3546 corporations and private agencies in the development and expansion
3547 of child day care services for families at all income levels, including
3548 families of their employees and clients; (3) study and identify funding
3549 sources available for child day care including federal funds and tax
3550 benefits; (4) study the cost and availability of liability insurance for
3551 child day care providers; (5) provide, in conjunction with the

3552 Departments of Education and Higher Education, ongoing training for
3553 child day care providers including preparing videotaped workshops
3554 and distributing them to cable stations for broadcast on public access
3555 stations, and seek private donations to fund such training; (6)
3556 encourage child day care services to obtain accreditation; (7) develop a
3557 range of financing options for child care services, including the use of a
3558 tax-exempt bond program, a loan guarantee program and establishing
3559 a direct revolving loan program; (8) promote the colocation of child
3560 day care and school readiness programs pursuant to section 4b-31; (9)
3561 establish a performance-based evaluation system; (10) develop for
3562 recommendation to the Governor and the General Assembly measures
3563 to provide incentives for the private sector to develop and support
3564 expanded child day care services; (11) provide, within available funds
3565 and in conjunction with the temporary family assistance program as
3566 defined in section 17b-680, child day care to public assistance
3567 recipients; (12) develop and implement, with the assistance of the
3568 Child Day Care Council and the Departments of [Public Health, Social
3569 Services,] Education, Higher Education, [Children and Families,]
3570 Economic and Community Development and Consumer Protection, a
3571 state-wide coordinated child day care and early childhood education
3572 training system (A) for child day care centers, group day care homes
3573 and family day care homes that provide child day care services, and
3574 (B) that makes available to such providers and their staff, within
3575 available appropriations, scholarship assistance, career counseling and
3576 training, advancement in career ladders, as defined in section 4-124bb,
3577 through seamless articulation of levels of training, program
3578 accreditation support and other initiatives recommended by the
3579 Departments of [Social] Human Services, Education and Higher
3580 Education; (13) plan and implement a unit cost reimbursement system
3581 for state-funded child day care services such that, on and after January
3582 1, 2008, any increase in reimbursement shall be based on a requirement
3583 that such centers meet the staff qualifications, as defined in subsection
3584 (b) of section 10-16p; (14) develop, within available funds, initiatives to
3585 increase compensation paid to child day care providers for educational
3586 opportunities, including, but not limited to, (A) incentives for

3587 educational advancement paid to persons employed by child day care
3588 centers receiving state or federal funds, and (B) support for the
3589 establishment and implementation by the Labor Commissioner of
3590 apprenticeship programs for child day care workers pursuant to
3591 sections 31-22m to 31-22q, inclusive, which programs shall be jointly
3592 administered by labor and management trustees; (15) evaluate the
3593 effectiveness of any initiatives developed pursuant to subdivision (14)
3594 of this section in improving staff retention rates and the quality of
3595 education and care provided to children; and (16) report annually to
3596 the Governor and the General Assembly on the status of child day care
3597 in Connecticut. Such report shall include (A) an itemization of the
3598 allocation of state and federal funds for child care programs; (B) the
3599 number of children served under each program so funded; (C) the
3600 number and type of such programs, providers and support personnel;
3601 (D) state activities to encourage partnership between the public and
3602 private sectors; (E) average payments issued by the state for both part-
3603 time and full-time child care; (F) range of family income and
3604 percentages served within each range by such programs; and (G) age
3605 range of children served.

3606 Sec. 603. Section 17b-748 of the general statutes is repealed and the
3607 following is substituted in lieu thereof (*Effective October 1, 2010*):

3608 There is established a Child Day Care Council consisting of the
3609 Commissioner of [Public Health, the Commissioner of Social Services,
3610 the Commissioner of Children and Families] Human Services, the
3611 Commissioner of Education and the Commissioner of Economic and
3612 Community Development or a representative of each designated by
3613 him in writing to serve as such representative, and sixteen other
3614 persons appointed by the Governor. Said council shall be within the
3615 Department of [Social] Human Services for administrative purposes
3616 only. Of the persons appointed by the Governor, one shall be from
3617 among those recommended by the Connecticut Association for
3618 Education of Young Children; one shall be a member of a community
3619 council; one shall be a member of a community action program; one
3620 shall be a member of a child development or early childhood

3621 education department of a Connecticut college or university; four shall
3622 be providers of child day care services, two of whom shall be family
3623 day care providers, and two shall be child day care center providers;
3624 one shall be from among those recommended by the Permanent
3625 Commission on the Status of Women; one shall be from among those
3626 recommended by the Connecticut Commission on Children; one shall
3627 be from among those recommended by the American Academy of
3628 Pediatrics; one shall be a member of an advocacy group concerned
3629 with young children and their families; one shall be from among those
3630 recommended by the AFL-CIO Labor Council who is a member of
3631 organized labor; one shall be a member of the Connecticut Business
3632 and Industry Association; and two shall be parents, each of whom
3633 shall have a child enrolled in a child day care service. The members of
3634 the council shall serve without compensation but shall be reimbursed
3635 for necessary expenses incurred in the course of their duties. The
3636 chairperson and the vice-chairperson of the council shall be elected by
3637 the full membership of the council from among the persons appointed
3638 by the Governor and shall serve for a term of one year. The council
3639 shall meet at least ten times per year. Any appointed member who fails
3640 to attend three consecutive meetings or fails to attend fifty per cent of
3641 all meetings held during any calendar year shall be deemed to have
3642 resigned. The council shall recommend to the Commissioner of [Public
3643 Health] Human Services regulations which shall effectuate the
3644 purposes of this section and sections 17b-733, 19a-77, 19a-79, 19a-80,
3645 19a-82 to 19a-87, inclusive, and 19a-87b to 19a-87e, inclusive, including
3646 regulations relating to licensing, operation, program and professional
3647 qualifications of the staff of child day care centers, group day care
3648 homes and family day care homes and shall make recommendations to
3649 the Commissioner of [Public Health] Human Services on the
3650 administration of said sections. The Child Day Care Council shall also
3651 make recommendations to the Department of [Social] Human Services
3652 as the lead agency for day care on grants management and the
3653 planning and development of child day care services. In addition, the
3654 council shall provide guidelines for drop-in supplementary child care
3655 operations. Before making such recommendations, the council shall

3656 hold public hearings and invite suggestions from parents of children
3657 utilizing child day care services, as defined in section 19a-77, and from
3658 providers of such services and other interested parties. The Child Day
3659 Care Council shall study issues affecting child day care and make
3660 recommendations to the General Assembly. The council shall serve as
3661 an advisory committee to the Department of [Social] Human Services
3662 in the development of the state child care plan required pursuant to
3663 the Child Care Development and Improvement Act of 1990 and shall
3664 conduct biennial public hearings on such state plan.

3665 Sec. 604. Subsections (a) and (b) of section 17b-749 of the 2010
3666 supplement to the general statutes are repealed and the following is
3667 substituted in lieu thereof (*Effective October 1, 2010*):

3668 (a) The Commissioner of [Social] Human Services shall establish
3669 and operate a child care subsidy program to increase the availability,
3670 affordability and quality of child care services for families with a
3671 parent or caretaker who is working, attending high school or who
3672 receives cash assistance under the temporary family assistance
3673 program from the Department of [Social] Human Services and is
3674 participating in an approved education, training, or other job
3675 preparation activity. Services available under the child care program
3676 shall include the provision of child care subsidies for children under
3677 the age of thirteen or children under the age of nineteen with special
3678 needs. The department shall open and maintain enrollment for the
3679 child care subsidy program and shall administer such program within
3680 the existing budgetary resources available.

3681 (b) The commissioner shall establish income standards for
3682 applicants and recipients at a level to include a family with gross
3683 income up to fifty per cent of the state-wide median income, except the
3684 commissioner (1) may increase the income level to up to seventy-five
3685 per cent of the state-wide median income, (2) [upon the request of the
3686 Commissioner of Children and Families,] may waive the income
3687 standards for adoptive families so that children adopted on or after
3688 October 1, 1999, from the Department of [Children and Families]

3689 Human Services are eligible for the child care subsidy program, and
3690 (3) on and after March 1, 2003, shall reduce the income eligibility level
3691 to up to fifty-five per cent of the state-wide median income for
3692 applicants and recipients who qualify based on their loss of eligibility
3693 for temporary family assistance. The commissioner may adopt
3694 regulations in accordance with chapter 54 to establish income criteria
3695 and durational requirements for such waiver of income standards.

3696 Sec. 605. Subsection (b) of section 17b-751 of the 2010 supplement to
3697 the general statutes is repealed and the following is substituted in lieu
3698 thereof (*Effective October 1, 2010*):

3699 (b) There shall be established, within existing resources, a Children's
3700 Trust Fund Council which shall be within the Department of Social
3701 Services. The council shall be composed of sixteen members as follows:
3702 (1) The Commissioners of [Social] Human Services [,] and Education,
3703 [Children and Families and Public Health,] or their designees; (2) a
3704 representative of the business community with experience in fund-
3705 raising, appointed by the president pro tempore of the Senate; (3) a
3706 representative of the business community with experience in fund-
3707 raising, appointed by the speaker of the House of Representatives; (4) a
3708 representative of the business community with experience in fund-
3709 raising, appointed by the minority leader of the House of
3710 Representatives; (5) a representative of the business community with
3711 experience in fund-raising, appointed by the minority leader of the
3712 Senate; (6) a parent, appointed by the majority leader of the House of
3713 Representatives; (7) a parent, appointed by the majority leader of the
3714 Senate; (8) a parent, appointed by the president pro tempore of the
3715 Senate; (9) a person with expertise in child abuse prevention,
3716 appointed by the speaker of the House of Representatives; (10) a
3717 person with expertise in child abuse prevention, appointed by the
3718 minority leader of the House of Representatives; (11) a staff member of
3719 a child abuse prevention program, appointed by the minority leader of
3720 the Senate; (12) a staff member of a child abuse prevention program,
3721 appointed by the majority leader of the House of Representatives; and
3722 (13) a pediatrician, appointed by the majority leader of the Senate. The

3723 council shall solicit and accept funds, on behalf of the Children's Trust
3724 Fund, to be used for the prevention of child abuse and neglect and
3725 family resource programs, or on behalf of the Parent Trust Fund, to be
3726 used for parent community involvement to improve the health, safety
3727 and education of children, and shall make grants to programs
3728 pursuant to subsections (a) and (c) of this section.

3729 Sec. 606. Subsection (a) of section 17b-751c of the 2010 supplement
3730 to the general statutes is repealed and the following is substituted in
3731 lieu thereof (*Effective October 1, 2010*):

3732 (a) There is established a Nurturing Families Network Advisory
3733 Commission to monitor the state-wide system for the Nurturing
3734 Families Network developed pursuant to section 17b-751b. The
3735 commission shall consist of: (1) One member appointed by the speaker
3736 of the House of Representatives and one member appointed by the
3737 president pro tempore of the Senate, who shall be members of the
3738 General Assembly; (2) one member appointed by the minority leader
3739 of the House of Representatives and one member appointed by the
3740 minority leader of the Senate, who shall be members of the General
3741 Assembly; (3) a representative of the Governor; (4) [the Commissioner
3742 of Children and Families, or his designee; (5) the Commissioner of
3743 Social Services, or his designee; (6) the Commissioner of Public Health,
3744 or his designee; (7)] the Commissioner of Human Services, or the
3745 commissioner's designee; (5) the Commissioner of Education, or [his]
3746 the commissioner's designee; [(8)] (6) the Secretary of the Office of
3747 Policy and Management, or [his] the commissioner's designee; [(9)] (7)
3748 the executive director of the Commission on Children, or [his] the
3749 executive director's designee; [(10)] (8) a representative of the Child
3750 Advocate's Office, who shall be appointed by the minority leader of
3751 the House of Representatives; and [(11)] (9) a representative of the
3752 Connecticut Chapter of the National Committee to Prevent Child
3753 Abuse who shall be appointed by the majority leader of the Senate.

3754 Sec. 607. Subsection (b) of section 17b-803 of the general statutes is
3755 repealed and the following is substituted in lieu thereof (*Effective*

3756 *October 1, 2010*):

3757 (b) The Commissioner of [Social Services, in consultation with the
3758 Commissioner of Public Health,] Human Services shall adopt
3759 regulations in accordance with the provisions of chapter 54 to carry out
3760 the purposes of this section.

3761 Sec. 608. Section 17b-851a of the general statutes is repealed and the
3762 following is substituted in lieu thereof (*Effective October 1, 2010*):

3763 The Department of [Social] Human Services shall develop, within
3764 existing appropriations, a comprehensive plan, in consultation with
3765 the [Department of Public Health, the] Department of Education, [and
3766 the Department of Children and Families,] for the reduction in the
3767 number of teenage pregnancies.

3768 Sec. 609. Subsection (c) of section 18-96a of the general statutes is
3769 repealed and the following is substituted in lieu thereof (*Effective*
3770 *October 1, 2010*):

3771 (c) Before the planned release of any inmate diagnosed with a
3772 mental illness as provided in subsection (a) of this section from a
3773 correctional facility, the Department of Correction shall collaborate
3774 with the Judicial Department [, the Department of Social Services] and
3775 the Department of [Mental Health and Addiction] Human Services, as
3776 deemed necessary and within available appropriations, to assist such
3777 inmate in obtaining housing, mental health treatment services, any
3778 public benefits for which the inmate is eligible and employment
3779 counseling upon the inmate's release.

3780 Sec. 610. Section 19a-6d of the general statutes is repealed and the
3781 following is substituted in lieu thereof (*Effective October 1, 2010*):

3782 The Commissioner of [Public Health and the Commissioner of
3783 Mental Health and Addiction] Human Services shall, within available
3784 appropriations, develop a tobacco abuse reduction and health plan and
3785 shall submit such plan to the joint standing committees of the General

3786 Assembly having cognizance of matters relating to public health and
3787 appropriations and the budgets of state agencies, not later than April 1,
3788 2001. The plan shall consider and recommend actions to (1) reduce
3789 tobacco and substance abuse, and (2) address the unmet physical and
3790 mental health needs of the state, taking into account the most recent
3791 version of the state health plan prepared by the Department of [Public
3792 Health] Human Services pursuant to section 19a-7.

3793 Sec. 611. Subsection (a) of section 19a-7b of the 2010 supplement to
3794 the general statutes is repealed and the following is substituted in lieu
3795 thereof (*Effective October 1, 2010*):

3796 (a) There is established a Health Care Access Commission, within
3797 the legislative department, which shall be comprised of: (1) The
3798 Commissioner [of Public Health; (2) the Commissioner of Social]
3799 Human Services; [(3)] (2) the Insurance Commissioner; [(4)] (3) three
3800 members appointed by the president pro tempore of the Senate, one of
3801 whom shall be a member of the joint standing committee of the
3802 General Assembly having cognizance of matters relating to public
3803 health, one of whom shall represent community health centers and one
3804 of whom shall represent mental health services; [(5)] (4) two members
3805 appointed by the majority leader of the Senate, one of whom shall
3806 represent commercial insurance companies and one of whom shall
3807 represent the disabled; [(6)] (5) three members appointed by the
3808 minority leader of the Senate, one of whom shall be a member of the
3809 joint standing committee of the General Assembly having cognizance
3810 of matters relating to appropriations and the budgets of state agencies,
3811 one of whom shall represent Blue Cross and Blue Shield of
3812 Connecticut, Inc. and one of whom shall represent small business; [(7)]
3813 (6) three members appointed by the speaker of the House of
3814 Representatives, one of whom shall be a member of the joint standing
3815 committee of the General Assembly having cognizance of matters
3816 relating to human services, one of whom shall represent consumers
3817 and one of whom shall represent labor; [(8)] (7) two members
3818 appointed by the majority leader of the House of Representatives, one
3819 of whom shall represent large business and one of whom shall

3820 represent children; and [(9)] (8) three members appointed by the
3821 minority leader of the House of Representatives, one of whom shall be
3822 a member of the joint standing committee of the General Assembly
3823 having cognizance of matters relating to insurance, one of whom shall
3824 represent hospitals and one of whom shall be a pediatric primary care
3825 physician. All members of the commission may be represented by
3826 designees.

3827 Sec. 612. Subsection (a) of section 19a-7c of the general statutes is
3828 repealed and the following is substituted in lieu thereof (*Effective*
3829 *October 1, 2010*):

3830 (a) The Commissioner of [Public Health, in consultation with the
3831 Department of Social Services,] Human Services may contract, within
3832 available appropriations, to provide a subsidized nongroup health
3833 insurance product for pregnant women who are not eligible for
3834 Medicaid and have incomes under two hundred fifty per cent of the
3835 federal poverty level. The product shall be available to such pregnant
3836 women (1) for whom employer-based insurance is not available, or (2)
3837 who have employer-based insurance (A) to cover the cost of the
3838 premiums, copayments and deductibles of the employer-based plan
3839 provided the cost of the employer-based plan is less than the nongroup
3840 product, and (B) to provide coverage for benefits not covered by the
3841 employer-based plan which are covered under the subsidized
3842 nongroup product. The Department of [Public Health] Human
3843 Services may make such product available to limited populations, as
3844 pilot programs, initially to test the impact of program design and
3845 administration. The Department of [Social] Human Services shall assist
3846 in the administration of the programs. The contract may include, but
3847 not be limited to, provisions for coinsurance and copayment and a
3848 sliding scale based on income for premiums and shall provide for the
3849 use of mechanisms to control costs.

3850 Sec. 613. Section 19a-7e of the 2010 supplement to the general
3851 statutes is repealed and the following is substituted in lieu thereof
3852 (*Effective October 1, 2010*):

3853 The Department of [Public Health, in consultation with the
3854 Department of Social Services,] Human Services shall establish a three-
3855 year demonstration program to improve access to health care for
3856 uninsured pregnant women under two hundred fifty per cent of the
3857 poverty level. Services to be covered by the program shall include, but
3858 not be limited to, the professional services of obstetricians, dental care
3859 providers, physician assistants or midwives on the staff of the
3860 sponsoring hospital and community-based providers; services of
3861 pediatricians for purposes of assistance in delivery and postnatal care;
3862 dietary counseling; dental care; substance abuse counseling, and other
3863 ancillary services which may include substance abuse treatment and
3864 mental health services, as required by the patient's condition, history
3865 or circumstances; necessary pharmaceutical and other durable medical
3866 equipment during the prenatal period; and postnatal care, as well as
3867 preventative and primary care for children up to age six in families in
3868 the eligible income level. The program shall encourage the acquisition,
3869 sponsorship and extension of existing outreach activities and the
3870 activities of mobile, satellite and other outreach units. The
3871 Commissioner of [Public Health] Human Services shall issue a request
3872 for proposals to Connecticut hospitals. Such request shall require: (1)
3873 An interactive relationship between the hospital, community health
3874 centers, community-based providers and the healthy start program; (2)
3875 provisions for case management; (3) provisions for financial eligibility
3876 screening, referrals and enrollment assistance where appropriate to the
3877 medical assistance program, the healthy start program or private
3878 insurance; and (4) provisions for a formal liaison function between
3879 hospitals, community health centers and other health care providers.
3880 The Office of Health Care Access is authorized, through the hospital
3881 rate setting process, to fund specific additions to fiscal years 1992 to
3882 1994, inclusive, budgets for hospitals chosen for participation in the
3883 program. In requesting additions to their budgets, each hospital shall
3884 address specific program elements including adjustments to the
3885 hospital's expense base, as well as adjustments to its revenues, in a
3886 manner which will produce income sufficient to offset the adjustment
3887 in expenses. The office shall insure that the network of hospital

3888 providers will serve the greatest number of people, while not
3889 exceeding a state-wide cost increase of three million dollars per year.
3890 Hospitals participating in the program shall report monthly to the
3891 [Departments of Public Health and Social Services] Department of
3892 Human Services or [their designees] its designee and annually to the
3893 joint standing committees of the General Assembly having cognizance
3894 of matters relating to public health and human services such
3895 information as the departments and the committees deem necessary.

