



Senate

General Assembly

File No. 17

January Session, 2011

Senate Bill No. 851

Senate, March 1, 2011

The Committee on Human Services reported through SEN. MUSTO of the 22nd Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS FOR TECHNICAL REVISIONS TO THE HUMAN SERVICES STATUTES.

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

1 Section 1. Subdivision (4) of subsection (b) of section 12-202a of the
2 general statutes is repealed and the following is substituted in lieu
3 thereof (*Effective October 1, 2011*):

4 (4) Any new or renewal contract or policy entered into with the state
5 on or after April 1, 1998, to provide health care coverage to eligible
6 beneficiaries under the HUSKY Plan, Part A, HUSKY Plan, Part B, or
7 [the] HUSKY Plus programs, each as defined in section 17b-290, as
8 amended by this act;

9 Sec. 2. Subsection (b) of section 17a-17 of the general statutes is
10 repealed and the following is substituted in lieu thereof (*Effective*
11 *October 1, 2011*):

12 (b) The Commissioner of Children and Families and the

13 Commissioner of Education shall jointly develop a single cost
14 accounting system, on forms developed jointly by the Department of
15 Children and Families and the Department of Education, which may
16 be the basis for the payment of reasonable expenses for room and
17 board and education by purchase of service agreement to private
18 residential treatment centers that provide on-campus educational
19 services and are licensed pursuant to section 17a-145. The
20 Commissioner of Children and Families, after consultation with the
21 Commissioner of Education, shall adopt regulations in accordance
22 with the provisions of chapter 54 to administer the system, which may
23 provide for the combining of procedures within the Department of
24 Children and Families and the Department of Education for
25 administering the system, including the holding of joint hearings and
26 reviews. Annually, on or before a date established by the
27 Commissioner of Children and Families, each residential treatment
28 center shall submit to the Department of Children and Families, on
29 forms provided by said department and the Department of Education,
30 the audited costs of its approved programs for the preceding year as
31 certified by a certified public accounting firm. On and after July 1,
32 1983, no additional services shall be included in the calculation of such
33 reasonable expenses unless such services are approved by the
34 Commissioner of Children and Families or the Commissioner of
35 Education.

36 Sec. 3. Section 17a-62a of the general statutes is repealed and the
37 following is substituted in lieu thereof (*Effective October 1, 2011*):

38 As used in this section:

39 (1) "Homeless youth" means a person under twenty-one years of age
40 who is without shelter where appropriate care and supervision are
41 available and who lacks a fixed, regular and adequate nighttime
42 residence, including a youth under the age of eighteen whose parent or
43 legal guardian is unable or unwilling to provide shelter and
44 appropriate care;

45 (2) "Fixed, regular and adequate nighttime residence" means a

46 dwelling at which a person resides on a regular basis that adequately
47 provides safe shelter, but does not include (A) a publicly or privately
48 operated institutional shelter designed to provide temporary living
49 accommodations; (B) transitional housing; (C) a temporary placement
50 with a peer, friend or family member who has not offered a permanent
51 residence, residential lease or temporary lodging for more than thirty
52 days; or (D) a public or private place not designed for or ordinarily
53 used as a regular sleeping place by human beings; and

54 (3) "Aftercare services" means continued counseling, guidance or
55 support for not more than six months following the provision of
56 services.

57 (b) The Department of Children and Families, within available
58 appropriations, shall establish a program that provides one or more of
59 the following services for homeless youth: [(1)] Public outreach, [(2)]
60 respite housing, and [(3)] transitional living services for homeless
61 youth and youth at risk of homelessness. The department may enter
62 into a contract with nonprofit organizations or municipalities to
63 implement this section. Such program may have the following
64 components:

65 (1) A public outreach and drop-in component that provides youth
66 drop-in centers with walk-in access to crisis intervention and ongoing
67 supportive services, including one-to-one case management services
68 on a self-referral basis and public outreach that locates, contacts and
69 provides information, referrals and services to homeless youth and
70 youth at risk of homelessness. Such component may include, but need
71 not be limited to, information, referrals and services for (A) family
72 reunification services, conflict resolution or mediation counseling; (B)
73 respite housing, case management aimed at obtaining food, clothing,
74 medical care or mental health counseling, counseling regarding
75 violence, prostitution, substance abuse, sexually transmitted diseases,
76 HIV and pregnancy, and referrals to agencies that provide support
77 services to homeless youth and youth at risk of homelessness; (C)
78 education, employment and independent living skills; (D) aftercare

