



General Assembly

January Session, 2011

Bill No. 1240

LCO No. 6842

06842_____

Referred to Committee on No Committee

Introduced by:

SEN. WILLIAMS, 29th Dist.

REP. DONOVAN, 84th Dist.

AN ACT CONCERNING THE BUREAU OF REHABILITATIVE SERVICES AND IMPLEMENTATION OF PROVISIONS OF THE BUDGET CONCERNING HUMAN SERVICES AND PUBLIC HEALTH.

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

1 Section 1. (NEW) (*Effective July 1, 2011*) (a) There is created a Bureau
2 of Rehabilitative Services, which shall be within the Department of
3 Social Services for administrative purposes only. Said bureau shall be
4 responsible for: (1) Providing services to the deaf and hearing
5 impaired; (2) providing services for the blind and visually impaired;
6 and (3) providing rehabilitation services in accordance with the
7 provisions of the general statutes concerning said bureau.

8 (b) The department head shall be the director of the Bureau of
9 Rehabilitative Services, who shall be appointed by the Governor in
10 accordance with the provisions of sections 4-5 to 4-8, inclusive, of the
11 general statutes, as amended by this act, and shall have the powers
12 and duties described in said sections. The director shall appoint such
13 persons as may be necessary to administer the provisions of this act

14 and the Commissioner of Administrative Services shall fix the
15 compensation of such persons in accordance with the provisions of
16 section 4-40 of the general statutes. The director may create such
17 sections within said bureau as will facilitate such administration,
18 including a disability determinations section for which one hundred
19 per cent federal funds may be accepted for the operation of such
20 section in conformity with applicable state and federal regulations.

21 Sec. 2. (NEW) (*Effective July 1, 2011*) All functions, powers and duties
22 of the Commission on the Deaf and Hearing Impaired under chapter
23 814a and sections 4-89, 9-20, 16-256b, 17a-248 and 51-245 of the general
24 statutes, as amended by this act, are transferred to the Bureau of
25 Rehabilitative Services, except as otherwise provided in sections 46a-27
26 and 46a-28 of the general statutes, as amended by this act. The Bureau
27 of Rehabilitative Services shall constitute a successor to the
28 Commission on the Deaf and Hearing Impaired, in accordance with
29 the provisions of sections 4-38d and 4-38e of the general statutes, with
30 respect to such functions, powers and duties.

31 Sec. 3. (NEW) (*Effective July 1, 2011*) All functions, powers and duties
32 of the Board of Education and Services for the Blind under chapter 174
33 and sections 5-175a, 5-259, 10-76y, 12-217oo, 14-253a, 17a-248 and 17b-
34 656 of the general statutes, as amended by this act, shall be transferred
35 to the Bureau of Rehabilitative Services, except as provided in section
36 10-293 of the general statutes, as amended by this act. The Bureau of
37 Rehabilitative Services shall constitute a successor to the Board of
38 Education and Services for the Blind, in accordance with the
39 provisions of sections 4-38d and 4-38e of the general statutes, with
40 respect to such functions, powers and duties.

41 Sec. 4. (NEW) (*Effective July 1, 2011*) All functions, powers and duties
42 of the Bureau of Rehabilitation Services of the Department of Social
43 Services are transferred to the Bureau of Rehabilitative Services. The
44 Bureau of Rehabilitative Services shall constitute a successor to the
45 Bureau of Rehabilitation Services of the Department of Social Services,

46 in accordance with the provisions of sections 4-38d and 4-38e of the
47 general statutes.

48 Sec. 5. Subsection (a) of section 5-175a of the general statutes is
49 repealed and the following is substituted in lieu thereof (*Effective July*
50 *1, 2011*):

51 (a) Vending stand operators, operating stands under permits held
52 by the [State Board of Education and Services for the Blind] Bureau of
53 Rehabilitative Services pursuant to section 10-303, as amended by this
54 act, shall be members of the state employees retirement system, part A,
55 exclusive of the Social Security option and benefits in the state
56 employees' retirement system dependent thereon. Each such person
57 shall annually, on or before June thirtieth, pay five per cent of his
58 adjusted gross income, arising out of the operation of such stand, as
59 determined under the Internal Revenue Code, during the calendar
60 year preceding to the [Board of Education and Services for the Blind]
61 Bureau of Rehabilitative Services which shall, as the state
62 administering agency for such persons, certify such payment and pay
63 it over to the State Retirement Commission, provided membership of
64 such persons in said system shall be exclusive of disability retirement
65 upon the grounds of defects of vision.

66 Sec. 6. Subsection (a) of section 10-76y of the general statutes is
67 repealed and the following is substituted in lieu thereof (*Effective July*
68 *1, 2011*):

69 (a) Notwithstanding any provision of the general statutes, school
70 districts, regional educational service centers, the [Board of Education
71 and Services for the Blind] Bureau of Rehabilitative Services, and all
72 other state and local governmental agencies concerned with education
73 may loan, lease or transfer an assistive device for the use and benefit of
74 a student with a disability to such student or the parent or guardian of
75 such student or to any other public or private nonprofit agency
76 providing services to or on behalf of individuals with disabilities
77 including, but not limited to, an agency providing educational, health

78 or rehabilitative services. Such device may be sold or transferred
79 pursuant to this section regardless of whether the device was declared
80 surplus. The sale or transfer shall be recorded in an agreement
81 between the parties and based upon the depreciated value of the
82 device. For the purposes of this section, "assistive device" means any
83 item, piece of equipment or product system, whether acquired
84 commercially off-the-shelf, modified or customized, that is used to
85 increase, maintain or improve the functional capabilities of individuals
86 with disabilities.

87 Sec. 7. Section 10-293 of the general statutes is repealed and the
88 following is substituted in lieu thereof (*Effective July 1, 2011*):

89 (a) There is established a Board of Education and Services for the
90 Blind that shall serve as [the central policy making authority in
91 providing] an advisor to the Bureau of Rehabilitative Services in
92 fulfilling its responsibilities in providing services to the blind and
93 visually impaired in the state. [Prior to January 4, 2007, the Board of
94 Education and Services for the Blind shall consist of seven members,
95 six of whom shall be appointed by the Governor and shall be residents
96 of this state. The Commissioner of Social Services shall be a member,
97 ex officio. One of the members appointed by the Governor shall be the
98 parent of a child who receives services provided by the board, and not
99 less than two of the members appointed by the Governor shall be blind
100 persons. One of the members appointed by the Governor shall be
101 designated by the Governor as the chairperson of the board. The
102 Governor may, for reasonable cause, remove any appointed member
103 and appoint another person to fill the vacancy for the unexpired
104 portion of the term. The board shall meet annually in the month of
105 September and may meet at any other time upon the call of its
106 chairperson; and the chairperson shall call a meeting at the request of
107 two members. Any appointed member who fails to attend three
108 consecutive meetings or fifty per cent of all meetings held during any
109 calendar year shall be deemed to have resigned. A majority of the
110 members in office shall constitute a quorum. The terms of the members

111 of the board serving on June 2, 2006, shall expire on January 3, 2007.]

112 (b) (1) [On and after January 4, 2007, the] The Board of Education
113 and Services for the Blind shall consist of members appointed as
114 follows: Six appointed by the Governor, one appointed by the
115 president pro tempore of the Senate, one appointed by the speaker of
116 the House of Representatives, one appointed by the majority leader of
117 the Senate, one appointed by the minority leader of the Senate, one
118 appointed by the majority leader of the House of Representatives and
119 one appointed by the minority leader of the House of Representatives
120 and all shall be residents of the state. The Commissioner of Social
121 Services shall be a member, ex officio. One of the members appointed
122 by the Governor shall be the parent of a child who receives services
123 provided by the board, and not less than two of the members
124 appointed by the Governor shall be blind persons.

125 (2) Three members appointed by the Governor shall serve a term of
126 four years. Three members appointed by the Governor shall serve a
127 term of two years. The three members appointed by the president pro
128 tempore of the Senate, the majority leader of the Senate and the
129 minority leader of the Senate shall serve a term of four years. The three
130 members appointed by the speaker of the House of Representatives,
131 the majority leader of the House of Representatives, and the minority
132 leader of the House of Representatives shall serve a term of two years.
133 Thereafter, all members shall be appointed for a term of four years,
134 commencing on January fourth of the year of the appointment.

135 (3) One of the members appointed by the Governor shall be
136 designated by the Governor as the chairperson of the board. The board
137 shall meet annually in the month of September and may meet at any
138 other time upon the call of its chairperson; and the chairperson shall
139 call a meeting at the request of two or more members. Any appointed
140 member who fails to attend three consecutive meetings or fifty per cent
141 of all meetings held during any calendar year shall be deemed to have
142 resigned. A majority of the members in office shall constitute a

143 quorum. The appointing authority may, for reasonable cause, remove
144 any appointed member and appoint another person to fill the vacancy
145 for the unexpired portion of the term. Any vacancy in the Board of
146 Education and Services for the Blind shall be filled by the appointing
147 authority for the unexpired portion of the term.

148 [(c) Members appointed to the Board of Education and Services for
149 the Blind shall monitor the activities of the agency in carrying out its
150 mission to provide educational and rehabilitative services to all state
151 residents who are legally blind or visually impaired. Members shall
152 also monitor the activities of the Board of Education and Services for
153 the Blind regarding the agency's compliance with the benchmarks and
154 recommendations set by the monitoring council established pursuant
155 to section 3 of public act 03-217 and offer recommended adjustments to
156 the benchmarks when deemed necessary. Not later than January 1,
157 2008, and annually thereafter, the members of the Board of Education
158 and Services for the Blind shall report in accordance with section 11-4a,
159 to the Governor, the Office of Policy and Management and to the joint
160 standing committees of the General Assembly having cognizance of
161 matters relating to human services and education on the agency's
162 compliance with the benchmarks established by said monitoring
163 council and on the activities of the agency in fulfilling its mission to
164 provide educational and rehabilitative services to state residents who
165 are legally blind or visually impaired.

166 (d) The Board of Education and Services for the Blind shall be
167 within the Department of Social Services for administrative purposes
168 only.]

169 Sec. 8. Section 10-295 of the general statutes is repealed and the
170 following is substituted in lieu thereof (*Effective July 1, 2011*):

171 (a) All residents of this state, regardless of age, who, because of
172 blindness or impaired vision, require specialized vision-related
173 educational programs, goods and services, on the signed
174 recommendation of the director of the [Board of Education and

175 Services for the Blind] Bureau of Rehabilitative Services, shall be
176 entitled to receive such instruction, programs, goods and services for
177 such length of time as is deemed expedient by said director. Upon the
178 petition of any parent or guardian of a blind child or a child with
179 impaired vision, a local board of education may provide such
180 instruction within the town or it may provide for such instruction by
181 agreement with other towns as provided in subsection (d) of section
182 10-76d. All educational privileges prescribed in part V of chapter 164,
183 not inconsistent with the provisions of this chapter, shall apply to the
184 pupils covered by this subsection.

185 (b) The [Board of Education and Services for the Blind] director of
186 the Bureau of Rehabilitative Services shall expend funds for the
187 services made available pursuant to subsection (a) of this section from
188 the educational aid for blind and visually handicapped children
189 account in accordance with the provisions of this subsection. The
190 expense of such services shall be paid by the state in an amount not to
191 exceed six thousand four hundred dollars in any one fiscal year for
192 each child who is blind or visually impaired. The [Board of Education
193 and Services for the Blind] director of the Bureau of Rehabilitative
194 Services may adopt such regulations as [it] the director deems
195 necessary to carry out the purpose and intent of this subsection.

196 (1) The [Board of Education and Services for the Blind] director of
197 the Bureau of Rehabilitative Services shall provide, upon written
198 request from any interested school district, the services of teachers of
199 the visually impaired, based on the levels established in the
200 individualized education or service plan. The [agency] director of the
201 Bureau of Rehabilitative Services shall also make available [its]
202 resources, including, but not limited to, the Braille and large print
203 library, to all teachers of public and nonpublic school children. The
204 [agency] director may also provide vision-related professional
205 development and training to all school districts and cover the actual
206 cost for paraprofessionals from school districts to participate in
207 agency-sponsored Braille training programs. The [agency] director

208 shall utilize education consultant positions, [authorized as of July 1,
209 2001,] funded by moneys appropriated from the General Fund, to
210 supplement new staffing that will be made available through the
211 educational aid for the blind and visually handicapped children
212 account, which shall be governed by formal written policies
213 established by the [agency] director.

214 (2) The [Board of Education and Services for the Blind] director of
215 the Bureau of Rehabilitative Services shall use funds appropriated to
216 said account, first to provide specialized books, materials, equipment,
217 supplies, adaptive technology services and devices, specialist
218 examinations and aids, preschool programs and vision-related
219 independent living services, excluding primary educational placement,
220 for eligible children without regard to a per child statutory maximum.

221 (3) The [Board of Education and Services for the Blind] director of
222 the Bureau of Rehabilitative Services may, within available
223 appropriations, employ certified teachers of the visually impaired in
224 sufficient numbers to meet the requests for services received from
225 school districts. In responding to such requests, the [agency] director
226 shall utilize a formula for determining the number of teachers needed
227 to serve the school districts, crediting six points for each Braille-
228 learning child and one point for each other child, with one full-time
229 certified teacher of the visually impaired assigned for every twenty-
230 five points credited. The [agency] director shall exercise due diligence
231 to employ the needed number of certified teachers of the visually
232 impaired, but shall not be liable for lack of resources. Funds
233 appropriated to said account may also be utilized to employ
234 rehabilitation teachers, rehabilitation technologists and orientation and
235 mobility teachers in numbers sufficient to provide compensatory skills
236 evaluations and training to blind and visually impaired children. In
237 addition, up to five per cent of such appropriation may also be utilized
238 to employ special assistants to the blind and other support staff
239 necessary to ensure the efficient operation of service delivery. Not later
240 than October first of each year, the [Board of Education and Services

241 for the Blind] director of the Bureau of Rehabilitative Services shall
242 determine the number of teachers needed based on the formula
243 provided in this subdivision. Based on such determination, the [Board
244 of Education and Services for the Blind] director of the Bureau of
245 Rehabilitative Services shall estimate the funding needed to pay such
246 teachers' salaries, benefits and related expenses.

247 (4) In any fiscal year, when funds appropriated to cover the
248 combined costs associated with providing the services set forth in
249 subdivisions (2) and (3) of this subsection are projected to be
250 insufficient, the [Board of Education and Services for the Blind]
251 director of the Bureau of Rehabilitative Services shall be authorized to
252 collect revenue from all school districts that have requested such
253 services on a per student pro rata basis, in the sums necessary to cover
254 the projected portion of these services for which there are insufficient
255 appropriations.

256 (5) Remaining funds in said account, not expended to fund the
257 services set forth in subdivisions (2) and (3) of this subsection, shall be
258 used to cover on a pro rata basis, the actual cost with benefits of
259 retaining a teacher of the visually impaired, directly hired or
260 contracted by the school districts which opt to not seek such services
261 from the [Board of Education and Services for the Blind] director of the
262 Bureau of Rehabilitative Services, provided such teacher has
263 participated in not less than five hours of professional development
264 training on vision impairment or blindness during the school year.
265 Reimbursement shall occur at the completion of the school year, using
266 the caseload formula denoted in subdivision (3) of this section, with
267 twenty-five points allowed for the maximum reimbursable amount as
268 established by the [agency] director annually.

269 (6) Remaining funds in such account, not expended to fund the
270 services set forth in subdivisions (2), (3) and (5) of this subsection, shall
271 be distributed to the school districts on a pro rata formula basis with a
272 two-to-one credit ratio for Braille-learning students to non-Braille-

273 learning students in the school district based upon the annual child
274 count data provided pursuant to subdivision (1) of this subsection,
275 provided the school district submits an annual progress report in a
276 format prescribed by the [agency] director for each eligible child.

277 (c) The [Board of Education and Services for the Blind] director of
278 the Bureau of Rehabilitative Services may provide for the instruction of
279 the adult blind in their homes, expending annually for this purpose
280 such sums as the General Assembly may appropriate.

281 (d) The [Board of Education and Services for the Blind] director of
282 the Bureau of Rehabilitative Services may expend up to ten thousand
283 dollars per fiscal year per person twenty-one years of age or over who
284 is both blind or visually impaired and deaf for the purpose of
285 providing services through specialized public and private entities from
286 which such person can benefit. [Said board] The director may
287 determine the criteria by which a person is eligible to receive
288 specialized services and may adopt regulations necessary to carry out
289 the provisions of this subsection.

290 (e) The [Board of Education and Services for the Blind] director of
291 the Bureau of Rehabilitative Services may, within available
292 appropriations, purchase adaptive equipment for persons receiving
293 services pursuant to this chapter.

294 Sec. 9. Section 10-296 of the general statutes is repealed and the
295 following is substituted in lieu thereof (*Effective July 1, 2011*):

296 The director of the Bureau of Rehabilitative Services may, within
297 available appropriations, contract with public or private entities,
298 individuals or private enterprises for the instruction of the blind.

299 Sec. 10. Section 10-297 of the general statutes is repealed and the
300 following is substituted in lieu thereof (*Effective July 1, 2011*):

301 The director of the Bureau of Rehabilitative Services is authorized to
302 aid in securing employment for capable blind or partially blind

303 persons in industrial and mercantile establishments and in other
304 positions which offer financial returns. Said director may aid needy
305 blind persons in such way as said director deems expedient,
306 expending for such purpose such sum as the General Assembly
307 appropriates, provided the maximum expenditure for any one person
308 shall not exceed the sum of nine hundred and sixty dollars in a fiscal
309 year, but, if said maximum amount is insufficient to furnish necessary
310 medical or hospital treatment to a beneficiary, said director may
311 authorize payment of such additional costs as [he] the director deems
312 necessary and reasonable.

313 Sec. 11. Section 10-297a of the general statutes is repealed and the
314 following is substituted in lieu thereof (*Effective July 1, 2011*):

315 The [executive director of the Board of Education and Services for
316 the Blind] director of the Bureau of Rehabilitative Services may make
317 grants, within available appropriations, to the Connecticut Radio
318 Information Service, Inc., for the purchase of receivers and for costs
319 related to the operation of said service.

320 Sec. 12. Section 10-298 of the general statutes is repealed and the
321 following is substituted in lieu thereof (*Effective July 1, 2011*):

322 (a) The [Board of Education and Services for the Blind] director of
323 the Bureau of Rehabilitative Services shall, annually, as provided in
324 section 4-60, submit to the Governor [its] a report, containing a
325 statement of the activities of the [board] Bureau of Rehabilitative
326 Services relating to services provided by the bureau to individuals in
327 the state who are legally blind or visually impaired during the
328 preceding year. [Said board] The director shall prepare and maintain a
329 register of the blind in this state which shall describe their condition,
330 cause of blindness and capacity for education and rehabilitative
331 training. The [board] director may register cases of persons whose
332 eyesight is seriously defective and who are liable to become visually
333 disabled or blind, and may take such measures in cooperation with
334 other authorities as [it] the director deems advisable for the prevention

335 of blindness or conservation of eyesight and, in appropriate cases, for
336 the education of children and for the vocational guidance of adults
337 having seriously defective sight but who are not blind. The [agency]
338 director shall establish criteria for low vision care and maintain a list of
339 ophthalmologists and optometrists that are exclusively authorized to
340 receive agency funds through established and existing state fee
341 schedules for the delivery of specifically defined low vision services
342 that increase the capacity of eligible recipients of such services to
343 maximize the use of their remaining vision.

344 (b) The [board] director of the Bureau of Rehabilitative Services may
345 accept and receive any bequest or gift of personal property and, subject
346 to the consent of the Governor and Attorney General as provided in
347 section 4b-22, any devise or gift of real property made to [said board]
348 the Bureau of Rehabilitative Services, and may hold and use such
349 property for the purposes, if any, specified in connection with such
350 bequest, devise or gift.

351 (c) The [board] director of the Bureau of Rehabilitative Services shall
352 provide the Department of Motor Vehicles with the names of all
353 individuals sixteen years of age or older who, on or after October 1,
354 2005, have been determined to be blind by a physician or optometrist,
355 as provided in section 10-305, as amended by this act. The [board]
356 director of the Bureau of Rehabilitative Services shall provide
357 simultaneous written notification to any individual whose name is
358 being transmitted by the [board] director to [said department] the
359 Department of Motor Vehicles. The [board] director of the Bureau of
360 Rehabilitative Services shall update the list of names provided to the
361 Department of Motor Vehicles on a quarterly basis. The list shall also
362 contain the address and date of birth for each individual reported, as
363 shown on the records of the [board] Bureau of Rehabilitative Services.
364 The [department] Department of Motor Vehicles shall maintain such
365 list on a confidential basis, in accordance with the provisions of section
366 14-46d. The [board] Bureau of Rehabilitative Services shall enter into a
367 memorandum of understanding with the Department of Motor

368 Vehicles to effectuate the purposes of this subsection.

369 Sec. 13. Section 10-298a of the general statutes is repealed and the
370 following is substituted in lieu thereof (*Effective July 1, 2011*):

371 (a) The [Board of Education and Services for the Blind] Bureau of
372 Rehabilitative Services may, within available appropriations, (1)
373 maintain and develop workshops for training and employing blind
374 persons in trades and occupations suited to their abilities, for the
375 purpose of producing suitable products and services used by
376 departments, agencies and institutions of the state and its political
377 subdivisions, including, but not limited to towns, cities, boroughs and
378 school districts; (2) aid blind persons in securing employment, in
379 developing home industries and in marketing their products and
380 services; (3) develop and implement rules and guidelines to guarantee
381 that the dignity and rights of citizens involved in such workshops and
382 work training programs shall be maintained; and (4) fund employment
383 and vocational training at community rehabilitation facilities.