3896 Sec. 614. Subsection (a) of section 19a-12b of the general statutes is
3897 repealed and the following is substituted in lieu thereof (*Effective*
3898 *October 1, 2010*):

3899 (a) The Department of [Public Health] Human Services shall
3900 establish a Professional Assistance Oversight Committee for the
3901 assistance program. Such committee's duties shall include, but not be
3902 limited to, overseeing quality assurance. The oversight committee shall
3903 consist of the following members: (1) [Three] Four members selected
3904 by the department, who are health care professionals with training and
3905 experience in mental health or addiction services, and (2) three
3906 members selected by the assistance program, who are not employees,
3907 board or committee members of the assistance program and who are
3908 health care professionals with training and experience in mental health
3909 or addiction services. [, and (3) one member selected by the
3910 Department of Mental Health and Addiction Services who is a health
3911 care professional.]

3912 Sec. 615. Section 19a-24 of the general statutes is repealed and the
3913 following is substituted in lieu thereof (*Effective October 1, 2010*):

3914 (a) Any claim for damages in excess of seven thousand five hundred
3915 dollars on account of any official act or omission of the Commissioner
3916 of [Public Health or the Commissioner of Developmental] Human
3917 Services or any member of [their staffs] the commissioner's staff, any
3918 member of the Council on Tuberculosis Control, Hospital Care and
3919 Rehabilitation, the Council on Developmental Services or either of the

3920 boards of trustees of the state training schools or any member of any
3921 regional advisory and planning council or any superintendent,
3922 director, employee or staff member of any chronic disease hospital or
3923 state training school or state developmental services region shall be
3924 brought as a civil action against the [commissioners] commissioner in
3925 [their official capacities] the commissioner's official capacity and said
3926 [commissioners] commissioner shall be represented therein by the
3927 Attorney General in the manner provided in chapter 35. Damages
3928 recovered in such action shall be a proper charge against the General
3929 Fund of the state and shall be paid in the manner provided in section
3930 3-117. Any such claim for damages not in excess of seven thousand
3931 five hundred dollars shall be presented to the Claims Commissioner in
3932 accordance with chapter 53 if such claim is otherwise cognizable by the
3933 Claims Commissioner.

3934 (b) Neither the Commissioner of [Public Health nor the
3935 Commissioner of Developmental] Human Services nor any member of
3936 [their staffs,] the commissioner's staff shall be held personally liable in
3937 any civil action for damages on account of any official act or omission
3938 of any superintendent, director, employee or staff member of any
3939 chronic disease hospital or state training school or state developmental
3940 services region nor on account of any official act or omission of such
3941 [commissioners] commissioner or member of [their staffs] the
3942 commissioner's staff or any member of the councils or boards of
3943 trustees created by sections 17a-270 and 17a-271.

3944 (c) No employee or staff member of said [commissioners]
3945 commissioner or any superintendent, director, employee or staff
3946 member of any chronic disease hospital or state training school or state
3947 developmental services region shall be held personally liable in any
3948 civil action for damages on account of any official act or omission not
3949 wanton or wilful of such superintendent, director, employee or staff
3950 member.

3951 (d) The state of Connecticut shall indemnify and save harmless each
3952 member of the councils or boards of trustees established by sections

3953 17a-270, 17a-271 and 17a-273 from all claims and demands that may
3954 accrue or be asserted by reason of any act of such councils or boards of
3955 trustees or any failure to act by such councils or boards of trustees
3956 where no malice, fraud or conflict of interest is found to exist. The
3957 provisions of this section shall be deemed to apply individually to each
3958 member of such councils or boards of trustees.

3959 (e) Any person to whom the provisions of subsection (b), (c) or (d)
3960 hereof are applicable and against whom any action shall be brought on
3961 account of any act alleged to be an official act or omission as aforesaid
3962 or any other act as to which protection is afforded by the provisions of
3963 this section shall be represented therein by the Attorney General in the
3964 manner provided in chapter 35.

3965 Sec. 616. Section 19a-25e of the 2010 supplement to the general
3966 statutes is repealed and the following is substituted in lieu thereof
3967 (*Effective October 1, 2010*):

3968 (a) The Department of [Public Health] Human Services and The
3969 University of Connecticut Health Center may, within available
3970 appropriations, develop a Connecticut Health Information Network
3971 plan to securely integrate state health and social services data,
3972 consistent with state and federal privacy laws, within and across The
3973 University of Connecticut Health Center and the [Departments of
3974 Public Health, Developmental Services and Children and Families]
3975 Department of Human Services. Data from other state agencies may be
3976 integrated into the network as funding permits and as permissible
3977 under federal law.

3978 (b) The Department of [Public Health] Human Services and The
3979 Center for Public Health and Health Policy at The University of
3980 Connecticut Health Center shall collaborate with the [Departments]
3981 Department of Information Technology [, Developmental Services, and
3982 Children and Families] to develop the Connecticut Health Information
3983 Network plan.

3984 (c) The plan shall: (1) Include research in and describe existing

3985 health and human services data; (2) inventory the various health and
3986 human services data aggregation initiatives currently underway; (3)
3987 include a framework and options for the implementation of a
3988 Connecticut Health Information Network, including query
3989 functionality to obtain aggregate data on key health indicators within
3990 the state; (4) identify and comply with confidentiality, security and
3991 privacy standards; and (5) include a detailed cost estimate for
3992 implementation and potential sources of funding.

3993 Sec. 617. Subsection (a) of section 19a-25h of the 2010 supplement to
3994 the general statutes is repealed and the following is substituted in lieu
3995 thereof (*Effective October 1, 2010*):

3996 (a) There is established a health information technology and
3997 exchange advisory committee. The committee shall consist of twelve
3998 members as follows: The Lieutenant Governor; three appointed by the
3999 Governor, one of whom shall be a representative of a medical research
4000 organization, one of whom shall be an insurer or representative of a
4001 health plan, and one of whom shall be an attorney with background
4002 and experience in the field of privacy, health data security or patient
4003 rights; two appointed by the president pro tempore of the Senate, one
4004 of whom shall have background and experience with a private sector
4005 health information exchange or health information technology entity,
4006 and one of whom shall have expertise in public health; two appointed
4007 by the speaker of the House of Representatives, one of whom shall be a
4008 representative of hospitals, an integrated delivery network or a
4009 hospital association, and one of whom who shall have expertise with
4010 federally qualified health centers; one appointed by the majority leader
4011 of the Senate, who shall be a primary care physician whose practice
4012 utilizes electronic health records; one appointed by the majority leader
4013 of the House of Representatives, who shall be a consumer or consumer
4014 advocate; one appointed by the minority leader of the Senate, who
4015 shall have background and experience as a pharmacist or other health
4016 care provider that utilizes electronic health information exchange; and
4017 one appointed by the minority leader of the House of Representatives,
4018 who shall be a large employer or a representative of a business group.

4019 The Commissioners of [Public Health, Social] Human Services,
4020 Consumer Protection and the Office of Health Care Access, the Chief
4021 Information Officer, the Secretary of the Office of Policy and
4022 Management and the Healthcare Advocate, or their designees, shall be
4023 ex-officio, nonvoting members of the committee.

4024 Sec. 618. Section 19a-36b of the general statutes is repealed and the
4025 following is substituted in lieu thereof (*Effective October 1, 2010*):

4026 (a) Any person who serves meals to individuals at registered
4027 congregate meal sites funded under Title III of the Older Americans
4028 Act of 1965, as amended, which were prepared under the supervision
4029 of a qualified food operator, shall be exempt from the examination
4030 requirement for qualified food operators.

4031 (b) Any volunteer who serves meals for a nonprofit organization
4032 shall be exempt from the examination requirement for qualified food
4033 operators.

4034 (c) The Commissioner of [Public Health, in conjunction with the
4035 Commissioner of Social Services,] Human Services shall adopt
4036 regulations in accordance with the provisions of chapter 54 to establish
4037 training procedures for persons exempt from the examination
4038 requirement for qualified food operators under the provisions of
4039 subsections (a) and (b) of this section.

4040 Sec. 619. Subsection (a) of section 19a-59b of the general statutes is
4041 repealed and the following is substituted in lieu thereof (*Effective*
4042 *October 1, 2010*):

4043 (a) The Commissioner of [Public Health] Human Services shall
4044 establish a maternal and child health protection program. He shall
4045 contract, for purposes of the program, annually, within available
4046 appropriations, with local providers of health services to provide
4047 outpatient maternal health services and labor and delivery services to
4048 needy pregnant women and child health services to children under six
4049 years of age. Eligibility shall be limited to families who have an income

4050 equal to or less than one hundred eighty-five per cent of the poverty
4051 level, according to the federal Office of Management and Budget
4052 poverty guidelines for nonfarm families, lack private, third party
4053 health insurance to cover such services. Such local providers shall
4054 determine eligibility for services under the program. The contracts
4055 shall include criteria for making such determination in accordance
4056 with this section. Outpatient services provided under the program
4057 shall include at least the outpatient services provided to Medicaid
4058 recipients. The commissioner shall conduct an outreach program
4059 designed to educate the public with regard to the program and to
4060 encourage providers to participate in the program. The commissioner
4061 [, in consultation with the Commissioner of Social Services,] shall seek
4062 any federal matching funds available for the program.

4063 Sec. 620. Section 19a-59e of the general statutes is repealed and the
4064 following is substituted in lieu thereof (*Effective October 1, 2010*):

4065 (a) The Department of [Public Health, in consultation with the
4066 Department of Social Services,] Human Services shall create a joint
4067 program between public and private organizations to design and
4068 establish a three-year media campaign entitled "Campaign For Our
4069 Children" for the purpose of reducing adolescent pregnancy in the
4070 state.

4071 (b) Said media campaign shall have as its central focus the reduction
4072 of teen pregnancy and shall include the following strategies: (1)
4073 Delaying sexual intercourse among adolescents; (2) promoting
4074 pregnancy prevention among adolescents; (3) educating male
4075 adolescents about sexual and parenting responsibilities including child
4076 support; (4) promoting communication skills to parents of adolescents
4077 to assist such parents in educating their children about sexual and
4078 parenting responsibilities; (5) promoting community involvement by
4079 adolescents for the purpose of building self-esteem and individual
4080 skills; and (6) educating the community about the offenses of sexual
4081 assault of a minor, pursuant to sections 53a-70, 53a-71 and 53a-73a.

4082 (c) Notwithstanding the provisions of sections 4-212 to 4-219,
4083 inclusive, the Department of [Public Health, in consultation with the
4084 Department of Social Services,] Human Services shall solicit bids from
4085 private organizations for the design and operation of said media
4086 campaign. Such bids shall be solicited by sending notice to prospective
4087 organizations and by posting notice on public bulletin boards within
4088 said departments. Each bid shall be opened publicly at the time stated
4089 in the notice soliciting such bid. Acceptance of a bid by said
4090 departments shall be based on standard specifications adopted by said
4091 departments. The department may accept gifts, donations, bequests,
4092 grants or funds from public or private agencies for any or all of the
4093 purposes of this section.

4094 (d) On October 1, 1997, and annually thereafter, the Commissioner
4095 of [Public Health] Human Services shall submit a report to the joint
4096 standing committees of the General Assembly having cognizance of
4097 matters relating to appropriations and budgets of state agencies and
4098 public health. The report shall describe the status of the program
4099 established by this section and shall include, but not be limited to, the
4100 manner in which funds have been or will be spent in meeting the
4101 mandates of subdivisions (1) to (6), inclusive, of subsection (b) of this
4102 section.

4103 Sec. 621. Section 19a-60a of the general statutes is repealed and the
4104 following is substituted in lieu thereof (*Effective October 1, 2010*):

4105 The Commissioner of [Public Health, the Commissioner of Social]
4106 Human Services and the chief executive officer of The University of
4107 Connecticut Health Center [.] shall establish a pilot program for the
4108 delivery of dental services to children of low-income families in two
4109 regions of the state. Such program shall provide for the design and
4110 implementation of a model integrated system of children's dental care
4111 in such regions, including dental disease prevention and service
4112 intervention components, and shall provide for measurable outcomes.

4113 Sec. 622. Subsection (a) of section 19a-62a of the general statutes is

4114 repealed and the following is substituted in lieu thereof (*Effective*
4115 *October 1, 2010*):

4116 (a) (1) Within available appropriations, the Commissioner of [Public
4117 Health, in consultation with the Commissioner of Social Services,]
4118 Human Services shall establish a pilot program for the early
4119 identification and treatment of pediatric asthma. The Commissioner of
4120 [Public Health] Human Services shall make grants-in-aid under the
4121 pilot program for projects to be established in two municipalities to
4122 identify, screen and refer children with asthma for treatment. Such
4123 projects shall work cooperatively with providers of maternal and child
4124 health, including, but not limited to, local health departments,
4125 community health centers, Healthy Start and the Nurturing Families
4126 Network established pursuant to section 17b-751b, to target children
4127 who were born prematurely, premature infants or pregnant women at
4128 risk of premature delivery for early identification of asthma. Such
4129 projects may utilize private resources through public-private
4130 partnerships to establish a public awareness program and innovative
4131 outreach initiatives targeting urban areas to encourage early screening
4132 of children at risk of asthma.

4133 (2) The Commissioner of [Public Health] Human Services shall
4134 evaluate the pilot program established under this subsection and shall
4135 submit a report of the commissioner's findings and recommendations
4136 to the joint standing committees of the General Assembly having
4137 cognizance of matters relating to public health, human services and
4138 appropriations and the budgets of state agencies, not later than
4139 October 1, 2001, in accordance with the provisions of section 11-4a.

4140 Sec. 623. Subsection (c) of section 19a-80 of the 2010 supplement to
4141 the general statutes is repealed and the following is substituted in lieu
4142 thereof (*Effective October 1, 2010*):

4143 (c) The Commissioner of [Public Health] Human Services, within
4144 available appropriations, shall require each prospective employee of a
4145 child day care center or group day care home in a position requiring

4146 the provision of care to a child to submit to state and national criminal
4147 history records checks. The criminal history records checks required
4148 pursuant to this subsection shall be conducted in accordance with
4149 section 29-17a. The commissioner shall also request a check of the state
4150 child abuse registry established pursuant to section 17a-101k.
4151 [Pursuant to the interagency agreement provided for in section 10-16s,
4152 the Department of Social Services may agree to transfer funds
4153 appropriated for criminal history records checks to the Department of
4154 Public Health.] The commissioner shall notify each licensee of the
4155 provisions of this subsection.

4156 Sec. 624. Section 19a-80f of the 2010 supplement to the general
4157 statutes is repealed and the following is substituted in lieu thereof
4158 (*Effective October 1, 2010*):

4159 (a) As used in this section, "facility" means a child day care center, a
4160 group day care home and a family day care home, as defined in section
4161 19a-77, and a youth camp, as defined in section 19a-420.

4162 [(b) Notwithstanding any provision of the general statutes, the
4163 Commissioner of Children and Families, or the commissioner's
4164 designee, shall provide to the Department of Public Health all records
4165 concerning reports and investigations of suspected child abuse or
4166 neglect, including records of any administrative hearing held pursuant
4167 to section 17a-101k: (1) Occurring at any facility, and (2) by any staff
4168 member or licensee of any facility and by any household member of
4169 any family day care home, as defined in section 19a-77, irrespective of
4170 where the abuse or neglect occurred.]

4171 [(c)] (b) The Department of [Children and Families and the
4172 Department of Public Health] Human Services shall [jointly]
4173 investigate reports of abuse or neglect occurring at any facility. [All
4174 information, records and reports concerning such investigation shall
4175 be shared between agencies as part of the investigative process.]

4176 [(d)] (c) The Commissioner of [Public Health] Human Services shall
4177 compile a listing of allegations of violations that have been

4178 substantiated by the Department of [Public Health] Human Services
4179 concerning a facility during the prior three-year period. The
4180 Commissioner of [Public Health] Human Services shall disclose
4181 information contained in the listing to any person who requests it,
4182 provided the information does not identify children or family
4183 members of those children.

4184 [(e) Notwithstanding any provision of the general statutes, when the
4185 Commissioner of Children and Families has made a finding
4186 substantiating abuse or neglect: (1) That occurred at a facility, or (2) by
4187 any staff member or licensee of any facility, or by any household
4188 member of any family day care home and such finding is included on
4189 the state child abuse or neglect registry, maintained by the Department
4190 of Children and Families pursuant to section 17a-101k, such finding
4191 may be included in the listing compiled by the Department of Public
4192 Health pursuant to subsection (d) of this section and may be disclosed
4193 to the public by the Department of Public Health.

4194 (f) Notwithstanding any provision of the general statutes, when the
4195 Commissioner of Children and Families, pursuant to section 17a-101j,
4196 has notified the Department of Public Health of suspected child abuse
4197 or neglect at a facility and if such child abuse or neglect resulted in or
4198 involves (1) the death of a child; (2) the risk of serious physical injury
4199 or emotional harm of a child; (3) the serious physical harm of a child;
4200 (4) the arrest of a person due to abuse or neglect of a child; (5) a
4201 petition filed by the Commissioner of Children and Families pursuant
4202 to section 17a-112 or 46b-129; or (6) sexual abuse of a child, the
4203 Commissioner of Public Health may include a finding of child abuse or
4204 neglect in the listing under subsection (d) of this section and may
4205 disclose such finding to the public. If the Commissioner of Children
4206 and Families, or the commissioner's designee, notifies the
4207 Commissioner of Public Health that such child abuse or neglect was
4208 not substantiated after investigation or reversed after appeal, the
4209 Commissioner of Public Health shall immediately remove such
4210 information from the listing and shall not further disclose any such
4211 information to the public.]

4212 [(g)] (d) Notwithstanding any provision of the general statutes, all
4213 records [provided by the Commissioner of Children and Families, or
4214 the commissioner's designee, to] of the Department of [Public Health]
4215 Human Services regarding child abuse or neglect occurring at any
4216 facility, may be utilized in an administrative proceeding or court
4217 proceeding relative to facility licensing. In any such proceeding, such
4218 records shall be confidential, except as provided by the provisions of
4219 section 4-177c, and such records shall not be subject to disclosure
4220 pursuant to section 1-210.

4221 Sec. 625. Section 19a-82 of the general statutes is repealed and the
4222 following is substituted in lieu thereof (*Effective October 1, 2010*):

4223 The Commissioner of [Public Health] Human Services shall utilize
4224 consultative services and assistance from the [Departments]
4225 Department of Education [, Mental Health and Addiction Services and
4226 Social Services] and from municipal building, fire and health
4227 departments. The commissioner shall make periodic inspections of
4228 licensed day care centers, group day care homes and family day care
4229 homes and shall provide technical assistance to licensees and
4230 applicants for licenses to assist them to attain and maintain the
4231 standards established in regulations adopted under sections 19a-77 to
4232 19a-80, inclusive, 19a-82 to 19a-87, inclusive, and 19a-87b.

4233 Sec. 626. Section 19a-127l of the 2010 supplement to the general
4234 statutes is repealed and the following is substituted in lieu thereof
4235 (*Effective October 1, 2010*):

4236 (a) There is established a quality of care program within the
4237 Department of [Public Health] Human Services. The department shall
4238 develop for the purposes of said program (1) a standardized data set to
4239 measure the clinical performance of health care facilities, as defined in
4240 section 19a-630, and require such data to be collected and reported
4241 periodically to the department, including, but not limited to, data for
4242 the measurement of comparable patient satisfaction, and (2) methods
4243 to provide public accountability for health care delivery systems by

4244 such facilities. The department shall develop such set and methods for
4245 hospitals during the fiscal year ending June 30, 2003, and the
4246 committee established pursuant to subsection (c) of this section shall
4247 consider and may recommend to the joint standing committee of the
4248 General Assembly having cognizance of matters relating to public
4249 health the inclusion of other health care facilities in each subsequent
4250 year.

4251 (b) In carrying out its responsibilities under subsection (a) of this
4252 section, the department shall develop the following for the quality of
4253 care program:

- 4254 (1) Comparable performance measures to be reported;
- 4255 (2) Selection of patient satisfaction survey measures and
4256 instruments;
- 4257 (3) Methods and format of standardized data collection;
- 4258 (4) Format for a public quality performance measurement report;
- 4259 (5) Human resources and quality measurements;
- 4260 (6) Medical error reduction methods;
- 4261 (7) Systems for sharing and implementing universally accepted best
4262 practices;
- 4263 (8) Systems for reporting outcome data;
- 4264 (9) Systems for continuum of care;
- 4265 (10) Recommendations concerning the use of an ISO 9000 quality
4266 auditing program;
- 4267 (11) Recommendations concerning the types of statutory protection
4268 needed prior to collecting any data or information under this section
4269 and sections 19a-127m and 19a-127n; and

4270 (12) Any other issues that the department deems appropriate.