79 services; and (E) specialized services for highly vulnerable homeless
80 youth, including teen parents, sexually exploited youth and youth
81 with mental illness or developmental disabilities;

82 (2) A respite housing component that provides homeless youth with
83 referrals and walk-in access to respite care on an emergency basis that
84 includes voluntary housing, with private shower facilities, beds and at
85 least one meal each day, and assistance with reunification with family
86 or a legal guardian when required or appropriate. Services provided at
87 respite housing may include, but need not be limited to, (A) family
88 reunification services or referral to safe housing; (B) individual, family
89 and group counseling; (C) assistance in obtaining clothing; (D) access
90 to medical and dental care and mental health counseling; (E) education
91 and employment services; (F) recreational activities; (G) case
92 management, advocacy and referral services; (H) independent living
93 skills training; and (I) aftercare services and transportation; and

94 (3) A transitional living component that (A) assists homeless youth
95 in finding and maintaining safe housing, and (B) includes rental
96 assistance and related supportive services. Such component may
97 include, but need not be limited to, (i) educational assessment and
98 referral to educational programs; (ii) career planning, employment, job
99 skills training and independent living skills training; (iii) job
100 placement; (iv) budgeting and money management; (v) assistance in
101 securing housing appropriate to needs and income; (vi) counseling
102 regarding violence, prostitution, substance abuse, sexually transmitted
103 diseases and pregnancy, referral for medical services or chemical
104 dependency treatment; and (vii) parenting skills, self-sufficiency
105 support services or life skills training and aftercare services.

106 (c) On or before February 1, 2012, and annually thereafter, the
107 Commissioner of Children and Families shall submit a report
108 regarding the program established under subsection (b) of this section,
109 in accordance with section 11-4a, to the select committee of the General
110 Assembly having cognizance of matters relating to children. The report
111 shall include recommendations for any changes to the program to

112 ensure that the best available services are being delivered to homeless
113 youth and youth at risk of homelessness. The report shall include key
114 outcome indicators and measures and shall set benchmarks for
115 evaluating progress in accomplishing the purposes of subsection (b) of
116 this section.

117 Sec. 4. Section 17b-34 of the general statutes is repealed and the
118 following is substituted in lieu thereof (*Effective October 1, 2011*):

119 The Commissioner of Social Services, in consultation with the
120 Commissioner of Public Health, shall take such action as necessary to
121 meet the qualification criteria established pursuant to Section 4201 of
122 the American Recovery and Reinvestment Act of 2009, P.L. 111-5, to
123 obtain (1) matching funds for the Department of Social Services'
124 administrative planning activities related to health information
125 technology; and (2) incentive payments for hospitals and eligible
126 professionals who are meaningful electronic health record users as
127 described in said act. The Commissioner of Social Services shall
128 disburse any federal incentive funds for hospitals and eligible
129 professionals that the commissioner receives pursuant to this section to
130 each hospital and eligible professional.

131 Sec. 5. Subsection (a) of section 17b-77 of the general statutes is
132 repealed and the following is substituted in lieu thereof (*Effective*
133 *October 1, 2011*):

134 (a) Application for aid under the state supplement program,
135 medical assistance program, temporary family assistance program,
136 state-administered general assistance program and supplemental
137 nutrition assistance program [] shall be made to the Commissioner of
138 Social Services. The name and address of each such applicant shall be
139 recorded with the commissioner. Such application, in the case of
140 temporary family assistance, shall be made by the supervising relative,
141 his authorized representative, or, in the case of an individual who is
142 incapacitated, someone acting responsibly for him and shall contain
143 the name and the exact residence of such applicant, the name, place
144 and date of birth of each dependent child, the Social Security number