384 (b) For any fiscal year that the [board] Bureau of Rehabilitative
385 Services operates a workshop pursuant to subsection (a) of this section,
386 the [board] director of the Bureau of Rehabilitative Services shall file
387 with the Comptroller a balance sheet as of June thirtieth and a
388 statement of operations for the fiscal year ending on that date. A copy
389 of such statement shall be filed with the Auditors of Public Accounts.

390 Sec. 14. Section 10-298b of the general statutes is repealed and the
391 following is substituted in lieu thereof (*Effective July 1, 2011*):

392 Whenever any of the products made or manufactured or services
393 provided by blind persons under the direction or supervision of the
394 [Board of Education and Services for the Blind] Bureau of
395 Rehabilitative Services meet the requirements of any department,
396 institution or agency supported in whole or in part by the state as to
397 quantity, quality and price such products shall have preference, except
398 over articles produced or manufactured by Department of Correction

399 industries as provided in section 18-88, and except for emergency
400 purchases made under section 4-98. All departments, institutions and
401 agencies supported in whole or in part by the state shall purchase such
402 articles and services from the [Board of Education and Services for the
403 Blind] Bureau of Rehabilitative Services. Any political subdivision of
404 the state may purchase such articles made or manufactured and
405 services provided by the blind through the [Board of Education and
406 Services for the Blind] Bureau of Rehabilitative Services. [Said board]
407 The bureau shall issue at sufficiently frequent intervals for distribution
408 to the Commissioner of Administrative Services, the Comptroller and
409 the political subdivisions of the state, a catalog showing styles, designs,
410 sizes and varieties of all products made by blind persons pursuant to
411 this section or disabled persons pursuant to section 17b-656, as
412 amended by this act, and describing all available services provided by
413 the blind or disabled.

414 Sec. 15. Section 10-298c of the general statutes is repealed and the
415 following is substituted in lieu thereof (*Effective July 1, 2011*):

416 The Commissioner of Administrative Services shall (1) fix a fair
417 market price, based on the cost of materials, labor and overhead, for all
418 articles and services offered for sale and described in the most recent
419 catalog issued by the [Board of Education and Services for the Blind]
420 Bureau of Rehabilitative Services pursuant to section 10-298b, as
421 amended by this act, provided [that] the cost of labor on which such
422 fair market price is based shall conform to federal minimum wage
423 regulations for handicapped workers; (2) determine whether or not
424 products produced or services provided by blind persons or
425 handicapped persons meet the reasonable requirements of state
426 departments, agencies and institutions; and (3) authorize state
427 departments, agencies and institutions to purchase articles and
428 services elsewhere when requisitions cannot be complied with through
429 the products and services listed in the most current catalog issued by
430 the [Board of Education and Services for the Blind] Bureau of
431 Rehabilitative Services pursuant to section 10-298b, as amended by this

432 act.

433 Sec. 16. Section 10-300 of the general statutes is repealed and the
434 following is substituted in lieu thereof (*Effective July 1, 2011*):

435 Any goods, wares or merchandise, manufactured or produced in
436 whole or in part by the [board] Bureau of Rehabilitative Services or
437 The Connecticut Institute for the Blind in furtherance of its purpose to
438 instruct or employ the blind, may be sold or exchanged in any town,
439 city or borough in this state and [said board] the bureau or institute, its
440 agents or its employees shall not be required to procure a license
441 therefor, and no law providing for the payment of a license fee for such
442 privilege shall apply to [said board] the bureau or institute, its agents
443 or employees, unless it or they are particularly referred to in its
444 provisions.

445 Sec. 17. Section 10-300a of the general statutes is repealed and the
446 following is substituted in lieu thereof (*Effective July 1, 2011*):

447 (a) No goods, wares or merchandise shall be labeled, designated or
448 represented as having been manufactured or produced in whole or in
449 part by any blind person or by any public or private institute, agency
450 or corporation serving the blind unless at least seventy-five per cent of
451 the total hours of labor performed on such goods, wares or
452 merchandise shall have been rendered by a blind person, as defined in
453 section 10-294a. Any person, institute, agency or nonprofit corporation
454 which so manufactures or produces such goods shall register annually,
455 on July first, with the [board of education and services for the blind]
456 Bureau of Rehabilitative Services and may affix or cause to be affixed
457 to such goods a stamp or label which identifies such goods as the
458 products of blind persons.

459 (b) The [Board of Education and Services for the Blind shall] Bureau
460 of Rehabilitative Services may adopt regulations pursuant to the
461 provisions of chapter 54 to carry out the provisions of this section.

462 (c) Any person, institute, agency or nonprofit corporation which
463 violates any of the provisions of this section shall be fined not more
464 than one hundred dollars for each violation.

465 Sec. 18. Section 10-303 of the general statutes is repealed and the
466 following is substituted in lieu thereof (*Effective July 1, 2011*):

467 (a) The authority in charge of any building or property owned,
468 operated or leased by the state or any municipality therein shall grant
469 to the [Board of Education and Services for the Blind] Bureau of
470 Rehabilitative Services a permit to operate in such building or on such
471 property a food service facility, a vending machine or a stand for the
472 vending of newspapers, periodicals, confections, tobacco products,
473 food and such other articles as such authority approves when, in the
474 opinion of such authority, such facility, machine or stand is desirable
475 in such location. Any person operating such a stand in any such
476 location on October 1, 1945, shall be permitted to continue such
477 operation, but upon such person's ceasing such operation such
478 authority shall grant a permit for continued operation to the [Board of
479 Education and Services for the Blind] Bureau of Rehabilitative
480 Services. [Said board] The bureau may establish a training facility at
481 any such location.

482 (b) Pursuant to the Randolph-Sheppard Vending Stand Act, 49 Stat.
483 1559 (1936), 20 USC 107, as amended from time to time, the [Board of
484 Education and Services for the Blind] Bureau of Rehabilitative Services
485 is authorized to maintain a nonlapsing account and to accrue interest
486 thereon for federal vending machine income which, in accordance with
487 federal regulations, shall be used for the payment of fringe benefits to
488 the vending facility operators by the [Board of Education and Services
489 for the Blind] Bureau of Rehabilitative Services.

490 (c) The [Board of Education and Services for the Blind] Bureau of
491 Rehabilitative Services may maintain a nonlapsing account and accrue
492 interest thereon for state and local vending machine income which
493 shall be used for the payment of fringe benefits, training and support

494 to vending facilities operators, to provide entrepreneurial and
495 independent-living training and equipment to children who are blind
496 or visually impaired and adults who are blind and for other vocational
497 rehabilitation programs and services for adults who are blind.

498 (d) The [Board of Education and Services for the Blind] Bureau of
499 Rehabilitative Services may disburse state and local vending machine
500 income to student or client activity funds, as defined in section 4-52.

501 Sec. 19. Section 10-304 of the general statutes is repealed and the
502 following is substituted in lieu thereof (*Effective July 1, 2011*):

503 The sales and service account for the [Board of Education and
504 Services for the Blind] Bureau of Rehabilitative Services shall be
505 established as a separate account within the General Fund for the
506 purpose of aiding the blind by providing sales and service
507 opportunities. Any money received by the [board] bureau from
508 refunds for materials advanced for manufacture by the blind, and from
509 the sales of articles or goods manufactured by the blind, and from the
510 sale of other articles or goods, or from sales held to assist the blind,
511 shall be deposited in the General Fund and credited to the account.
512 Payments shall be made from the account for labor or services
513 rendered in connection with the manufacture of articles for resale, for
514 the purchase of materials used in such manufacture, for the purchase
515 of merchandise for resale and for labor, supplies and other operating
516 expenses connected with the operation of vending stands and sales
517 and service opportunities. Bills contracted by the [Board of Education
518 and Services for the Blind] Bureau of Rehabilitative Services for the
519 purposes specified in this section shall be paid by order of the
520 Comptroller against the account in the manner provided by law for the
521 payment of all claims against the state. At the end of each fiscal year,
522 any surplus as of June thirtieth determined by including cash, accounts
523 receivable and inventories less accounts payable over the sum of three
524 hundred thousand dollars derived from sales of manufactured goods
525 or articles or other sales, in excess of such cost of labor or services,

526 materials, merchandise, supplies and other such operating expenses,
527 shall revert to the General Fund of the state.

528 Sec. 20. Section 10-305 of the general statutes is repealed and the
529 following is substituted in lieu thereof (*Effective July 1, 2011*):

530 Each physician and optometrist shall report in writing to the [Board
531 of Education and Services for the Blind] Bureau of Rehabilitative
532 Services within thirty days each blind person coming under his or her
533 private or institutional care within this state. The report of such blind
534 person shall include the name, address, Social Security number, date of
535 birth, date of diagnosis of blindness and degree of vision. Such reports
536 shall not be open to public inspection.

537 Sec. 21. Section 10-306 of the general statutes is repealed and the
538 following is substituted in lieu thereof (*Effective July 1, 2011*):

539 The [Board of Education and Services for the Blind] Bureau of
540 Rehabilitative Services may maintain a vocational rehabilitation
541 program as authorized under the Federal Rehabilitation Act of 1973, 29
542 USC 791 et seq., for the purpose of providing and coordinating the full
543 scope of necessary services to assist legally blind recipients of services
544 from the [board] bureau to prepare for, enter into and maintain
545 employment consistent with the purposes of said act.

546 Sec. 22. Section 10-307 of the general statutes is repealed and the
547 following is substituted in lieu thereof (*Effective July 1, 2011*):

548 The [Board of Education and Services for the Blind] Bureau of
549 Rehabilitative Services is empowered to receive any federal funds
550 made available to this state under which vocational rehabilitation is
551 provided for a person whose visual acuity has been impaired and to
552 expend such funds for the purpose or purposes for which they are
553 made available. The State Treasurer shall be the custodian of such
554 funds.

555 Sec. 23. Section 10-308 of the general statutes is repealed and the

556 following is substituted in lieu thereof (*Effective July 1, 2011*):

557 The [Board of Education and Services for the Blind] Bureau of
558 Rehabilitative Services may cooperate, pursuant to agreements, with
559 the federal government in carrying out the purposes of any federal
560 statutes pertaining to vocational rehabilitation, and is authorized to
561 adopt such methods of administration as are found by the federal
562 government to be necessary for the proper and efficient operation of
563 such agreements or plans for vocational rehabilitation and to comply
564 with such conditions as may be necessary to secure the full benefits of
565 such federal statutes.

566 Sec. 24. Section 10-308a of the general statutes is repealed and the
567 following is substituted in lieu thereof (*Effective July 1, 2011*):

568 The [Board of Education and Services for the Blind] Bureau of
569 Rehabilitative Services shall adopt regulations, in accordance with
570 chapter 54, to determine the order to be followed in selecting those
571 eligible persons to whom vocational rehabilitation services will be
572 provided, in accordance with federal regulations.

573 Sec. 25. Section 10-309 of the general statutes is repealed and the
574 following is substituted in lieu thereof (*Effective July 1, 2011*):

575 The [Board of Education and Services for the Blind] Bureau of
576 Rehabilitative Services may place in remunerative occupations persons
577 whose capacity to earn a living has been lost or impaired by lessened
578 visual acuity and who, in the opinion of the [board] director of the
579 Bureau of Rehabilitative Services, are susceptible of placement, and
580 may make such regulations as are necessary for the administration of
581 the provisions of sections 10-306 to 10-310, inclusive, as amended by
582 this act.

583 Sec. 26. Section 10-310 of the general statutes is repealed and the
584 following is substituted in lieu thereof (*Effective July 1, 2011*):

585 The limitations on expenditures for a blind person provided in this

586 chapter shall not apply to the expenditures for vocational
587 rehabilitation of a person of lessened visual acuity as set forth in
588 sections 10-306 to 10-309, inclusive, as amended by this act, provided
589 the combined biennial expenditures under this chapter and under said
590 sections shall not exceed the biennial appropriation to the [Board of
591 Education and Services for the Blind] Bureau of Rehabilitative Services
592 by the General Assembly for the purpose of providing services to
593 persons who are legally blind or visually impaired.

594 Sec. 27. Section 10-311a of the general statutes is repealed and the
595 following is substituted in lieu thereof (*Effective July 1, 2011*):

596 The case records of the [Board of Education and Services for the
597 Blind] Bureau of Rehabilitative Services maintained for the purposes of
598 this chapter shall be confidential and the names and addresses of
599 recipients of assistance under this chapter shall not be published or
600 used for purposes not directly connected with the administration of
601 this chapter, except as necessary to carry out the provisions of sections
602 10-298, as amended by this act, and 17b-6.

603 Sec. 28. Subdivision (9) of section 17a-248 of the general statutes is
604 repealed and the following is substituted in lieu thereof (*Effective July*
605 *1, 2011*):

606 (9) "Participating agencies" includes, but is not limited to, the
607 Departments of Education, Social Services, Public Health, Children
608 and Families and Developmental Services, the Insurance Department,
609 the [Board of Education and Services for the Blind, the Commission on
610 the Deaf and Hearing Impaired] Bureau of Rehabilitative Services and
611 the Office of Protection and Advocacy for Persons with Disabilities.

612 Sec. 29. Section 17b-656 of the general statutes is repealed and the
613 following is substituted in lieu thereof (*Effective July 1, 2011*):

614 Whenever any products made or manufactured by or services
615 provided by persons with disabilities through community

616 rehabilitation programs described in subsection (b) of section 17b-655,
617 as amended by this act, or in any workshop established, operated or
618 funded by nonprofit and nonsectarian organizations for the purpose of
619 providing persons with disabilities training and employment suited to
620 their abilities meet the requirements of any department, institution or
621 agency supported in whole or in part by the state as to quantity,
622 quality and price such products shall have preference over products or
623 services from other providers, except (1) [articles produced or
624 manufactured by blind persons under the direction or supervision of
625 the Board of Education and Services for the Blind as provided in
626 section 10-298a, (2)] articles produced or manufactured by Department
627 of Correction industries as provided in section 18-88, [(3)] (2)
628 emergency purchases made under section 4-98, and [(4)] (3) janitorial
629 services provided by a qualified partnership, pursuant to the
630 provisions of subsections (b) to (e), inclusive, of section 4a-82. All
631 departments, institutions and agencies supported in whole or in part
632 by the state shall purchase such articles made or manufactured and
633 services provided by persons with disabilities from the [Bureau of
634 Rehabilitation Services of the Department of Social Services] Bureau of
635 Rehabilitative Services. Any political subdivision of the state may
636 purchase such articles and services through the [Bureau of
637 Rehabilitation Services of the Department of Social Services] Bureau of
638 Rehabilitative Services. A list describing styles, designs, sizes and
639 varieties of all such articles made by persons with disabilities and
640 describing all available services provided by such persons shall be
641 prepared by the Connecticut Community Providers Association. [The
642 Bureau of Rehabilitation Services of the Department of Social Services
643 shall cooperate with the State Board of Education and Services for the
644 Blind by submitting necessary information concerning such products
645 and services to the Board of Education and Services for the Blind at
646 frequent intervals.]

647 Sec. 30. Section 26-29 of the general statutes is repealed and the
648 following is substituted in lieu thereof (*Effective July 1, 2011*):

649 No fee shall be charged for any sport fishing license issued under
650 this chapter to any blind person, and such license shall be a lifetime
651 license not subject to the expiration provisions of section 26-35. Proof
652 of such blindness shall be furnished, in the case of a veteran, by the
653 United States Veterans' Administration and, in the case of any other
654 person, by the [State Board of Education of the Blind] Bureau of
655 Rehabilitative Services. For the purpose of this section, a person shall
656 be blind only if his central visual acuity does not exceed 20/200 in the
657 better eye with correcting lenses, or if his visual acuity is greater than
658 20/200 but is accompanied by a limitation in the fields of vision such
659 that the widest diameter of the visual field subtends an angle no
660 greater than twenty degrees.

661 Sec. 31. Section 4-5 of the general statutes is repealed and the
662 following is substituted in lieu thereof (*Effective July 1, 2011*):

663 As used in sections 4-6, 4-7 and 4-8, the term "department head"
664 means Secretary of the Office of Policy and Management,
665 Commissioner of Administrative Services, Commissioner of Revenue
666 Services, Banking Commissioner, Commissioner of Children and
667 Families, Commissioner of Consumer Protection, Commissioner of
668 Correction, Commissioner of Economic and Community Development,
669 State Board of Education, Commissioner of Emergency Management
670 and Homeland Security, Commissioner of Environmental Protection,
671 Commissioner of Agriculture, Commissioner of Public Health,
672 Insurance Commissioner, Labor Commissioner, Liquor Control
673 Commission, Commissioner of Mental Health and Addiction Services,
674 Commissioner of Public Safety, Commissioner of Social Services,
675 Commissioner of Developmental Services, Commissioner of Motor
676 Vehicles, Commissioner of Transportation, Commissioner of Public
677 Works, Commissioner of Veterans' Affairs, Chief Information Officer,
678 the chairperson of the Public Utilities Control Authority, [the executive
679 director of the Board of Education and Services for the Blind] the
680 director of the Bureau of Rehabilitative Services, the executive director
681 of the Connecticut Commission on Culture and Tourism, and the

682 executive director of the Office of Military Affairs. As used in sections
683 4-6 and 4-7, "department head" also means the Commissioner of
684 Education.

685 Sec. 32. Subsection (e) of section 5-259 of the general statutes is
686 repealed and the following is substituted in lieu thereof (*Effective July*
687 *1, 2011*):

688 (e) Notwithstanding the provisions of subsection (a) of this section,
689 (1) vending stand operators eligible for membership in the state
690 [employee's] employees' retirement system pursuant to section 5-175a,
691 as amended by this act, shall be eligible for coverage under the group
692 hospitalization and medical and surgical insurance plans procured
693 under this section, provided the cost for such operators' insurance
694 coverage shall be paid by the [Board of Education and Services for the
695 Blind] Bureau of Rehabilitative Services from vending machine income
696 pursuant to section 10-303, as amended by this act, and (2) blind
697 persons employed in workshops, established pursuant to section 10-
698 298a, as amended by this act, on December 31, 2002, shall be eligible
699 for coverage under the group hospitalization and medical and surgical
700 insurance plans procured under this section, provided the cost for such
701 persons' insurance coverage shall be paid by the [Board of Education
702 and Services for the Blind] Bureau of Rehabilitative Services. General
703 workers employed in positions by the Department of Developmental
704 Services as self-advocates, not to exceed eleven employees, shall be
705 eligible for sick leave, in accordance with section 5-247, vacation and
706 personal leave, in accordance with section 5-250, and holidays, in
707 accordance with section 5-254.

708 Sec. 33. (NEW) (*Effective July 1, 2011*) The Bureau of Rehabilitative
709 Services may provide necessary services to deaf and hearing impaired
710 persons, including, but not limited to, nonreimbursable interpreter
711 services and message relay services for persons using
712 telecommunication devices for the deaf.

713 Sec. 34. Subsection (g) of section 4-89 of the general statutes is

714 repealed and the following is substituted in lieu thereof (*Effective*
715 *July 1, 2011*):

716 (g) The provisions of this section shall not apply to appropriations
717 to the [Commission on the Deaf and Hearing Impaired] Bureau of
718 Rehabilitative Services in an amount not greater than the amount of
719 reimbursements of prior year expenditures for the services of
720 interpreters received by the [commission] bureau during the fiscal year
721 pursuant to section 46a-33b, as amended by this act, and such
722 appropriations shall not lapse until the end of the fiscal year
723 succeeding the fiscal year of the appropriation.

724 Sec. 35. Section 46a-27 of the general statutes is repealed and the
725 following is substituted in lieu thereof (*Effective July 1, 2011*):

726 [A state commission] The Commission on the Deaf and Hearing
727 Impaired is hereby created [as a state-wide coordinating agency] to
728 advocate, strengthen and [implement] advise the Bureau of
729 Rehabilitative Services concerning state policies affecting deaf and
730 hearing impaired individuals and their relationship to the public,
731 industry, health care and educational opportunity. [Said commission
732 shall be within the Department of Social Services for administrative
733 purposes only. The commission may provide necessary services to
734 deaf and hearing impaired persons including, but not limited to,
735 nonreimbursable interpreter services and message relay services for
736 persons using telecommunications devices for the deaf.]