4271 (c) (1) There is established a Quality of Care Advisory Committee
4272 which shall advise the Department of [Public Health] Human Services
4273 on the issues set forth in subdivisions (1) to (12), inclusive, of
4274 subsection (b) of this section. The advisory committee shall meet at
4275 least semiannually.

4276 (2) Said committee shall create a standing subcommittee on best
4277 practices. The subcommittee shall (A) advise the department on
4278 effective methods for sharing with providers the quality improvement
4279 information learned from the department's review of reports and
4280 corrective action plans, including quality improvement practices,
4281 patient safety issues and preventative strategies, (B) not later than
4282 January 1, 2006, review and make recommendations concerning best
4283 practices with respect to when breast cancer screening should be
4284 conducted using comprehensive ultrasound screening or mammogram
4285 examinations, and (C) not later than January 1, 2008, study and make
4286 recommendations to the department concerning best practices with
4287 respect to communications between a patient's primary care provider
4288 and other providers involved in a patient's care, including hospitalists
4289 and specialists. The department shall, at least quarterly, disseminate
4290 information regarding quality improvement practices, patient safety
4291 issues and preventative strategies to the subcommittee and hospitals.

4292 (d) The advisory committee shall consist of (1) four members who
4293 represent and shall be appointed by the Connecticut Hospital
4294 Association, including three members who represent three separate
4295 hospitals that are not affiliated of which one such hospital is an
4296 academic medical center; (2) one member who represents and shall be
4297 appointed by the Connecticut Nursing Association; (3) two members
4298 who represent and shall be appointed by the Connecticut Medical
4299 Society, including one member who is an active medical care provider;
4300 (4) two members who represent and shall be appointed by the
4301 Connecticut Business and Industry Association, including one member
4302 who represents a large business and one member who represents a

4303 small business; (5) one member who represents and shall be appointed
4304 by the Home Health Care Association; (6) one member who represents
4305 and shall be appointed by the Connecticut Association of Health Care
4306 Facilities; (7) one member who represents and shall be appointed by
4307 the Connecticut Association of Not-For-Profit Providers for the Aging;
4308 (8) two members who represent and shall be appointed by the AFL-
4309 CIO; (9) one member who represents consumers of health care services
4310 and who shall be appointed by the Commissioner of [Public Health]
4311 Human Services; (10) one member who represents a school of public
4312 health and who shall be appointed by the Commissioner of [Public
4313 Health] Human Services; (11) the Commissioner of [Public Health]
4314 Human Services or said commissioner's designee; (12) [the
4315 Commissioner of Social Services or said commissioner's designee; (13)]
4316 the Secretary of the Office of Policy and Management or said
4317 secretary's designee; [(14)] (13) two members who represent licensed
4318 health plans and shall be appointed by the Connecticut Association of
4319 Health Care Plans; [(15)] (14) one member who represents and shall be
4320 appointed by the federally designated state peer review organization;
4321 and [(16)] (15) one member who represents and shall be appointed by
4322 the Connecticut Pharmaceutical Association. The chairperson of the
4323 advisory committee shall be the Commissioner of [Public Health]
4324 Human Services or said commissioner's designee. The chairperson of
4325 the committee, with a vote of the majority of the members present,
4326 may appoint ex-officio nonvoting members in specialties not
4327 represented among voting members. Vacancies shall be filled by the
4328 person who makes the appointment under this subsection.

4329 (e) The chairperson of the advisory committee may designate one or
4330 more working groups to address specific issues and shall appoint the
4331 members of each working group. Each working group shall report its
4332 findings and recommendations to the full advisory committee.

4333 (f) The Commissioner of [Public Health] Human Services shall
4334 report on the quality of care program on or before June 30, 2003, and
4335 annually thereafter, in accordance with section 11-4a, to the joint
4336 standing committee of the General Assembly having cognizance of

4337 matters relating to public health and to the Governor. Each report on
4338 said program shall include activities of the program during the prior
4339 year and a plan of activities for the following year.

4340 (g) On or before April 1, 2004, the Commissioner of [Public Health]
4341 Human Services shall prepare a report, available to the public, that
4342 compares all licensed hospitals in the state based on the quality
4343 performance measures developed under the quality of care program.

4344 (h) (1) The advisory committee shall examine and evaluate (A)
4345 possible approaches that would aid in the utilization of an existing
4346 data collection system for cardiac outcomes, and (B) the potential for
4347 state-wide use of a data collection system for cardiac outcomes, for the
4348 purpose of continuing the delivery of quality cardiac care services in
4349 the state.

4350 (2) On or before December 1, 2007, the advisory committee shall
4351 submit, in accordance with the provisions of section 11-4a, the results
4352 of the examination authorized by this subsection, along with any
4353 recommendations, to the Governor and the joint standing committee of
4354 the General Assembly having cognizance of matters relating to public
4355 health.

4356 (i) The Department of [Public Health] Human Services may seek out
4357 funding for the purpose of implementing the provisions of this section.
4358 Said provisions shall be implemented upon receipt of said funding.

4359 Sec. 627. Subsection (b) of section 19a-411 of the general statutes is
4360 repealed and the following is substituted in lieu thereof (*Effective*
4361 *October 1, 2010*):

4362 (b) The report of examinations conducted by the Chief Medical
4363 Examiner, Deputy Chief Medical Examiner, an associate medical
4364 examiner or an authorized assistant medical examiner, and of the
4365 autopsy and other scientific findings may be made available to the
4366 public only through the Office of the Chief Medical Examiner and in
4367 accordance with this section, section 1-210 and the regulations of the

4368 commission. Any person may obtain copies of such records upon such
4369 conditions and payment of such fees as may be prescribed by the
4370 commission, except that no person with a legitimate interest in the
4371 records shall be denied access to such records, and no person may be
4372 denied access to records concerning a person in the custody of the state
4373 at the time of death. As used in this section, a "person in the custody of
4374 the state" is a person committed to the custody of (1) the Commissioner
4375 of Correction for confinement in a correctional institution or facility or
4376 a community residence, or (2) the Commissioner of [Children and
4377 Families, or (3) the Commissioner of Developmental] Human Services.

4378 Sec. 628. Subsection (a) of section 19a-487 of the general statutes is
4379 repealed and the following is substituted in lieu thereof (*Effective*
4380 *October 1, 2010*):

4381 (a) There is established a board of directors to advise the
4382 Department of [Public Health] Human Services on the operations of
4383 the mobile field hospital. The board shall consist of the following
4384 members: The Commissioners of [Public Health] Human Services,
4385 Emergency Management and Homeland Security [,] and Public Safety,
4386 [and Social Services,] or their designees, the Secretary of the Office of
4387 Policy and Management, or the secretary's designee, the Adjutant
4388 General, or the Adjutant General's designee, one representative of a
4389 hospital in this state with more than five hundred licensed beds and
4390 one representative of a hospital in this state with five hundred or fewer
4391 licensed beds, both appointed by the Commissioner of [Public Health]
4392 Human Services. The Commissioner of [Public Health] Human
4393 Services shall be the chairperson of the board. The board shall adopt
4394 bylaws and shall meet at such times as specified in such bylaws and at
4395 such other times as the Commissioner of [Public Health] Human
4396 Services deems necessary.

4397 Sec. 629. Subsection (c) of section 19a-490h of the general statutes is
4398 repealed and the following is substituted in lieu thereof (*Effective*
4399 *October 1, 2010*):

4400 (c) The Department of [Mental Health and Addiction Services, after
4401 consultation with the Department of Public Health,] Human Services
4402 shall assist each hospital required to conduct alcohol and substance
4403 abuse screening pursuant to subsections (a) and (b) of this section with
4404 the development and implementation of alcohol and substance abuse
4405 screening protocols.

4406 Sec. 630. Subsection (b) of section 19a-495 of the general statutes is
4407 repealed and the following is substituted in lieu thereof (*Effective*
4408 *October 1, 2010*):

4409 (b) The Department of [Public Health, with the advice of the
4410 Department of Mental Health and Addiction Services,] Human
4411 Services shall include in the regulations adopted pursuant to
4412 subsection (a) of this section, additional standards for community
4413 residences, as defined in section 19a-507a, which shall include, but not
4414 be limited to, standards for: (1) Safety, maintenance and
4415 administration; (2) protection of human rights; (3) staffing
4416 requirements; (4) administration of medication; (5) program goals and
4417 objectives; (6) services to be offered; and (7) population to be served.

4418 Sec. 631. Section 19a-498 of the 2010 supplement to the general
4419 statutes is repealed and the following is substituted in lieu thereof
4420 (*Effective October 1, 2010*):

4421 (a) Subject to the provisions of section 19a-493, the Department of
4422 [Public Health] Human Services shall make or cause to be made a
4423 biennial licensure inspection of all institutions and such other
4424 inspections and investigations of institutions and examination of their
4425 records as the department deems necessary.

4426 (b) The commissioner, or an agent authorized by the commissioner
4427 to conduct any inquiry, investigation or hearing under the provisions
4428 of this chapter, shall have power to inspect the premises of an
4429 institution, administer oaths and take testimony under oath relative to
4430 the matter of inquiry or investigation. At any hearing ordered by the
4431 department, the commissioner or such agent may subpoena witnesses

4432 and require the production of records, papers and documents
4433 pertinent to such inquiry. If any person disobeys such subpoena or,
4434 having appeared in obedience thereto, refuses to answer any pertinent
4435 question put to such person by the commissioner or such agent or to
4436 produce any records and papers pursuant to the subpoena, the
4437 commissioner or such agent may apply to the superior court for the
4438 judicial district of Hartford or for the judicial district wherein the
4439 person resides or wherein the business has been conducted, setting
4440 forth such disobedience or refusal, and said court shall cite such
4441 person to appear before said court to answer such question or to
4442 produce such records and papers.

4443 (c) The Department of [Mental Health and Addiction] Human
4444 Services, with respect to any mental health facility or alcohol or drug
4445 treatment facility, shall be authorized [, either upon the request of the
4446 Commissioner of Public Health or at such other times as they deem
4447 necessary,] to enter such facility for the purpose of inspecting
4448 programs conducted at such facility. A written report of the findings of
4449 any such inspection shall be [forwarded to the Commissioner of Public
4450 Health and a copy shall be] maintained in such facility's licensure file.

4451 (d) In addition, when the Commissioner of [Social] Human Services
4452 deems it necessary, said commissioner, or a designated representative
4453 of said commissioner, may examine and audit the financial records of
4454 any nursing home facility, as defined in section 19a-521. Each such
4455 nursing home facility shall retain all financial information, data and
4456 records relating to the operation of the nursing home facility for a
4457 period of not less than ten years, and all financial information, data
4458 and records relating to any real estate transactions affecting such
4459 operation, for a period of not less than twenty-five years, which
4460 financial information, data and records shall be made available, upon
4461 request, to the Commissioner of [Social] Human Services or such
4462 designated representative at all reasonable times.

4463 Sec. 632. Section 19a-507c of the general statutes is repealed and the
4464 following is substituted in lieu thereof (*Effective October 1, 2010*):

4465 A community residence shall be evaluated twice a year by the
4466 Department of [Mental Health and Addiction Services. Evaluations by
4467 said department shall include a review of individual client records and
4468 shall be sent to the Department of Public Health upon its request]
4469 Human Services.

4470 Sec. 633. Subsection (a) of section 19a-523 of the general statutes is
4471 repealed and the following is substituted in lieu thereof (*Effective*
4472 *October 1, 2010*):

4473 (a) If, from the results of an inspection and investigation in
4474 accordance with section 19a-498, or upon receipt of a report or
4475 complaint, [from the Commissioner of Social Services,] pursuant to
4476 section 17b-408, and upon such review and further investigation, as the
4477 Commissioner of [Public Health] Human Services deems necessary,
4478 the Commissioner of [Public Health] Human Services determines that
4479 such nursing home facility has violated any provision of the Public
4480 Health Code relating to the operation or maintenance of a nursing
4481 home facility, the Commissioner of [Public Health] Human Services
4482 may, notwithstanding the provisions of chapter 54, request the
4483 Attorney General to seek a temporary or permanent injunction and
4484 such other relief as may be appropriate to enjoin such nursing home
4485 facility from continuing such violation or violations. If the court
4486 determines such violation or violations exist, it may grant such
4487 injunctive relief and such other relief as justice may require and may
4488 set a time period within which such nursing home facility shall comply
4489 with any such order.

4490 Sec. 634. Subsection (b) of section 19a-526 of the general statutes is
4491 repealed and the following is substituted in lieu thereof (*Effective*
4492 *October 1, 2010*):

4493 (b) Civil penalties imposed pursuant to this section shall be paid not
4494 later than fifteen days after the final date by which an appeal may be
4495 taken as provided in section 19a-529 or, if an appeal is taken, not later
4496 than fifteen days after the final judgment on such appeal. In the event

4497 such fines are not paid, the Commissioner of [Public Health shall
4498 notify the Commissioner of Social] Human Services [who] is
4499 authorized to immediately withhold from the nursing home's next
4500 medical assistance payment, an amount equal to the amount of the
4501 civil penalty.

4502 Sec. 635. Section 19a-531 of the general statutes is repealed and the
4503 following is substituted in lieu thereof (*Effective October 1, 2010*):

4504 Any employee of the Department of [Public Health or the
4505 Department of Social] Human Services or any regional ombudsman
4506 who gives or causes to be given any advance notice to any nursing
4507 home facility, directly or indirectly, that an investigation or inspection
4508 is under consideration or is impending or gives any information
4509 regarding any complaint submitted pursuant to section 17b-408, or
4510 19a-523 prior to an on-the-scene investigation or inspection of such
4511 facility, unless specifically mandated by federal or state regulations to
4512 give advance notice, shall be guilty of a class B misdemeanor and may
4513 be subject to dismissal, suspension or demotion in accordance with
4514 chapter 67.

4515 Sec. 636. Subsection (b) of section 19a-533 of the general statutes is
4516 repealed and the following is substituted in lieu thereof (*Effective*
4517 *October 1, 2010*):

4518 (b) A nursing home which receives payment from the state for
4519 rendering care to indigent persons shall:

4520 (1) Be prohibited from discriminating against indigent persons who
4521 apply for admission to such facility on the basis of source of payment.
4522 Except as otherwise provided by law, all applicants for admission to
4523 such facility shall be admitted in the order in which such applicants
4524 apply for admission. Each nursing home shall (A) provide a receipt to
4525 each applicant for admission to its facility who requests placement on
4526 a waiting list stating the date and time of such request, and (B)
4527 maintain a dated list of such applications which shall be available at all
4528 times to any applicant, his bona fide representative, authorized

4529 personnel from the [Departments of Public Health and Social Services]
4530 Department of Human Services and such other state agencies or other
4531 bodies established by state statute whose statutory duties necessitate
4532 access to such lists. If a nursing home desires to remove the name of an
4533 applicant who is unresponsive to facility telephone calls and letters
4534 from its waiting list, the nursing home may, no sooner than ninety
4535 days after initial placement of the person's name on the waiting list,
4536 inquire by letter to such applicant and any one person if designated by
4537 such applicant whether the applicant desires continuation of his name
4538 on the waiting list. If the applicant does not respond and an additional
4539 thirty days pass, the facility may remove such applicant's name from
4540 its waiting list. A nursing home may annually send a waiting list
4541 placement continuation letter to all persons on the waiting list for at
4542 least ninety days to inquire as to whether such person desires
4543 continuation of his name on the waiting list, provided such letter shall
4544 also be sent to any one person if designated by such applicant. If such
4545 person does not respond and at least thirty days pass, the facility may
4546 remove the person's name from its waiting list. Indigent persons shall
4547 be placed on any waiting list for admission to a facility and shall be
4548 admitted to the facility as vacancies become available, in the same
4549 manner as self-pay applicants, except as provided in subsections (f)
4550 and (g) of this section;

4551 (2) Post in a conspicuous place a notice informing applicants for
4552 admission that the facility is prohibited by statute from discriminating
4553 against indigent applicants for admission on the basis of source of
4554 payment. Such notice shall advise applicants for admission of the
4555 remedies available under this section and shall list the name, address
4556 and telephone number of the ombudsman who serves the region in
4557 which the facility is located;

4558 (3) Be prohibited from requiring that an indigent person pay any
4559 sum of money or furnish any other consideration, including but not
4560 limited to the furnishing of an agreement by the relative, conservator
4561 or other responsible party of an indigent person which obligates such
4562 party to pay for care rendered to an indigent person as a condition for

4563 admission of such indigent person;

4564 (4) Record in the patient roster, maintained pursuant to the Public
4565 Health Code, or in a separate roster maintained for this purpose, the
4566 number of patients who are Medicare, Medicaid and private pay
4567 patients on each day. Such numbers shall be recorded daily and made
4568 available, upon request, to the state or regional ombudsman.

4569 Sec. 637. Subsection (a) of section 19a-542 of the general statutes is
4570 repealed and the following is substituted in lieu thereof (*Effective*
4571 *October 1, 2010*):

4572 (a) An application to appoint a receiver for a nursing home facility
4573 may be filed in the Superior Court by the Commissioner of [Social]
4574 Human Services [, the Commissioner of Public Health] or the director
4575 of the Office of Protection and Advocacy for Persons with Disabilities.
4576 A resident of a facility or such resident's legally liable relative,
4577 conservator or guardian may file a written complaint with the
4578 Commissioner of [Public Health] Human Services specifying
4579 conditions at the facility which warrant an application to appoint a
4580 receiver. If the Commissioner of [Public Health] Human Services fails
4581 to resolve such complaint within forty-five days of its receipt or, in the
4582 case of a facility which intends to close, within seven days of its
4583 receipt, the person who filed the complaint may file an application in
4584 the Superior Court for the appointment of a receiver for such facility.
4585 Said court shall immediately notify the Attorney General of such
4586 application. The court shall hold a hearing not later than ten days after
4587 the date the application is filed. Notice of such hearing shall be given
4588 to the owner of such facility or such owner's agent for service of
4589 process not less than five days prior to such hearing. Such notice shall
4590 be posted by the court in a conspicuous place inside such facility for
4591 not less than three days prior to such hearing.

4592 Sec. 638. Subsection (a) of section 19a-547 of the general statutes is
4593 repealed and the following is substituted in lieu thereof (*Effective*
4594 *October 1, 2010*):

4595 (a) The court may appoint any responsible individual whose name
4596 is proposed by the Commissioner of [Public Health and the
4597 Commissioner of Social] Human Services to act as a receiver. Such
4598 individual shall be a nursing home administrator licensed in the state
4599 of Connecticut with substantial experience in operating Connecticut
4600 nursing homes. On or before July 1, 2004, the Commissioner of [Social]
4601 Human Services shall adopt regulations governing qualifications for
4602 proposed receivers consistent with this subsection. No state employee
4603 or owner, administrator or other person with a financial interest in the
4604 facility may serve as a receiver for that facility. No person appointed to
4605 act as a receiver shall be permitted to have a current financial interest
4606 in the facility; nor shall such person appointed as a receiver be
4607 permitted to have a financial interest in the facility for a period of five
4608 years from the date the receivership ceases.