145 of the supervising relative and of each dependent child, and such other
146 information as is required by the commissioner. If such supervising
147 relative or any such child does not have a Social Security number, the
148 commissioner shall assist in obtaining a Social Security number for
149 each such person seeking public assistance and during the time
150 required to obtain such Social Security numbers the supervising
151 relative and children shall not be precluded from eligibility under this
152 section. By such application, the applicant shall assign to the
153 commissioner the right of support, present, past and future, due all
154 persons seeking assistance and shall assist the commissioner in
155 pursuing support obligations due from the noncustodial parent. On
156 and after October 1, 2008, such assignment under the temporary family
157 assistance program shall apply only to such support rights as accrue
158 during the period of assistance, not to exceed the total amount of
159 assistance provided to the family under said program. Notice of such
160 assignment shall be conspicuously placed on said application and shall
161 be explained to the applicant at the time of application. All information
162 required to be provided to the commissioner as a condition of such
163 eligibility under federal law shall be so provided by the applicant,
164 provided, no person shall be determined to be ineligible if the
165 applicant has good cause for the refusal to provide information
166 concerning the noncustodial parent or if the provision of such
167 information would be against the best interests of the dependent child
168 or children, or any of them. The Commissioner of Social Services shall
169 adopt by regulation, in accordance with chapter 54, standards as to
170 good cause and best interests of the child. Any person aggrieved by a
171 decision of the commissioner as to the determination of good cause or
172 the best interests of such child or children may request a fair hearing in
173 accordance with the provisions of sections 17b-60 and 17b-61. All
174 statements made by the applicant concerning income, resources and
175 any other matters pertaining to eligibility shall be certified to by the
176 applicant as true and correct under penalty of false statement, and for
177 any such certified statement which is untrue or incorrect such
178 applicant shall be subject to the penalties provided for false statement
179 under section 17b-97.

180 Sec. 6. Subsection (d) of section 17b-99 of the general statutes is
181 repealed and the following is substituted in lieu thereof (*Effective*
182 *October 1, 2011*):

183 (d) The Commissioner of Social Services, or any entity with [whom]
184 which the commissioner contracts, for the purpose of conducting an
185 audit of a service provider that participates as provider of services in a
186 program operated or administered by the department pursuant to this
187 chapter or chapter 319t, 319v, 319y or 319ff, shall conduct any such
188 audit in accordance with the provisions of this subsection. For
189 purposes of this subsection "provider" means a person, public agency,
190 private agency or proprietary agency that is licensed, certified or
191 otherwise approved by the commissioner to supply services
192 authorized by the programs set forth in said chapters.

193 (1) Not less than thirty days prior to the commencement of any such
194 audit, the commissioner, or any entity with [whom] which the
195 commissioner contracts to conduct an audit of a participating provider,
196 shall provide written notification of the audit to such provider, unless
197 the commissioner, or any entity with [whom] which the commissioner
198 contracts to conduct an audit of a participating provider makes a good
199 faith determination that (A) the health or safety of a recipient of
200 services is at risk; or (B) the provider is engaging in vendor fraud. A
201 copy of the regulations established pursuant to subdivision (11) of this
202 subsection shall be appended to such notification.

203 (2) Any clerical error, including, but not limited to, recordkeeping,
204 typographical, scrivener's or computer error, discovered in a record or
205 document produced for any such audit [,] shall not of itself constitute a
206 wilful violation of program rules unless proof of intent to commit
207 fraud or otherwise violate program rules is established.

208 (3) A finding of overpayment or underpayment to a provider in a
209 program operated or administered by the department pursuant to this
210 chapter or chapter 319t, 319v, 319y or 319ff [,] shall not be based on
211 extrapolated projections unless (A) there is a sustained or high level of
212 payment error involving the provider, (B) documented educational

213 intervention has failed to correct the level of payment error, or (C) the
214 value of the claims in aggregate exceeds one hundred fifty thousand
215 dollars on an annual basis.

216 (4) A provider, in complying with the requirements of any such
217 audit, shall be allowed not less than thirty days to provide
218 documentation in connection with any discrepancy discovered and
219 brought to the attention of such provider in the course of any such
220 audit.