737 Sec. 36. Section 46a-28 of the general statutes is repealed and the
738 following is substituted in lieu thereof (*Effective July 1, 2011*):

739 (a) The [commission] Commission on the Deaf and Hearing
740 Impaired shall consist of twenty-one members, three of whom shall be
741 ex officio. The ex-officio members shall consist of the following
742 individuals: The consultant appointed by the State Board of Education
743 in accordance with section 10-316a, the president of the Connecticut
744 Council of Organizations Serving the Deaf and the superintendent of

745 the American School for the Deaf. The following members shall be
746 voting members: The Commissioners of Public Health, Social Services,
747 Mental Health, Education, Developmental Services, and Children and
748 Families and the Labor Commissioner or their designees and eleven
749 members appointed by the Governor. Of the members appointed by
750 the Governor one shall be a physician licensed to practice medicine in
751 this state and specializing in otolaryngology; one a parent of a student
752 in a predominantly oral education program, one a parent of a student
753 at the American School for the Deaf and one a parent of a student in a
754 public school hearing impaired program, and seven deaf persons, one
755 of whom shall be a parent.

756 (b) The commission shall meet at least quarterly or more often at the
757 call of the chairperson or a majority of the members. A majority of the
758 voting members in office but not less than seven voting members shall
759 constitute a quorum.

760 (c) Any appointed member who fails to attend three consecutive
761 meetings or who fails to attend fifty per cent of all meetings held
762 during any calendar year shall be deemed to have resigned. Vacancies
763 occurring otherwise than by expiration of term in the membership of
764 the commission shall be filled by the officer authorized to make the
765 original appointments.

766 (d) The members of the commission shall be reimbursed for actual
767 and necessary expenses incurred in the performance of their duties.

768 [(e) There shall be established the position of executive director who
769 shall be the chief executive officer of the commission. His qualifications
770 and compensation shall be determined by the Commissioner of
771 Administrative Services, subject to the approval of the Secretary of the
772 Office of Policy and Management, pursuant to section 4-40. Said
773 executive director shall function under the direction of the
774 commission.

775 (f) Subject to the provisions of chapter 67, the commission is

776 authorized to employ such clerical and other assistance as it requires to
777 carry out the provisions of sections 46a-27 to 46a-32, inclusive.]

778 Sec. 37. Subsection (c) of section 9-20 of the general statutes is
779 repealed and the following is substituted in lieu thereof (*Effective July*
780 *1, 2011*):

781 (c) The application for admission as an elector shall include a
782 statement that (1) specifies each eligibility requirement, (2) contains an
783 attestation that the applicant meets each such requirement, and (3)
784 requires the signature of the applicant under penalty of perjury. Each
785 registrar of voters and town clerk shall maintain a copy of such
786 statement in braille, large print and audio form. The [Commission on
787 the Deaf and Hearing Impaired] Bureau of Rehabilitative Services shall
788 produce a videotape presenting such statement in voice and sign
789 language and provide the videotape to the Secretary of the State who
790 shall make copies of the videotape and provide a copy to the registrars
791 of voters of any municipality, upon request and at a cost equal to the
792 cost of making the copy. If a person applies for admission as an elector
793 in person to an admitting official, such admitting official shall, upon
794 the request of the applicant, administer the elector's oath.

795 Sec. 38. Section 16-256b of the general statutes is repealed and the
796 following is substituted in lieu thereof (*Effective July 1, 2011*):

797 (a) Each telephone company and each certified telecommunications
798 provider that makes equipment available to customers shall make
799 special telecommunications equipment capable of serving the needs of
800 deaf and hearing and speech impaired persons available for rental or
801 purchase and be responsible for the maintenance and repair of any
802 such equipment it leases or sells.

803 (b) (1) Each domestic telephone company having at least one
804 hundred thousand customers shall pay into a Special
805 Telecommunications Equipment Fund twenty thousand dollars. [not
806 later than July 1, 1992.] The fund shall be administered by the

807 [Commission on the Deaf and Hearing Impaired] Bureau of
808 Rehabilitative Services. The Department of Public Utility Control shall
809 include all payments made by a company into said fund as operating
810 expenses of the company for purposes of rate-making under section
811 16-19.

812 (2) Except for the funding specified in subdivision (1) of this
813 subsection, the [State Commission on the Deaf and Hearing Impaired]
814 director of the Bureau of Rehabilitative Services may draw on funds
815 obtained through agreements between the state and domestic
816 telephone companies in accordance with a plan developed, after notice
817 and hearing, by the [commission] director not later than January first,
818 annually, and approved by the joint standing committee of the General
819 Assembly having cognizance of matters relating to public utilities. The
820 plan shall provide for the distribution of moneys from the funds to
821 deaf and hearing and speech impaired persons for the purchase,
822 upgrading, rental, maintenance and repair of special
823 telecommunications equipment capable of serving the needs of such
824 persons or to vendors providing such equipment or servicing. The
825 plan may also provide for the distribution of moneys from the funds
826 for the provision of message relay services for persons using
827 telecommunication devices for the deaf, upon a determination by the
828 [commission] director that such moneys are needed to ensure that such
829 services are made available to such persons and that there are
830 adequate moneys in the funds for special telecommunications
831 equipment purposes. The plan shall provide that not more than ten per
832 cent of the moneys annually paid into the fund shall be allocated to the
833 [commission] Bureau of Rehabilitative Services to carry out its
834 administrative responsibilities under this subdivision and not more
835 than five per cent of the moneys annually paid by a telephone
836 company into the fund shall be allocated to such corporation to carry
837 out its responsibilities under subdivision (1) of this subsection. All
838 moneys allocated to the [commission] Bureau of Rehabilitative
839 Services in accordance with this section shall be paid to the State
840 Treasurer for deposit in the General Fund.

841 (3) The [Commission on the Deaf and Hearing Impaired] Bureau of
842 Rehabilitative Services shall, not later than March first, annually,
843 submit a written financial report on the fund it administers under
844 subdivision (2) of this section to the General Assembly and the
845 Auditors of Public Accounts. Such report shall include a balance sheet
846 and income and expense statement for the preceding calendar year,
847 clearly setting forth the fund's income and expenses and all amounts
848 spent for the direct purpose of the fund.

849 (c) (1) Each telephone company and each certified
850 telecommunications provider shall, in consultation with the
851 [Commission on the Deaf and Hearing Impaired] director of the
852 Bureau of Rehabilitative Services, prepare and submit to the
853 Department of Public Utility Control and the joint standing committee
854 of the General Assembly having cognizance of matters relating to
855 public utilities a plan which shall provide that, to the extent possible,
856 (A) not less than eighty per cent of the coin and coinless telephones
857 installed for public use by the telephone company or certified
858 telecommunications provider shall be equipped [, not later than July 1,
859 1995,] with controls for the amplification of incoming transmissions,
860 [and not less than eighty per cent of the coin and coinless telephones
861 installed for public use by the telephone company or certified
862 telecommunications provider after July 1, 1995, shall be equipped with
863 such controls,] and (B) not less than fifty per cent of the coin and
864 coinless telephones installed for semipublic use by the telephone
865 company or certified telecommunications provider pursuant to tariffs
866 shall be equipped [, not later than July 1, 1995,] with such controls,
867 [and not less than fifty per cent of the coin and coinless telephones
868 installed for semipublic use by the telephone company or certified
869 telecommunications provider pursuant to tariffs after July 1, 1995, shall
870 be equipped with such controls.]

871 (2) Not later than July first, annually, each such telephone company
872 and each such certified telecommunications provider shall submit a
873 report to [said commission, department and joint standing committee]

874 the Department of Public Utility Control, the Bureau of Rehabilitative
875 Services and the joint standing committee of the General Assembly
876 having cognizance of matters relating to public utilities on the
877 implementation of the plan prepared under subdivision (1) of this
878 subsection, provided, if a telephone company or a certified
879 telecommunications provider documents in any such report that it has
880 fully complied with the provisions of subdivision (1) of this subsection,
881 it shall not be required to submit additional annual reports.

882 (3) The cost of compliance with the provisions of this subsection
883 shall be recoverable from ratepayers through the overall rate structure
884 approved by the Department of Public Utility Control.

885 (d) Not less than eighty per cent of the coin and coinless telephones
886 installed for public use on or after July 1, 1993, by any person, other
887 than a telephone company or a certified telecommunications provider
888 shall be equipped with such amplification controls at the time the
889 telephones are installed.

890 Sec. 39. Section 46a-29 of the general statutes is repealed and the
891 following is substituted in lieu thereof (*Effective July 1, 2011*):

892 (a) The [commission] director of the Bureau of Rehabilitative
893 Services may request and shall receive from any department, division,
894 board, bureau, commission or agency of the state or of any political
895 subdivision thereof such assistance and data as will enable [it] the
896 Bureau of Rehabilitative Services to properly [to] carry out its activities
897 under sections [46a-27 to 46a-32] 46a-30 to 46a-33b, inclusive, as
898 amended by this act, and section 33 of this act, and to effectuate the
899 purposes therein set forth.

900 [(b) The commission shall be provided with necessary office space
901 in Hartford by the Commissioner of Public Works.]

902 [(c)] (b) The Commissioner of Education shall assign one vocational
903 rehabilitation consultant to act as a liaison staff member of the

904 commission.

905 Sec. 40. Section 46a-30 of the general statutes is repealed and the
906 following is substituted in lieu thereof (*Effective July 1, 2011*):

907 (a) The [commission] director of the Bureau of Rehabilitative
908 Services may receive moneys from any source, including gifts, grants,
909 bequests and reimbursements which moneys may be expended for the
910 purposes designated by the donor or to effectuate the provisions of
911 sections [46a-27 to 46a-30, inclusive, and 46a-32] 46a-29 to 46a-33b,
912 inclusive, as amended by this act, and section 33 of this act.

913 (b) The [commission] director of the Bureau of Rehabilitative
914 Services is empowered to expend its appropriation and receipts to
915 initiate and support the provisions of said sections by contract or other
916 arrangement and to contract for and engage consultants.

917 Sec. 41. Section 46a-32 of the general statutes is repealed and the
918 following is substituted in lieu thereof (*Effective July 1, 2011*):

919 The [commission] director of the Bureau of Rehabilitative Services
920 shall make an annual report to the Governor and General Assembly
921 which shall include [its] recommendations for needed programs to
922 effectuate the provisions of sections 46a-29 to 46a-33b, inclusive, as
923 amended by this act, and section 33 of this act. When advisable, the
924 [commission] director may make an interim report to the Governor
925 and the General Assembly with [its] recommendations, in order to
926 afford opportunity for immediate action to be taken thereon.

927 Sec. 42. Section 46a-33a of the general statutes is repealed and the
928 following is substituted in lieu thereof (*Effective July 1, 2011*):

929 (a) For the purposes of this section:

930 (1) "Interpreting" means the translating or transliterating of English
931 concepts to a language concept used by a person who is deaf or hard of
932 hearing or means the translating of a deaf or hard of hearing person's

933 language concept to English concepts. Language concepts include, but
934 are not limited to, the use of American Sign Language, English-based
935 sign language, cued speech, oral transliterating and information
936 received tactually;

937 (2) "Legal setting" means any criminal or civil action involving a
938 court of competent jurisdiction, any investigation conducted by a duly
939 authorized law enforcement agency, employment related hearings and
940 appointments requiring the presence of an attorney;

941 (3) "Medical setting" means medical related situations including
942 mental health treatment, psychological evaluations, substance abuse
943 treatment, crisis intervention and appointments or treatment requiring
944 the presence of a doctor, nurse or other health care professional; and

945 (4) "Educational setting" means a school or other educational
946 institution, including elementary, high school and post-graduation
947 schools where interpretive services are provided to a student.

948 (b) [Commencing October 1, 1998, and annually thereafter, all] All
949 persons providing interpreting services shall register, annually, with
950 the [Commission on the Deaf and Hearing Impaired] Bureau of
951 Rehabilitative Services. Such registration shall be on a form prescribed
952 or furnished by the [commission] director of the Bureau of
953 Rehabilitative Services and shall include the registrant's name,
954 address, phone number, place of employment as interpreter and
955 interpreter certification or credentials. [Commencing July 1, 2001, and
956 annually thereafter, the commission] The bureau shall issue
957 identification cards for those who register in accordance with this
958 section.

959 (c) No person shall provide interpreting services unless such person
960 is registered with the [commission] Bureau of Rehabilitative Services
961 according to the provisions of this section and (1) has passed the
962 National Registry of Interpreters for the Deaf written generalist test or
963 the National Association of the Deaf-National Registry of Interpreters

964 for the Deaf certification knowledge examination, holds a level three
965 certification provided by the National Association of the Deaf,
966 documents the achievement of two continuing education units per
967 year for a maximum of five years of [commission-approved] training
968 approved by the director of the Bureau of Rehabilitative Services, and
969 on or before the fifth anniversary of having passed the National
970 Registry of Interpreters for the Deaf written generalist test or the
971 National Association of the Deaf-National Registry of Interpreters for
972 the Deaf certification knowledge examination, has passed the National
973 Registry of Interpreters for the Deaf performance examination or the
974 National Association of the Deaf-National Registry of Interpreters for
975 the Deaf national interpreter certification examination, (2) has passed
976 the National Registry of Interpreters for the Deaf written generalist test
977 or the National Association of the Deaf-National Registry of
978 Interpreters for the Deaf certification knowledge examination and is a
979 graduate of an accredited interpreter training program and documents
980 the achievement of two continuing education units per year for a
981 maximum of five years of [commission-approved] training approved
982 by the director, and on or before the fifth anniversary of having passed
983 the National Registry of Interpreters for the Deaf written generalist test
984 or the National Association of the Deaf-National Registry of
985 Interpreters for the Deaf certification knowledge examination, has
986 passed the National Registry of Interpreters for the Deaf performance
987 examination or the National Association of the Deaf-National Registry
988 of Interpreters for the Deaf national interpreter certification
989 examination, (3) holds a level four or higher certification from the
990 National Association of the Deaf, (4) holds certification by the National
991 Registry of Interpreters for the Deaf, (5) for situations requiring an oral
992 interpreter only, holds oral certification from the National Registry of
993 Interpreters for the Deaf, (6) for situations requiring a cued speech
994 transliterator only, holds certification from the National Training,
995 Evaluation and Certification Unit and has passed the National Registry
996 of Interpreters for the Deaf written generalist test, (7) holds a reverse
997 skills certificate or is a certified deaf interpreter under the National

998 Registry of Interpreters for the Deaf, or (8) holds a National
999 Association of the Deaf-National Registry of Interpreters for the Deaf
1000 national interpreting certificate.

1001 (d) No person shall provide interpreting services in a medical
1002 setting unless such person is registered with the [commission] Bureau
1003 of Rehabilitative Services according to the provisions of this section
1004 and (1) holds a comprehensive skills certificate from the National
1005 Registry of Interpreters for the Deaf, (2) holds a certificate of
1006 interpretation or a certificate of transliteration from the National
1007 Registry of Interpreters for the Deaf, (3) holds a level four or higher
1008 certification from the National Association of the Deaf, (4) holds a
1009 reverse skills certificate or is a certified deaf interpreter under the
1010 National Registry of Interpreters for the Deaf, (5) for situations
1011 requiring an oral interpreter only, holds oral certification from the
1012 National Registry of Interpreters for the Deaf, (6) for situations
1013 requiring a cued speech transliterator only, holds certification from the
1014 National Training, Evaluation and Certification Unit and has passed
1015 the National Registry of Interpreters for the Deaf written generalist
1016 test, or (7) holds a National Association of the Deaf-National Registry
1017 of Interpreters for the Deaf national interpreting certificate.

1018 (e) No person shall provide interpreting services in a legal setting
1019 unless such person is registered with the [commission] Bureau of
1020 Rehabilitative Services according to the provisions of this section and
1021 (1) holds a comprehensive skills certificate from the National Registry
1022 of Interpreters for the Deaf, (2) holds a certificate of interpretation and
1023 a certificate of transliteration from the National Registry of Interpreters
1024 for the Deaf, (3) holds a level five certification from the National
1025 Association of the Deaf, (4) holds a reverse skills certificate or is a
1026 certified deaf interpreter under the National Registry of Interpreters
1027 for the Deaf, (5) for situations requiring an oral interpreter only, holds
1028 oral certification from the National Registry of Interpreters for the
1029 Deaf, (6) for situations requiring a cued speech transliterator only,
1030 holds certification from the National Training, Evaluation and

1031 Certification Unit and has passed the National Registry of Interpreters
1032 for the Deaf written generalist test, or (7) holds a National Association
1033 of the Deaf-National Registry of Interpreters for the Deaf national
1034 interpreting certificate.

1035 (f) The requirements of this section shall apply to persons who
1036 receive compensation for the provision of interpreting services and
1037 include those who provide interpreting services as part of their job
1038 duties.

1039 [(g) The provisions of subsection (c) of this section shall not apply to
1040 any person providing interpreting services in an educational setting
1041 until July 1, 2003.]

1042 Sec. 43. Section 46a-33b of the general statutes is repealed and the
1043 following is substituted in lieu thereof (*Effective July 1, 2011*):

1044 Upon the request of any person or any public or private entity, the
1045 [Commission on the Deaf and Hearing Impaired] Bureau of
1046 Rehabilitative Services shall provide interpreting services to assist such
1047 person or entity to the extent such persons who provide interpreting
1048 services are available. Any person or entity receiving interpreting
1049 services through the [commission] bureau shall reimburse the
1050 [commission] bureau for such services at a rate set by the [commission]
1051 director of the Bureau of Rehabilitative Services. The [commission]
1052 director shall adopt regulations in accordance with the provisions of
1053 chapter 54 to establish the manner of rate setting.

1054 Sec. 44. Subsection (d) of section 51-245 of the general statutes is
1055 repealed and the following is substituted in lieu thereof (*Effective July*
1056 *1, 2011*):

1057 (d) Notwithstanding the provisions of subsections (a) and (b) of this
1058 section, if any juror is deaf or hearing impaired, such juror shall have
1059 the assistance of a qualified interpreter who shall be present
1060 throughout the proceeding and when the jury assembles for

1061 deliberation. Such interpreter shall be provided by the [Commission
1062 on the Deaf and Hearing Impaired] Bureau of Rehabilitative Services at
1063 the request of the juror or the court. Such interpreter shall be subject to
1064 rules adopted pursuant to section 51-245a.

1065 Sec. 45. Subsection (b) of section 14-253a of the general statutes is
1066 repealed and the following is substituted in lieu thereof (*Effective July*
1067 *1, 2011*):

1068 (b) The Commissioner of Motor Vehicles shall accept applications
1069 and renewal applications for special license plates and removable
1070 windshield placards from (1) any person who is blind, as defined in
1071 section 1-1f; (2) any person with disabilities; (3) any parent or guardian
1072 of any person who is blind or any person with disabilities, if such
1073 person is under eighteen years of age at the time of application; (4) any
1074 parent or guardian of any person who is blind or any person with
1075 disabilities, if such person is unable to request or complete an
1076 application; and (5) any organization which meets criteria established
1077 by the commissioner and which certifies to the commissioner's
1078 satisfaction that the vehicle for which a plate or placard is requested is
1079 primarily used to transport persons who are blind or persons with
1080 disabilities. [On and after January 1, 2010, no] No person shall be
1081 issued a placard in accordance with this section unless such person is
1082 the holder of a valid motor vehicle operator's license, or identification
1083 card issued in accordance with the provisions of section 1-1h. The
1084 commissioner is authorized to adopt regulations for the issuance of
1085 placards to persons who, by reason of hardship, do not hold or cannot
1086 obtain an operator's license or identification card. The commissioner
1087 shall maintain a record of each placard issued to any such person. Such
1088 applications and renewal applications shall be on a form prescribed by
1089 the commissioner. In the case of persons with disabilities, the
1090 application and renewal application shall include: (A) Certification by
1091 a licensed physician, a physician assistant, or an advanced practice
1092 registered nurse licensed in accordance with the provisions of chapter
1093 378, that the applicant is disabled; (B) certification by a licensed

1094 physician, a physician assistant, an advanced practice registered nurse
1095 licensed in accordance with the provisions of chapter 378, or a member
1096 of the handicapped driver training unit established pursuant to section
1097 14-11b, that the applicant meets the definition of a person with a
1098 disability which limits or impairs the ability to walk, as defined in 23
1099 CFR Section 1235.2. In the case of persons who are blind, the
1100 application or renewal application shall include certification of legal
1101 blindness made by the [Board of Education and Services for the Blind]
1102 Bureau of Rehabilitative Services, an ophthalmologist or an
1103 optometrist. Any person who makes a certification required by this
1104 subsection shall sign the application or renewal application under
1105 penalty of false statement pursuant to section 53a-157b. The
1106 commissioner, in said commissioner's discretion, may accept the
1107 discharge papers of a disabled veteran, as defined in section 14-254, in
1108 lieu of such certification. The [commissioner] Commissioner of Motor
1109 Vehicles may require additional certification at the time of the original
1110 application or at any time thereafter. If a person who has been
1111 requested to submit additional certification fails to do so within thirty
1112 days of the request, or if such additional certification is deemed by the
1113 [commissioner] Commissioner of Motor Vehicles to be unfavorable to
1114 the applicant, the commissioner may refuse to issue or, if already
1115 issued, suspend or revoke such special license plate or placard. The
1116 commissioner shall not issue more than one placard per applicant. The
1117 fee for the issuance of a temporary removable windshield placard shall
1118 be five dollars. Any person whose application has been denied or
1119 whose special license plate or placard has been suspended or revoked
1120 shall be afforded an opportunity for a hearing in accordance with the
1121 provisions of chapter 54.