4609 Sec. 639. Subsection (b) of section 19a-550 of the 2010 supplement to
4610 the general statutes is repealed and the following is substituted in lieu
4611 thereof (*Effective October 1, 2010*):

4612 (b) There is established a patients' bill of rights for any person
4613 admitted as a patient to any nursing home facility or chronic disease
4614 hospital. The patients' bill of rights shall be implemented in accordance
4615 with the provisions of Sections 1919(b), 1919(c), 1919(c)(2),
4616 1919(c)(2)(D) and 1919(c)(2)(E) of the Social Security Act. The patients'
4617 bill of rights shall provide that each such patient: (1) Is fully informed,
4618 as evidenced by the patient's written acknowledgment, prior to or at
4619 the time of admission and during the patient's stay, of the rights set
4620 forth in this section and of all rules and regulations governing patient
4621 conduct and responsibilities; (2) is fully informed, prior to or at the
4622 time of admission and during the patient's stay, of services available in
4623 the facility, and of related charges including any charges for services
4624 not covered under Titles XVIII or XIX of the Social Security Act, or not
4625 covered by basic per diem rate; (3) is entitled to choose the patient's
4626 own physician and is fully informed, by a physician, of the patient's
4627 medical condition unless medically contraindicated, as documented by
4628 the physician in the patient's medical record, and is afforded the

4629 opportunity to participate in the planning of the patient's medical
4630 treatment and to refuse to participate in experimental research; (4) in a
4631 residential care home or a chronic disease hospital is transferred from
4632 one room to another within the facility only for medical reasons, or for
4633 the patient's welfare or that of other patients, as documented in the
4634 patient's medical record and such record shall include documentation
4635 of action taken to minimize any disruptive effects of such transfer,
4636 except a patient who is a Medicaid recipient may be transferred from a
4637 private room to a nonprivate room, provided no patient may be
4638 involuntarily transferred from one room to another within the facility
4639 if (A) it is medically established that the move will subject the patient
4640 to a reasonable likelihood of serious physical injury or harm, or (B) the
4641 patient has a prior established medical history of psychiatric problems
4642 and there is psychiatric testimony that as a consequence of the
4643 proposed move there will be exacerbation of the psychiatric problem
4644 which would last over a significant period of time and require
4645 psychiatric intervention; and in the case of an involuntary transfer
4646 from one room to another within the facility, the patient and, if known,
4647 the patient's legally liable relative, guardian or conservator or a person
4648 designated by the patient in accordance with section 1-56r, is given at
4649 least thirty days' and no more than sixty days' written notice to ensure
4650 orderly transfer from one room to another within the facility, except
4651 where the health, safety or welfare of other patients is endangered or
4652 where immediate transfer from one room to another within the facility
4653 is necessitated by urgent medical need of the patient or where a patient
4654 has resided in the facility for less than thirty days, in which case notice
4655 shall be given as many days before the transfer as practicable; (5) is
4656 encouraged and assisted, throughout the patient's period of stay, to
4657 exercise the patient's rights as a patient and as a citizen, and to this
4658 end, has the right to be fully informed about patients' rights by state or
4659 federally funded patient advocacy programs, and may voice
4660 grievances and recommend changes in policies and services to facility
4661 staff or to outside representatives of the patient's choice, free from
4662 restraint, interference, coercion, discrimination or reprisal; (6) shall
4663 have prompt efforts made by the facility to resolve grievances the

4664 patient may have, including those with respect to the behavior of other
4665 patients; (7) may manage the patient's personal financial affairs, and is
4666 given a quarterly accounting of financial transactions made on the
4667 patient's behalf; (8) is free from mental and physical abuse, corporal
4668 punishment, involuntary seclusion and any physical or chemical
4669 restraints imposed for purposes of discipline or convenience and not
4670 required to treat the patient's medical symptoms. Physical or chemical
4671 restraints may be imposed only to ensure the physical safety of the
4672 patient or other patients and only upon the written order of a
4673 physician that specifies the type of restraint and the duration and
4674 circumstances under which the restraints are to be used, except in
4675 emergencies until a specific order can be obtained; (9) is assured
4676 confidential treatment of the patient's personal and medical records,
4677 and may approve or refuse their release to any individual outside the
4678 facility, except in case of the patient's transfer to another health care
4679 institution or as required by law or third-party payment contract; (10)
4680 receives quality care and services with reasonable accommodation of
4681 individual needs and preferences, except where the health or safety of
4682 the individual would be endangered, and is treated with
4683 consideration, respect, and full recognition of the patient's dignity and
4684 individuality, including privacy in treatment and in care for the
4685 patient's personal needs; (11) is not required to perform services for the
4686 facility that are not included for therapeutic purposes in the patient's
4687 plan of care; (12) may associate and communicate privately with
4688 persons of the patient's choice, including other patients, send and
4689 receive the patient's personal mail unopened and make and receive
4690 telephone calls privately, unless medically contraindicated, as
4691 documented by the patient's physician in the patient's medical record,
4692 and receives adequate notice before the patient's room or roommate in
4693 the facility is changed; (13) is entitled to organize and participate in
4694 patient groups in the facility and to participate in social, religious and
4695 community activities that do not interfere with the rights of other
4696 patients, unless medically contraindicated, as documented by the
4697 patient's physician in the patient's medical records; (14) may retain and
4698 use the patient's personal clothing and possessions unless to do so

4699 would infringe upon rights of other patients or unless medically
4700 contraindicated, as documented by the patient's physician in the
4701 patient's medical record; (15) is assured privacy for visits by the
4702 patient's spouse or a person designated by the patient in accordance
4703 with section 1-56r and, if the patient is married and both the patient
4704 and the patient's spouse are inpatients in the facility, they are
4705 permitted to share a room, unless medically contraindicated, as
4706 documented by the attending physician in the medical record; (16) is
4707 fully informed of the availability of and may examine all current state,
4708 local and federal inspection reports and plans of correction; (17) may
4709 organize, maintain and participate in a patient-run resident council, as
4710 a means of fostering communication among residents and between
4711 residents and staff, encouraging resident independence and
4712 addressing the basic rights of nursing home and chronic disease
4713 hospital patients and residents, free from administrative interference
4714 or reprisal; (18) is entitled to the opinion of two physicians concerning
4715 the need for surgery, except in an emergency situation, prior to such
4716 surgery being performed; (19) is entitled to have the patient's family or
4717 a person designated by the patient in accordance with section 1-56r
4718 meet in the facility with the families of other patients in the facility to
4719 the extent the facility has existing meeting space available which meets
4720 applicable building and fire codes; (20) is entitled to file a complaint
4721 with the Department of [Social Services and the Department of Public
4722 Health] Human Services regarding patient abuse, neglect or
4723 misappropriation of patient property; (21) is entitled to have
4724 psychopharmacologic drugs administered only on orders of a
4725 physician and only as part of a written plan of care developed in
4726 accordance with Section 1919(b)(2) of the Social Security Act and
4727 designed to eliminate or modify the symptoms for which the drugs are
4728 prescribed and only if, at least annually, an independent external
4729 consultant reviews the appropriateness of the drug plan; (22) is
4730 entitled to be transferred or discharged from the facility only pursuant
4731 to section 19a-535 or section 19a-535b, as applicable; (23) is entitled to
4732 be treated equally with other patients with regard to transfer,
4733 discharge and the provision of all services regardless of the source of

4734 payment; (24) shall not be required to waive any rights to benefits
4735 under Medicare or Medicaid or to give oral or written assurance that
4736 the patient is not eligible for, or will not apply for benefits under
4737 Medicare or Medicaid; (25) is entitled to be provided information by
4738 the facility as to how to apply for Medicare or Medicaid benefits and
4739 how to receive refunds for previous payments covered by such
4740 benefits; (26) on or after October 1, 1990, shall not be required to give a
4741 third-party guarantee of payment to the facility as a condition of
4742 admission to, or continued stay in, the facility; (27) is entitled to have
4743 the facility not charge, solicit, accept or receive any gift, money,
4744 donation, third-party guarantee or other consideration as a
4745 precondition of admission or expediting the admission of the
4746 individual to the facility or as a requirement for the individual's
4747 continued stay in the facility; and (28) shall not be required to deposit
4748 the patient's personal funds in the facility.

4749 Sec. 640. Section 19a-551 of the general statutes is repealed and the
4750 following is substituted in lieu thereof (*Effective October 1, 2010*):

4751 Each nursing home facility shall: (1) On or before the admission of
4752 each patient provide such patient or such patient's legally liable
4753 relative, guardian or conservator with a written statement explaining
4754 such patient's rights regarding the patient's personal funds and listing
4755 the charges which may be deducted from such funds. Such statement
4756 shall explain that the nursing home facility shall on and after October
4757 1, 1992, pay interest at a rate not less than four per cent per annum and
4758 on and after October 1, 1994, pay interest at a rate not less than five
4759 and one-half per cent per annum on any security deposit or other
4760 advance payment required of such patient prior to admission to the
4761 nursing home. In the case of patients receiving benefits under Title
4762 XVIII or XIX of the federal Social Security Act the statement shall
4763 include a list of charges not covered by said titles and not covered by
4764 the basic per diem rate provided by said titles. Upon delivery of such
4765 statement the person in charge of the nursing home facility shall obtain
4766 a signed receipt acknowledging such delivery; (2) upon written
4767 consent or request of the patient or the patient's legally liable relative,

4768 guardian or conservator, manage such patient's personal funds,
4769 provided such consent by a patient shall not be effective unless
4770 cosigned by the patient's legally liable relative or guardian if such
4771 patient has been determined by a physician to be mentally incapable of
4772 understanding and no conservator has been appointed. As manager of
4773 such personal funds the nursing home facility shall: (A) Either
4774 maintain separate accounts for each patient or maintain an aggregate
4775 trust account for patients' funds to prevent commingling the personal
4776 funds of patients with the funds of the facility. The facility shall notify
4777 in writing each patient receiving Medicaid assistance or such patient's
4778 legally liable relative, guardian or conservator when the amount in the
4779 patient's account reaches two hundred dollars less than the dollar
4780 amount determined under the Medicaid program as the maximum for
4781 eligibility under the program and advise the patient or such patient's
4782 legally liable relative, guardian or conservator that if the amount in the
4783 account plus the value of the patient's other nonexempt resources
4784 reaches the maximum the patient may lose his or her Medicaid
4785 eligibility; (B) obtain signed receipts for each expenditure from each
4786 patient's personal funds; (C) maintain an individual itemized record of
4787 income and expenditures for each patient, including quarterly
4788 accountings; and (D) permit the patient or the patient's legally liable
4789 relative, guardian or conservator, and the regional long-term care
4790 ombudsman, and representatives from the [Departments of Social
4791 Services and Public Health] Department of Human Services, access to
4792 such record; and (3) (A) refund any overpayment or deposit from a
4793 former patient or such patient's legally liable relative, guardian or
4794 conservator within thirty days of the patient's discharge; and (B)
4795 refund any deposit from an individual planning to be admitted to the
4796 facility within thirty days of receipt of written notification that the
4797 individual is no longer planning to be admitted. A refund issued after
4798 thirty days shall include interest at a rate of ten per cent per annum.
4799 For the purposes of this section "deposit" shall include liquidated
4800 damages under any contract for pending admission.

4801 Sec. 641. Section 19a-617b of the general statutes is repealed and the

4802 following is substituted in lieu thereof (*Effective October 1, 2010*):

4803 (a) For purposes of this section:

4804 (1) "Chronic disease hospital" means a nonprofit facility licensed as
4805 a chronic disease hospital by the Department of [Public Health]
4806 Human Services on or before January 1, 2003; and

4807 (2) "Satellite facility" means a long-term acute care facility operated
4808 as part of a long-term acute care hospital under the provisions of Title
4809 XVIII of the Social Security Act.

4810 (b) The Office of Health Care Access, in consultation with the
4811 [Departments of Public Health and Social Services] Department of
4812 Human Services, may authorize up to four demonstration projects
4813 allowing chronic disease hospitals to establish and operate new long-
4814 term acute care hospitals or satellite facilities. The purpose of such
4815 demonstration projects is to study the quality of service, patient
4816 outcomes and cost-effectiveness resulting from the use of such
4817 hospitals or facilities. Such hospitals or facilities operated pursuant to
4818 such demonstration projects shall serve patients who require long-
4819 term hospitalization in an acute care setting, need twenty-four-hour
4820 on-site physician availability and are not suitable for placement in a
4821 skilled nursing facility. New long-term acute care hospitals and
4822 satellite facilities may be eligible for operation as such projects if they
4823 are (1) located within a licensed short-term acute care general or
4824 children's hospital, (2) under the common ownership and control of a
4825 chronic disease hospital, and (3) currently are, or become certified for,
4826 Medicare participation as a long-term acute care hospital under Title
4827 XVIII of the Social Security Act.

4828 (c) In connection with the demonstration projects authorized under
4829 this section, the Commissioner of [Public Health] Human Services
4830 may, in the commissioner's discretion, waive licensure and other
4831 regulatory requirements otherwise applicable to chronic disease
4832 hospitals for new long-term acute care hospitals or satellite facilities. It
4833 shall not be necessary for the Department of [Public Health] Human

4834 Services to adopt or amend regulations for purposes of the
4835 demonstration projects authorized by this section.

4836 (d) Not later than January 1, 2005, a chronic disease hospital may
4837 apply to the office for a certificate of need to conduct a demonstration
4838 project. Each demonstration project authorized by the office pursuant
4839 to this section shall collect and report on data concerning the
4840 demonstration project's impact on the quality of service and patient
4841 outcomes and cost-effectiveness. Such data shall be reported in the
4842 manner prescribed by said commissioner, and shall include (1) length
4843 of stay, (2) number of intensive care days per patient, (3) cost of stay,
4844 (4) type of discharge, and (5) any other data requested by the
4845 Commissioner of Health Care Access.

4846 (e) Not later than January 1, 2007, the Office of Health Care Access,
4847 in consultation with the [Departments of Public Health and Social
4848 Services] Department of Human Services, shall report, in accordance
4849 with section 11-4a, to the joint standing committees of the General
4850 Assembly having cognizance of matters relating to public health and
4851 human services concerning findings and recommendations regarding
4852 the demonstration projects authorized pursuant to this section.

4853 Sec. 642. Subdivision (1) of subsection (b) of section 19a-639 of the
4854 2010 supplement to the general statutes is repealed and the following
4855 is substituted in lieu thereof (*Effective October 1, 2010*):

4856 (b) (1) [The commissioner, or the commissioner's designee, shall
4857 notify the Commissioner of Social Services of any certificate of need
4858 request that may impact expenditures under the state medical
4859 assistance program.] The office shall consider [such] a certificate of
4860 need request in relation to the community or regional need for such
4861 capital program or purchase of land, the possible effect on the
4862 operating costs of the health care facility or institution and such other
4863 relevant factors as the office deems necessary. In approving or
4864 modifying such request, the commissioner, or the commissioner's
4865 designee, may not prescribe any condition, such as but not limited to,

4866 any condition or limitation on the indebtedness of the facility or
4867 institution in connection with a bond issue, the principal amount of
4868 any bond issue or any other details or particulars related to the
4869 financing of such capital expenditure, not directly related to the scope
4870 of such capital program and within control of the facility or institution.

4871 Sec. 643. Section 19a-902 of the 2010 supplement to the general
4872 statutes is repealed and the following is substituted in lieu thereof
4873 (*Effective October 1, 2010*):

4874 On or before January 1, 2011, the Department of [Public Health, in
4875 consultation with the Department of Mental Health and Addiction
4876 Services,] Human Services shall amend the department's substance
4877 abuse treatment regulations and shall implement a dual licensure
4878 program for behavioral health care providers who provide both
4879 mental health services and substance abuse services.

4880 Sec. 644. Section 20-14i of the 2010 supplement to the general
4881 statutes is repealed and the following is substituted in lieu thereof
4882 (*Effective October 1, 2010*):

4883 Any provisions to the contrary notwithstanding, chapter 378 shall
4884 not prohibit the administration of medication to persons (1) attending
4885 day programs, residing in residential facilities or receiving individual
4886 and family support, under the jurisdiction of the Departments of
4887 [Children and Families,] Human Services and Correction,
4888 [Developmental Services and Mental Health and Addiction Services,]
4889 (2) being detained in juvenile detention centers or residing in
4890 residential facilities dually licensed by the Department of [Children
4891 and Families and the Department of Public Health] Human Services,
4892 or (3) residing in substance abuse treatment facilities licensed by the
4893 Department of [Children and Families] Human Services pursuant to
4894 section 17a-145 when such medication is administered by trained
4895 persons, pursuant to the written order of a physician licensed under
4896 this chapter, a dentist licensed under chapter 379, an advanced practice
4897 registered nurse licensed to prescribe in accordance with section 20-94a

4898 or a physician assistant licensed to prescribe in accordance with section
4899 20-12d, authorized to prescribe such medication. The provisions of this
4900 section shall not apply to institutions, facilities or programs licensed
4901 pursuant to chapter 368v.

4902 Sec. 645. Subsection (a) of section 20-14j of the general statutes is
4903 repealed and the following is substituted in lieu thereof (*Effective*
4904 *October 1, 2010*):

4905 (a) The commissioners of the departments which license the
4906 residential facilities, day programs or individual and family support
4907 services in which the administration of medication in accordance with
4908 section 20-14i is appropriate shall adopt regulations, in accordance
4909 with the provisions of chapter 54, to carry out the provisions of
4910 sections 20-14h and 20-14i. If licensing is not required, the regulations
4911 shall be adopted by the commissioners of the departments having
4912 authority over the persons served in such facilities or programs, or
4913 receiving individual and family support. Such regulations shall be
4914 adopted by each affected department in consultation with an advisory
4915 task force which shall include the Commissioner of [Public Health, the
4916 Commissioner of Mental Health and Addiction Services, the
4917 Commissioner of Developmental Services,] Human Services and the
4918 Commissioner of Correction, [and the Commissioner of Children and
4919 Families,] or their designees. The task force shall submit a report to the
4920 joint standing committee of the General Assembly having cognizance
4921 of matters relating to public health by November 1, 1988.

4922 Sec. 646. Section 20-74s of the 2010 supplement to the general
4923 statutes is repealed and the following is substituted in lieu thereof
4924 (*Effective October 1, 2010*):

4925 (a) For purposes of this section and subdivision (18) of subsection (c)
4926 of section 19a-14:

4927 (1) "Commissioner" means the Commissioner of [Public Health]
4928 Human Services;

4929 (2) "Licensed alcohol and drug counselor" means a person licensed
4930 under the provisions of this section;

4931 (3) "Certified alcohol and drug counselor" means a person certified
4932 under the provisions of this section;

4933 (4) "Practice of alcohol and drug counseling" means the professional
4934 application of methods that assist an individual or group to develop an
4935 understanding of alcohol and drug dependency problems, define
4936 goals, and plan action reflecting the individual's or group's interest,
4937 abilities and needs as affected by alcohol and drug dependency
4938 problems;

4939 (5) "Private practice of alcohol and drug counseling" means the
4940 independent practice of alcohol and drug counseling by a licensed or
4941 certified alcohol and drug counselor who is self-employed on a full-
4942 time or part-time basis and who is responsible for that independent
4943 practice;

4944 (6) "Self-help group" means a voluntary group of persons who offer
4945 peer support to each other in recovering from an addiction; and

4946 (7) "Supervision" means the regular on-site observation of the
4947 functions and activities of an alcohol and drug counselor in the
4948 performance of his or her duties and responsibilities to include a
4949 review of the records, reports, treatment plans or recommendations
4950 with respect to an individual or group.

4951 (b) Except as provided in subsections [(s) to (x)] (r) to (w), inclusive,
4952 of this section, no person shall engage in the practice of alcohol and
4953 drug counseling unless licensed as a licensed alcohol and drug
4954 counselor pursuant to subsection (d) of this section or certified as a
4955 certified alcohol and drug counselor pursuant to subsection (e) of this
4956 section.

4957 (c) Except as provided in subsections [(s) to (x)] (r) to (w), inclusive,
4958 of this section, no person shall engage in the private practice of alcohol

4959 and drug counseling unless (1) licensed as a licensed alcohol and drug
4960 counselor pursuant to subsection (d) of this section, or (2) certified as a
4961 certified alcohol and drug counselor pursuant to subsection (e) of this
4962 section and practicing under the supervision of a licensed alcohol and
4963 drug counselor.

4964 (d) To be eligible for licensure as a licensed alcohol and drug
4965 counselor, an applicant shall (1) have attained a master's degree from
4966 an accredited institution of higher education with a minimum of
4967 eighteen graduate semester hours in counseling or counseling-related
4968 subjects, except that applicants holding certified clinical supervisor
4969 status by the Connecticut Certification Board, Inc. as of October 1,
4970 1998, may substitute such certification in lieu of the master's degree
4971 requirement, and (2) be certified or have met all the requirements for
4972 certification as a certified alcohol and drug counselor.