221 (5) The commissioner, or any entity with [whom] which the
222 commissioner contracts, for the purpose of conducting an audit of a
223 provider of any of the programs operated or administered by the
224 department pursuant to this chapter or chapter 319t, 319v, 319y or
225 319ff, shall produce a preliminary written report concerning any audit
226 conducted pursuant to this subsection, and such preliminary report
227 shall be provided to the provider that was the subject of the audit []
228 not later than sixty days after the conclusion of such audit.

229 (6) The commissioner, or any entity with [whom] which the
230 commissioner contracts, for the purpose of conducting an audit of a
231 provider of any of the programs operated or administered by the
232 department pursuant to this chapter or chapter 319t, 319v, 319y or
233 319ff, shall, following the issuance of the preliminary report pursuant
234 to subdivision (5) of this subsection, hold an exit conference with any
235 provider that was the subject of any audit pursuant to this subsection
236 for the purpose of discussing the preliminary report.

237 (7) The commissioner, or any entity with which the commissioner
238 contracts, for the purpose of conducting an audit of a service provider,
239 shall produce a final written report concerning any audit conducted
240 pursuant to this subsection. Such final written report shall be provided
241 to the provider that was the subject of the audit not later than sixty
242 days after the date of the exit conference conducted pursuant to
243 subdivision (6) of this subsection, unless the commissioner, or any
244 entity with which the commissioner contracts, for the purpose of
245 conducting an audit of a service provider, agrees to a later date or

246 there are other referrals or investigations pending concerning the
247 provider.

248 (8) Any provider aggrieved by a decision contained in a final
249 written report issued pursuant to subdivision (7) of this subsection []
250 may, not later than thirty days after the receipt of the final report,
251 request, in writing, a review on all items of aggrievement. Such request
252 shall contain a detailed written description of each specific item of
253 aggrievement. The designee of the commissioner who presides over
254 the review shall be impartial and shall not be an employee of the
255 Department of Social Services Office of Quality Assurance or an
256 employee of an entity with [whom] which the commissioner contracts
257 for the purpose of conducting an audit of a service provider. Following
258 review on all items of aggrievement, the designee of the commissioner
259 who presides over the review shall issue a final decision.

260 (9) The provider shall have the right to appeal a final decision to the
261 Superior Court in accordance with the provisions of chapter 54.

262 (10) The provisions of this subsection shall not apply to any audit
263 conducted by the Medicaid Fraud Control Unit established within the
264 Office of the Chief State's Attorney.

265 (11) The commissioner shall adopt regulations, in accordance with
266 the provisions of chapter 54, to carry out the provisions of this
267 subsection and to ensure the fairness of the audit process, including,
268 but not limited to, the sampling methodologies associated with the
269 process.

270 Sec. 7. Subsection (a) of section 17b-112i of the general statutes is
271 repealed and the following is substituted in lieu thereof (*Effective*
272 *October 1, 2011*):

273 (a) The Department of Social Services shall maximize federal fund
274 opportunities from the Temporary Assistance for Needy Families
275 Emergency Fund established pursuant to the American Recovery and
276 Reinvestment Act, P.L. 111-5, in order to assist families facing

277 unemployment, housing crises, increasing debt, homelessness or other
278 hardships. The department shall seek to utilize, in accordance with the
279 provisions of federal law:

280 (1) The nonrecurrent, short-term benefits category of the Temporary
281 Assistance for Needy Families Emergency Fund for eligible purposes,
282 including, but not limited to, housing, transportation, work expenses,
283 family safety, low birth weight reduction, food and nutrition. The
284 benefits funded pursuant to this subdivision may include, but not be
285 limited to, mortgage assistance, eviction relief, car repair, work clothes,
286 domestic violence services, home visitation and on-the-job training;
287 and

288 (2) The subsidized employment category of the Temporary
289 Assistance for Needy Families Emergency Fund for eligible purposes,
290 including, but not limited to, youth employment programs and the
291 alleviation of specific labor shortages and state worker shortages
292 where the jobs created help families apply for state services.