1122 Sec. 46. Section 14-11b of the general statutes is repealed and the
1123 following is substituted in lieu thereof (*Effective July 1, 2011*):

1124 (a) There shall be within the [Department of Motor Vehicles] Bureau
1125 of Rehabilitative Services a unit for the purpose of evaluating and
1126 training [handicapped] persons with disabilities in the operation of

1127 motor vehicles. There shall be assigned to such unit a [handicapped]
1128 driver consultant for persons with disabilities who shall be under the
1129 direction of the [commissioner] director and who shall be responsible
1130 for overseeing the [handicapped] driver training program for persons
1131 with disabilities. In addition to such consultant there shall be assigned
1132 to the [handicapped] driver training unit for persons with disabilities
1133 such staff as is necessary for the orderly administration of the
1134 [handicapped] driver training program for persons with disabilities.
1135 The [handicapped] driver consultant for persons with disabilities and
1136 such other personnel as are assigned to the [handicapped] driver
1137 training unit for persons with disabilities shall, while engaged in the
1138 evaluation, instruction or examination of a [handicapped] person with
1139 disabilities, have the authority and immunities with respect to such
1140 activities as are granted under the general statutes to motor vehicle
1141 inspectors.

1142 (b) Any resident of this state who has a serious physical or mental
1143 [handicap] disability which does not render [him] the resident
1144 incapable of operating a motor vehicle and who must utilize special
1145 equipment in order to operate a motor vehicle and who cannot obtain
1146 instruction in the operation of a motor vehicle through any alternate
1147 program, including but not limited to, other state, federal or privately
1148 operated drivers' schools shall be eligible for instruction under the
1149 [Department of Motor Vehicles handicapped] Bureau of Rehabilitative
1150 Services driver training program for persons with disabilities.

1151 Sec. 47. Section 31-283a of the general statutes is repealed and the
1152 following is substituted in lieu thereof (*Effective July 1, 2011*):

1153 (a) The [Workers' Compensation Commission] Bureau of
1154 Rehabilitative Services shall provide rehabilitation programs for
1155 employees suffering compensable injuries within the provisions of this
1156 chapter, which injuries disabled them from performing their
1157 customary or most recent work. The [chairman] director of the Bureau
1158 of Rehabilitative Services shall establish rehabilitation programs which

1159 shall best suit the needs of injured employees and shall make the
1160 programs available in convenient locations throughout the state. After
1161 consultation with the Labor Commissioner, the [chairman] director
1162 may establish fees for the programs, so as to provide the most effective
1163 rehabilitation programs at a minimum rate. In order to carry out the
1164 provisions of this section, the [chairman of the Workers' Compensation
1165 Commission] director shall adopt regulations, in accordance with the
1166 provisions of chapter 54 and, subject to the provisions of chapter 67,
1167 provide for the employment of necessary assistants.

1168 (b) The [chairman] director of the Bureau of Rehabilitative Services
1169 shall be authorized to (1) enter into agreements with other state or
1170 federal agencies to carry out the purposes of this section and expend
1171 money for that purpose, and (2) on behalf of the state of Connecticut,
1172 develop matching programs or activities to secure federal grants or
1173 funds for the purposes of this section and may pledge or use funds
1174 supplied from the administrative costs fund, as provided in section 31-
1175 345, to finance the state's share of the programs or activities.

1176 Sec. 48. Subsection (a) of section 31-296 of the general statutes is
1177 repealed and the following is substituted in lieu thereof (*Effective July*
1178 *1, 2011*):

1179 (a) If an employer and an injured employee, or in case of fatal injury
1180 the employee's legal representative or dependent, at a date not earlier
1181 than the expiration of the waiting period, reach an agreement in regard
1182 to compensation, such agreement shall be submitted in writing to the
1183 commissioner by the employer with a statement of the time, place and
1184 nature of the injury upon which it is based; and, if such commissioner
1185 finds such agreement to conform to the provisions of this chapter in
1186 every regard, the commissioner shall so approve it. A copy of the
1187 agreement, with a statement of the commissioner's approval, shall be
1188 delivered to each of the parties and thereafter it shall be as binding
1189 upon both parties as an award by the commissioner. The
1190 commissioner's statement of approval shall also inform the employee

1191 or the employee's dependent, as the case may be, of any rights the
1192 individual may have to an annual cost-of-living adjustment or to
1193 participate in a rehabilitation program administered by the Bureau of
1194 Rehabilitative Services under the provisions of this chapter. The
1195 commissioner shall retain the original agreement, with the
1196 commissioner's approval thereof, in the commissioner's office and, if
1197 an application is made to the superior court for an execution, the
1198 commissioner shall, upon the request of said court, file in the court a
1199 certified copy of the agreement and statement of approval.

1200 Sec. 49. Section 31-300 of the general statutes is repealed and the
1201 following is substituted in lieu thereof (*Effective July 1, 2011*):

1202 As soon as may be after the conclusion of any hearing, but no later
1203 than one hundred twenty days after such conclusion, the
1204 commissioner shall send to each party a written copy of the
1205 commissioner's findings and award. The commissioner shall, as part of
1206 the written award, inform the employee or the employee's dependent,
1207 as the case may be, of any rights the individual may have to an annual
1208 cost-of-living adjustment or to participate in a rehabilitation program
1209 administered by the Bureau of Rehabilitative Services under the
1210 provisions of this chapter. The commissioner shall retain the original
1211 findings and award in said commissioner's office. If no appeal from the
1212 decision is taken by either party within twenty days thereafter, such
1213 award shall be final and may be enforced in the same manner as a
1214 judgment of the Superior Court. The court may issue execution upon
1215 any uncontested or final award of a commissioner in the same manner
1216 as in cases of judgments rendered in the Superior Court; and, upon the
1217 filing of an application to the court for an execution, the commissioner
1218 in whose office the award is on file shall, upon the request of the clerk
1219 of said court, send to the clerk a certified copy of such findings and
1220 award. In cases where, through the fault or neglect of the employer or
1221 insurer, adjustments of compensation have been unduly delayed, or
1222 where through such fault or neglect, payments have been unduly
1223 delayed, the commissioner may include in the award interest at the

1224 rate prescribed in section 37-3a and a reasonable attorney's fee in the
1225 case of undue delay in adjustments of compensation and may include
1226 in the award in the case of undue delay in payments of compensation,
1227 interest at twelve per cent per annum and a reasonable attorney's fee.
1228 Payments not commenced within thirty-five days after the filing of a
1229 written notice of claim shall be presumed to be unduly delayed unless
1230 a notice to contest the claim is filed in accordance with section 31-297.
1231 In cases where there has been delay in either adjustment or payment,
1232 which delay has not been due to the fault or neglect of the employer or
1233 insurer, whether such delay was caused by appeals or otherwise, the
1234 commissioner may allow interest at such rate, not to exceed the rate
1235 prescribed in section 37-3a, as may be fair and reasonable, taking into
1236 account whatever advantage the employer or insurer, as the case may
1237 be, may have had from the use of the money, the burden of showing
1238 that the rate in such case should be less than the rate prescribed in
1239 section 37-3a to be upon the employer or insurer. In cases where the
1240 claimant prevails and the commissioner finds that the employer or
1241 insurer has unreasonably contested liability, the commissioner may
1242 allow to the claimant a reasonable attorney's fee. No employer or
1243 insurer shall discontinue or reduce payment on account of total or
1244 partial incapacity under any such award, if it is claimed by or on
1245 behalf of the injured person that such person's incapacity still
1246 continues, unless such employer or insurer notifies the commissioner
1247 and the employee of such proposed discontinuance or reduction in the
1248 manner prescribed in section 31-296 and the commissioner specifically
1249 approves such discontinuance or reduction in writing. The
1250 commissioner shall render the decision within fourteen days of receipt
1251 of such notice and shall forward to all parties to the claim a copy of the
1252 decision not later than seven days after the decision has been rendered.
1253 If the decision of the commissioner finds for the employer or insurer,
1254 the injured person shall return any wrongful payments received from
1255 the day designated by the commissioner as the effective date for the
1256 discontinuance or reduction of benefits. Any employee whose benefits
1257 for total incapacity are discontinued under the provisions of this

1258 section and who is entitled to receive benefits for partial incapacity as a
1259 result of an award, shall receive those benefits commencing the day
1260 following the designated effective date for the discontinuance of
1261 benefits for total incapacity. In any case where the commissioner finds
1262 that the employer or insurer has discontinued or reduced any such
1263 payment without having given such notice and without the
1264 commissioner having approved such discontinuance or reduction in
1265 writing, the commissioner shall allow the claimant a reasonable
1266 attorney's fee together with interest at the rate prescribed in section 37-
1267 3a on the discontinued or reduced payments.

1268 Sec. 50. Subsection (a) of section 31-349b of the general statutes is
1269 repealed and the following is substituted in lieu thereof (*Effective July*
1270 *1, 2011*):

1271 (a) Any employee who has suffered a compensable injury under the
1272 provisions of this chapter, and who is receiving benefits for such injury
1273 from the Second Injury Fund pursuant to the provisions of section 31-
1274 349, may file a written request with the commissioner in the district
1275 where the original claim was filed for a hearing to determine whether
1276 the employee's injury constitutes a permanent vocational disability.
1277 The hearing shall be held within sixty days of the date the request was
1278 filed. Upon the request of the commissioner and prior to the
1279 conclusion of such hearing, the director of the [Division of Workers'
1280 Rehabilitation within the Workers' Compensation Commission]
1281 Bureau of Rehabilitative Services shall, after receiving such
1282 information on the case which the commissioner deems necessary,
1283 submit written recommendations concerning the case to the
1284 commissioner for his consideration. The commissioner shall issue his
1285 decision, in writing, within ten days after the conclusion of the
1286 hearing. If the commissioner determines that the employee's injury is a
1287 permanent vocational disability, the employee shall be issued a
1288 certificate of disability by the commissioner. Such certificate shall be
1289 effective for a stated period of time of from one to five years, as
1290 determined by the commissioner. The decision of the commissioner

1291 may be appealed in accordance with the provisions of section 31-301.

1292 Sec. 51. Subsection (a) of section 4a-82 of the general statutes is
1293 repealed and the following is substituted in lieu thereof (*Effective July*
1294 *1, 2011*):

1295 (a) For the purposes of this section:

1296 (1) "Person with a disability" means any individual with a disability,
1297 excluding blindness, as such term is applied by the Department of
1298 Mental Health and Addiction Services, the Department of
1299 Developmental Services, the [Bureau of Rehabilitation Services within
1300 the Department of Social Services] Bureau of Rehabilitative Services or
1301 the Veterans' Administration and who is certified by the [Bureau of
1302 Rehabilitation Services within the Department of Social Services]
1303 Bureau of Rehabilitative Services as qualified to participate in a
1304 qualified partnership, as described in subsections (f) to (m), inclusive,
1305 of this section;

1306 (2) "Vocational rehabilitation service" means any goods and services
1307 necessary to render a person with a disability employable, in
1308 accordance with Title I of the Rehabilitation Act of 1973, 29 USC 701 et
1309 seq., as amended from time to time;

1310 (3) "Community rehabilitation program" means any entity or
1311 individual that provides directly for or facilitates the provision of
1312 vocational rehabilitation services to, or provides services in connection
1313 with, the recruiting, hiring or managing of the employment of persons
1314 with disabilities based on an individualized plan and budget for each
1315 worker with a disability;

1316 (4) "Commercial janitorial contractor" means any for-profit
1317 proprietorship, partnership, joint venture, corporation, limited liability
1318 company, trust, association or other privately owned entity that
1319 employs persons to perform janitorial work, and that enters into
1320 contracts to provide janitorial services;

1321 (5) "Janitorial work" means work performed in connection with the
1322 care or maintenance of buildings, including, but not limited to, work
1323 customarily performed by cleaners, porters, janitors and
1324 handypersons;

1325 (6) "Janitorial contract" means a contract or subcontract to perform
1326 janitorial work for a department or agency of the state; and

1327 (7) "Person with a disadvantage" means any individual who is
1328 determined by the Labor Department, or its designee, to be eligible for
1329 employment services in accordance with the Workforce Investment
1330 Act or whose verified individual gross annual income during the
1331 previous calendar year was not greater than two hundred per cent of
1332 the federal poverty level for a family of four.

1333 (b) The Commissioner of Administrative Services shall establish a
1334 pilot program, for a term of seven years, to create and expand janitorial
1335 work job opportunities for persons with a disability and persons with a
1336 disadvantage. Such pilot program shall consist of four identified
1337 projects for janitorial work. The program shall create a minimum of
1338 sixty full-time jobs or sixty full-time equivalents at standard wages for
1339 persons with disabilities and persons with disadvantages and have a
1340 total market value for all janitorial contracts awarded under the
1341 program of at least three million dollars. In establishing such pilot
1342 program, the Commissioner of Administrative Services may consult
1343 with the Commissioner of Social Services, the director of the Bureau of
1344 Rehabilitative Services and the Labor Commissioner.

1345 (c) Notwithstanding any other provision of the general statutes,
1346 under such pilot program, the Commissioner of Administrative
1347 Services shall award four janitorial contracts, one for each identified
1348 project, pursuant to the following procedures: (1) Upon receipt of a
1349 request for janitorial services by an agency or department of the state,
1350 the Commissioner of Administrative Services shall notify each
1351 qualified partnership, as described in subsections (f) to (m), inclusive,
1352 of this section, of such request and invite each qualified partnership in

1353 good standing to submit a bid proposal for such janitorial contract to
1354 the commissioner in a manner and form as prescribed by the
1355 commissioner; (2) in the event that only one such qualified partnership
1356 submits a bid for such janitorial contract, the commissioner shall
1357 award such contract to the bidding qualified partnership, provided
1358 such bid does not exceed the fair market value for such contract, as
1359 determined by the commissioner; (3) if more than one qualified
1360 partnership submits a bid, the commissioner shall award the contract
1361 to the lowest responsible qualified bidder, as defined in section 4a-59;
1362 and (4) in the event that a qualified partnership does not submit a bid
1363 or is not awarded such contract, the commissioner shall award such
1364 contract in accordance with the provisions of sections 4a-59 and 17b-
1365 656, as amended by this act.

1366 (d) Notwithstanding any other provision of the general statutes, the
1367 responsibilities of the Commissioner of Administrative Services, as
1368 established in subsections (b) and (c) of this section, may not be
1369 delegated to an outside vendor.

1370 (e) The Commissioner of Administrative Services may adopt
1371 regulations, in accordance with the provisions of chapter 54, to
1372 undertake the requirements established in subsections (b) to (e),
1373 inclusive, of this section.

1374 (f) The Connecticut Community Providers Association shall
1375 designate a commercial janitorial contractor and a community
1376 rehabilitation program as a "qualified partnership" whenever the
1377 following criteria have been established: (1) Such commercial janitorial
1378 contractor has entered into a binding agreement with such community
1379 rehabilitation program in which such contractor agrees to fill not less
1380 than one-third of the jobs from a successful bid for a janitorial contract
1381 under the pilot program established in subsections (b) to (e), inclusive,
1382 of this section with persons with disabilities and not less than one-
1383 third of such jobs with persons with a disadvantage; (2) such
1384 contractor employs not less than two hundred persons who perform

1385 janitorial work in the state; and (3) such contractor certifies, in writing,
1386 that it will pay the standard wage to employees, including persons
1387 with disabilities, under such janitorial contract. Any partnership
1388 between a commercial janitorial contractor and a community
1389 rehabilitation program that has been denied designation as a qualified
1390 partnership may appeal such denial, in writing, to the Commissioner
1391 of Administrative Services and said commissioner may, after review of
1392 such appeal, designate such program as a qualified partnership.

1393 (g) The requirement established in subsection (f) of this section to fill
1394 not less than one-third of the jobs from a successful bid for a janitorial
1395 contract with persons with disabilities and one-third with persons with
1396 a disadvantage shall be met whenever such janitorial contractor
1397 employs the requisite number of persons with disabilities and persons
1398 with a disadvantage throughout the entirety of its operations in the
1399 state provided any persons with disabilities employed by such
1400 janitorial contractor prior to the commencement date of any such
1401 contract shall not be counted for the purpose of determining the
1402 number of persons with disabilities employed by such janitorial
1403 contractor.

1404 (h) The number of persons with disabilities and the number of
1405 persons with a disadvantage that such janitorial contractor is required
1406 to employ pursuant to the provisions of subsection (f) of this section
1407 shall be employed not later than six months after the commencement
1408 of janitorial work under the terms of any contract awarded pursuant to
1409 the provisions of subsections (b) to (e), inclusive, of this section,
1410 provided such contractor shall fill any vacancy for janitorial work that
1411 arises during the first six months of any such contract with persons
1412 with disabilities and persons with disadvantages.

1413 (i) The Connecticut Community Providers Association shall develop
1414 an application process and submit a list of employees who have
1415 applied to participate in a partnership to the [Bureau of Rehabilitation
1416 Services] Bureau of Rehabilitative Services for certification. Such

1417 association shall maintain a list of certified employees who are persons
1418 with disabilities and community rehabilitation programs.

1419 (j) Any qualified partnership awarded a janitorial contract pursuant
1420 to the provisions of subsections (b) to (e), inclusive, of this section shall
1421 provide to the Connecticut Community Providers Association, not
1422 later than six months after the commencement date of such contract, a
1423 list of the persons with disabilities and persons with a disadvantage
1424 employed by such contractor that includes the date of hire and
1425 employment location for each such person. Such association shall
1426 certify to the Department of Administrative Services, in such manner
1427 and form as prescribed by the Commissioner of Administrative
1428 Services, that the requisite number of persons with disabilities for such
1429 contract continue to be employed by such contractor in positions
1430 equivalent to those created under such janitorial contract and have
1431 been integrated into the general workforce of such contractor.

1432 (k) Notwithstanding any other provision of the general statutes, the
1433 responsibilities of the [Bureau of Rehabilitation Services] Bureau of
1434 Rehabilitative Services, as established in subsections (f) to (m),
1435 inclusive, of this section, may not be delegated to an outside vendor.

1436 (l) The [Commissioner of Social Services] director of the Bureau of
1437 Rehabilitative Services may adopt regulations, in accordance with the
1438 provisions of chapter 54, to undertake the certification requirements
1439 established pursuant to subsections (f) to (m), inclusive, of this section.

1440 (m) Notwithstanding the provisions of subsection (f) of this section,
1441 the Commissioner of Administrative Services shall authorize certified
1442 small and minority business to participate in such pilot program.

1443 (n) During the term of the pilot program described in subsections
1444 (b) to (e), inclusive, of this section, the joint standing committee of the
1445 General Assembly having cognizance of matters relating to
1446 government administration shall study the effectiveness of such pilot
1447 program, including, but not limited to, the effectiveness of such

1448 program to create integrated work settings for persons with
1449 disabilities. Additionally, said committee shall study the need to make
1450 such pilot program permanent and ways to provide incentives for
1451 municipalities and businesses to utilize such pilot program if such
1452 program is determined by the committee to be effective.

1453 (o) During the term of the pilot program described in subsections
1454 (b) to (e), inclusive, of this section, any exclusive contract awarded
1455 pursuant to section 17b-656, as amended by this act, shall remain in
1456 effect with no changes in the formula for fair market value.
1457 Additionally, any new janitorial contract awarded pursuant to section
1458 17b-656, as amended by this act, shall be limited to not more than four
1459 full-time employees per contract.

1460 (p) Any person employed under a janitorial contract let: (1) On or
1461 before October 1, 2006, or thereafter if such contract constitutes a
1462 successor contract to such janitorial contract let on or before October 1,
1463 2006, and (2) pursuant to section 4a-57 or 10a-151b or by the judicial or
1464 legislative departments or pursuant to subsections (b) to (e), inclusive,
1465 of this section shall have the same rights conferred upon an employee
1466 by section 31-57g for the duration of the pilot program described in
1467 subsections (b) to (e), inclusive, of this section. The provisions of this
1468 subsection shall not apply to any new janitorial contract with not more
1469 than four full-time employees per contract, as described in subsection
1470 (o) of this section.