4973 (e) To be eligible for certification by the Department of [Public
4974 Health] Human Services as a certified alcohol and drug counselor, an
4975 applicant shall have (1) completed three hundred hours of supervised
4976 practical training in alcohol and drug counseling that the
4977 commissioner deems acceptable; (2) completed three years of
4978 supervised paid work experience or unpaid internship that the
4979 commissioner deems acceptable that entailed working directly with
4980 alcohol and drug clients, except that a master's degree may be
4981 substituted for one year of such experience; (3) completed three
4982 hundred sixty hours of commissioner-approved education, at least two
4983 hundred forty hours of which relates to the knowledge and skill base
4984 associated with the practice of alcohol and drug counseling; and (4)
4985 successfully completed a department prescribed examination.

4986 [(f) For individuals applying for certification as an alcohol and drug
4987 counselor by the Department of Public Health prior to October 1, 1998,
4988 current certification by the Department of Mental Health and
4989 Addiction Services may be substituted for the certification
4990 requirements of subsection (e) of this section.]

4991 [(g)] (f) The commissioner shall grant a license as an alcohol and
4992 drug counselor to any applicant who furnishes satisfactory evidence
4993 that he has met the requirements of [subsections] subsection (d) or [(o)]
4994 (n) of this section. The commissioner shall develop and provide
4995 application forms. The application fee shall be one hundred ninety
4996 dollars.

4997 [(h)] (g) A license as an alcohol and drug counselor shall be renewed
4998 in accordance with the provisions of section 19a-88 for a fee of one
4999 hundred ninety dollars.

5000 [(i)] (h) The commissioner shall grant certification as a certified
5001 alcohol and drug counselor to any applicant who furnishes satisfactory
5002 evidence that he has met the requirements of [subsections] subsection
5003 (e) or [(o)] (n) of this section. The commissioner shall develop and
5004 provide application forms. The application fee shall be one hundred
5005 ninety dollars.

5006 [(j)] (i) A certificate as an alcohol and drug counselor may be
5007 renewed in accordance with the provisions of section 19a-88 for a fee
5008 of one hundred ninety dollars.

5009 [(k)] (j) The commissioner may contract with a qualified private
5010 organization for services that include (1) providing verification that
5011 applicants for licensure or certification have met the education,
5012 training and work experience requirements under this section; and (2)
5013 any other services that the commissioner may deem necessary.

5014 [(l)] (k) Any person who has attained a master's level degree and is
5015 certified by the Connecticut Certification Board as a substance abuse
5016 counselor on or before July 1, 2000, shall be deemed a licensed alcohol
5017 and drug counselor. Any person so deemed shall renew his license
5018 pursuant to section 19a-88 for a fee of one hundred ninety dollars.

5019 [(m)] (l) Any person who has not attained a master's level degree
5020 and is certified by the Connecticut Certification Board as a substance
5021 abuse counselor on or before July 1, 2000, shall be deemed a certified

5022 alcohol and drug counselor. Any person so deemed shall renew his
5023 certification pursuant to section 19a-88 for a fee of one hundred ninety
5024 dollars.

5025 ~~[(n)]~~ (m) Any person who is not certified by the Connecticut
5026 Certification Board as a substance abuse counselor on or before July 1,
5027 2000, who (1) documents to the department that he has a minimum of
5028 five years full-time or eight years part-time paid work experience,
5029 under supervision, as an alcohol and drug counselor, and (2)
5030 successfully passes a commissioner-approved examination no later
5031 than July 1, 2000, shall be deemed a certified alcohol and drug
5032 counselor. Any person so deemed shall renew his certification
5033 pursuant to section 19a-88 for a fee of one hundred ninety dollars.

5034 ~~[(o)]~~ (n) The commissioner may license or certify without
5035 examination any applicant who, at the time of application, is licensed
5036 or certified by a governmental agency or private organization located
5037 in another state, territory or jurisdiction whose standards, in the
5038 opinion of the commissioner, are substantially similar to, or higher
5039 than, those of this state.

5040 ~~[(p)]~~ (o) No person shall assume, represent himself as, or use the
5041 title or designation "alcoholism counselor", "alcohol counselor",
5042 "alcohol and drug counselor", "alcoholism and drug counselor",
5043 "licensed clinical alcohol and drug counselor", "licensed alcohol and
5044 drug counselor", "licensed associate alcohol and drug counselor",
5045 "certified alcohol and drug counselor", "chemical dependency
5046 counselor", "chemical dependency supervisor" or any of the
5047 abbreviations for such titles, unless licensed or certified under
5048 subsections ~~[(g) to (n)]~~ (f) to (m), inclusive, of this section and unless
5049 the title or designation corresponds to the license or certification held.

5050 ~~[(q)]~~ (p) The commissioner shall adopt regulations, in accordance
5051 with chapter 54, to implement provisions of this section.

5052 ~~[(r)]~~ (q) The commissioner may suspend, revoke or refuse to issue a
5053 license in circumstances that have endangered or are likely to

5054 endanger the health, welfare or safety of the public.

5055 ~~[(s)]~~ (r) Nothing in this section shall be construed to apply to the
5056 activities and services of a rabbi, priest, minister, Christian Science
5057 practitioner or clergyman of any religious denomination or sect, when
5058 engaging in activities that are within the scope of the performance of
5059 the person's regular or specialized ministerial duties and for which no
5060 separate charge is made, or when these activities are performed, with
5061 or without charge, for or under the auspices or sponsorship,
5062 individually or in conjunction with others, of an established and
5063 legally cognizable church, denomination or sect, and when the person
5064 rendering services remains accountable to the established authority
5065 thereof.

5066 ~~[(t)]~~ (s) Nothing in this section shall be construed to apply to the
5067 activities and services of a person licensed in this state to practice
5068 medicine and surgery, psychology, marital and family therapy, clinical
5069 social work, professional counseling, advanced practice registered
5070 nursing or registered nursing, when such person is acting within the
5071 scope of the person's license and doing work of a nature consistent
5072 with that person's license, provided the person does not hold himself
5073 or herself out to the public as possessing a license or certification
5074 issued pursuant to this section.

5075 ~~[(u)]~~ (t) Nothing in this section shall be construed to apply to the
5076 activities and services of a student intern or trainee in alcohol and drug
5077 counseling who is pursuing a course of study in an accredited
5078 institution of higher education or training course, provided these
5079 activities are performed under supervision and constitute a part of an
5080 accredited course of study, and provided further the person is
5081 designated as an intern or trainee or other such title indicating the
5082 training status appropriate to his level of training.

5083 ~~[(v)]~~ (u) Nothing in this section shall be construed to apply to any
5084 alcohol and drug counselor or substance abuse counselor employed by
5085 the state, except that this section shall apply to alcohol and drug

5086 counselors employed by the Department of Correction pursuant to
5087 subsection [(x)] (w) of this section.

5088 [(w)] (v) Nothing in this section shall be construed to apply to the
5089 activities and services of paid alcohol and drug counselors who are
5090 working under supervision or uncompensated alcohol and drug abuse
5091 self-help groups, including, but not limited to, Alcoholics Anonymous
5092 and Narcotics Anonymous.

5093 [(x)] (w) The provisions of this section shall apply to employees of
5094 the Department of Correction, other than trainees or student interns
5095 covered under subsection (u) of this section and persons completing
5096 supervised paid work experience in order to satisfy mandated clinical
5097 supervision requirements for certification under subsection (e) of this
5098 section, as follows: (1) Any person hired by the Department of
5099 Correction on or after October 1, 2002, for a position as a substance
5100 abuse counselor or supervisor of substance abuse counselors shall be a
5101 licensed or certified alcohol and drug counselor; (2) any person
5102 employed by the Department of Correction prior to October 1, 2002, as
5103 a substance abuse counselor or supervisor of substance abuse
5104 counselors shall become licensed or certified as an alcohol and drug
5105 counselor by October 1, 2007; and (3) any person employed by the
5106 Department of Correction on or after October 1, 2007, as a substance
5107 abuse counselor or supervisor of substance abuse counselors shall be a
5108 licensed or certified alcohol and drug counselor.

5109 Sec. 647. Section 20-138c of the general statutes is repealed and the
5110 following is substituted in lieu thereof (*Effective October 1, 2010*):

5111 Wherever a committee, council or other body is appointed to serve
5112 in an advisory capacity in matters pertaining to vision for the
5113 Department of [Public Health] Human Services, the State Board of
5114 Education [,] or the Department of Motor Vehicles, [or the Department
5115 of Social Services,] the appointing authority shall include, as a member
5116 of such committee, council or body, a person licensed under the
5117 provisions of this chapter.

5118 Sec. 648. Subdivision (2) of section 20-571 of the general statutes is
5119 repealed and the following is substituted in lieu thereof (*Effective*
5120 *October 1, 2010*):

5121 (2) "Care-giving institution" means an institution that provides
5122 medical services and is licensed, operated, certified or approved by the
5123 Commissioner of [Public Health, the Commissioner of Developmental
5124 Services or the Commissioner of Mental Health and Addiction]
5125 Human Services;

5126 Sec. 649. Subdivision (24) of section 21a-240 of the 2010 supplement
5127 to the general statutes is repealed and the following is substituted in
5128 lieu thereof (*Effective October 1, 2010*):

5129 (24) "Hospital", as used in sections 21a-243 to 21a-283, inclusive,
5130 means an institution for the care and treatment of the sick and injured,
5131 approved by the Department of [Public Health or the Department of
5132 Mental Health and Addiction Services] Human Services as proper to
5133 be entrusted with the custody of controlled drugs and substances and
5134 professional use of controlled drugs and substances under the
5135 direction of a licensed practitioner;

5136 Sec. 650. Section 22-456 of the general statutes is repealed and the
5137 following is substituted in lieu thereof (*Effective October 1, 2010*):

5138 (a) There is established the Connecticut Food Policy Council which
5139 shall be within the Department of Agriculture.

5140 (b) The council shall consist of the following members: (1) One
5141 appointed by the majority leader of the Senate who shall be involved
5142 in agriculture or in an agriculture organization; (2) one appointed by
5143 the president pro tempore of the Senate who shall be involved in an
5144 antihunger organization; (3) one appointed by the minority leader of
5145 the Senate, who shall represent the Cooperative Extension Service; (4)
5146 one appointed by the minority leader of the House of Representatives
5147 who shall be a food retailer; (5) one appointed by the speaker of the
5148 House of Representatives who shall be involved in agriculture or in an

5149 agriculture organization; (6) one appointed by the majority leader of
5150 the House of Representatives who shall be a produce wholesaler; (7)
5151 the Commissioner of Agriculture, or [his] the commissioner's designee;
5152 (8) the Commissioner of Administrative Services, or [his] the
5153 commissioner's designee; (9) the Commissioner of Education, or [his]
5154 the commissioner's designee; (10) the Commissioner of Transportation,
5155 or [his] the commissioner's designee; (11) the Commissioner of [Public
5156 Health, or his designee; (12) the Commissioner of Social Services, or
5157 his] Human Services, or the commissioner's designee; [(13)] (12) the
5158 head of each state department, as defined in section 4-5, who is not one
5159 of the commissioners designated in subdivisions (7) to (12), inclusive,
5160 of this subsection who shall be members ex officio without the right to
5161 vote; and [(14)] (13) the chairman of the joint standing committee of the
5162 General Assembly having cognizance of matters relating to the
5163 environment who shall be a member ex officio without the right to
5164 vote. The council shall elect a chairperson and a vice-chairperson from
5165 among its members. Any person absent from (A) three consecutive
5166 meetings of the commission; or (B) fifty per cent of such meetings
5167 during any calendar year shall be deemed to have resigned from the
5168 council, effective immediately. Vacancies on the council shall be filled
5169 by the appointing authority. Members of the council serve without
5170 compensation but shall, within the limits of available funds, be
5171 reimbursed for expenses necessarily incurred in the performance of
5172 their duties. The council shall meet as often as deemed necessary by
5173 the chairperson or a majority of the council.

5174 (c) The council shall: (1) Develop, coordinate and implement a food
5175 system policy linking local economic development, environmental
5176 protection and preservation with farming and urban issues; (2) review
5177 and comment on any proposed state legislation and regulations that
5178 would affect the food policy system of the state; (3) advise and provide
5179 information to the Governor on the state's food policy; and (4) prepare
5180 and submit to the joint standing committee of the General Assembly
5181 having cognizance of matters relating to the environment an annual
5182 report concerning its activities with any appropriate recommendations

5183 concerning food policy.

5184 (d) The council may use such funds as may be available from
5185 federal, state or other sources and may enter into contracts to carry out
5186 the purposes of this section.

5187 (e) The council may, subject to the provisions of chapter 67, employ
5188 any necessary staff within available appropriations.

5189 Sec. 651. Subdivision (5) of section 28-1 of the general statutes is
5190 repealed and the following is substituted in lieu thereof (*Effective*
5191 *October 1, 2010*):

5192 (5) "Civil preparedness forces" means any organized personnel
5193 engaged in carrying out civil preparedness functions in accordance
5194 with the provisions of this chapter or any regulation or order adopted
5195 pursuant to this chapter. All the police and fire forces of the state or
5196 any political subdivision of the state, or any part of any political
5197 subdivision, including all the auxiliaries of these forces and emergency
5198 medical service personnel licensed or certified pursuant to section 19a-
5199 179, shall be construed to be a part of the civil preparedness forces. The
5200 Connecticut Disaster Medical Assistance Team and the Medical
5201 Reserve Corps, under the auspices of the Department of [Public
5202 Health] Human Services, the Connecticut Urban Search and Rescue
5203 Team, under the auspices of the Department of Emergency
5204 Management and Homeland Security, and the Connecticut behavioral
5205 health regional crisis response teams, under the auspices of the
5206 Department of [Mental Health and Addiction Services and the
5207 Department of Children and Families] Human Services, and their
5208 members, shall be construed to be a part of the civil preparedness
5209 forces while engaging in authorized civil preparedness duty or while
5210 assisting or engaging in authorized training for the purpose of
5211 eligibility for immunity from liability as provided in section 28-13 and
5212 for death, disability and injury benefits as provided in section 28-14.
5213 Any member of the civil preparedness forces who is called upon either
5214 by civil preparedness personnel or state or municipal police personnel

5215 to assist in any emergency shall be deemed to be engaging in civil
5216 preparedness duty while assisting in such emergency or while
5217 engaging in training under the auspices of the Department of
5218 Emergency Management and Homeland Security, the Department of
5219 Public Safety, the Division of State Police within the Department of
5220 Public Safety or a municipal police department, for the purpose of
5221 eligibility for death, disability and injury benefits as provided in
5222 section 28-14.

5223 Sec. 652. Subsections (a) and (b) of section 28-1b of the general
5224 statutes are repealed and the following is substituted in lieu thereof
5225 (*Effective October 1, 2010*):

5226 (a) There is established a state-wide Emergency Management and
5227 Homeland Security Coordinating Council to advise the Department of
5228 Public Safety, the Office of Emergency Management and, on and after
5229 January 1, 2005, the Department of Emergency Management and
5230 Homeland Security with respect to: (1) Application and distribution of
5231 federal or state funds for emergency management and homeland
5232 security; (2) planning, design, implementation and coordination of
5233 state-wide emergency response systems; (3) assessing the state's
5234 overall emergency management and homeland security preparedness,
5235 policies and communications; (4) the recommendation of strategies to
5236 improve emergency response and incident management including, but
5237 not limited to, training and exercises, volunteer management,
5238 communications and use of technology, intelligence gathering,
5239 compilation and dissemination, the development, coordination and
5240 implementation of state and federally required emergency response
5241 plans, and the assessment of the state's use of regional management
5242 structures; and (5) strengthening consultation, planning, cooperation
5243 and communication among federal, state and local governments, the
5244 Connecticut National Guard, police, fire, emergency medical and other
5245 first responders, emergency managers, public health officials, private
5246 industry and community organizations. The council shall advise the
5247 Governor and the General Assembly on its findings and efforts to
5248 secure the state from all disasters and emergencies and to enhance the

5249 protection of the citizens of the state.

5250 (b) The council shall consist of: (1) The Commissioner of Emergency
5251 Management and Homeland Security; the Secretary of the Office of
5252 Policy and Management; the Commissioner of Public Safety; the
5253 Commissioner of [Public Health; the Commissioner of Mental Health
5254 and Addiction] Human Services; the Commissioner of Environmental
5255 Protection; the Commissioner of Public Works; the Commissioner of
5256 Transportation; the Adjutant General of the Military Department; the
5257 chairperson of the Department of Public Utility Control; the Chief
5258 Information Officer, as defined in section 4d-1; the State Fire
5259 Administrator; or their designees; and (2) the following members
5260 appointed as follows: Two municipal police chiefs, one appointed by
5261 the speaker of the House of Representatives and one appointed by the
5262 Governor; two municipal fire chiefs, one appointed by the president
5263 pro tempore of the Senate and one appointed by the Governor; one
5264 volunteer fire chief appointed by the minority leader of the Senate; one
5265 representative of the Connecticut Conference of Municipalities
5266 appointed by the majority leader of the Senate; one representative of
5267 the Council of Small Towns appointed by the minority leader of the
5268 House of Representatives; two local or regional emergency
5269 management directors, one appointed by the speaker of the House of
5270 Representatives and one designated, not later than July 1, 2007, by the
5271 president of the Connecticut Emergency Management Association; one
5272 local or regional health director appointed by the president pro
5273 tempore of the Senate; one emergency medical services professional
5274 appointed by the Governor; one nonprofit hospital administrator
5275 appointed by the majority leader of the House of Representatives; and
5276 one manager or coordinator of 9-1-1 public safety answering points
5277 appointed by the Governor. Each member appointed under this
5278 subdivision shall serve for a term of three years from July 1, 2004, or
5279 three years from the time of appointment if appointed after July 1,
5280 2004, or until a qualified successor has been appointed to replace such
5281 member. No member appointed under this subdivision shall receive
5282 any compensation for such member's service on the council.

5283 Sec. 653. Subsection (h) of section 31-222 of the general statutes is
5284 repealed and the following is substituted in lieu thereof (*Effective*
5285 *October 1, 2010*):

5286 (h) "Hospital" means an institution which has been licensed by the
5287 Department of [Public Health or state Department of Mental Health
5288 and Addiction Services,] Human Services for the care and treatment of
5289 the sick and injured, and treatment of persons suffering from disease
5290 or other abnormal physical or mental conditions.

5291 Sec. 654. Section 31-306a of the general statutes is repealed and the
5292 following is substituted in lieu thereof (*Effective October 1, 2010*):

5293 Notwithstanding any contrary provision in section 31-306, any
5294 compensation due on behalf of any presumptive dependent child
5295 under the provisions of said section, which child has been committed
5296 to the Commissioner of [Social Services or the Commissioner of
5297 Children and Families] Human Services as neglected or uncared-for,
5298 shall be payable to the commissioner as legal guardian of the child less
5299 fees approved under subsection (b) of section 31-327.

5300 Sec. 655. Subsection (g) of section 38a-488a of the general statutes is
5301 repealed and the following is substituted in lieu thereof (*Effective*
5302 *October 1, 2010*):

5303 (g) In the case of benefits payable for the service of a licensed
5304 physician practicing as a psychiatrist or a licensed psychologist, under
5305 subsection (d) of this section, such benefits shall be payable for
5306 outpatient services rendered (1) in a nonprofit community mental
5307 health center, as defined by the Department of [Mental Health and
5308 Addiction] Human Services, in a nonprofit licensed adult psychiatric
5309 clinic operated by an accredited hospital or in a residential treatment
5310 facility; (2) under the supervision of a licensed physician practicing as
5311 a psychiatrist, a licensed psychologist, a licensed marital and family
5312 therapist, a licensed clinical social worker, a licensed or certified
5313 alcohol and drug counselor or a licensed professional counselor who is
5314 eligible for reimbursement under subdivisions (1) to (6), inclusive, of

5315 subsection (d) of this section; and (3) within the scope of the license
5316 issued to the center, [or] clinic [by the Department of Public Health or
5317 to the] or residential treatment facility by the Department of [Children
5318 and Families] Human Services.

5319 Sec. 656. Subsection (i) of section 38a-488a of the general statutes is
5320 repealed and the following is substituted in lieu thereof (*Effective*
5321 *October 1, 2010*):

5322 (i) In the case of any person admitted to a state institution or facility
5323 administered by the Department of [Mental Health and Addiction
5324 Services, Department of Public Health, Department of Children and
5325 Families or the Department of Developmental] Human Services, the
5326 state shall have a lien upon the proceeds of any coverage available to
5327 such person or a legally liable relative of such person under the terms
5328 of this section, to the extent of the per capita cost of such person's care.
5329 Except in the case of emergency services, the provisions of this
5330 subsection shall not apply to coverage provided under a managed care
5331 plan, as defined in section 38a-478.