293 Sec. 8. Section 17b-112j of the general statutes is repealed and the
294 following is substituted in lieu thereof (*Effective October 1, 2011*):

295 Not more than sixty days after June 8, 2010, the Department of
296 Social Services, within available appropriations and to the extent
297 permitted by federal law, shall establish and implement a procedure
298 for the following modification in the temporary assistance [of] for
299 needy families program whenever the state unemployment rate, as
300 reported by the Labor Commissioner, is eight per cent or greater for
301 the preceding three months. The Jobs First program shall permit and
302 encourage parents to pursue education and training and shall approve,
303 as work activities, two and four-year degree programs. A recipient
304 shall be eligible for assistance under this modification for at least six
305 months even if the state unemployment rate for subsequent quarters is
306 not eight per cent or greater. The department may seek federal support
307 to pay for such modifications through funds provided from the federal
308 Temporary Assistance for Needy Families Emergency Fund.

309 Sec. 9. Subsections (b) and (c) of section 17b-192 of the general
310 statutes are repealed and the following is substituted in lieu thereof
311 (*Effective October 1, 2011*):

312 (b) Each person eligible for state-administered general assistance
313 shall be entitled to receive medical care through a federally qualified
314 health center or other primary care provider as determined by the
315 commissioner. The Commissioner of Social Services shall determine
316 appropriate service areas and shall, in the commissioner's discretion,
317 contract with community health centers, other similar clinics, and
318 other primary care providers, if necessary, to assure access to primary
319 care services for recipients who live farther than a reasonable distance
320 from a federally qualified health center. The commissioner shall assign
321 and enroll eligible persons in federally qualified health centers and
322 with any other providers contracted for the program because of access
323 needs. Each person eligible for state-administered general assistance
324 shall be entitled to receive hospital services. Medical services under the
325 program shall be limited to the services provided by a federally
326 qualified health center, hospital, or other provider contracted for the
327 program at the commissioner's discretion because of access needs. The
328 commissioner shall ensure that ancillary services and specialty services
329 are provided by a federally qualified health center, hospital, or other
330 [providers] provider contracted for the program at the commissioner's
331 discretion. Ancillary services include, but are not limited to, radiology,
332 laboratory, and other diagnostic services not available from a
333 recipient's assigned primary care provider, and durable medical
334 equipment. Specialty services are services provided by a physician
335 with a specialty that are not included in ancillary services. Ancillary or
336 specialty services provided under the program shall not exceed such
337 services provided under the state-administered general assistance
338 program on July 1, 2003, except for nonemergency medical
339 transportation and vision care services which may be provided on a
340 limited basis within available appropriations. Notwithstanding any
341 provision of this subsection, the commissioner may provide, or require
342 a contractor to provide, home health services or skilled nursing facility
343 coverage for state-administered general assistance recipients being

344 discharged from a chronic disease hospital when the provision of such
345 services or coverage is determined to be cost effective by the
346 commissioner.

347 (c) Pharmacy services shall be provided to recipients of state-
348 administered general assistance through the federally qualified health
349 center to which they are assigned or through a pharmacy with which
350 the health center contracts. Recipients who are assigned to a
351 community health center or similar clinic or primary care provider
352 other than a federally qualified health center or to a federally qualified
353 health center that does not have a contract for pharmacy services shall
354 receive pharmacy services at pharmacies designated by the
355 commissioner. The Commissioner of Social Services or the managed
356 care organization or other entity performing administrative functions
357 for the program as permitted in subsection (d) of this section [,] shall
358 require prior authorization for coverage of drugs for the treatment of
359 erectile dysfunction. The commissioner or the managed care
360 organization or other entity performing administrative functions for
361 the program may limit or exclude coverage for drugs for the treatment
362 of erectile dysfunction for persons who have been convicted of a sexual
363 offense and who are required to register with the Commissioner of
364 Public Safety pursuant to chapter 969.