1471 Sec. 52. Subdivision (4) of subsection (a) of section 12-217oo of the
1472 general statutes is repealed and the following is substituted in lieu
1473 thereof (*Effective July 1, 2011*):

1474 (4) "New qualifying employee" means a person who (A) is receiving
1475 vocational rehabilitation services from the [Bureau of Rehabilitation
1476 Services within the Department of Social Services or from the Board of
1477 Education and Services for the Blind] Bureau of Rehabilitative
1478 Services, and (B) is hired by the employer to fill a new job after May 6,
1479 2010, during the employer's income years commencing on or after

1480 January 1, 2010. A new qualifying employee does not include a person
1481 receiving vocational rehabilitation services pursuant to subparagraph
1482 (A) of this subdivision and who was employed in this state by a related
1483 person with respect to the employer during the prior twelve months;

1484 Sec. 53. Subsection (w) of section 5-198 of the general statutes is
1485 repealed and the following is substituted in lieu thereof (*Effective July*
1486 *1, 2011*):

1487 (w) Professional employees in the education professions bargaining
1488 unit of the [Bureau of Rehabilitation Services in the Department of
1489 Social Services] Bureau of Rehabilitative Services;

1490 Sec. 54. Section 17b-612 of the general statutes is repealed and the
1491 following is substituted in lieu thereof (*Effective July 1, 2011*):

1492 The [Department of Social Services] Bureau of Rehabilitative
1493 Services shall establish a program to assist disabled public school
1494 students in preparing for and obtaining competitive employment and
1495 to strengthen the linkage between vocational rehabilitation services
1496 and public schools. Under the program, the [Bureau of Rehabilitation
1497 Services] Bureau of Rehabilitative Services shall provide, within the
1498 limits of available appropriations, vocational evaluations and other
1499 appropriate transitional services and shall place vocational
1500 rehabilitation counselors in the following school districts: Hartford,
1501 West Hartford, Norwich, Bloomfield, Wethersfield and other school
1502 districts selected by the [Bureau of Rehabilitation Services] Bureau of
1503 Rehabilitative Services. The counselors shall, if requested, assist those
1504 persons planning in-school skill development programs. The
1505 counselors shall, with planning and placement team members, develop
1506 transition plans and individual education and work rehabilitation
1507 plans for disabled students who will no longer be eligible for
1508 continued public school services. Students whose termination date for
1509 receipt of public school services is most immediate shall be given
1510 priority.

1511 Sec. 55. Section 17b-614 of the general statutes is repealed and the
1512 following is substituted in lieu thereof (*Effective July 1, 2011*):

1513 (a) The [Bureau of Rehabilitation Services within the Department of
1514 Social Services] Bureau of Rehabilitative Services shall establish and
1515 maintain a state-wide network of centers for independent living.

1516 (b) Not more than five per cent of the amount appropriated in any
1517 fiscal year for the purposes of this section may be used by the
1518 [Department of Social Services] Bureau of Rehabilitative Services to
1519 provide state-wide administration, evaluation and technical assistance
1520 relating to the implementation of this section.

1521 Sec. 56. Subsection (b) of section 17b-615 of the general statutes is
1522 repealed and the following is substituted in lieu thereof (*Effective July*
1523 *1, 2011*):

1524 (b) The council shall meet regularly with the director of the [Bureau
1525 of Rehabilitation Services] Bureau of Rehabilitative Services and shall
1526 perform the following duties: (1) Issue an annual report by January
1527 first, with recommendations regarding independent living services
1528 and centers, to the Governor and the chairpersons of the joint standing
1529 committee of the General Assembly having cognizance of matters
1530 relating to human services, and (2) consult with, advise and make
1531 recommendations to the [department] Bureau of Rehabilitative
1532 Services concerning independent living and related policy,
1533 management and budgetary issues.

1534 Sec. 57. Section 17b-651a of the general statutes is repealed and the
1535 following is substituted in lieu thereof (*Effective July 1, 2011*):

1536 The [Commissioner of Social Services] director of the Bureau of
1537 Rehabilitative Services shall inquire into the criminal history of any
1538 applicant, who is not at the time of application employed by the
1539 [Department of Social Services] Bureau of Rehabilitative Services, for a
1540 position of employment with the [department's] bureau's disability

1541 determination services unit. Such inquiry shall be conducted in
1542 accordance with the provisions of section 31-51i. The [commissioner]
1543 director shall require each such applicant to state whether the
1544 applicant has ever been convicted of a crime, whether criminal charges
1545 are pending against the applicant at the time of application, and, if so,
1546 to identify the charges and court in which such charges are pending.
1547 Each such applicant offered a position of employment with the
1548 [department's] bureau's disability determination services unit shall be
1549 required to submit to fingerprinting and state and national criminal
1550 history records checks, as provided in section 29-17a.

1551 Sec. 58. Section 17b-653 of the general statutes is repealed and the
1552 following is substituted in lieu thereof (*Effective July 1, 2011*):

1553 (a) Vocational rehabilitation services shall be provided, with or
1554 without public cost, directly or through public or private
1555 instrumentalities, as part of an individual [written rehabilitation
1556 program] plan for employment for a person with disabilities
1557 determined to be eligible by the [Bureau of Rehabilitation Services]
1558 Bureau of Rehabilitative Services, in accordance with Title I of the
1559 Rehabilitation Act, 29 USC 701 et seq., as amended from time to time.
1560 Nothing in this section shall be construed to mean that an individual's
1561 ability or inability to share in the cost of vocational rehabilitative
1562 services may be taken into account during the determination of
1563 eligibility for such services.

1564 (b) If vocational rehabilitation services cannot be provided for all
1565 eligible persons with disabilities who apply for such services, the
1566 [Department of Social Services] Bureau of Rehabilitative Services shall
1567 determine, in accordance with Title I of the Rehabilitation Act of 1973,
1568 29 USC 701 et seq., and federal regulations, as amended from time to
1569 time, the order to be followed in selecting those to whom such services
1570 will be provided.

1571 (c) Nothing in section 17b-650 or subsection (a) of this section shall
1572 be construed to preclude provision of vocational rehabilitation

1573 services, with or without public cost, to a person with a disability
1574 under an extended evaluation for a total period not in excess of
1575 eighteen months, in accordance with Title I of the Rehabilitation Act of
1576 1973, 29 USC 701 et seq., as amended from time to time.

1577 (d) The [Department of Social Services] director of the Bureau of
1578 Rehabilitative Services may adopt regulations in accordance with the
1579 provisions of chapter 54 to establish standards and procedures
1580 governing the provision of vocational rehabilitation services and,
1581 where appropriate, a means test to determine, based upon the financial
1582 need of each eligible person with disabilities, the extent to which such
1583 services will be provided at public cost. Any funds received by the
1584 [department] bureau from individuals or third parties for the
1585 provision of vocational rehabilitation services shall be used by the
1586 [department] bureau to provide such services. The regulations may
1587 also prescribe the procedures to be used when payment is made by
1588 individuals required to contribute to the cost of vocational
1589 rehabilitation services. Regulations developed to implement a means
1590 test shall include, but not be limited to: (1) An exemption for any
1591 individual with an income of less than one hundred per cent of the
1592 state median income and assets which are less than five thousand
1593 dollars; (2) an exemption for services covered in an individual [written
1594 rehabilitation program] plan for employment in effect at the time of
1595 implementation of the means test; (3) an exclusion from an individual's
1596 income of the costs of necessary and reasonable disability-related
1597 expenses including, but not limited to, personal attendant services and
1598 medications for which payment is unavailable to the individual
1599 through other benefits or resources; (4) an exclusion from the
1600 individual's assets of the value of the individual's primary residence
1601 and motor vehicle; (5) a method by which the director of the [Bureau of
1602 Rehabilitation Services] Bureau of Rehabilitative Services may reduce
1603 the level of required contributions by an individual in the case of
1604 undue hardship; and (6) a requirement that such bureau notify an
1605 individual of the results of the means test analysis within thirty days of
1606 receipt of necessary financial information from the individual. Such

1607 means test shall not apply to services covered under a determination of
1608 financial need made by an institution of higher education. The
1609 [Department of Social Services] Bureau of Rehabilitative Services shall
1610 develop the regulations in consultation with representatives of
1611 providers of vocational rehabilitation services and recipients of such
1612 services or their representatives.

1613 Sec. 59. Subsection (b) of section 17b-654 of the general statutes is
1614 repealed and the following is substituted in lieu thereof (*Effective July*
1615 *1, 2011*):

1616 (b) Regardless of whether a person requests an informal review
1617 under subsection (a) of this section, any applicant for or recipient of
1618 vocational rehabilitation services who is aggrieved by a decision made
1619 by the [bureau] Bureau of Rehabilitative Services pursuant to section
1620 17b-653, as amended by this act, may request an administrative
1621 hearing, by making written request to the director of the [Bureau of
1622 Rehabilitation Services] Bureau of Rehabilitative Services.

1623 Sec. 60. Section 17b-655 of the general statutes is repealed and the
1624 following is substituted in lieu thereof (*Effective July 1, 2011*):

1625 (a) In carrying out sections 17b-650 to 17b-665, inclusive, as
1626 amended by this act, the [Department of Social Services] Bureau of
1627 Rehabilitative Services shall cooperate with other departments,
1628 agencies and institutions, both public and private, in providing for the
1629 vocational rehabilitation of persons with disabilities, in studying the
1630 problems involved therein and in establishing, developing and
1631 providing such programs, facilities and services as it deems necessary
1632 or desirable. Notwithstanding any other provisions of the general
1633 statutes to the contrary, the [Division of Rehabilitation Services]
1634 Bureau of Rehabilitative Services shall not be required to pay that
1635 portion of the cost of a program of postsecondary education or training
1636 which is properly designated as expected parental or family
1637 contribution in accordance with state and federal law regarding
1638 eligibility for student financial aid.

1639 (b) Subject to the approval of all real estate acquisitions by the
1640 Commissioner of Public Works and the State Properties Review Board,
1641 in carrying out said sections, the [Department of Social Services]
1642 Bureau of Rehabilitative Services may (1) establish, operate, foster and
1643 promote the establishment of rehabilitation facilities and make grants
1644 to public and other nonprofit and nonsectarian organizations for such
1645 purposes; (2) assist persons with severe disabilities to establish and
1646 operate small businesses; and (3) make studies, investigations,
1647 demonstrations and reports, and provide training and instruction,
1648 including the establishment and maintenance of such research
1649 fellowships and traineeships with such stipends and allowances as
1650 may be deemed necessary, in matters relating to vocational
1651 rehabilitation.

1652 (c) The [Commissioner of Social Services] director of the Bureau of
1653 Rehabilitative Services shall develop and maintain a program of public
1654 education and information. The program shall include, but not be
1655 limited to, education of the public concerning services available from
1656 the [Bureau of Rehabilitation Services] Bureau of Rehabilitative
1657 Services, its policies and goals, an outreach effort to discover persons
1658 with disabilities, including such persons who are minorities as defined
1659 in subsection (a) of section 32-9n, who may benefit from the services it
1660 offers and the dissemination of printed materials to persons at their
1661 initial meeting with staff of the bureau, including a statement of such
1662 person's rights. Each state agency providing services to persons with
1663 disabilities shall furnish to each person applying for such services, at
1664 the time of initial application, a written summary of all state programs
1665 for persons with disabilities. Such summary shall be developed by the
1666 Department of Social Services as the lead agency for services to
1667 persons with disabilities pursuant to section 17b-606. The Department
1668 of Social Services shall distribute sufficient copies of the summary to
1669 all state agencies providing services to persons with disabilities in
1670 order that such copies may be furnished in accordance with this
1671 subsection.

1672 Sec. 61. Section 17b-657 of the general statutes is repealed and the
1673 following is substituted in lieu thereof (*Effective July 1, 2011*):

1674 The [Department of Social Services is authorized, acting through the
1675 Bureau of Rehabilitation Services of said department,] Bureau of
1676 Rehabilitative Services is authorized to provide such medical,
1677 diagnostic, physical restoration, training and other rehabilitation
1678 services as may be needed to enable persons with disabilities to attain
1679 the maximum degree of self care. The powers herein delegated and
1680 authorized to the [Department of Social Services] Bureau of
1681 Rehabilitative Services shall be in addition to those authorized by any
1682 other law and shall become effective upon authorization of federal
1683 grant-in-aid funds for participation in the cost of independent living
1684 rehabilitation services for persons with disabilities. The [Department of
1685 Social Services] Bureau of Rehabilitative Services shall be authorized to
1686 cooperate with whatever federal agency is directed to administer the
1687 federal aspects of such program and to comply with such requirements
1688 and conditions as may be established for the receipt and disbursement
1689 of federal grant-in-aid funds which may be made available to the state
1690 of Connecticut in carrying out such program.

1691 Sec. 62. Section 17b-658 of the general statutes is repealed and the
1692 following is substituted in lieu thereof (*Effective July 1, 2011*):

1693 The [Department of Social Services] Bureau of Rehabilitative
1694 Services is authorized to cooperate with the federal government in
1695 carrying out the purposes of any federal statutes pertaining to
1696 vocational rehabilitation, to adopt such methods of administration as it
1697 finds necessary for the proper and efficient operation of agreements or
1698 plans for vocational rehabilitation and to comply with such conditions
1699 as may be necessary to secure the full benefits of such federal statutes
1700 to this state.

1701 Sec. 63. Section 17b-659 of the general statutes is repealed and the
1702 following is substituted in lieu thereof (*Effective July 1, 2011*):

1703 The State Treasurer is designated as the custodian of all funds
1704 received from the federal government for the purpose of carrying out
1705 any federal statutes pertaining to vocational rehabilitation or any
1706 agreements authorized by sections 17b-650 to 17b-663, inclusive, as
1707 amended by this act, and shall make disbursements from such funds
1708 and from all state funds available for vocational rehabilitation
1709 purposes [, except for services to the blind,] upon certification by the
1710 [Commissioner of Social Services] director of the Bureau of
1711 Rehabilitative Services.

1712 Sec. 64. Section 17b-660 of the general statutes is repealed and the
1713 following is substituted in lieu thereof (*Effective July 1, 2011*):

1714 The [Commissioner of Social Services] director of the Bureau of
1715 Rehabilitative Services is authorized to accept and use gifts made
1716 unconditionally by will or otherwise for carrying out the purposes of
1717 [sections 17b-650 to 17b-663, inclusive] the general statutes concerning
1718 the Bureau of Rehabilitative Services. Gifts made under such
1719 conditions as in the judgment of the [Commissioner of Social Services]
1720 director of the Bureau of Rehabilitative Services are proper and
1721 consistent with the provisions of said sections may be so accepted and
1722 shall be held, invested, reinvested and used in accordance with the
1723 conditions of the gift.

1724 Sec. 65. Section 17b-661 of the general statutes is repealed and the
1725 following is substituted in lieu thereof (*Effective July 1, 2011*):

1726 Notwithstanding any other provision of the general statutes, the
1727 [Bureau of Rehabilitation Services of the Department of Social
1728 Services] Bureau of Rehabilitative Services may, within the limits of
1729 appropriations, purchase (1) wheelchairs and placement equipment
1730 directly and without the issuance of a purchase order, provided such
1731 purchases shall not be in excess of three thousand five hundred dollars
1732 per unit purchased, and (2) adaptive equipment and modified vehicles
1733 for persons with disabilities directly and without the issuance of a
1734 purchase order, provided such purchases of adaptive equipment shall

1735 not be in excess of ten thousand dollars per unit purchased and such
1736 purchases of modified vehicles shall not be in excess of twenty-five
1737 thousand dollars per vehicle. All such purchases shall be made in the
1738 open market, but shall, when possible, be based on at least three
1739 competitive bids. Such bids shall be solicited by sending notice to
1740 prospective suppliers and by posting notice on a public bulletin board
1741 within [said Bureau of Rehabilitation Services] the Bureau of
1742 Rehabilitative Services. Each bid shall be opened publicly at the time
1743 stated in the notice soliciting such bid. Acceptance of a bid by [said
1744 Bureau of Rehabilitation Services] the Bureau of Rehabilitative Services
1745 shall be based on standard specifications as may be adopted by said
1746 bureau.

1747 Sec. 66. Section 17b-665 of the general statutes is repealed and the
1748 following is substituted in lieu thereof (*Effective July 1, 2011*):

1749 On July 1, [1991] 2011, and annually thereafter, the [Department of
1750 Social Services shall report] Bureau of Rehabilitative Services shall
1751 submit to the joint standing committees of the General Assembly
1752 having cognizance of matters relating to human services and
1753 appropriations and the budgets of state agencies [concerning (1) the
1754 plans of the department to reduce the case loads of counselors of the
1755 Bureau of Rehabilitation Services to reflect the regional average for
1756 counselor case loads, (2) client information, including, but not limited
1757 to, the age, race, gender, nature of disabilities, placements and statistics
1758 on job retention and on the number of persons with disabilities in the
1759 state, (3) the department's efforts to insure that the proportion of
1760 disabled persons who are minorities, as defined in subsection (a) of
1761 section 32-9n, and who are served by the bureau is equivalent to the
1762 proportion of minorities within the total disabled population of the
1763 state and (4) the number, nature and resolution of complaints received
1764 by the bureau. The department shall provide each committee with a
1765 copy of the federal audit of the Bureau of Rehabilitation Services and
1766 in its initial report, the department shall advise the committees
1767 concerning the cost of the transfer from the Department of Education

1768 to the Department of Social Services] the data the bureau provides to
1769 the federal government that relates to the evaluation standards and
1770 performance indicators for the vocational rehabilitation services
1771 program.

1772 Sec. 67. Section 17b-666 of the general statutes is repealed and the
1773 following is substituted in lieu thereof (*Effective July 1, 2011*):

1774 (a) The [Bureau of Rehabilitation Services of the Department of
1775 Social Services] Bureau of Rehabilitative Services may receive state and
1776 federal funds to administer, within available appropriations, an
1777 employment opportunities program to serve individuals with the most
1778 significant disabilities who do not meet the eligibility requirements of
1779 supported employment programs administered by the Departments of
1780 Developmental Services and Mental Health and Addiction Services.
1781 For the purposes of this section, "individuals with the most significant
1782 disabilities" means those individuals who (1) have serious employment
1783 limitations in a total of three or more functional areas including, but
1784 not limited to, mobility, communication, self-care, interpersonal skills,
1785 work tolerance or work skills, or (2) will require significant ongoing
1786 disability-related services on the job in order to maintain employment.

1787 (b) The employment opportunities program shall provide extended
1788 services, as defined in 34 CFR 361.5(b)(19), that are necessary for
1789 individuals with the most significant disabilities to maintain supported
1790 employment. Such services shall include coaching and other related
1791 services that allow participants to obtain and maintain employment
1792 and maximize economic self-sufficiency.

1793 (c) The [Department of Social Services] Bureau of Rehabilitative
1794 Services shall adopt regulations, in accordance with chapter 54, to
1795 implement the provisions of this section.

1796 Sec. 68. (*Effective July 1, 2011*) Not later than January 2, 2012, the
1797 director of the Bureau of Rehabilitative Services shall submit a report,
1798 in accordance with the provisions of section 11-4a of the general

1799 statutes, to the joint standing committees of the General Assembly
1800 having cognizance of matters relating to appropriations and the
1801 budgets of state agencies and human services concerning: (1) The
1802 status of the merger of the operations and finances of the Commission
1803 on the Deaf and Hearing Impaired, the Board of Education and
1804 Services for the Blind and the Bureau of Rehabilitation Services of the
1805 Department of Social Services and the integration of functions
1806 previously performed by the Department of Motor Vehicles and the
1807 Workers' Compensation Commission in accordance with the
1808 provisions of the general statutes concerning the Bureau of
1809 Rehabilitative Services; (2) the organizational structure of the bureau;
1810 (3) the place or places of the bureau's operations; and (4) any
1811 recommendations for further legislative action concerning such merger
1812 including, but not limited to, recommendations to increase the
1813 efficiency of the Bureau of Rehabilitative Services' operations and to
1814 achieve cost savings.

1815 Sec. 69. (*Effective from passage*) Notwithstanding the provisions of
1816 section 60 of public act 05-251, effective January 1, 2012, the personnel,
1817 payroll, administrative action and business office functions of the
1818 Board of Education and Services for the Blind and the Commission on
1819 the Deaf and Hearing Impaired shall no longer be merged and
1820 consolidated into the Department of Administrative Services and will
1821 be assumed by the Bureau of Rehabilitative Services, provided the
1822 director of the Bureau of Rehabilitative Services may extend the
1823 effective date for the transfer of functions for six months, to June 30,
1824 2012, by submitting a written notice to the joint standing committees of
1825 the General Assembly having cognizance of matters relating to human
1826 services and appropriations and the budgets of state agencies.