5332 Sec. 657. Section 38a-21 of the 2010 supplement to the general
5333 statutes is repealed and the following is substituted in lieu thereof
5334 (*Effective October 1, 2010*):

5335 (a) As used in this section:

5336 (1) "Commissioner" means the Insurance Commissioner.

5337 (2) "Mandated health benefit" means an existing statutory obligation
5338 of, or proposed legislation that would require, an insurer, health care
5339 center, hospital service corporation, medical service corporation,
5340 fraternal benefit society or other entity that offers individual or group
5341 health insurance or medical or health care benefits plan in this state to:
5342 (A) Permit an insured or enrollee to obtain health care treatment or
5343 services from a particular type of health care provider; (B) offer or
5344 provide coverage for the screening, diagnosis or treatment of a
5345 particular disease or condition; or (C) offer or provide coverage for a

5346 particular type of health care treatment or service, or for medical
5347 equipment, medical supplies or drugs used in connection with a health
5348 care treatment or service. "Mandated health benefit" includes any
5349 proposed legislation to expand or repeal an existing statutory
5350 obligation relating to health insurance coverage or medical benefits.

5351 (b) (1) There is established within the Insurance Department a
5352 health benefit review program for the review and evaluation of any
5353 mandated health benefit that is requested by the joint standing
5354 committee of the General Assembly having cognizance of matters
5355 relating to insurance. Such program shall be funded by the Insurance
5356 Fund established under section 38a-52a. The commissioner shall be
5357 authorized to make assessments in a manner consistent with the
5358 provisions of chapter 698 for the costs of carrying out the requirements
5359 of this section. Such assessments shall be in addition to any other taxes,
5360 fees and moneys otherwise payable to the state. The commissioner
5361 shall deposit all payments made under this section with the State
5362 Treasurer. The moneys deposited shall be credited to the Insurance
5363 Fund and shall be accounted for as expenses recovered from insurance
5364 companies. Such moneys shall be expended by the commissioner to
5365 carry out the provisions of this section and section 2 of public act 09-
5366 179.

5367 (2) The commissioner shall contract with The University of
5368 Connecticut Center for Public Health and Health Policy to conduct any
5369 mandated health benefit review requested pursuant to subsection (c)
5370 of this section. The director of said center may engage the services of
5371 an actuary, quality improvement clearinghouse, health policy research
5372 organization or any other independent expert, and may engage or
5373 consult with any dean, faculty or other personnel said director deems
5374 appropriate within The University of Connecticut schools and colleges,
5375 including, but not limited to, The University of Connecticut (A) School
5376 of Business, (B) School of Dental Medicine, (C) School of Law, (D)
5377 School of Medicine, and (E) School of Pharmacy.

5378 (c) Not later than August first of each year, the joint standing

5379 committee of the General Assembly having cognizance of matters
5380 relating to insurance shall submit to the commissioner a list of any
5381 mandated health benefits for which said committee is requesting a
5382 review. Not later than January first of the succeeding year, the
5383 commissioner shall submit a report, in accordance with section 11-4a,
5384 of the findings of such review and the information set forth in
5385 subsection (d) of this section.

5386 (d) The review report shall include at least the following, to the
5387 extent information is available:

5388 (1) The social impact of mandating the benefit, including:

5389 (A) The extent to which the treatment, service or equipment,
5390 supplies or drugs, as applicable, is utilized by a significant portion of
5391 the population;

5392 (B) The extent to which the treatment, service or equipment,
5393 supplies or drugs, as applicable, is currently available to the
5394 population, including, but not limited to, coverage under Medicare, or
5395 through public programs administered by charities, public schools, the
5396 Department of [Public Health] Human Services, municipal health
5397 departments or health districts; [or the Department of Social Services;]

5398 (C) The extent to which insurance coverage is already available for
5399 the treatment, service or equipment, supplies or drugs, as applicable;

5400 (D) If the coverage is not generally available, the extent to which
5401 such lack of coverage results in persons being unable to obtain
5402 necessary health care treatment;

5403 (E) If the coverage is not generally available, the extent to which
5404 such lack of coverage results in unreasonable financial hardships on
5405 those persons needing treatment;

5406 (F) The level of public demand and the level of demand from
5407 providers for the treatment, service or equipment, supplies or drugs,
5408 as applicable;

5409 (G) The level of public demand and the level of demand from
5410 providers for insurance coverage for the treatment, service or
5411 equipment, supplies or drugs, as applicable;

5412 (H) The likelihood of achieving the objectives of meeting a
5413 consumer need as evidenced by the experience of other states;

5414 (I) The relevant findings of state agencies or other appropriate
5415 public organizations relating to the social impact of the mandated
5416 health benefit;

5417 (J) The alternatives to meeting the identified need, including, but
5418 not limited to, other treatments, methods or procedures;

5419 (K) Whether the benefit is a medical or a broader social need and
5420 whether it is consistent with the role of health insurance and the
5421 concept of managed care;

5422 (L) The potential social implications of the coverage with respect to
5423 the direct or specific creation of a comparable mandated benefit for
5424 similar diseases, illnesses or conditions;

5425 (M) The impact of the benefit on the availability of other benefits
5426 currently offered;

5427 (N) The impact of the benefit as it relates to employers shifting to
5428 self-insured plans and the extent to which the benefit is currently being
5429 offered by employers with self-insured plans;

5430 (O) The impact of making the benefit applicable to the state
5431 employee health insurance or health benefits plan; and

5432 (P) The extent to which credible scientific evidence published in
5433 peer-reviewed medical literature generally recognized by the relevant
5434 medical community determines the treatment, service or equipment,
5435 supplies or drugs, as applicable, to be safe and effective; and

5436 (2) The financial impact of mandating the benefit, including:

5437 (A) The extent to which the mandated health benefit may increase
5438 or decrease the cost of the treatment, service or equipment, supplies or
5439 drugs, as applicable, over the next five years;

5440 (B) The extent to which the mandated health benefit may increase
5441 the appropriate or inappropriate use of the treatment, service or
5442 equipment, supplies or drugs, as applicable, over the next five years;

5443 (C) The extent to which the mandated health benefit may serve as
5444 an alternative for more expensive or less expensive treatment, service
5445 or equipment, supplies or drugs, as applicable;

5446 (D) The methods that will be implemented to manage the utilization
5447 and costs of the mandated health benefit;

5448 (E) The extent to which insurance coverage for the treatment,
5449 service or equipment, supplies or drugs, as applicable, may be
5450 reasonably expected to increase or decrease the insurance premiums
5451 and administrative expenses for policyholders;

5452 (F) The extent to which the treatment, service or equipment,
5453 supplies or drugs, as applicable, is more or less expensive than an
5454 existing treatment, service or equipment, supplies or drugs, as
5455 applicable, that is determined to be equally safe and effective by
5456 credible scientific evidence published in peer-reviewed medical
5457 literature generally recognized by the relevant medical community;

5458 (G) The impact of insurance coverage for the treatment, service or
5459 equipment, supplies or drugs, as applicable, on the total cost of health
5460 care, including potential benefits or savings to insurers and employers
5461 resulting from prevention or early detection of disease or illness
5462 related to such coverage;

5463 (H) The impact of the mandated health care benefit on the cost of
5464 health care for small employers, as defined in section 38a-564, and for
5465 employers other than small employers; and

5466 (I) The impact of the mandated health benefit on cost-shifting

5467 between private and public payors of health care coverage and on the
5468 overall cost of the health care delivery system in the state.

5469 Sec. 658. Subsection (g) of section 38a-514 of the general statutes is
5470 repealed and the following is substituted in lieu thereof (*Effective*
5471 *October 1, 2010*):

5472 (g) In the case of benefits payable for the service of a licensed
5473 physician practicing as a psychiatrist or a licensed psychologist, under
5474 subsection (d) of this section, such benefits shall be payable for
5475 outpatient services rendered (1) in a nonprofit community mental
5476 health center, as defined by the Department of [Mental Health and
5477 Addiction] Human Services, in a nonprofit licensed adult psychiatric
5478 clinic operated by an accredited hospital or in a residential treatment
5479 facility; (2) under the supervision of a licensed physician practicing as
5480 a psychiatrist, a licensed psychologist, a licensed marital and family
5481 therapist, a licensed clinical social worker, a licensed or certified
5482 alcohol and drug counselor, or a licensed professional counselor who
5483 is eligible for reimbursement under subdivisions (1) to (6), inclusive, of
5484 subsection (d) of this section; and (3) within the scope of the license
5485 issued to the center, [or] clinic [by the Department of Public Health or
5486 to the] or residential treatment facility by the Department of [Children
5487 and Families] Human Services.

5488 Sec. 659. Subsection (i) of section 38a-514 of the general statutes is
5489 repealed and the following is substituted in lieu thereof (*Effective*
5490 *October 1, 2010*):

5491 (i) In the case of any person admitted to a state institution or facility
5492 administered by the Department of [Mental Health and Addiction
5493 Services, Department of Public Health, Department of Children and
5494 Families or the Department of Developmental] Human Services, the
5495 state shall have a lien upon the proceeds of any coverage available to
5496 such person or a legally liable relative of such person under the terms
5497 of this section, to the extent of the per capita cost of such person's care.
5498 Except in the case of emergency services the provisions of this

5499 subsection shall not apply to coverage provided under a managed care
5500 plan, as defined in section 38a-478.

5501 Sec. 660. Section 38a-1051 of the 2010 supplement to the general
5502 statutes is repealed and the following is substituted in lieu thereof
5503 (*Effective October 1, 2010*):

5504 (a) Whereas the General Assembly finds that: (1) Equal enjoyment of
5505 the highest attainable standard of health is a human right and a
5506 priority of the state, (2) research and experience demonstrate that
5507 inhabitants of the state experience barriers to the equal enjoyment of
5508 good health based on race, ethnicity, gender, national origin and
5509 linguistic ability, and (3) addressing such barriers, and others that may
5510 arise in the future, requires: The collection, analysis and reporting of
5511 information, the identification of causes, and the development and
5512 implementation of policy solutions that address health disparities
5513 while improving the health of the public as a whole therefore, there is
5514 established a Commission on Health Equity with the mission of
5515 eliminating disparities in health status based on race, ethnicity, gender
5516 and linguistic ability, and improving the quality of health for all of the
5517 state's residents. Such commission shall consist of the following
5518 commissioners, or their designees, and public members: (A) The
5519 Commissioners of [Public Health, Mental Health and Addiction
5520 Services, Developmental Services, Social Services] Human Services,
5521 Correction [, Children and Families,] and Education; (B) the dean of
5522 The University of Connecticut Health Center, or his designee; (C) the
5523 director of The University of Connecticut Health Center and Center for
5524 Public Health and Health Policy, or their designees; (D) the dean of the
5525 Yale University Medical School, or his designee; (E) the dean of Public
5526 Health and the School of Epidemiology at Yale University, or his
5527 designee; (F) one member appointed by the president pro tempore of
5528 the Senate, who shall be a member of an affiliate of the National Urban
5529 League; (G) one member appointed by the speaker of the House of
5530 Representatives, who shall be a member of the National Association
5531 for the Advancement of Colored People; (H) one member appointed
5532 by the majority leader of the House of Representatives, who shall be a

5533 member of the Black and Puerto Rican Caucus of the General
5534 Assembly; (I) one member appointed by the majority leader of the
5535 Senate with the advice of the Native American Heritage Advisory
5536 Council or the chairperson of the Indian Affairs Council, who shall be
5537 a representative of the Native American community; (J) one member
5538 appointed by the minority leader of the Senate, who shall be a
5539 representative of an advocacy group for Hispanics; (K) one member
5540 appointed by the minority leader of the House of Representatives, who
5541 shall be a representative of the state-wide Multicultural Health
5542 Network; (L) the chairperson of the African-American Affairs
5543 Commission, or his or her designee; (M) the chairperson of the Latino
5544 and Puerto Rican Affairs Commission, or his or her designee; (N) the
5545 chairperson of the Permanent Commission on the Status of Women, or
5546 his or her designee; (O) the chairperson of the Asian Pacific American
5547 Affairs Commission, or his or her designee; (P) the director of the
5548 Hispanic Health Council, or his or her designee; (Q) the chairperson of
5549 the Office of the Healthcare Advocate, or his or her designee; and (R)
5550 eight members of the public, representing communities facing
5551 disparities in health status based on race, ethnicity, gender and
5552 linguistic ability, who shall be appointed as follows: Two by the
5553 president pro tempore of the Senate, two by the speaker of the House
5554 of Representatives, two by the minority leader of the Senate, and two
5555 by the minority leader of the House of Representatives. Vacancies on
5556 the council shall be filled by the appointing authority.

5557 (b) The commission shall elect a chairperson and a vice-chairperson
5558 from among its members. Any member absent from either: (1) Three
5559 consecutive meetings of the commission, or (2) fifty per cent of such
5560 meetings during any calendar year, shall be deemed to have resigned
5561 from the commission.

5562 (c) Members of the commission shall serve without compensation,
5563 but within available appropriations, and shall be reimbursed for
5564 expenses necessarily incurred in the performance of their duties.

5565 (d) The commission shall meet as often as necessary as determined

5566 by the chairperson or a majority of the commission, but not less than at
5567 least once per calendar quarter.

5568 (e) The commission shall: (1) Review and comment on any proposed
5569 state legislation and regulations that would affect the health of
5570 populations in the state experiencing racial, ethnic, cultural or
5571 linguistic disparities in health status, (2) review and comment on the
5572 Department of [Public Health's] Human Services' health disparities
5573 performance measures, (3) advise and provide information to the
5574 Governor and the General Assembly on the state's policies concerning
5575 the health of populations in the state experiencing racial, ethnic,
5576 cultural or linguistic disparities in health status, (4) work as a liaison
5577 between populations experiencing racial, ethnic, cultural or linguistic
5578 disparities in health status and state agencies in order to eliminate such
5579 health disparities, (5) evaluate policies, procedures, activities and
5580 resource allocations to eliminate health status disparities among racial,
5581 ethnic and linguistic populations in the state and have the authority to
5582 convene the directors and commissioners of all state agencies whose
5583 purview is relevant to the elimination of health disparities, including,
5584 but not limited to, the Departments of [Public Health, Social Services,
5585 Children and Families, Developmental] Human Services, Education,
5586 [Mental Health and Addiction Services,] Labor, Transportation [,] and
5587 the Housing Finance Authority for the purpose of advising on and
5588 directing the implementation of policies, procedures, activities and
5589 resource allocations to eliminate health status disparities among racial,
5590 ethnic and linguistic populations in the state, (6) prepare and submit to
5591 the Governor and General Assembly an annual report, in accordance
5592 with section 11-4a, that provides both a retrospective and prospective
5593 view of health disparities and the state's efforts to ameliorate
5594 identifiable disparities among populations of the state experiencing
5595 racial, ethnic, cultural or linguistic disparities in health status, (7)
5596 explore other successful programs in other sectors and states, and pilot
5597 and provide grants for new creative programs that may diminish or
5598 contribute to the elimination of health disparities in the state and
5599 culturally appropriate health education demonstration projects, for

5600 which the commission may apply for, accept and expand public and
5601 private funding, (8) have the authority to collect and analyze
5602 government and other data regarding the health status of state
5603 inhabitants based on race, ethnicity, gender, national origin and
5604 linguistic ability, including access, services and outcomes in private
5605 and public health care institutions within the state, including, but not
5606 limited to, the data collected by the Connecticut Health Information
5607 Network, (9) have the authority to draft and recommend proposed
5608 legislation, regulations and other policies designed to address
5609 disparities in health status, and (10) have the authority to conduct
5610 hearings and interviews, and receive testimony, regarding matters
5611 pertinent to its mission.

5612 (f) The commission may use such funds as may be available from
5613 federal, state or other sources, and may enter into contracts to carry out
5614 the provisions of this section.

5615 (g) The commission may, within available appropriations and
5616 subject to the provisions of chapter 67, employ any necessary staff.

5617 (h) The commission shall be within the Office of the Healthcare
5618 Advocate for administrative purposes only.

5619 (i) The commission shall report to the Governor and the General
5620 Assembly on its findings not later than June 1, 2010.

5621 (j) The commission shall make a determination as to whether the
5622 duties of the commission are duplicated by any other state agency,
5623 office, bureau or commission and shall include information concerning
5624 any such duplication or performance of similar duties by any other
5625 state agency, office, bureau or commission in the report described in
5626 subsection (i) of this section.

5627 Sec. 661. Subsection (c) of section 45a-656b of the general statutes is
5628 repealed and the following is substituted in lieu thereof (*Effective*
5629 *October 1, 2010*):

5630 (c) A report filed under subsection (b) of this section with respect to
5631 placement in an institution for long-term care shall set forth the basis
5632 for the conservator's determination, what community resources are
5633 available and have been considered to avoid the placement, and the
5634 reasons why the conserved person's physical, mental and psychosocial
5635 needs cannot be met in a less restrictive and more integrated setting.
5636 Such community resources include, but are not limited to, resources
5637 provided by the area agencies on aging, the Department of [Social]
5638 Human Services, the Office of Protection and Advocacy for Persons
5639 with Disabilities, [the Department of Mental Health and Addiction
5640 Services, the Department of Developmental Services,] any center for
5641 independent living, as defined in section 17b-613, any residential care
5642 home or any congregate or subsidized housing. The conservator shall
5643 give notice of the placement of the conserved person in an institution
5644 for long-term care and a copy of such report to the conserved person,
5645 the conserved person's attorney and any interested parties as
5646 determined by the court. Service shall be by first-class mail. The
5647 conservator shall provide a certification to the court that service was
5648 made in the manner prescribed by this subsection.

5649 Sec. 662. Subsection (b) of section 46a-13l of the 2010 supplement to
5650 the general statutes is repealed and the following is substituted in lieu
5651 thereof (*Effective October 1, 2010*):

5652 (b) There is established a child fatality review panel composed of
5653 thirteen permanent members as follows: The Child Advocate, or a
5654 designee; the Commissioners of [Children and Families, Public Health]
5655 Human Services and Public Safety, or their designees; the Chief
5656 Medical Examiner, or a designee; the Chief State's Attorney, or a
5657 designee; a pediatrician, appointed by the Governor; a representative
5658 of law enforcement, appointed by the president pro tempore of the
5659 Senate; an attorney, appointed by the majority leader of the Senate; a
5660 social work professional, appointed by the minority leader of the
5661 Senate; a representative of a community service group appointed by
5662 the speaker of the House of Representatives; a psychologist, appointed
5663 by the majority leader of the House of Representatives; and an injury

5664 prevention representative, appointed by the minority leader of the
5665 House of Representatives. A majority of the panel may select not more
5666 than three additional temporary members with particular expertise or
5667 interest to serve on the panel. Such temporary members shall have the
5668 same duties and powers as the permanent members of the panel. The
5669 chairperson shall be elected from among the panel's permanent
5670 members. The panel shall, to the greatest extent possible, reflect the
5671 ethnic, cultural and geographic diversity of the state.

5672 Sec. 663. Subsection (a) of section 46a-126 of the 2010 supplement to
5673 the general statutes is repealed and the following is substituted in lieu
5674 thereof (*Effective October 1, 2010*):

5675 (a) There is established a Commission on Children consisting of
5676 twenty-one voting members. There shall be [nine] six nonvoting ex-
5677 officio members of the commission as follows: The Commissioners of
5678 [Children and Families, Developmental Services, Public Health]
5679 Human Services, Education [, Social Services] and Correction, the
5680 Secretary of the Office of Policy and Management, the Attorney
5681 General and the Chief Court Administrator.