365 Sec. 10. Subsection (e) of section 17b-274d of the general statutes is
366 repealed and the following is substituted in lieu thereof (*Effective*
367 *October 1, 2011*):

368 (e) The Department of Social Services, in consultation with the
369 Pharmaceutical and Therapeutics Committee, may adopt preferred
370 drug lists for use in the Medicaid, state-administered general
371 assistance and ConnPACE programs. To the extent feasible, the
372 department shall review all drugs included on the preferred drug lists
373 at least every twelve months, and may recommend additions to, and
374 deletions from, the preferred drug lists, to ensure that the preferred
375 drug lists provide for medically appropriate drug therapies for
376 Medicaid, state-administered general assistance and ConnPACE

377 patients. For the fiscal year ending June 30, 2004, such drug lists shall
378 be limited to use in the Medicaid and ConnPACE programs and cover
379 three classes of drugs, including proton pump inhibitors and two other
380 classes of drugs determined by the Commissioner of Social Services.
381 Not later than June 30, 2005, the Department of Social Services, in
382 consultation with the Pharmaceutical and Therapeutic Committee,
383 shall expand such drug lists to include other classes of drugs, except as
384 provided in subsection (f) of this section, in order to achieve savings
385 reflected in the amounts appropriated to the department, for the
386 various components of the program, in the state budget act.

387 Sec. 11. Subdivision (21) of section 17b-290 of the general statutes is
388 repealed and the following is substituted in lieu thereof (*Effective*
389 *October 1, 2011*):

390 (21) "Qualified entity" means any entity: (A) Eligible for payments
391 under a state plan approved under Medicaid and which provides
392 medical services under the HUSKY Plan, Part A, or (B) that is a
393 qualified entity, as defined in 42 USC 1396r-1a, as amended by Section
394 708 of Public Law 106-554, and that is determined by the commissioner
395 to be capable of making the determination of eligibility. The
396 commissioner shall provide qualified entities with such forms as are
397 necessary for an application to be made on behalf of a child under the
398 HUSKY Plan, Part A and information on how to assist parents,
399 guardians and other persons in completing and filing such forms;

400 Sec. 12. Subsections (i) and (j) of section 17b-292 of the general
401 statutes are repealed and the following is substituted in lieu thereof
402 (*Effective October 1, 2011*):

403 (i) The single point of entry servicer shall send all applications and
404 supporting documents to the commissioner for determination of
405 eligibility. The servicer shall enroll eligible beneficiaries in the
406 applicant's choice of an administrative services organization. If there is
407 more than one administrative services organization, upon enrollment
408 in an administrative services organization, an eligible HUSKY Plan,
409 Part A or Part B beneficiary shall remain enrolled in such organization

410 for twelve months from the date of such enrollment unless (1) an
411 eligible beneficiary demonstrates good cause to the satisfaction of the
412 commissioner of the need to enroll in a different organization, or (2)
413 the beneficiary no longer meets program eligibility requirements.

414 (j) Not later than ten months after the determination of eligibility for
415 benefits under the HUSKY Plan, Part A and Part B and annually
416 thereafter, the commissioner or the servicer, as the case may be, shall,
417 within existing budgetary resources, mail or, upon request of a
418 participant, electronically transmit an application form to each
419 participant in the plan for the purposes of obtaining information to
420 make a determination on continued eligibility beyond the twelve
421 months of initial eligibility. To the extent permitted by federal law, in
422 determining eligibility for benefits under the HUSKY Plan, Part A or
423 Part B with respect to family income, the commissioner or the servicer
424 shall rely upon information provided in such form by the participant
425 unless the commissioner or the servicer has reason to believe that such
426 information is inaccurate or incomplete. The Department of Social
427 Services shall annually review a random sample of cases to confirm
428 that, based on the statistical sample, relying on such information is not
429 resulting in ineligible clients receiving benefits under the HUSKY Plan,
430 Part A or Part B. The determination of eligibility shall be coordinated
431 with health plan open enrollment periods.

432 Sec. 13. Subsection (e) of section 17b-311 of the general statutes is
433 repealed and the following is substituted in lieu thereof (*Effective*
434 *October 1, 2011*):

435 (e) The Commissioner of Social Services shall seek proposals from
436 entities [described in subsection (e) of this section] with which it
437 contracts based on the cost sharing and benefits described in
438 subsections (b) and (c) of this section. The commissioner may approve
439 an alternative plan in order to make coverage options available to
440 those eligible to be insured under the plan.