1827 Sec. 70. Subsection (a) of section 17b-93 of the general statutes is
1828 repealed and the following is substituted in lieu thereof (*Effective July*
1829 *1, 2011*):

1830 (a) If a beneficiary of aid under the state supplement program,

1831 medical assistance program, aid to families with dependent children
1832 program, temporary family assistance program or state-administered
1833 general assistance program has or acquires property of any kind or
1834 interest in any property, estate or claim of any kind, except moneys
1835 received for the replacement of real or personal property, the state of
1836 Connecticut shall have a claim subject to subsections (b) and (c) of this
1837 section, which shall have priority over all other unsecured claims and
1838 unrecorded encumbrances, against such beneficiary for the full
1839 amount paid, subject to the provisions of section 17b-94, as amended
1840 by this act, to [him] the beneficiary or on [his] the beneficiary's behalf
1841 under said programs; and, in addition thereto, the parents of an aid to
1842 dependent children beneficiary, a state-administered general
1843 assistance beneficiary or a temporary family assistance beneficiary
1844 shall be liable to repay, subject to the provisions of [said] section 17b-
1845 94, as amended by this act, to the state the full amount of any such aid
1846 paid to or on behalf of either parent, [his] the beneficiary's spouse, and
1847 [his] the beneficiary's dependent child or children, as defined in section
1848 17b-75. The state of Connecticut shall have a lien against property of
1849 any kind or interest in any property, estate or claim of any kind of the
1850 parents of an aid to dependent children, temporary family assistance
1851 or state administered general assistance beneficiary, in addition and
1852 not in substitution of its claim, for amounts owing under any order for
1853 support of any court or any family support magistrate, including any
1854 arrearage under such order, provided household goods and other
1855 personal property identified in section 52-352b, real property pursuant
1856 to section 17b-79, as long as such property is used as a home for the
1857 beneficiary and money received for the replacement of real or personal
1858 property, shall be exempt from such lien.

1859 Sec. 71. Section 17b-94 of the general statutes is repealed and the
1860 following is substituted in lieu thereof (*Effective July 1, 2011*):

1861 (a) In the case of causes of action of beneficiaries of aid under the
1862 state supplement program, medical assistance program, aid to families
1863 with dependent children program, temporary family assistance

1864 program or state-administered general assistance program, subject to
1865 subsections (b) and (c) of section 17b-93, as amended by this act, or of a
1866 parent [of a beneficiary of the aid to families with dependent children
1867 program, the temporary family assistance program or the state-
1868 administered general assistance program] liable to repay the state
1869 under the provisions of section 17b-93, as amended by this act, the
1870 claim of the state shall be a lien against the proceeds therefrom in the
1871 amount of the assistance paid or fifty per cent of the proceeds received
1872 by such beneficiary or such parent after payment of all expenses
1873 connected with the cause of action, whichever is less, for repayment
1874 under [said] section 17b-93, as amended by this act, and shall have
1875 priority over all other claims except attorney's fees for said causes,
1876 expenses of suit, costs of hospitalization connected with the cause of
1877 action by whomever paid over and above hospital insurance or other
1878 such benefits, and, for such period of hospitalization as was not paid
1879 for by the state, physicians' fees for services during any such period as
1880 are connected with the cause of action over and above medical
1881 insurance or other such benefits; and such claim shall consist of the
1882 total assistance repayment for which claim may be made under said
1883 programs. The proceeds of such causes of action shall be assignable to
1884 the state for payment of the amount due under [said] section 17b-93, as
1885 amended by this act, irrespective of any other provision of law. Upon
1886 presentation to the attorney for the beneficiary of an assignment of
1887 such proceeds executed by the beneficiary or his conservator or
1888 guardian, such assignment shall constitute an irrevocable direction to
1889 the attorney to pay the Commissioner of Administrative Services in
1890 accordance with its terms, except if, after settlement of the cause of
1891 action or judgment thereon, the Commissioner of Administrative
1892 Services does not inform the attorney for the beneficiary of the amount
1893 of lien which is to be paid to the Commissioner of Administrative
1894 Services within forty-five days of receipt of the written request of such
1895 attorney for such information, such attorney may distribute such
1896 proceeds to such beneficiary and shall not be liable for any loss the
1897 state may sustain thereby.

1898 (b) In the case of an inheritance of an estate by a beneficiary of aid
1899 under the state supplement program, medical assistance program, aid
1900 to families with dependent children program, temporary family
1901 assistance program or state-administered general assistance program,
1902 subject to subsections (b) and (c) of section 17b-93, as amended by this
1903 act, or by a parent liable to repay the state under the provisions of
1904 section 17b-93, as amended by this act, fifty per cent of the assets of the
1905 estate payable to the beneficiary or such parent or the amount of such
1906 assets equal to the amount of assistance paid, whichever is less, shall
1907 be assignable to the state for payment of the amount due under [said]
1908 section 17b-93, as amended by this act. The state shall have a lien
1909 against such assets in the applicable amount specified in this
1910 subsection. The Court of Probate shall accept any such assignment
1911 executed by the beneficiary or parent or any such lien notice if such
1912 assignment or lien notice is filed by the Commissioner of
1913 Administrative Services with the court prior to the distribution of such
1914 inheritance, and to the extent of such inheritance not already
1915 distributed, the court shall order distribution in accordance [therewith]
1916 with such assignment or lien notice. If the Commissioner of
1917 Administrative Services receives any assets of an estate pursuant to
1918 any such assignment, the commissioner shall be subject to the same
1919 duties and liabilities concerning such assigned assets as the beneficiary
1920 or parent.

1921 Sec. 72. Section 17b-224 of the general statutes is repealed and the
1922 following is substituted in lieu thereof (*Effective July 1, 2011*):

1923 A patient who is receiving or has received care in a state humane
1924 institution, his estate or both shall be liable to reimburse the state for
1925 any unpaid portion of per capita cost to the same extent as the liability
1926 of a public assistance beneficiary under sections 17b-93, as amended by
1927 this act, and 17b-95, subject to the same protection of a surviving
1928 spouse or dependent child as is [therein] provided in section 17b-95
1929 and subject to the same limitations and the same assignment and lien
1930 rights as provided in section 17b-94, as amended by this act.

1931 Sec. 73. Subdivision (4) of subsection (f) of section 17b-340 of the
1932 general statutes is repealed and the following is substituted in lieu
1933 thereof (*Effective July 1, 2011*):

1934 (4) For the fiscal year ending June 30, 1992, (A) no facility shall
1935 receive a rate that is less than the rate it received for the rate year
1936 ending June 30, 1991; (B) no facility whose rate, if determined pursuant
1937 to this subsection, would exceed one hundred twenty per cent of the
1938 state-wide median rate, as determined pursuant to this subsection,
1939 shall receive a rate which is five and one-half per cent more than the
1940 rate it received for the rate year ending June 30, 1991; and (C) no
1941 facility whose rate, if determined pursuant to this subsection, would be
1942 less than one hundred twenty per cent of the state-wide median rate,
1943 as determined pursuant to this subsection, shall receive a rate which is
1944 six and one-half per cent more than the rate it received for the rate year
1945 ending June 30, 1991. For the fiscal year ending June 30, 1993, no
1946 facility shall receive a rate that is less than the rate it received for the
1947 rate year ending June 30, 1992, or six per cent more than the rate it
1948 received for the rate year ending June 30, 1992. For the fiscal year
1949 ending June 30, 1994, no facility shall receive a rate that is less than the
1950 rate it received for the rate year ending June 30, 1993, or six per cent
1951 more than the rate it received for the rate year ending June 30, 1993.
1952 For the fiscal year ending June 30, 1995, no facility shall receive a rate
1953 that is more than five per cent less than the rate it received for the rate
1954 year ending June 30, 1994, or six per cent more than the rate it received
1955 for the rate year ending June 30, 1994. For the fiscal years ending June
1956 30, 1996, and June 30, 1997, no facility shall receive a rate that is more
1957 than three per cent more than the rate it received for the prior rate
1958 year. For the fiscal year ending June 30, 1998, a facility shall receive a
1959 rate increase that is not more than two per cent more than the rate that
1960 the facility received in the prior year. For the fiscal year ending June
1961 30, 1999, a facility shall receive a rate increase that is not more than
1962 three per cent more than the rate that the facility received in the prior
1963 year and that is not less than one per cent more than the rate that the
1964 facility received in the prior year, exclusive of rate increases associated

1965 with a wage, benefit and staffing enhancement rate adjustment added
1966 for the period from April 1, 1999, to June 30, 1999, inclusive. For the
1967 fiscal year ending June 30, 2000, each facility, except a facility with an
1968 interim rate or replaced interim rate for the fiscal year ending June 30,
1969 1999, and a facility having a certificate of need or other agreement
1970 specifying rate adjustments for the fiscal year ending June 30, 2000,
1971 shall receive a rate increase equal to one per cent applied to the rate the
1972 facility received for the fiscal year ending June 30, 1999, exclusive of
1973 the facility's wage, benefit and staffing enhancement rate adjustment.
1974 For the fiscal year ending June 30, 2000, no facility with an interim rate,
1975 replaced interim rate or scheduled rate adjustment specified in a
1976 certificate of need or other agreement for the fiscal year ending June
1977 30, 2000, shall receive a rate increase that is more than one per cent
1978 more than the rate the facility received in the fiscal year ending June
1979 30, 1999. For the fiscal year ending June 30, 2001, each facility, except a
1980 facility with an interim rate or replaced interim rate for the fiscal year
1981 ending June 30, 2000, and a facility having a certificate of need or other
1982 agreement specifying rate adjustments for the fiscal year ending June
1983 30, 2001, shall receive a rate increase equal to two per cent applied to
1984 the rate the facility received for the fiscal year ending June 30, 2000,
1985 subject to verification of wage enhancement adjustments pursuant to
1986 subdivision (15) of this subsection. For the fiscal year ending June 30,
1987 2001, no facility with an interim rate, replaced interim rate or
1988 scheduled rate adjustment specified in a certificate of need or other
1989 agreement for the fiscal year ending June 30, 2001, shall receive a rate
1990 increase that is more than two per cent more than the rate the facility
1991 received for the fiscal year ending June 30, 2000. For the fiscal year
1992 ending June 30, 2002, each facility shall receive a rate that is two and
1993 one-half per cent more than the rate the facility received in the prior
1994 fiscal year. For the fiscal year ending June 30, 2003, each facility shall
1995 receive a rate that is two per cent more than the rate the facility
1996 received in the prior fiscal year, except that such increase shall be
1997 effective January 1, 2003, and such facility rate in effect for the fiscal
1998 year ending June 30, 2002, shall be paid for services provided until

1999 December 31, 2002, except any facility that would have been issued a
2000 lower rate effective July 1, 2002, than for the fiscal year ending June 30,
2001 2002, due to interim rate status or agreement with the department shall
2002 be issued such lower rate effective July 1, 2002, and have such rate
2003 increased two per cent effective June 1, 2003. For the fiscal year ending
2004 June 30, 2004, rates in effect for the period ending June 30, 2003, shall
2005 remain in effect, except any facility that would have been issued a
2006 lower rate effective July 1, 2003, than for the fiscal year ending June 30,
2007 2003, due to interim rate status or agreement with the department shall
2008 be issued such lower rate effective July 1, 2003. For the fiscal year
2009 ending June 30, 2005, rates in effect for the period ending June 30, 2004,
2010 shall remain in effect until December 31, 2004, except any facility that
2011 would have been issued a lower rate effective July 1, 2004, than for the
2012 fiscal year ending June 30, 2004, due to interim rate status or
2013 agreement with the department shall be issued such lower rate
2014 effective July 1, 2004. Effective January 1, 2005, each facility shall
2015 receive a rate that is one per cent greater than the rate in effect
2016 December 31, 2004. Effective upon receipt of all the necessary federal
2017 approvals to secure federal financial participation matching funds
2018 associated with the rate increase provided in this subdivision, but in
2019 no event earlier than July 1, 2005, and provided the user fee imposed
2020 under section 17b-320 is required to be collected, for the fiscal year
2021 ending June 30, 2006, the department shall compute the rate for each
2022 facility based upon its 2003 cost report filing or a subsequent cost year
2023 filing for facilities having an interim rate for the period ending June 30,
2024 2005, as provided under section 17-311-55 of the regulations of
2025 Connecticut state agencies. For each facility not having an interim rate
2026 for the period ending June 30, 2005, the rate for the period ending June
2027 30, 2006, shall be determined beginning with the higher of the
2028 computed rate based upon its 2003 cost report filing or the rate in
2029 effect for the period ending June 30, 2005. Such rate shall then be
2030 increased by eleven dollars and eighty cents per day except that in no
2031 event shall the rate for the period ending June 30, 2006, be thirty-two
2032 dollars more than the rate in effect for the period ending June 30, 2005,

2033 and for any facility with a rate below one hundred ninety-five dollars
2034 per day for the period ending June 30, 2005, such rate for the period
2035 ending June 30, 2006, shall not be greater than two hundred seventeen
2036 dollars and forty-three cents per day and for any facility with a rate
2037 equal to or greater than one hundred ninety-five dollars per day for
2038 the period ending June 30, 2005, such rate for the period ending June
2039 30, 2006, shall not exceed the rate in effect for the period ending June
2040 30, 2005, increased by eleven and one-half per cent. For each facility
2041 with an interim rate for the period ending June 30, 2005, the interim
2042 replacement rate for the period ending June 30, 2006, shall not exceed
2043 the rate in effect for the period ending June 30, 2005, increased by
2044 eleven dollars and eighty cents per day plus the per day cost of the
2045 user fee payments made pursuant to section 17b-320 divided by
2046 annual resident service days, except for any facility with an interim
2047 rate below one hundred ninety-five dollars per day for the period
2048 ending June 30, 2005, the interim replacement rate for the period
2049 ending June 30, 2006, shall not be greater than two hundred seventeen
2050 dollars and forty-three cents per day and for any facility with an
2051 interim rate equal to or greater than one hundred ninety-five dollars
2052 per day for the period ending June 30, 2005, the interim replacement
2053 rate for the period ending June 30, 2006, shall not exceed the rate in
2054 effect for the period ending June 30, 2005, increased by eleven and one-
2055 half per cent. Such July 1, 2005, rate adjustments shall remain in effect
2056 unless (i) the federal financial participation matching funds associated
2057 with the rate increase are no longer available; or (ii) the user fee
2058 created pursuant to section 17b-320 is not in effect. For the fiscal year
2059 ending June 30, 2007, each facility shall receive a rate that is three per
2060 cent greater than the rate in effect for the period ending June 30, 2006,
2061 except any facility that would have been issued a lower rate effective
2062 July 1, 2006, than for the rate period ending June 30, 2006, due to
2063 interim rate status or agreement with the department, shall be issued
2064 such lower rate effective July 1, 2006. For the fiscal year ending June
2065 30, 2008, each facility shall receive a rate that is two and nine-tenths
2066 per cent greater than the rate in effect for the period ending June 30,

2067 2007, except any facility that would have been issued a lower rate
2068 effective July 1, 2007, than for the rate period ending June 30, 2007, due
2069 to interim rate status or agreement with the department, shall be
2070 issued such lower rate effective July 1, 2007. For the fiscal year ending
2071 June 30, 2009, rates in effect for the period ending June 30, 2008, shall
2072 remain in effect until June 30, 2009, except any facility that would have
2073 been issued a lower rate for the fiscal year ending June 30, 2009, due to
2074 interim rate status or agreement with the department shall be issued
2075 such lower rate. For the fiscal years ending June 30, 2010, and June 30,
2076 2011, rates in effect for the period ending June 30, 2009, shall remain in
2077 effect until June 30, 2011, except any facility that would have been
2078 issued a lower rate for the fiscal year ending June 30, 2010, or the fiscal
2079 year ending June 30, 2011, due to interim rate status or agreement with
2080 the department, shall be issued such lower rate. For the fiscal years
2081 ending June 30, 2012, and June 30, 2013, rates in effect for the period
2082 ending June 30, 2011, shall remain in effect until June 30, 2013, except
2083 any facility that would have been issued a lower rate for the fiscal year
2084 ending June 30, 2012, or the fiscal year ending June 30, 2013, due to
2085 interim rate status or agreement with the department, shall be issued
2086 such lower rate. The Commissioner of Social Services shall add fair
2087 rent increases to any other rate increases established pursuant to this
2088 subdivision for a facility which has undergone a material change in
2089 circumstances related to fair rent, except for the fiscal [year] years
2090 ending June 30, 2010, [and the fiscal year ending] June 30, 2011, June
2091 30, 2012, and June 30, 2013, such fair rent increases shall only be
2092 provided to facilities with an approved certificate of need pursuant to
2093 section 17b-352, 17b-353, 17b-354 or 17b-355. Interim rates may take
2094 into account reasonable costs incurred by a facility, including wages
2095 and benefits. Notwithstanding the provisions of this section, the
2096 Commissioner of Social Services may, within available appropriations,
2097 increase rates issued to licensed chronic and convalescent nursing
2098 homes and licensed rest homes with nursing supervision.

2099 Sec. 74. Subsection (g) of section 17b-340 of the general statutes is
2100 repealed and the following is substituted in lieu thereof (*Effective July*

2101 1, 2011):

2102 (g) For the fiscal year ending June 30, 1993, any intermediate care
2103 facility for the mentally retarded with an operating cost component of
2104 its rate in excess of one hundred forty per cent of the median of
2105 operating cost components of rates in effect January 1, 1992, shall not
2106 receive an operating cost component increase. For the fiscal year
2107 ending June 30, 1993, any intermediate care facility for the mentally
2108 retarded with an operating cost component of its rate that is less than
2109 one hundred forty per cent of the median of operating cost
2110 components of rates in effect January 1, 1992, shall have an allowance
2111 for real wage growth equal to thirty per cent of the increase
2112 determined in accordance with subsection (q) of section 17-311-52 of
2113 the regulations of Connecticut state agencies, provided such operating
2114 cost component shall not exceed one hundred forty per cent of the
2115 median of operating cost components in effect January 1, 1992. Any
2116 facility with real property other than land placed in service prior to
2117 October 1, 1991, shall, for the fiscal year ending June 30, 1995, receive a
2118 rate of return on real property equal to the average of the rates of
2119 return applied to real property other than land placed in service for the
2120 five years preceding October 1, 1993. For the fiscal year ending June 30,
2121 1996, and any succeeding fiscal year, the rate of return on real property
2122 for property items shall be revised every five years. The commissioner
2123 shall, upon submission of a request, allow actual debt service,
2124 comprised of principal and interest, in excess of property costs allowed
2125 pursuant to section 17-311-52 of the regulations of Connecticut state
2126 agencies, provided such debt service terms and amounts are
2127 reasonable in relation to the useful life and the base value of the
2128 property. For the fiscal year ending June 30, 1995, and any succeeding
2129 fiscal year, the inflation adjustment made in accordance with
2130 subsection (p) of section 17-311-52 of the regulations of Connecticut
2131 state agencies shall not be applied to real property costs. For the fiscal
2132 year ending June 30, 1996, and any succeeding fiscal year, the
2133 allowance for real wage growth, as determined in accordance with
2134 subsection (q) of section 17-311-52 of the regulations of Connecticut

2135 state agencies, shall not be applied. For the fiscal year ending June 30,
2136 1996, and any succeeding fiscal year, no rate shall exceed three
2137 hundred seventy-five dollars per day unless the commissioner, in
2138 consultation with the Commissioner of Developmental Services,
2139 determines after a review of program and management costs, that a
2140 rate in excess of this amount is necessary for care and treatment of
2141 facility residents. For the fiscal year ending June 30, 2002, rate period,
2142 the Commissioner of Social Services shall increase the inflation
2143 adjustment for rates made in accordance with subsection (p) of section
2144 17-311-52 of the regulations of Connecticut state agencies to update
2145 allowable fiscal year 2000 costs to include a three and one-half per cent
2146 inflation factor. For the fiscal year ending June 30, 2003, rate period, the
2147 commissioner shall increase the inflation adjustment for rates made in
2148 accordance with subsection (p) of section 17-311-52 of the regulations
2149 of Connecticut state agencies to update allowable fiscal year 2001 costs
2150 to include a one and one-half per cent inflation factor, except that such
2151 increase shall be effective November 1, 2002, and such facility rate in
2152 effect for the fiscal year ending June 30, 2002, shall be paid for services
2153 provided until October 31, 2002, except any facility that would have
2154 been issued a lower rate effective July 1, 2002, than for the fiscal year
2155 ending June 30, 2002, due to interim rate status or agreement with the
2156 department shall be issued such lower rate effective July 1, 2002, and
2157 have such rate updated effective November 1, 2002, in accordance with
2158 applicable statutes and regulations. For the fiscal year ending June 30,
2159 2004, rates in effect for the period ending June 30, 2003, shall remain in
2160 effect, except any facility that would have been issued a lower rate
2161 effective July 1, 2003, than for the fiscal year ending June 30, 2003, due
2162 to interim rate status or agreement with the department shall be issued
2163 such lower rate effective July 1, 2003. For the fiscal year ending June
2164 30, 2005, rates in effect for the period ending June 30, 2004, shall
2165 remain in effect until September 30, 2004. Effective October 1, 2004,
2166 each facility shall receive a rate that is five per cent greater than the
2167 rate in effect September 30, 2004. Effective upon receipt of all the
2168 necessary federal approvals to secure federal financial participation

2169 matching funds associated with the rate increase provided in
2170 subdivision (4) of subsection (f) of this section, but in no event earlier
2171 than October 1, 2005, and provided the user fee imposed under section
2172 17b-320 is required to be collected, each facility shall receive a rate that
2173 is four per cent more than the rate the facility received in the prior
2174 fiscal year, except any facility that would have been issued a lower rate
2175 effective October 1, 2005, than for the fiscal year ending June 30, 2005,
2176 due to interim rate status or agreement with the department, shall be
2177 issued such lower rate effective October 1, 2005. Such rate increase
2178 shall remain in effect unless: (A) The federal financial participation
2179 matching funds associated with the rate increase are no longer
2180 available; or (B) the user fee created pursuant to section 17b-320 is not
2181 in effect. For the fiscal year ending June 30, 2007, rates in effect for the
2182 period ending June 30, 2006, shall remain in effect until September 30,
2183 2006, except any facility that would have been issued a lower rate
2184 effective July 1, 2006, than for the fiscal year ending June 30, 2006, due
2185 to interim rate status or agreement with the department, shall be
2186 issued such lower rate effective July 1, 2006. Effective October 1, 2006,
2187 no facility shall receive a rate that is more than three per cent greater
2188 than the rate in effect for the facility on September 30, 2006, except any
2189 facility that would have been issued a lower rate effective October 1,
2190 2006, due to interim rate status or agreement with the department,
2191 shall be issued such lower rate effective October 1, 2006. For the fiscal
2192 year ending June 30, 2008, each facility shall receive a rate that is two
2193 and nine-tenths per cent greater than the rate in effect for the period
2194 ending June 30, 2007, except any facility that would have been issued a
2195 lower rate effective July 1, 2007, than for the rate period ending June
2196 30, 2007, due to interim rate status, or agreement with the department,
2197 shall be issued such lower rate effective July 1, 2007. For the fiscal year
2198 ending June 30, 2009, rates in effect for the period ending June 30, 2008,
2199 shall remain in effect until June 30, 2009, except any facility that would
2200 have been issued a lower rate for the fiscal year ending June 30, 2009,
2201 due to interim rate status or agreement with the department, shall be
2202 issued such lower rate. For the fiscal years ending June 30, 2010, and

2203 June 30, 2011, rates in effect for the period ending June 30, 2009, shall
2204 remain in effect until June 30, 2011, except any facility that would have
2205 been issued a lower rate for the fiscal year ending June 30, 2010, or the
2206 fiscal year ending June 30, 2011, due to interim rate status or
2207 agreement with the department, shall be issued such lower rate. For
2208 the fiscal years ending June 30, 2012, and June 30, 2013, rates in effect
2209 for the period ending June 30, 2011, shall remain in effect until June 30,
2210 2013, except any facility that would have been issued a lower rate for
2211 the fiscal year ending June 30, 2012, or the fiscal year ending June 30,
2212 2013, due to interim rate status or agreement with the department,
2213 shall be issued such lower rate. For the fiscal years ending June 30,
2214 2012, and June 30, 2013, the Commissioner of Social Services may
2215 provide fair rent increases to any facility that has undergone a material
2216 change in circumstances related to fair rent and has an approved
2217 certificate of need pursuant to section 17b-352, 17b-353, 17b-354 or 17b-
2218 355. Notwithstanding the provisions of this section, the Commissioner
2219 of Social Services may, within available appropriations, increase rates
2220 issued to intermediate care facilities for the mentally retarded.