5682 (1) With respect to members appointed prior to October 5, 2009,
5683 upon the occurrence of a vacancy or the expiration of the term of a
5684 member, whichever occurs first, such vacancy shall be filled as follows:
5685 (A) For any member appointed jointly by the majority leaders of the
5686 House of Representatives and the Senate, such vacancy shall be filled
5687 by a joint appointment of the majority leaders of the House of
5688 Representatives and the Senate; (B) for any member appointed by the
5689 Governor, such vacancy shall be filled by a joint appointment of the
5690 president pro tempore of the Senate and the speaker of the House of
5691 Representatives; (C) for any member appointed by the president pro
5692 tempore of the Senate, such vacancy shall be filled by an appointment
5693 of the president pro tempore of the Senate; (D) for any member
5694 appointed by the speaker of the House of Representatives, such
5695 vacancy shall be filled by an appointment of the speaker of the House
5696 of Representatives; (E) for any member appointed by the minority

5697 leader of the Senate, such vacancy shall be filled by an appointment of
5698 the minority leader of the Senate; and (G) for any member appointed
5699 by the minority leader of the House of Representatives, such vacancy
5700 shall be filled by the minority leader of the House of Representatives.

5701 (2) On or after October 5, 2009, (A) the majority leaders of the House
5702 of Representatives and the Senate shall jointly appoint one additional
5703 member to the commission who shall be from the central region of the
5704 state; (B) the president pro tempore of the Senate shall appoint one
5705 additional member to the commission from the northeastern region of
5706 the state; (C) the speaker of the House of Representatives shall appoint
5707 one additional member to the commission from the southeastern
5708 region of the state; (D) the minority leader of the Senate shall appoint
5709 one additional member to the commission from the northwestern
5710 region of the state; and (E) the minority leader of the House of
5711 Representatives shall appoint one additional member to the
5712 commission from the southwestern region of the state. In the event of a
5713 vacancy for any member appointed pursuant to this subdivision, such
5714 vacancy shall be filled by the appointing authority and such
5715 appointment shall be from the respective region of the state.

5716 (3) Any member appointed on or after October 5, 2009, shall have
5717 experience in the field of issues affecting children by virtue of such
5718 person's status as an advocate or an academic, civic or cultural leader.

5719 (4) Any member appointed pursuant to this subsection shall serve
5720 for a term of two years from July first in the year of his or her
5721 appointment. The commission shall elect a chairperson and a vice-
5722 chairperson from among its members who shall each serve in such
5723 capacity for a period of two years. Any person absent from (A) three
5724 consecutive meetings of the commission, or (B) fifty per cent of such
5725 meetings during any calendar year shall be deemed to have resigned
5726 from the commission, effective immediately.

5727 (5) Vacancies on the commission shall be filled by the appointing
5728 authority. Members of the commission shall serve without

5729 compensation but shall, within the limits of available funds, be
5730 reimbursed for expenses necessarily incurred in the performance of
5731 their duties. The commission shall meet as often as deemed necessary
5732 by the chairperson or a majority of the commission.

5733 Sec. 664. Section 46b-143 of the general statutes is repealed and the
5734 following is substituted in lieu thereof (*Effective October 1, 2010*):

5735 The clerk in charge of juvenile matters shall note the time of filing
5736 an appeal from a juvenile matter and forthwith forward to the clerk of
5737 the Appellate Court a certified copy of the appeal and order made
5738 thereon. He shall also send a copy by registered or certified mail to the
5739 Commissioner of [Social Services or to the Commissioner of Children
5740 and Families] Human Services, to the petitioner upon whose
5741 application the proceedings in the Superior Court were instituted,
5742 unless he is the appellant, to any person or agency having custody of
5743 any child or youth who is a subject of the proceeding, and to all other
5744 interested persons as designated in the appeal; and if the addresses of
5745 any such persons do not appear in the appeal, he shall call the matter
5746 to the attention of a judge of the Superior Court who shall make such
5747 an order of notice as he deems advisable.

5748 Sec. 665. Subdivision (3) of section 46a-150 of the general statutes is
5749 repealed and the following is substituted in lieu thereof (*Effective*
5750 *October 1, 2010*):

5751 (3) "Person at risk" means (A) a child requiring special education
5752 described in subparagraph (A) of subdivision (5) of section 10-76a,
5753 who is receiving special education by a local or regional board of
5754 education, or a child being evaluated for eligibility for special
5755 education pursuant to section 10-76d and awaiting a determination, or
5756 (B) a person receiving care, education or supervision in an institution
5757 or facility (i) operated by, licensed or authorized to operate by or
5758 operating pursuant to a contract with the [Departments of Public
5759 Health, Developmental Services, Children and Families, Mental Health
5760 and Addiction Services] Department of Human Services or a regional

5761 education service center established under section 10-66a, or (ii)
5762 operating under contract with a local or regional board of education
5763 pursuant to subsection (d) of section 10-76d. The term does not include
5764 a person in the custody of the Commissioner of Correction, or a
5765 resident or patient of a nursing home subject to federal regulations
5766 concerning restraint of residents or patients.

5767 Sec. 666. Subsections (a) and (b) of section 46a-170 of the general
5768 statutes are repealed and the following is substituted in lieu thereof
5769 (*Effective October 1, 2010*):

5770 (a) There is established a Trafficking in Persons Council that shall be
5771 within the Permanent Commission on the Status of Women for
5772 administrative purposes only.

5773 (b) The council shall consist of the following members: The Attorney
5774 General, the Chief State's Attorney, the Chief Public Defender, the
5775 Commissioner of Public Safety, the Labor Commissioner, the
5776 Commissioner of [Social Services, the Commissioner of Public Health,
5777 the Commissioner of Mental Health and Addiction Services, the
5778 Commissioner of Children and Families] Human Services, the Child
5779 Advocate, the Victim Advocate, the chairperson of the Commission on
5780 Children, the chairperson of the Permanent Commission on the Status
5781 of Women, the chairperson of the Latino and Puerto Rican Affairs
5782 Commission, the chairperson of the African-American Affairs
5783 Commission, three representatives of the Judicial Branch appointed by
5784 the Chief Court Administrator, one of whom shall represent the Office
5785 of Victim Services and one of whom shall represent the Court Support
5786 Services Division, and a municipal police chief appointed by the
5787 Connecticut Police Chiefs Association, or a representative of any such
5788 member who has been designated in writing by such member to serve
5789 as such member's representative, and seven public members appointed
5790 as follows: The Governor shall appoint one member who shall
5791 represent Connecticut Sexual Assault Crisis Services, Inc., the
5792 president pro tempore of the Senate shall appoint one member who
5793 shall represent an organization that provides civil legal services to low-

5794 income individuals, the speaker of the House of Representatives shall
5795 appoint one member who shall represent the Connecticut Coalition
5796 Against Domestic Violence, the majority leader of the Senate shall
5797 appoint one member who shall represent an organization that deals
5798 with behavioral health needs of women and children, the majority
5799 leader of the House of Representatives shall appoint one member who
5800 shall represent an organization that advocates on social justice and
5801 human rights issues, the minority leader of the Senate shall appoint
5802 one member who shall represent the Connecticut Immigrant and
5803 Refugee Coalition, and the minority leader of the House of
5804 Representatives shall appoint one member who shall represent the
5805 Asian-American community.

5806 Sec. 667. Subsection (a) of section 46b-121k of the 2010 supplement
5807 to the general statutes is repealed and the following is substituted in
5808 lieu thereof (*Effective October 1, 2010*):

5809 (a) (1) The Judicial Branch shall develop constructive programs for
5810 the prevention and reduction of delinquency and crime among
5811 juvenile offenders. To develop such programs, the executive director of
5812 the Court Support Services Division within the Judicial Branch shall
5813 cooperate with other agencies to encourage the establishment of new
5814 programs and to provide a continuum of services for juvenile
5815 offenders who do not require secure placement, including, but not
5816 limited to, juveniles classified pursuant to the risk assessment
5817 instrument described in section 46b-121i, as those who may be released
5818 with structured supervision and those who may be released without
5819 supervision. When appropriate, the Judicial Branch shall coordinate
5820 such programs with the Department of Children and Families, [and
5821 the Department of Mental Health and Addiction Services.]

5822 (2) The programs shall be tailored to the type of juvenile, including
5823 the juvenile's offense history, age, maturity and social development,
5824 gender, mental health, alcohol dependency or drug dependency, need
5825 for structured supervision and other characteristics, and shall be
5826 culturally appropriate, trauma-informed and provided in the least

5827 restrictive environment possible in a manner consistent with public
5828 safety. The Judicial Branch shall develop programs that provide: (A)
5829 Intensive general education, with an individualized remediation plan
5830 for each juvenile; (B) appropriate job training and employment
5831 opportunities; (C) counseling sessions in anger management and
5832 nonviolent conflict resolution; (D) treatment and prevention programs
5833 for alcohol dependency and drug dependency; (E) mental health
5834 screening, assessment and treatment; (F) sexual offender treatment;
5835 and (G) services for families of juveniles.

5836 Sec. 668. Section 52-146f of the general statutes is repealed and the
5837 following is substituted in lieu thereof (*Effective October 1, 2010*):

5838 Consent of the patient shall not be required for the disclosure or
5839 transmission of communications or records of the patient in the
5840 following situations as specifically limited:

5841 (1) Communications or records may be disclosed to other persons
5842 engaged in the diagnosis or treatment of the patient or may be
5843 transmitted to another mental health facility to which the patient is
5844 admitted for diagnosis or treatment if the psychiatrist in possession of
5845 the communications or records determines that the disclosure or
5846 transmission is needed to accomplish the objectives of diagnosis or
5847 treatment. The patient shall be informed that the communications or
5848 records will be so disclosed or transmitted. For purposes of this
5849 subsection, persons in professional training are to be considered as
5850 engaged in the diagnosis or treatment of the patients.

5851 (2) Communications or records may be disclosed when the
5852 psychiatrist determines that there is substantial risk of imminent
5853 physical injury by the patient to himself or others or when a
5854 psychiatrist, in the course of diagnosis or treatment of the patient,
5855 finds it necessary to disclose the communications or records for the
5856 purpose of placing the patient in a mental health facility, by
5857 certification, commitment or otherwise, provided the provisions of
5858 sections 52-146d to 52-146j, inclusive, shall continue in effect after the

5859 patient is in the facility.

5860 (3) Except as provided in section 17b-225, the name, address and
5861 fees for psychiatric services to a patient may be disclosed to
5862 individuals or agencies involved in the collection of fees for such
5863 services. In cases where a dispute arises over the fees or claims or
5864 where additional information is needed to substantiate the fee or
5865 claim, the disclosure of further information shall be limited to the
5866 following: (A) That the person was in fact a patient; (B) the diagnosis;
5867 (C) the dates and duration of treatment; and (D) a general description
5868 of the treatment, which shall include evidence that a treatment plan
5869 exists and has been carried out and evidence to substantiate the
5870 necessity for admission and length of stay in a health care institution
5871 or facility. If further information is required, the party seeking the
5872 information shall proceed in the same manner provided for hospital
5873 patients in section 4-105.

5874 (4) Communications made to or records made by a psychiatrist in
5875 the course of a psychiatric examination ordered by a court or made in
5876 connection with the application for the appointment of a conservator
5877 by the Probate Court for good cause shown may be disclosed at
5878 judicial or administrative proceedings in which the patient is a party,
5879 or in which the question of his incompetence because of mental illness
5880 is an issue, or in appropriate pretrial proceedings, provided the court
5881 finds that the patient has been informed before making the
5882 communications that any communications will not be confidential and
5883 provided the communications shall be admissible only on issues
5884 involving the patient's mental condition.

5885 (5) Communications or records may be disclosed in a civil
5886 proceeding in which the patient introduces his mental condition as an
5887 element of his claim or defense, or, after the patient's death, when his
5888 condition is introduced by a party claiming or defending through or as
5889 a beneficiary of the patient and the court or judge finds that it is more
5890 important to the interests of justice that the communications be
5891 disclosed than that the relationship between patient and psychiatrist

5892 be protected.

5893 (6) Communications or records may be disclosed to [(A)] the
5894 Commissioner of [Public Health] Human Services in connection with
5895 (A) any inspection, investigation or examination of an institution, as
5896 defined in subsection (a) of section 19a-490, authorized under section
5897 19a-498, or (B) [the Commissioner of Mental Health and Addiction
5898 Services in connection with] any inspection, investigation or
5899 examination authorized under subsection (f) of section 17a-451.

5900 (7) Communications or records may be disclosed to a member of the
5901 immediate family or legal representative of the victim of a homicide
5902 committed by the patient where such patient has, on or after July 1,
5903 1989, been found not guilty of such offense by reason of mental disease
5904 or defect pursuant to section 53a-13, provided such family member or
5905 legal representative requests the disclosure of such communications or
5906 records not later than six years after such finding, and provided
5907 further, such communications shall only be available during the
5908 pendency of, and for use in, a civil action relating to such person found
5909 not guilty pursuant to section 53a-13.

5910 (8) If a provider of behavioral health services that contracts with the
5911 Department of [Mental Health and Addiction] Human Services
5912 requests payment, the name and address of the person, a general
5913 description of the types of services provided, and the amount
5914 requested shall be disclosed to the department, provided notification
5915 that such disclosure will be made is sent, in writing, to the person at
5916 the earliest opportunity prior to such disclosure. In cases where a
5917 dispute arises over the fees or claims, or where additional information
5918 is needed to substantiate the claim, the disclosure of further
5919 information shall be limited to additional information necessary to
5920 clarify only the following: (A) That the person in fact received the
5921 behavioral health services in question, (B) the dates of such services,
5922 and (C) a general description of the types of services. Information the
5923 department receives pursuant to this subdivision shall be disclosed
5924 only to federal or state auditors and only as necessary for the purposes

5925 of auditing.

5926 Sec. 669. Subsection (i) of section 54-56d of the 2010 supplement to
5927 the general statutes is repealed and the following is substituted in lieu
5928 thereof (*Effective October 1, 2010*):

5929 (i) The placement of the defendant for treatment for the purpose of
5930 rendering the defendant competent shall comply with the following
5931 conditions: (1) The period of placement under the order or
5932 combination of orders shall not exceed the period of the maximum
5933 sentence which the defendant could receive on conviction of the
5934 charges against the defendant or eighteen months, whichever is less;
5935 (2) the placement shall be either in the custody of the Commissioner of
5936 [Mental Health and Addiction Services, the Commissioner of Children
5937 and Families or the Commissioner of Developmental] Human Services
5938 or, if the defendant or the [appropriate] commissioner agrees to
5939 provide payment, in the custody of any appropriate mental health
5940 facility or treatment program which agrees to provide treatment to the
5941 defendant and to adhere to the requirements of this section; and (3) the
5942 court shall order the placement, on either an inpatient or an outpatient
5943 basis, which the court finds is the least restrictive placement
5944 appropriate and available to restore competency. If outpatient
5945 treatment is the least restrictive placement for a defendant who has not
5946 yet been released from a correctional facility, the court shall consider
5947 whether the availability of such treatment is a sufficient basis on which
5948 to release the defendant on a promise to appear, conditions of release,
5949 cash bail or bond. If the court determines that the defendant may not
5950 be so released, the court shall order treatment of the defendant on an
5951 inpatient basis at a mental health facility or mental retardation facility.
5952 Not later than twenty-four hours after the court orders placement of
5953 the defendant for treatment for the purpose of rendering the defendant
5954 competent, the evaluators shall transmit information obtained about
5955 the defendant during the course of an evaluation pursuant to
5956 subsection (d) of this section to the health care provider named in the
5957 court's order.

5958 Sec. 670. Subsection (m) of section 54-56d of the 2010 supplement to
5959 the general statutes is repealed and the following is substituted in lieu
5960 thereof (*Effective October 1, 2010*):

5961 (m) If at any time the court determines that there is not a substantial
5962 probability that the defendant will attain competency within the
5963 period of treatment allowed by this section, or if at the end of such
5964 period the court finds that the defendant is still not competent, the
5965 court shall consider any recommendation made by the examiners
5966 pursuant to subsection (d) of this section and any opinion submitted
5967 by the treatment facility pursuant to subparagraph (C) of subsection (j)
5968 of this section regarding eligibility for, and the appropriateness of, civil
5969 commitment to a hospital for psychiatric disabilities and shall either
5970 release the defendant from custody or order the defendant placed in
5971 the custody of the Commissioner of [Mental Health and Addiction
5972 Services, the Commissioner of Children and Families or the
5973 Commissioner of Developmental] Human Services. If the court orders
5974 the defendant placed in the custody of the Commissioner of [Children
5975 and Families or the Commissioner of Developmental] Human Services,
5976 the commissioner, [given custody,] or the commissioner's designee,
5977 shall then apply for civil commitment in accordance with sections 17a-
5978 75 to 17a-83, inclusive, [or] 17a-270 to 17a-282, inclusive, [. If the court
5979 orders the defendant placed in the custody of the Commissioner of
5980 Mental Health and Addiction Services, the court may order the
5981 commissioner, or the commissioner's designee, to apply for civil
5982 commitment in accordance with sections] or 17a-495 to 17a-528,
5983 inclusive, or order the commissioner, or the commissioner's designee,
5984 to provide services to the defendant in a less restrictive setting,
5985 provided the examiners have determined in the written report filed
5986 pursuant to subsection (d) of this section or have testified pursuant to
5987 subsection (e) of this section that such services are available and
5988 appropriate. The court shall hear arguments as to whether the
5989 defendant should be released or should be placed in the custody of the
5990 Commissioner of [Mental Health and Addiction Services, the
5991 Commissioner of Children and Families or the Commissioner of

5992 Developmental] Human Services. If the court orders the release of a
5993 defendant charged with the commission of a crime that resulted in the
5994 death or serious physical injury, as defined in section 53a-3, of another
5995 person, or orders the placement of such defendant in the custody of
5996 the Commissioner of [Mental Health and Addiction Services] Human
5997 Services and an appropriate mental health or treatment facility, the
5998 court may, on its own motion or on motion of the prosecuting
5999 authority, order, as a condition of such release or placement, periodic
6000 examinations of the defendant as to the defendant's competency. Such
6001 an examination shall be conducted in accordance with subsection (d)
6002 of this section. Upon receipt of the written report as provided in
6003 subsection (d) of this section, the court shall, upon the request of either
6004 party filed not later than thirty days after the court receives such
6005 report, conduct a hearing as provided in subsection (e) of this section.
6006 Such hearing shall be held not later than ninety days after the court
6007 receives such report. If the court finds that the defendant has attained
6008 competency, the defendant shall be returned to the custody of the
6009 Commissioner of Correction or released, if the defendant has met the
6010 conditions for release, and the court shall continue with the criminal
6011 proceedings. Periodic examinations ordered by the court under this
6012 subsection shall continue until the court finds that the defendant has
6013 attained competency or until the time within which the defendant may
6014 be prosecuted for the crime with which the defendant is charged, as
6015 provided in section 54-193 or 54-193a, has expired, whichever occurs
6016 first. The court shall dismiss, with or without prejudice, any charges
6017 for which a nolle prosequi is not entered when the time within which
6018 the defendant may be prosecuted for the crime with which the
6019 defendant is charged, as provided in section 54-193 or 54-193a, has
6020 expired. Notwithstanding the erasure provisions of section 54-142a,
6021 police and court records and records of any state's attorney pertaining
6022 to a charge which is nolleed or dismissed without prejudice while the
6023 defendant is not competent shall not be erased until the time for the
6024 prosecution of the defendant expires under section 54-193 or 54-193a.
6025 A defendant who is not civilly committed as a result of an application
6026 made by the Commissioner of [Mental Health and Addiction Services,

6027 the Commissioner of Children and Families or the Commissioner of
6028 Developmental] Human Services pursuant to this section shall be
6029 released. A defendant who is civilly committed pursuant to such an
6030 application shall be treated in the same manner as any other civilly
6031 committed person.

6032 Sec. 671. Subsection (n) of section 54-56d of the 2010 supplement to
6033 the general statutes is repealed and the following is substituted in lieu
6034 thereof (*Effective October 1, 2010*):

6035 (n) The cost of the examination effected by the Commissioner of
6036 [Mental Health and Addiction] Human Services and of testimony of
6037 persons conducting the examination effected by the commissioner
6038 shall be paid by the Department of [Mental Health and Addiction]
6039 Human Services. The cost of the examination and testimony by
6040 physicians appointed by the court shall be paid by the Judicial
6041 Department. If the defendant is indigent, the fee of the person selected
6042 by the defendant to observe the examination and to testify on the
6043 defendant's behalf shall be paid by the Public Defender Services
6044 Commission. The expense of treating a defendant placed in the
6045 custody of the Commissioner of [Mental Health and Addiction
6046 Services, the Commissioner of Children and Families or the
6047 Commissioner of Developmental] Human Services pursuant to
6048 subdivision (2) of subsection (h) of this section or subsection (i) of this
6049 section shall be computed and paid for in the same manner as is
6050 provided for persons committed by a probate court under the
6051 provisions of sections 17b-122, 17b-124 to 17b-132, inclusive, 17b-136 to
6052 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250,
6053 inclusive, 17b-256, 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and
6054 17b-743 to 17b-747, inclusive.