441 Sec. 14. Subdivision (2) of subsection (i) of section 17b-342 of the
442 general statutes is repealed and the following is substituted in lieu

443 thereof (*Effective October 1, 2011*):

444 (2) Except for persons residing in affordable housing under the
445 assisted living demonstration project established pursuant to section
446 17b-347e, as provided in subdivision (3) of this subsection, any person
447 whose income is at or below two hundred per cent of the federal
448 poverty level and who is ineligible for Medicaid shall contribute six
449 per cent of the cost of his or her care. Any person whose income
450 exceeds two hundred per cent of the federal poverty level shall
451 contribute six per cent of the cost of his or her care in addition to the
452 amount of applied income determined in accordance with the
453 methodology established by the Department of Social Services for
454 recipients of medical assistance. Any person who does not contribute
455 to the cost of care in accordance with this subdivision [] shall be
456 ineligible to receive services under this subsection. Notwithstanding
457 any provision of the general statutes, the department shall not be
458 required to provide an administrative hearing to a person found
459 ineligible for services under this subsection because of a failure to
460 contribute to the cost of care.

461 Sec. 15. Section 19a-45b of the general statutes is repealed and the
462 following is substituted in lieu thereof (*Effective October 1, 2011*):

463 On or after January 1, 2007, and within any available federal or
464 private funds, the Commissioner of Public Health, in consultation with
465 the Commissioner of Social Services, may establish a medical home
466 pilot program in one region of the state to be determined by [said
467 commissioner] the Commissioner of Public Health in order to enhance
468 health outcomes for children, including children with special health
469 care needs, by ensuring that each child has a primary care physician
470 who will provide continuous comprehensive health care for such child.
471 [Said commissioner] The Commissioner of Public Health may solicit
472 and accept private funds to implement such pilot program.

473 Sec. 16. Subsection (g) of section 17b-363a of the general statutes is
474 repealed and the following is substituted in lieu thereof (*Effective*
475 *October 1, 2011*):

476 (g) The Commissioner of Social Services [, in consultation with the
 477 pharmacy review panel established in section 17b-362a,] shall update
 478 and expand by June 30, 2003, and annually thereafter, the list of drugs
 479 that are included in the drug return program. Such list shall include
 480 the fifty drugs with the highest average wholesale price that meet the
 481 requirements for the program, as established in subsection (a) of this
 482 section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2011</i>	12-202a(b)(4)
Sec. 2	<i>October 1, 2011</i>	17a-17(b)
Sec. 3	<i>October 1, 2011</i>	17a-62a
Sec. 4	<i>October 1, 2011</i>	17b-34
Sec. 5	<i>October 1, 2011</i>	17b-77(a)
Sec. 6	<i>October 1, 2011</i>	17b-99(d)
Sec. 7	<i>October 1, 2011</i>	17b-112i(a)
Sec. 8	<i>October 1, 2011</i>	17b-112j
Sec. 9	<i>October 1, 2011</i>	17b-192(b) and (c)
Sec. 10	<i>October 1, 2011</i>	17b-274d(e)
Sec. 11	<i>October 1, 2011</i>	17b-290(21)
Sec. 12	<i>October 1, 2011</i>	17b-292(i) and (j)
Sec. 13	<i>October 1, 2011</i>	17b-311(e)
Sec. 14	<i>October 1, 2011</i>	17b-342(i)(2)
Sec. 15	<i>October 1, 2011</i>	19a-45b
Sec. 16	<i>October 1, 2011</i>	17b-363a(g)

HS *Joint Favorable*

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

OFA Fiscal Note***State Impact:*** None***Municipal Impact:*** None***Explanation***

The bill makes technical changes to the Human Services statutes and has no fiscal impact.

The Out Years***State Impact:*** None***Municipal Impact:*** None

OLR Bill Analysis**SB 851*****AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS FOR TECHNICAL REVISIONS TO THE HUMAN SERVICES STATUTES.*****SUMMARY:**

This bill makes technical changes in the human services statutes. It also makes a technical change clarifying that the commissioner of public health (1) determines where a medical home pilot program takes place and (2) can solicit federal and private funds for the program.

EFFECTIVE DATE: October 1, 2011

COMMITTEE ACTION

Human Services Committee

Joint Favorable

Yea 16 Nay 0 (02/15/2011)