2221 Sec. 75. Subdivision (1) of subsection (h) of section 17b-340 of the
2222 general statutes is repealed and the following is substituted in lieu
2223 thereof (*Effective July 1, 2011*):

2224 (h) (1) For the fiscal year ending June 30, 1993, any residential care
2225 home with an operating cost component of its rate in excess of one
2226 hundred thirty per cent of the median of operating cost components of
2227 rates in effect January 1, 1992, shall not receive an operating cost
2228 component increase. For the fiscal year ending June 30, 1993, any
2229 residential care home with an operating cost component of its rate that
2230 is less than one hundred thirty per cent of the median of operating cost
2231 components of rates in effect January 1, 1992, shall have an allowance
2232 for real wage growth equal to sixty-five per cent of the increase
2233 determined in accordance with subsection (q) of section 17-311-52 of
2234 the regulations of Connecticut state agencies, provided such operating
2235 cost component shall not exceed one hundred thirty per cent of the

2236 median of operating cost components in effect January 1, 1992.
2237 Beginning with the fiscal year ending June 30, 1993, for the purpose of
2238 determining allowable fair rent, a residential care home with allowable
2239 fair rent less than the twenty-fifth percentile of the state-wide
2240 allowable fair rent shall be reimbursed as having allowable fair rent
2241 equal to the twenty-fifth percentile of the state-wide allowable fair
2242 rent. Beginning with the fiscal year ending June 30, 1997, a residential
2243 care home with allowable fair rent less than three dollars and ten cents
2244 per day shall be reimbursed as having allowable fair rent equal to
2245 three dollars and ten cents per day. Property additions placed in
2246 service during the cost year ending September 30, 1996, or any
2247 succeeding cost year shall receive a fair rent allowance for such
2248 additions as an addition to three dollars and ten cents per day if the
2249 fair rent for the facility for property placed in service prior to
2250 September 30, 1995, is less than or equal to three dollars and ten cents
2251 per day. For the fiscal year ending June 30, 1996, and any succeeding
2252 fiscal year, the allowance for real wage growth, as determined in
2253 accordance with subsection (q) of section 17-311-52 of the regulations
2254 of Connecticut state agencies, shall not be applied. For the fiscal year
2255 ending June 30, 1996, and any succeeding fiscal year, the inflation
2256 adjustment made in accordance with subsection (p) of section
2257 17-311-52 of the regulations of Connecticut state agencies shall not be
2258 applied to real property costs. Beginning with the fiscal year ending
2259 June 30, 1997, minimum allowable patient days for rate computation
2260 purposes for a residential care home with twenty-five beds or less shall
2261 be eighty-five per cent of licensed capacity. Beginning with the fiscal
2262 year ending June 30, 2002, for the purposes of determining the
2263 allowable salary of an administrator of a residential care home with
2264 sixty beds or less the department shall revise the allowable base salary
2265 to thirty-seven thousand dollars to be annually inflated thereafter in
2266 accordance with section 17-311-52 of the regulations of Connecticut
2267 state agencies. The rates for the fiscal year ending June 30, 2002, shall
2268 be based upon the increased allowable salary of an administrator,
2269 regardless of whether such amount was expended in the 2000 cost

2270 report period upon which the rates are based. Beginning with the fiscal
2271 year ending June 30, 2000, the inflation adjustment for rates made in
2272 accordance with subsection (p) of section 17-311-52 of the regulations
2273 of Connecticut state agencies shall be increased by two per cent, and
2274 beginning with the fiscal year ending June 30, 2002, the inflation
2275 adjustment for rates made in accordance with subsection (c) of said
2276 section shall be increased by one per cent. Beginning with the fiscal
2277 year ending June 30, 1999, for the purpose of determining the
2278 allowable salary of a related party, the department shall revise the
2279 maximum salary to twenty-seven thousand eight hundred fifty-six
2280 dollars to be annually inflated thereafter in accordance with section
2281 17-311-52 of the regulations of Connecticut state agencies and
2282 beginning with the fiscal year ending June 30, 2001, such allowable
2283 salary shall be computed on an hourly basis and the maximum
2284 number of hours allowed for a related party other than the proprietor
2285 shall be increased from forty hours to forty-eight hours per work week.
2286 For the fiscal year ending June 30, 2005, each facility shall receive a rate
2287 that is two and one-quarter per cent more than the rate the facility
2288 received in the prior fiscal year, except any facility that would have
2289 been issued a lower rate effective July 1, 2004, than for the fiscal year
2290 ending June 30, 2004, due to interim rate status or agreement with the
2291 department shall be issued such lower rate effective July 1, 2004.
2292 Effective upon receipt of all the necessary federal approvals to secure
2293 federal financial participation matching funds associated with the rate
2294 increase provided in subdivision (4) of subsection (f) of this section,
2295 but in no event earlier than October 1, 2005, and provided the user fee
2296 imposed under section 17b-320 is required to be collected, each facility
2297 shall receive a rate that is determined in accordance with applicable
2298 law and subject to appropriations, except any facility that would have
2299 been issued a lower rate effective October 1, 2005, than for the fiscal
2300 year ending June 30, 2005, due to interim rate status or agreement with
2301 the department, shall be issued such lower rate effective October 1,
2302 2005. Such rate increase shall remain in effect unless: (A) The federal
2303 financial participation matching funds associated with the rate increase

2304 are no longer available; or (B) the user fee created pursuant to section
2305 17b-320 is not in effect. For the fiscal year ending June 30, 2007, rates in
2306 effect for the period ending June 30, 2006, shall remain in effect until
2307 September 30, 2006, except any facility that would have been issued a
2308 lower rate effective July 1, 2006, than for the fiscal year ending June 30,
2309 2006, due to interim rate status or agreement with the department,
2310 shall be issued such lower rate effective July 1, 2006. Effective October
2311 1, 2006, no facility shall receive a rate that is more than four per cent
2312 greater than the rate in effect for the facility on September 30, 2006,
2313 except for any facility that would have been issued a lower rate
2314 effective October 1, 2006, due to interim rate status or agreement with
2315 the department, shall be issued such lower rate effective October 1,
2316 2006. For the fiscal years ending June 30, 2010, and June 30, 2011, rates
2317 in effect for the period ending June 30, 2009, shall remain in effect until
2318 June 30, 2011, except any facility that would have been issued a lower
2319 rate for the fiscal year ending June 30, 2010, or the fiscal year ending
2320 June 30, 2011, due to interim rate status or agreement with the
2321 department, shall be issued such lower rate, except (i) any facility that
2322 would have been issued a lower rate for the fiscal year ending June 30,
2323 2010, or the fiscal year ending June 30, 2011, due to interim rate status
2324 or agreement with the Commissioner of Social Services shall be issued
2325 such lower rate; and (ii) the commissioner may increase a facility's rate
2326 for reasonable costs associated with such facility's compliance with the
2327 provisions of section 19a-495a, as amended by this act, concerning the
2328 administration of medication by unlicensed personnel. For the fiscal
2329 years ending June 30, 2012, and June 30, 2013, rates in effect for the
2330 period ending June 30, 2011, shall remain in effect until June 30, 2013,
2331 except that (I) any facility that would have been issued a lower rate for
2332 the fiscal year ending June 30, 2012, or the fiscal year ending June 30,
2333 2013, due to interim rate status or agreement with the Commissioner of
2334 Social Services shall be issued such lower rate; and (II) the
2335 commissioner may increase a facility's rate for reasonable costs
2336 associated with such facility's compliance with the provisions of
2337 section 19a-495a concerning the administration of medication by

2338 unlicensed personnel. For the fiscal years ending June 30, 2012, and
2339 June 30, 2013, the Commissioner of Social Services may provide fair
2340 rent increases to any facility that has undergone a material change in
2341 circumstances related to fair rent and has an approved certificate of
2342 need pursuant to section 17b-352, 17b-353, 17b-354 or 17b-355.

2343 Sec. 76. Subsection (a) of section 17b-280 of the general statutes is
2344 repealed and the following is substituted in lieu thereof (*Effective July*
2345 *1, 2011*):

2346 (a) The state shall reimburse for all legend drugs provided under
2347 [the Medicaid, state-administered general assistance, ConnPACE and
2348 Connecticut AIDS drug assistance programs] medical assistance
2349 programs administered by the Department of Social Services at the
2350 lower of (1) the rate established by the Centers for Medicare and
2351 Medicaid Services as the federal acquisition cost, (2) the average
2352 wholesale price minus [fourteen] sixteen per cent, or (3) an equivalent
2353 percentage as established under the Medicaid state plan. The
2354 [commissioner] state shall [also establish] pay a professional fee of two
2355 dollars [and ninety cents] to licensed pharmacies for each prescription
2356 [to be paid to licensed pharmacies for dispensing drugs to Medicaid,
2357 state-administered general assistance, ConnPACE and Connecticut
2358 AIDS drug assistance recipients] dispensed to a recipient of benefits
2359 under a medical assistance program administered by the Department
2360 of Social Services in accordance with federal regulations. [; and on] On
2361 and after September 4, 1991, payment for legend and nonlegend drugs
2362 provided to Medicaid recipients shall be based upon the actual
2363 package size dispensed. Effective October 1, 1991, reimbursement for
2364 over-the-counter drugs for such recipients shall be limited to those
2365 over-the-counter drugs and products published in the Connecticut
2366 Formulary, or the cross reference list, issued by the commissioner. The
2367 cost of all over-the-counter drugs and products provided to residents
2368 of nursing facilities, chronic disease hospitals, and intermediate care
2369 facilities for the mentally retarded shall be included in the facilities' per
2370 diem rate. Notwithstanding the provisions of this subsection, no

2371 dispensing fee shall be issued for a prescription drug dispensed to a
2372 ConnPACE or Medicaid recipient who is a Medicare Part D beneficiary
2373 when the prescription drug is a Medicare Part D drug, as defined in
2374 Public Law 108-173, the Medicare Prescription Drug, Improvement,
2375 and Modernization Act of 2003.

2376 Sec. 77. Subsection (b) of section 17b-104 of the general statutes is
2377 repealed and the following is substituted in lieu thereof (*Effective July*
2378 *1, 2011*):

2379 (b) On July 1, 2007, and annually thereafter, the commissioner shall
2380 increase the payment standards over those of the previous fiscal year
2381 under the temporary family assistance program and the
2382 state-administered general assistance program by the percentage
2383 increase, if any, in the most recent calendar year average in the
2384 consumer price index for urban consumers over the average for the
2385 previous calendar year, provided the annual increase, if any, shall not
2386 exceed five per cent, except that the payment standards for the fiscal
2387 years ending June 30, 2010, [and] June 30, 2011, June 30, 2012, and June
2388 30, 2013, shall not be increased.

2389 Sec. 78. Section 17b-106 of the general statutes is repealed and the
2390 following is substituted in lieu thereof (*Effective July 1, 2011*):

2391 (a) On January 1, 2006, and on each January first thereafter, the
2392 Commissioner of Social Services shall increase the unearned income
2393 disregard for recipients of the state supplement to the federal
2394 Supplemental Security Income Program by an amount equal to the
2395 federal cost-of-living adjustment, if any, provided to recipients of
2396 federal Supplemental Security Income Program benefits for the
2397 corresponding calendar year. On July 1, 1989, and annually thereafter,
2398 the commissioner shall increase the adult payment standards over
2399 those of the previous fiscal year for the state supplement to the federal
2400 Supplemental Security Income Program by the percentage increase, if
2401 any, in the most recent calendar year average in the consumer price
2402 index for urban consumers over the average for the previous calendar

2403 year, provided the annual increase, if any, shall not exceed five per
2404 cent, except that the adult payment standards for the fiscal years
2405 ending June 30, 1993, June 30, 1994, June 30, 1995, June 30, 1996, June
2406 30, 1997, June 30, 1998, June 30, 1999, June 30, 2000, June 30, 2001, June
2407 30, 2002, June 30, 2003, June 30, 2004, June 30, 2005, June 30, 2006, June
2408 30, 2007, June 30, 2008, June 30, 2009, June 30, 2010, [and] June 30, 2011,
2409 June 30, 2012, and June 30, 2013, shall not be increased. Effective
2410 October 1, 1991, the coverage of excess utility costs for recipients of the
2411 state supplement to the federal Supplemental Security Income
2412 Program is eliminated. Notwithstanding the provisions of this section,
2413 the commissioner may increase the personal needs allowance
2414 component of the adult payment standard as necessary to meet federal
2415 maintenance of effort requirements.

2416 (b) Effective July 1, [1998] 2011, the commissioner shall provide a
2417 state supplement payment for recipients of Medicaid and the federal
2418 Supplemental Security Income Program who reside in long-term care
2419 facilities sufficient to increase their personal needs allowance to [fifty]
2420 sixty dollars per month. Such state supplement payment shall be made
2421 to the long-term care facility to be deposited into the personal fund
2422 account of each such recipient. [Effective July 1, 1999, and annually
2423 thereafter, the commissioner shall increase such allowance to reflect
2424 the annual inflation adjustment in Social Security income, if any.] For
2425 the purposes of this subsection, "long-term care facility" means a
2426 licensed chronic and convalescent nursing home, a chronic disease
2427 hospital, a rest home with nursing supervision, an intermediate care
2428 facility for the mentally retarded or a state humane institution.

2429 Sec. 79. Section 17b-272 of the general statutes is repealed and the
2430 following is substituted in lieu thereof (*Effective July 1, 2011*):

2431 Effective July 1, [1998] 2011, the Commissioner of Social Services
2432 shall permit patients residing in nursing homes, chronic disease
2433 hospitals and state humane institutions who are medical assistance
2434 recipients under sections 17b-260 to 17b-262, inclusive, as amended by

2435 this act, 17b-264 to 17b-285, inclusive, as amended by this act, and 17b-
2436 357 to 17b-361, inclusive, to have a monthly personal fund allowance
2437 of [fifty] sixty dollars. [Effective July 1, 1999, the commissioner shall
2438 increase such allowance annually to reflect the annual inflation
2439 adjustment in Social Security income, if any.]

2440 Sec. 80. Section 17b-311 of the general statutes is repealed and the
2441 following is substituted in lieu thereof (*Effective September 1, 2011*):

2442 (a) There is established the Charter Oak Health Plan for the purpose
2443 of providing access to health insurance coverage for state residents
2444 who have been uninsured for at least six months, [and] who are
2445 ineligible for other publicly funded health insurance plans and who
2446 are ineligible for the high-risk pool established pursuant to Section
2447 1101 of the Patient Protection and Affordable Care Act, P.L. 111-148.
2448 The Commissioner of Social Services may enter into contracts for the
2449 provision of comprehensive health care for such uninsured state
2450 residents. The commissioner shall conduct outreach to facilitate
2451 enrollment in the plan.

2452 (b) The commissioner shall impose cost-sharing requirements in
2453 connection with services provided under the Charter Oak Health Plan.
2454 Such requirements may include, but not be limited to: (1) A monthly
2455 premium; (2) an annual deductible not to exceed one thousand dollars;
2456 (3) a coinsurance payment not to exceed twenty per cent after the
2457 deductible amount is met; (4) tiered copayments for prescription drugs
2458 determined by whether the drug is generic or brand name, formulary
2459 or nonformulary and whether purchased through mail order; (5) no fee
2460 for emergency visits to hospital emergency rooms; (6) a copayment not
2461 to exceed one hundred fifty dollars for nonemergency visits to hospital
2462 emergency rooms; and (7) a lifetime benefit not to exceed one million
2463 dollars.

2464 (c) (1) The Commissioner of Social Services shall provide premium
2465 assistance to eligible state residents whose gross annual income does
2466 not exceed three hundred per cent of the federal poverty level. Such

2467 premium assistance shall be limited to: (A) One hundred [seventy-five]
2468 fifteen dollars per month for individuals whose gross annual income is
2469 below one hundred fifty per cent of the federal poverty level; (B) one
2470 hundred [fifty] dollars per month for individuals whose gross annual
2471 income is at or above one hundred fifty per cent of the federal poverty
2472 level but not more than one hundred eighty-five per cent of the federal
2473 poverty level; (C) [seventy-five] fifty dollars per month for individuals
2474 whose gross annual income is above one hundred eighty-five per cent
2475 of the federal poverty level but not more than two hundred thirty-five
2476 per cent of the federal poverty level; and (D) [fifty] thirty-five dollars
2477 per month for individuals whose gross annual income is above two
2478 hundred thirty-five per cent of the federal poverty level but not more
2479 than three hundred per cent of the federal poverty level. Individuals
2480 insured under the Charter Oak Health Plan shall pay their share of
2481 payment for coverage in the plan directly to the insurer.

2482 (2) Notwithstanding the provisions of this subsection, for the fiscal
2483 years ending June 30, 2010, [and] June 30, 2011, and each fiscal year
2484 thereafter, the Commissioner of Social Services shall only provide
2485 premium assistance to state residents who are eligible for such
2486 assistance and who are enrolled in the Charter Oak Health Plan on
2487 [April 30, 2010] May 31, 2010.

2488 (d) The Commissioner of Social Services shall determine minimum
2489 requirements on the amount, duration and scope of benefits under the
2490 Charter Oak Health Plan. [, except that there shall be no preexisting
2491 condition exclusion.] Each participating insurer or administrative
2492 services organization shall provide an internal grievance process by
2493 which an enrollee in the Charter Oak Health Plan may request and be
2494 provided a review of a denial of coverage under the plan.

2495 (e) The Commissioner of Social Services shall seek proposals from
2496 entities described in subsection (e) of this section based on the cost
2497 sharing and benefits described in subsections (b) and (c) of this section.
2498 The commissioner may approve an alternative plan in order to make

2499 coverage options available to those eligible to be insured under the
2500 plan.

2501 (f) The Commissioner of Social Services, pursuant to section 17b-10,
2502 may implement policies and procedures to administer the provisions
2503 of this section while in the process of adopting such policies and
2504 procedures as regulation, provided the commissioner prints notice of
2505 the intent to adopt the regulation in the Connecticut Law Journal not
2506 later than twenty days after the date of implementation. Such policies
2507 shall be valid until the time final regulations are adopted and may
2508 include: (1) Exceptions to the requirement that a resident be uninsured
2509 for at least six months to be eligible for the Charter Oak Health Plan;
2510 and (2) requirements for open enrollment and limitations on the ability
2511 of enrollees to change plans between such open enrollment periods.