6055 Sec. 672. Subsection (c) of section 54-102g of the general statutes is
6056 repealed and the following is substituted in lieu thereof (*Effective*
6057 *October 1, 2010*):

6058 (c) Any person who has been found not guilty by reason of mental

6059 disease or defect pursuant to section 53a-13 of a criminal offense
6060 against a victim who is a minor, a nonviolent sexual offense or a
6061 sexually violent offense, as those terms are defined in section 54-250, or
6062 a felony, and is in custody as a result of that finding, shall, prior to
6063 discharge from custody in accordance with subsection (e) of section
6064 17a-582, section 17a-588 or subsection (g) of section 17a-593 and at such
6065 time as the Commissioner of [Mental Health and Addiction Services or
6066 the Commissioner of Developmental Services] Human Services with
6067 whom such person has been placed may specify, submit to the taking
6068 of a blood or other biological sample for DNA (deoxyribonucleic acid)
6069 analysis to determine identification characteristics specific to the
6070 person.

6071 Sec. 673. Subsection (a) of section 54-102h of the general statutes is
6072 repealed and the following is substituted in lieu thereof (*Effective*
6073 *October 1, 2010*):

6074 (a) (1) The collection of a blood or other biological sample from
6075 persons required to submit to the taking of such sample pursuant to
6076 subsection (a) of section 54-102g shall be the responsibility of the
6077 Department of Correction and shall be taken at a time and place
6078 specified by the Department of Correction.

6079 (2) The collection of a blood or other biological sample from persons
6080 required to submit to the taking of such sample pursuant to subsection
6081 (b) of section 54-102g shall be the responsibility of the Department of
6082 Public Safety and shall be taken at a time and place specified by the
6083 sentencing court.

6084 (3) The collection of a blood or other biological sample from persons
6085 required to submit to the taking of such sample pursuant to subsection
6086 (c) of section 54-102g shall be the responsibility of the Commissioner of
6087 [Mental Health and Addiction Services or the Commissioner of
6088 Developmental Services, as the case may be,] Human Services and
6089 shall be taken at a time and place specified by said commissioner.

6090 (4) The collection of a blood or other biological sample from persons

6091 required to submit to the taking of such sample pursuant to subsection
6092 (d) of section 54-102g shall be the responsibility of the Judicial
6093 Department if such person is serving a period of probation and of the
6094 Department of Correction if such person is serving a period of parole
6095 and shall be taken at a time and place specified by the Court Support
6096 Services Division or the Department of Correction, as the case may be.

6097 (5) The collection of a blood or other biological sample from persons
6098 required to submit to the taking of such sample pursuant to subsection
6099 (e) of section 54-102g shall be the responsibility of the agency in whose
6100 custody or under whose supervision such person has been placed, and
6101 shall be taken at a time and place specified by such agency.

6102 Sec. 674. Section 54-199 of the general statutes is repealed and the
6103 following is substituted in lieu thereof (*Effective October 1, 2010*):

6104 Whenever any minor charged with the commission of an offense is
6105 to appear in any court, he shall be accompanied by one of his parents,
6106 if such parent is physically capable of appearing and is within the
6107 jurisdiction of such court, or by his legally appointed guardian, if any.
6108 In the case of any child committed to the guardianship of the
6109 Commissioner of [Social Services or the Commissioner of Children and
6110 Families] Human Services, [said] the commissioner may designate any
6111 member of his department to act as his representative. If any such
6112 parent, guardian or representative fails to appear in court as required
6113 by this section, the court may continue the case until he so appears and
6114 may issue a subpoena to compel his attendance. Failure to appear in
6115 response to such subpoena shall be punishable as contempt of court.
6116 The judge of such court may, in his discretion and for good cause,
6117 waive the requirement that a minor be accompanied by his parent,
6118 guardian or a department of social services representative.

6119 Sec. 675. Subsection (b) of section 54-203 of the 2010 supplement to
6120 the general statutes is repealed and the following is substituted in lieu
6121 thereof (*Effective October 1, 2010*):

6122 (b) The Office of Victim Services shall have the following powers

6123 and duties:

6124 (1) To direct each hospital, whether public or private, to display
6125 prominently in its emergency room posters giving notice of the
6126 availability of compensation and assistance to victims of crime or their
6127 dependents pursuant to sections 54-201 to 54-233, inclusive, and to
6128 direct every law enforcement agency of the state to inform victims of
6129 crime or their dependents of their rights pursuant to sections 54-201 to
6130 54-233, inclusive;

6131 (2) To request from the office of the state's attorney, state police,
6132 local police departments or any law enforcement agency such
6133 investigation and data as will enable the Office of Victim Services to
6134 determine if in fact the applicant was a victim of a crime or attempted
6135 crime and the extent, if any, to which the victim or claimant was
6136 responsible for his own injury;

6137 (3) To request from the Department of Correction, other units of the
6138 Judicial Department and the Board of Pardons and Paroles such
6139 information as will enable the Office of Victim Services to determine if
6140 in fact a person who has requested notification pursuant to section 54-
6141 228 was a victim of a crime;

6142 (4) To direct medical examination of victims as a requirement for
6143 payment under sections 54-201 to 54-233, inclusive;

6144 (5) To take or cause to be taken affidavits or depositions within or
6145 without the state;

6146 (6) To apply for, receive, allocate, disburse and account for grants of
6147 funds made available by the United States, by the state, foundations,
6148 corporations and other businesses, agencies or individuals to
6149 implement a program for victim services which shall assist witnesses
6150 and victims of crimes as the Office of Victim Services deems
6151 appropriate within the resources available and to coordinate services
6152 to victims by state and community-based agencies, with priority given
6153 to victims of violent crimes, by (A) assigning, in consultation with the

6154 Division of Criminal Justice, such victim advocates as are necessary to
6155 provide assistance; (B) administering victim service programs; and (C)
6156 awarding grants or purchase of service contracts in accordance with
6157 the plan developed under subdivision (15) of this subsection to private
6158 nonprofit organizations or local units of government for the direct
6159 delivery of services, except that the provision of training and technical
6160 assistance of victim service providers and the development and
6161 implementation of public education campaigns may be provided by
6162 private nonprofit or for-profit organizations or local units of
6163 government. Such grants and contracts shall be the predominant
6164 method by which the Office of Victim Services shall develop,
6165 implement and operate direct service programs and provide training
6166 and technical assistance to victim service providers;

6167 (7) To provide each person who applies for compensation pursuant
6168 to section 54-204, within ten days of the date of receipt of such
6169 application, with a written list of rights of victims of crime involving
6170 personal injury and the programs available in this state to assist such
6171 victims. The Office of Victim Services, the state or any agent, employee
6172 or officer thereof shall not be liable for the failure to supply such list or
6173 any alleged inadequacies of such list. Such list shall include, but not be
6174 limited to:

6175 (A) Subject to the provisions of sections 18-81e and 51-286e, the
6176 victim shall have the right to be informed concerning the status of his
6177 or her case and to be informed of the release from custody of the
6178 defendant;

6179 (B) Subject to the provisions of section 54-91c, the victim shall have
6180 the right to present a statement of his or her losses, injuries and wishes
6181 to the prosecutor and the court prior to the acceptance by the court of a
6182 plea of guilty or nolo contendere made pursuant to a plea agreement
6183 with the state wherein the defendant pleads to a lesser offense than the
6184 offense with which the defendant was originally charged;

6185 (C) Subject to the provisions of section 54-91c, prior to the

6186 imposition of sentence upon the defendant, the victim shall have the
6187 right to submit a statement to the prosecutor as to the extent of any
6188 injuries, financial losses and loss of earnings directly resulting from the
6189 crime;

6190 (D) Subject to the provisions of section 54-126a, the victim shall have
6191 the right to appear before a panel of the Board of Pardons and Paroles
6192 and make a statement as to whether the defendant should be released
6193 on parole and any terms or conditions to be imposed upon any such
6194 release;

6195 (E) Subject to the provisions of section 54-36a, the victim shall have
6196 the right to have any property the victim owns which was seized by
6197 police in connection with an arrest to be returned;

6198 (F) Subject to the provisions of sections 54-56e and 54-142c, the
6199 victim shall have the right to be notified of the application by the
6200 defendant for the pretrial program for accelerated rehabilitation and to
6201 obtain from the court information as to whether the criminal
6202 prosecution in the case has been dismissed;

6203 (G) Subject to the provisions of section 54-85b, the victim cannot be
6204 fired, harassed or otherwise retaliated against by an employer for
6205 appearing under a subpoena as a witness in any criminal prosecution;

6206 (H) Subject to the provisions of section 54-86g, the parent or legal
6207 guardian of a child twelve years of age or younger who is a victim of
6208 child abuse or sexual assault may request special procedural
6209 considerations to be taken during the testimony of the child;

6210 (I) Subject to the provisions of section 46b-15, the victim of assault
6211 by a spouse or former spouse, family or household member has the
6212 right to request the arrest of the offender, request a protective order
6213 and apply for a restraining order;

6214 (J) Subject to the provisions of sections 52-146k, 54-86e and 54-86f,
6215 the victim of sexual assault or domestic violence can expect certain

6216 records to remain confidential;

6217 (8) Within available appropriations, to establish a victim's assistance
6218 center which shall provide a victims' rights information clearinghouse
6219 which shall be a central repository of information regarding rights of
6220 victims of crime and services available to such victims and shall collect
6221 and disseminate such information to assist victims;

6222 (9) To provide, not later than January 1, 1994, a victims' notification
6223 clearinghouse which shall be a central repository for requests for
6224 notification filed pursuant to sections 54-228 and 54-229, and to notify,
6225 on and after January 1, 1994, persons who have filed such a request
6226 whenever an inmate has applied for release from a correctional
6227 institution or reduction of sentence or review of sentence pursuant to
6228 section 54-227 or whenever an inmate is scheduled to be released from
6229 a correctional institution and, on and after January 1, 1994, to provide
6230 victims of family violence crimes, upon request, information
6231 concerning any modification or termination of criminal orders of
6232 protection;

6233 (10) To provide a telephone hotline that shall provide information
6234 on referrals for various services for victims of crime and their families;

6235 (11) To provide staff services to a state advisory council. The council
6236 shall consist of not more than fifteen members to be appointed by the
6237 Chief Justice and shall include the Chief Victim Compensation
6238 Commissioner and members who represent victim populations,
6239 including but not limited to, homicide survivors, family violence
6240 victims, sexual assault victims, victims of drunk drivers, and assault
6241 and robbery victims, and members who represent the judicial branch
6242 and executive branch agencies involved with victims of crime. The
6243 members shall serve for terms of four years. Any vacancy in the
6244 membership shall be filled by the appointing authority for the balance
6245 of the unexpired term. The members shall receive no compensation for
6246 their services. The council shall meet at least six times a year. The
6247 council shall recommend to the Office of Victim Services program,

6248 legislative or other matters which would improve services to victims of
6249 crime and develop and coordinate needs assessments for both court-
6250 based and community-based victim services. The Chief Justice shall
6251 appoint two members to serve as cochairmen. Not later than December
6252 fifteenth of each year, the council shall report the results of its findings
6253 and activities to the Chief Court Administrator;

6254 (12) To utilize such voluntary and uncompensated services of
6255 private individuals, agencies and organizations as may from time to
6256 time be offered and needed;

6257 (13) To recommend policies and make recommendations to agencies
6258 and officers of the state and local subdivisions of government relative
6259 to victims of crime;

6260 (14) To provide support and assistance to state-wide victim services
6261 coalitions and groups;

6262 (15) To develop, in coordination with the Department of [Social
6263 Services, the Department of Public Health] Human Services, the Office
6264 of Policy and Management [, the Department of Children and
6265 Families] and the Division of Criminal Justice, a comprehensive plan to
6266 more effectively administer crime victims' compensation and
6267 coordinate the delivery of services to crime victims, including the
6268 funding of such services. Such plan shall be submitted to the Governor
6269 and the General Assembly not later than January 1, 1994;

6270 (16) Within available appropriations to establish a crime victims'
6271 information clearinghouse which shall be a central repository for
6272 information collected pursuant to subdivision (9) of this subsection
6273 and information made available through the criminal justice
6274 information system, to provide a toll-free telephone number for access
6275 to such information and to develop a plan, in consultation with all
6276 agencies required to provide notification to victims, outlining any
6277 needed statutory changes, resources and working agreements
6278 necessary to make the Office of Victim Services the lead agency for
6279 notification of victims, which plan shall be submitted to the General

6280 Assembly not later than February 15, 2000;

6281 (17) To provide a training program for judges, prosecutors, police,
6282 probation and parole personnel, bail commissioners, officers from the
6283 Department of Correction and judicial marshals to inform them of
6284 victims' rights and available services;

6285 (18) To establish a sexual assault forensic examiners program that
6286 will train and make available sexual assault forensic examiners to
6287 adolescent and adult victims of sexual assault who are patients at
6288 participating acute care hospitals. In order to establish and implement
6289 such program, the Office of Victim Services may apply for, receive,
6290 allocate, disburse and account for grants of funds made available by
6291 the United States, the state, foundations, corporations and other
6292 businesses, agencies or individuals; and

6293 (19) To submit to the joint standing committee of the General
6294 Assembly having cognizance of matters relating to victim services, in
6295 accordance with the provisions of section 11-4a, on or before January
6296 15, 2000, and biennially thereafter a report of its activities under
6297 sections 54-201 to 54-233, inclusive, including, but not limited to,
6298 implementation of training activities and mandates. Such report shall
6299 include the types of training provided, entities providing training and
6300 recipients of training.

6301 Sec. 676. Section 17a-228 of the general statutes is repealed and the
6302 following is substituted in lieu thereof (*Effective October 1, 2010*):

6303 (a) If a person with mental retardation residing in a residential
6304 facility for the mentally retarded licensed pursuant to section 17a-227,
6305 but not certified to participate in the Title XIX Medicaid program as an
6306 intermediate care facility for the mentally retarded, qualifies for the
6307 program of state supplementation to the Supplemental Security
6308 Income Program, the Commissioner of [Social Services] Human
6309 Services shall pay, under such qualifying program, on behalf of such
6310 person the rate established pursuant to subsection (b) of section 17b-
6311 244 for room and board, after a reasonable deduction, as determined

6312 by the commissioner, to reflect such person's income. The Department
6313 of [Developmental Services] Human Services shall pay the rate
6314 established pursuant to subsection (b) of section 17b-244 for services
6315 other than room and board provided on behalf of any person whose
6316 admission to the facility has been authorized by the Department of
6317 [Developmental Services] Human Services.

6318 (b) Notwithstanding the provisions of subsection (a) of this section,
6319 persons residing in residential facilities for the mentally retarded
6320 licensed pursuant to section 17a-227 and receiving state payment for
6321 the cost of such services on October 1, 1983, shall be deemed to have
6322 been authorized for admission by the Department of [Developmental
6323 Services] Human Services. In addition, any person who is admitted to
6324 a residential facility for the mentally retarded after October 1, 1983,
6325 and not later than December 31, 1983, which facility is licensed
6326 pursuant to said section after October 1, 1983, and who is receiving
6327 state payment for the cost of such services, shall be deemed to have
6328 been authorized for admission by the Department of [Developmental
6329 Services] Human Services if (1) not later than July 15, 1983, the
6330 applicant for licensure owns or has an interest in the facility or land
6331 upon which the facility shall be located, or concludes a closing
6332 transaction on any mortgage loan secured by mortgage on such facility
6333 or land, (2) such facility is licensed not later than December 31, 1983,
6334 and (3) the applicant for licensure presents evidence to the
6335 Commissioner of [Developmental Services] Human Services that
6336 commitments had been made by such applicant not later than July 15,
6337 1983, for the placement of individuals in such facility.

6338 (c) The Department of [Social Services] Human Services shall
6339 continue to make payments on behalf of persons residing, on or before
6340 October 1, 1983, in residential facilities licensed pursuant to section
6341 17a-227 on or before October 1, 1983, but not certified as intermediate
6342 care facilities for the mentally retarded, and on behalf of persons
6343 authorized for admission into such facilities by the Department of
6344 [Developmental Services] Human Services after October 1, 1983, who
6345 are otherwise eligible for assistance under sections 17b-600 to 17b-604,

6346 inclusive. Such payment shall be on the same basis and at the same
6347 rate which is in effect on October 1, 1983, and shall continue to pay
6348 such rate until the next succeeding annual rate is determined as
6349 provided in section 17b-244 and in this section.

6350 (d) Each individual authorized for admission pursuant to
6351 [subsections] subsection (a) or (b) of this section into a residential
6352 facility for the mentally retarded licensed pursuant to section 17a-227
6353 shall be reviewed annually by the Department of [Developmental
6354 Services] Human Services. Upon completion of the annual review, the
6355 Department of [Developmental Services] Human Services may (1)
6356 renew the authorization of the individual for continued state-assisted
6357 care in the residential facility, (2) refuse to renew the authorization of
6358 the individual for continued state-assisted care in the residential
6359 facility but authorize admission into alternate facilities, or (3) refuse to
6360 renew the authorization of the individual for continued state-assisted
6361 care in the facility and refuse to authorize continued state-assisted care
6362 in alternate facilities. If the Department of [Developmental Services]
6363 Human Services refuses to renew the authorization of the individual
6364 for continued state-assisted care in the residential facility and either
6365 authorizes admission into alternative facilities or refuses to authorize
6366 the individual for state-assisted care in any such alternative facility, the
6367 Department of [Developmental Services] Human Services shall
6368 continue to pay the rate established pursuant to section 17b-244 for
6369 such time as may be administratively necessary for the Department of
6370 [Developmental Services] Human Services to arrange for an
6371 appropriate transfer.

6372 (e) Whenever the Department of [Developmental Services] Human
6373 Services refuses to renew the authorization of a person for continued
6374 state-assisted care in a licensed residential facility for the mentally
6375 retarded pursuant to subsection (d) of this section and either
6376 authorizes the individual for admission into alternate facilities or
6377 refuses to authorize the individual for continued state-assisted care in
6378 any alternative facility, the Department of [Developmental Services]
6379 Human Services shall give thirty days' notice of its determination to

6380 the previously authorized individual and to such individual's parent,
6381 conservator, guardian or other legal representative. Such notice shall
6382 also notify each such individual or his legal representative of the
6383 individual's right to contest the determination by submitting a request
6384 for a hearing in writing to the Commissioner of [Developmental
6385 Services] Human Services within fifteen days of receiving the notice
6386 required by this subsection. Such hearing, if requested, shall be
6387 conducted in accordance with the provisions of sections 4-176e to 4-
6388 184, inclusive. State-assisted care shall continue in the present facility
6389 pending final disposition of any such hearing.

6390 [(f) Whenever the Department of Social Services is notified that a
6391 facility receiving payments from the Department of Developmental
6392 Services under the provisions of this section has been certified as an
6393 intermediate care facility for persons with mental retardation, as
6394 defined in 42 CFR 440.50, the Commissioner of Social Services shall
6395 notify the Governor and the Governor, with the approval of the
6396 Finance Advisory Committee, may transfer from the appropriation for
6397 the Department of Developmental Services to the Department of Social
6398 Services, sufficient funds to cover the cost of all services previously
6399 paid by the Department of Developmental Services that are
6400 reimbursable, at the rate established for services provided by such
6401 certified facilities. Subsequent budget requests from both departments
6402 shall reflect such transfer of responsibility.]

6403 Sec. 677. Sections 17a-26, 17a-31, 17a-33, 17a-92, 17a-128, 17a-146,
6404 17b-23, 19a-45a, 19a-255 and 19a-530 of the general statutes are
6405 repealed. (*Effective October 1, 2010*)"