2512 Sec. 81. (NEW) (*Effective July 1, 2011*) (a) The Commissioner of Social
2513 Services shall modify the extent of nonemergency adult dental services
2514 provided under the Medicaid program. Such modifications shall
2515 include, but are not limited to, providing one periodic dental exam,
2516 one dental cleaning and one set of bitewing x-rays each year for a
2517 healthy adult. For purposes of this section, "healthy adult" means a
2518 person over twenty-one years of age for whom there is no evidence
2519 indicating that dental disease is an aggravating factor for the person's
2520 overall health condition.

2521 (b) The commissioner may implement policies and procedures
2522 necessary to administer the provisions of this section while in the
2523 process of adopting such policies and procedures in regulation form,
2524 provided the commissioner prints notice of intent to adopt regulations
2525 in the Connecticut Law Journal not later than twenty days after the
2526 date of implementation. Such policies and procedures shall remain
2527 valid for three years following the date of publication in the
2528 Connecticut Law Journal unless otherwise provided for by the General
2529 Assembly. Notwithstanding the time frames established in subsection
2530 (c) of section 17b-10 of the general statutes, the commissioner shall

2531 submit such policies and procedures in proposed regulation form to
2532 the legislative regulation review committee not later than three years
2533 following the date of publication of its intent to adopt regulations as
2534 provided for in this subsection. In the event that the commissioner is
2535 unable to submit proposed regulations prior to the expiration of the
2536 three-year time period as provided for in this subsection, the
2537 commissioner shall submit written notice, not later than thirty-five
2538 days prior to the date of expiration of such time period, to the
2539 legislative regulation review committee and the joint standing
2540 committees of the General Assembly having cognizance of matters
2541 relating to human services and appropriations and the budgets of state
2542 agencies indicating that the department will not be able to submit the
2543 proposed regulations on or before such date and shall include in such
2544 notice (1) the reasons why the department will not submit the
2545 proposed regulations by such date, and (2) the date by which the
2546 department will submit the proposed regulations. The legislative
2547 regulation review committee may require the department to appear
2548 before the committee at a time prescribed by the committee to further
2549 explain such reasons and to respond to any questions by the
2550 committee about the policy. The legislative regulation review
2551 committee may request the joint standing committee of the General
2552 Assembly having cognizance of matters relating to human services to
2553 review the department's policy, the department's reasons for not
2554 submitting the proposed regulations by the date specified in this
2555 section and the date by which the department will submit the
2556 proposed regulations. Said joint standing committee may review the
2557 policy, such reasons and such date, may schedule a hearing thereon
2558 and may make a recommendation to the legislative regulation review
2559 committee.

2560 Sec. 82. Subsection (a) of section 17b-244 of the general statutes is
2561 repealed and the following is substituted in lieu thereof (*Effective July*
2562 *1, 2011*):

2563 (a) The room and board component of the rates to be paid by the

2564 state to private facilities and facilities operated by regional education
2565 service centers which are licensed to provide residential care pursuant
2566 to section 17a-227, but not certified to participate in the Title XIX
2567 Medicaid program as intermediate care facilities for persons with
2568 mental retardation, shall be determined annually by the Commissioner
2569 of Social Services, except that rates effective April 30, 1989, shall
2570 remain in effect through October 31, 1989. Any facility with real
2571 property other than land placed in service prior to July 1, 1991, shall,
2572 for the fiscal year ending June 30, 1995, receive a rate of return on real
2573 property equal to the average of the rates of return applied to real
2574 property other than land placed in service for the five years preceding
2575 July 1, 1993. For the fiscal year ending June 30, 1996, and any
2576 succeeding fiscal year, the rate of return on real property for property
2577 items shall be revised every five years. The commissioner shall, upon
2578 submission of a request by such facility, allow actual debt service,
2579 comprised of principal and interest, on the loan or loans in lieu of
2580 property costs allowed pursuant to section 17-313b-5 of the regulations
2581 of Connecticut state agencies, whether actual debt service is higher or
2582 lower than such allowed property costs, provided such debt service
2583 terms and amounts are reasonable in relation to the useful life and the
2584 base value of the property. In the case of facilities financed through the
2585 Connecticut Housing Finance Authority, the commissioner shall allow
2586 actual debt service, comprised of principal, interest and a reasonable
2587 repair and replacement reserve on the loan or loans in lieu of property
2588 costs allowed pursuant to section 17-313b-5 of the regulations of
2589 Connecticut state agencies, whether actual debt service is higher or
2590 lower than such allowed property costs, provided such debt service
2591 terms and amounts are determined by the commissioner at the time
2592 the loan is entered into to be reasonable in relation to the useful life
2593 and base value of the property. The commissioner may allow fees
2594 associated with mortgage refinancing provided such refinancing will
2595 result in state reimbursement savings, after comparing costs over the
2596 terms of the existing proposed loans. For the fiscal year ending June 30,
2597 1992, the inflation factor used to determine rates shall be one-half of

2598 the gross national product percentage increase for the period between
2599 the midpoint of the cost year through the midpoint of the rate year. For
2600 fiscal year ending June 30, 1993, the inflation factor used to determine
2601 rates shall be two-thirds of the gross national product percentage
2602 increase from the midpoint of the cost year to the midpoint of the rate
2603 year. For the fiscal years ending June 30, 1996, and June 30, 1997, no
2604 inflation factor shall be applied in determining rates. The
2605 Commissioner of Social Services shall prescribe uniform forms on
2606 which such facilities shall report their costs. Such rates shall be
2607 determined on the basis of a reasonable payment for necessary
2608 services. Any increase in grants, gifts, fund-raising or endowment
2609 income used for the payment of operating costs by a private facility in
2610 the fiscal year ending June 30, 1992, shall be excluded by the
2611 commissioner from the income of the facility in determining the rates
2612 to be paid to the facility for the fiscal year ending June 30, 1993,
2613 provided any operating costs funded by such increase shall not
2614 obligate the state to increase expenditures in subsequent fiscal years.
2615 Nothing contained in this section shall authorize a payment by the
2616 state to any such facility in excess of the charges made by the facility
2617 for comparable services to the general public. The service component
2618 of the rates to be paid by the state to private facilities and facilities
2619 operated by regional education service centers which are licensed to
2620 provide residential care pursuant to section 17a-227, but not certified
2621 to participate in the Title XIX Medicaid programs as intermediate care
2622 facilities for persons with mental retardation, shall be determined
2623 annually by the Commissioner of Developmental Services in
2624 accordance with section 17b-244a. For the fiscal year ending June 30,
2625 2008, no facility shall receive a rate that is more than two per cent
2626 greater than the rate in effect for the facility on June 30, 2007, except
2627 any facility that would have been issued a lower rate effective July 1,
2628 2007, due to interim rate status or agreement with the department,
2629 shall be issued such lower rate effective July 1, 2007. For the fiscal year
2630 ending June 30, 2009, no facility shall receive a rate that is more than
2631 two per cent greater than the rate in effect for the facility on June 30,

2632 2008, except any facility that would have been issued a lower rate
2633 effective July 1, 2008, due to interim rate status or agreement with the
2634 department, shall be issued such lower rate effective July 1, 2008. For
2635 the fiscal years ending June 30, 2010, and June 30, 2011, rates in effect
2636 for the period ending June 30, 2009, shall remain in effect until June 30,
2637 2011, except that (1) the rate paid to a facility may be higher than the
2638 rate paid to the facility for the period ending June 30, 2009, if a capital
2639 improvement required by the Commissioner of Developmental
2640 Services for the health or safety of the residents was made to the
2641 facility during the fiscal years ending June 30, 2010, or June 30, 2011,
2642 and (2) any facility that would have been issued a lower rate for the
2643 fiscal years ending June 30, 2010, or June 30, 2011, due to interim rate
2644 status or agreement with the department, shall be issued such lower
2645 rate. For the fiscal years ending June 30, 2012, and June 30, 2013, rates
2646 in effect for the period ending June 30, 2011, shall remain in effect until
2647 June 30, 2013, except that (1) the rate paid to a facility may be higher
2648 than the rate paid to the facility for the period ending June 30, 2011, if a
2649 capital improvement required by the Commissioner of Developmental
2650 Services for the health or safety of the residents was made to the
2651 facility during the fiscal years ending June 30, 2012, or June 30, 2013,
2652 and (2) any facility that would have been issued a lower rate for the
2653 fiscal years ending June 30, 2012, or June 30, 2013, due to interim rate
2654 status or agreement with the department, shall be issued such lower
2655 rate.

2656 Sec. 83. (*Effective from passage*) Not later than July 1, 2012, the
2657 Commissioner of Social Services shall report, in accordance with the
2658 provisions of section 11-4a of the general statutes, to the legislative
2659 regulation review committee and to the joint standing committees of
2660 the General Assembly having cognizance of matters relating to human
2661 services and appropriations and the budgets of state agencies
2662 concerning the Department of Social Services' regulation process and
2663 the status of policies and procedures implemented by the department
2664 for which proposed regulations have not been submitted to the
2665 legislative regulation review committee including, but not limited to,

2666 the policies and procedures implemented pursuant to sections 81, 110,
2667 116 and 160 of this act. Such report shall include, but not be limited to:
2668 (1) The number and a description of the duties of department staff
2669 assigned to work on proposed regulations; (2) the need, if any, for
2670 additional staff and a description of the duties such new employees are
2671 expected to perform; (3) a timetable for training any new department
2672 employees to assist in the regulation process; (4) a description of the
2673 systems supports utilized and needed to assist with the efficiency and
2674 delivery of proposed regulations, if any; (5) a description of policies
2675 and procedures implemented by the department for which proposed
2676 regulations have not been submitted to the legislative regulation
2677 review committee, including, but not limited to, the dates on which
2678 such policies and procedures were implemented; and (6) a timetable
2679 for submitting such proposed regulations to the legislative regulation
2680 review committee.

2681 Sec. 84. Subsection (d) of section 17b-265 of the general statutes is
2682 repealed and the following is substituted in lieu thereof (*Effective July*
2683 *1, 2011*):

2684 (d) When a recipient of medical assistance has personal health
2685 insurance in force covering care or other benefits provided under such
2686 program, payment or part-payment of the premium for such insurance
2687 may be made when deemed appropriate by the Commissioner of
2688 Social Services. Effective January 1, 1992, the commissioner shall limit
2689 reimbursement to medical assistance providers, except those providers
2690 whose rates are established by the Commissioner of Public Health
2691 pursuant to chapter 368d, for coinsurance and deductible payments
2692 under Title XVIII of the Social Security Act to assure that the combined
2693 Medicare and Medicaid payment to the provider shall not exceed the
2694 maximum allowable under the Medicaid program fee schedules. For
2695 those providers whose rates are established by the Commissioner of
2696 Public Health pursuant to chapter 368d, the Commissioner of Social
2697 Services shall limit reimbursement for coinsurance and deductible
2698 payments under Title XVIII of the Social Security Act to assure that the

2699 combined Medicare and Medicaid payment to the provider does not
2700 exceed the maximum allowable under the Medicaid program fee
2701 schedules plus a percentage established by the Commissioner of Social
2702 Services.

2703 Sec. 85. Section 17b-28e of the general statutes is repealed and the
2704 following is substituted in lieu thereof (*Effective July 1, 2011*):

2705 (a) The Commissioner of Social Services shall amend the Medicaid
2706 state plan to include, on and after January 1, 2009, hospice services as
2707 optional services covered under the Medicaid program. Said state plan
2708 amendment shall supersede any regulations of Connecticut state
2709 agencies concerning such optional services.

2710 (b) [Not later than February 1, 2011] Effective July 1, 2013, the
2711 Commissioner of Social Services shall amend the Medicaid state plan
2712 to include foreign language interpreter services provided to any
2713 beneficiary with limited English proficiency as a covered service under
2714 the Medicaid program. Not later than [February 1, 2011] July 1, 2013,
2715 the commissioner shall develop and implement the use of medical
2716 billing codes for foreign language interpreter services. [for the HUSKY
2717 Plan, Part A and Part B, and for the fee-for-services Medicaid
2718 programs.]

2719 (c) [Each care management organization that enters into a contract
2720 with] Effective July 1, 2013, the Department of Social Services [to
2721 provide foreign language interpreter services under the HUSKY Plan,
2722 Part A] shall report, in accordance with the provisions of section 11-4a,
2723 semi-annually, to the [department] Council on Medical Assistance
2724 Program Oversight on the foreign language interpreter services
2725 provided to recipients of benefits under the program. [Such written
2726 reports shall be submitted to the department not later than June first
2727 and December thirty-first each year. Not later than thirty days after
2728 receipt of such report, the department shall submit a copy of the
2729 report, in accordance with the provisions of section 11-4a, to the
2730 Council on Medicaid Care Management Oversight.]

2731 (d) Not later than October 1, 2011, the Commissioner of Social
2732 Services shall amend the Medicaid state plan to include podiatry as an
2733 optional service under the Medicaid program.

2734 Sec. 86. Subdivisions (1) and (2) of subsection (i) of section 17b-342
2735 of the general statutes are repealed and the following is substituted in
2736 lieu thereof (*Effective July 1, 2011*):

2737 (i) (1) On and after July 1, 1992, the Commissioner of Social Services
2738 shall, within available appropriations, administer a state-funded
2739 portion of the program for persons (A) who are sixty-five years of age
2740 and older; (B) who are inappropriately institutionalized or at risk of
2741 inappropriate institutionalization; (C) whose income is less than or
2742 equal to the amount allowed under subdivision (3) of subsection (a) of
2743 this section; and (D) whose assets, if single, do not exceed the
2744 minimum community spouse protected amount pursuant to Section
2745 4022.05 of the department's uniform policy manual or, if married, the
2746 couple's assets do not exceed one hundred fifty per cent of said
2747 community spouse protected amount and on and after April 1, 2007,
2748 whose assets, if single, do not exceed one hundred fifty per cent of the
2749 minimum community spouse protected amount pursuant to Section
2750 4022.05 of the department's uniform policy manual or, if married, the
2751 couple's assets do not exceed two hundred per cent of said community
2752 spouse protected amount.

2753 (2) Except for persons residing in affordable housing under the
2754 assisted living demonstration project established pursuant to section
2755 17b-347e, as provided in subdivision (3) of this subsection, any person
2756 whose income is at or below two hundred per cent of the federal
2757 poverty level and who is ineligible for Medicaid shall contribute [~~six~~]
2758 seven per cent of the cost of his or her care. Any person whose income
2759 exceeds two hundred per cent of the federal poverty level shall
2760 contribute [~~six~~] seven per cent of the cost of his or her care in addition
2761 to the amount of applied income determined in accordance with the
2762 methodology established by the Department of Social Services for

2763 recipients of medical assistance. Any person who does not contribute
2764 to the cost of care in accordance with this subdivision, shall be
2765 ineligible to receive services under this subsection. Notwithstanding
2766 any provision of the general statutes, the department shall not be
2767 required to provide an administrative hearing to a person found
2768 ineligible for services under this subsection because of a failure to
2769 contribute to the cost of care.

2770 Sec. 87. Section 47 of public act 11-6 is repealed and the following is
2771 substituted in lieu thereof (*Effective July 1, 2011*):

2772 (a) Notwithstanding the provisions of section 4-28e of the general
2773 statutes, for each of the fiscal years ending June 30, 2012, and June 30,
2774 2013, the sum of \$1,450,000 shall be transferred from the Tobacco and
2775 Health Trust Fund to the Department of Public Health, for (1) grants
2776 for the Easy Breathing Program, as follows: (A) For an adult asthma
2777 program within the Easy Breathing Program - \$300,000, and (B) for a
2778 children's asthma program within the Easy Breathing Program -
2779 \$500,000, (2) a grant to the Connecticut Coalition for Environmental
2780 Justice for the Community Asthma Education Program - \$150,000, and
2781 (3) [grants to] regional [councils for] emergency medical services -
2782 \$500,000.

2783 (b) Notwithstanding section 4-28e of the general statutes, the sum of
2784 \$2,750,000 for the fiscal year ending June 30, 2012, and the sum of
2785 \$3,400,000 for the fiscal year ending June 30, 2013, shall be transferred
2786 from the Tobacco and Health Trust Fund to the Department of Social
2787 Services, for Medicaid, to support smoking cessation programs.

2788 Sec. 88. Section 17b-490 of the general statutes is repealed and the
2789 following is substituted in lieu thereof (*Effective July 1, 2011*):

2790 As used in sections 17b-490 to 17b-498, inclusive, as amended by
2791 this act:

2792 (a) "Pharmacy" means a pharmacy licensed under section 20-594 or

2793 a pharmacy located in a health care institution, as defined in
2794 subsection (a) of section 19a-490, which elects to participate in the
2795 program;

2796 (b) "Prescription drugs" means (1) legend drugs, as defined in
2797 section 20-571, (2) any other drugs which by state law or regulation
2798 require the prescription of a licensed practitioner for dispensing,
2799 except: (A) Products prescribed for cosmetic purposes as specified in
2800 regulations adopted pursuant to section 17b-494; (B) on and after
2801 September 15, 1991, diet pills, smoking cessation gum, contraceptives,
2802 multivitamin combinations, cough preparations and antihistamines;
2803 (C) drugs for the treatment of erectile dysfunction, unless such drug is
2804 prescribed to treat a condition other than sexual or erectile
2805 dysfunction, for which the drug has been approved by the Food and
2806 Drug Administration; and (D) drugs for the treatment of erectile
2807 dysfunction for persons who have been convicted of a sexual offense
2808 who are required to register with the Commissioner of Public Safety
2809 pursuant to chapter 969, and (3) insulin and insulin syringes;

2810 (c) "Reasonable cost" means the cost of the prescription drug
2811 determined in accordance with the formula adopted by the
2812 Commissioner of Social Services in regulations for medical assistance
2813 purposes plus a dispensing fee equal to the fee determined by said
2814 commissioner for medical assistance purposes;

2815 (d) "Resident" means a person legally domiciled within the state for
2816 a period of not less than one hundred eighty-three days immediately
2817 preceding the date of application for inclusion in the program. Mere
2818 seasonal or temporary residences within the state, of whatever
2819 duration, shall not constitute domicile;

2820 (e) "Disabled" means a person over eighteen years of age who is
2821 receiving disability payments pursuant to either Title 2 or Title 16 of
2822 the Social Security Act of 1935, as amended;

2823 (f) "Commissioner" means the Commissioner of Social Services;

2824 (g) "Income" means adjusted gross income as determined for
2825 purposes of the federal income tax plus any other income of such
2826 person not included in such adjusted gross income, [minus Medicare
2827 Part B premium payments.] The amount of any Medicaid payments
2828 made on behalf of such person or the spouse of such person shall not
2829 constitute income;

2830 (h) "Program" means the Connecticut Pharmaceutical Assistance
2831 Contract to the Elderly and the Disabled Program otherwise known as
2832 ConnPACE;

2833 (i) "Pharmaceutical manufacturer" means any entity holding legal
2834 title to or possession of a national drug code number issued by the
2835 federal Food and Drug Administration;

2836 (j) "Average manufacturer price" means the average price paid by a
2837 wholesaler to a pharmaceutical manufacturer, after the deduction of
2838 any customary prompt payment discounts, for a product distributed
2839 for retail sale. [j]

2840 [(k) "Assets" means a person's resources, as defined by Public Law
2841 108-173, the Medicare Prescription Drug, Improvement, and
2842 Modernization Act of 2003;

2843 (l) "Low income subsidy" means a premium and cost-sharing
2844 subsidy for low-income individuals, as defined by Public Law 108-173,
2845 the Medicare Prescription Drug, Improvement, and Modernization Act
2846 of 2003;

2847 (m) "Medicare Part D covered prescription drugs" means drugs that
2848 are included in Medicare Part D plan's formulary or are treated as
2849 being included in a Medicare Part D plan's formulary, as defined by
2850 Public Law 108-173, the Medicare Prescription Drug, Improvement
2851 and Modernization Act of 2003;

2852 (n) "Medicare Part D plan" means a Medicare Part D plan, as
2853 defined by Public Law 108-173, the Medicare Prescription Drug,

2854 Improvement, and Modernization Act of 2003;

2855 (o) "Gap in standard Medicare Part D coverage" means a drug
2856 obtained after a Medicare Part D beneficiary's initial coverage limit has
2857 been exceeded but before the beneficiary's annual out-of-pocket
2858 threshold has been met, as defined by Public Law 108-173, the
2859 Medicare Prescription Drug, Improvement, and Modernization Act of
2860 2003.]

2861 Sec. 89. Section 17b-492 of the general statutes is repealed and the
2862 following is substituted in lieu thereof (*Effective July 1, 2011*):

2863 (a) Eligibility for participation in the program shall be limited to any
2864 resident (1) who is sixty-five years of age or older or who is disabled,
2865 (2) whose current annual income at the time of application or
2866 redetermination, if unmarried, is less than twenty thousand eight
2867 hundred dollars or whose annual income, if married, when combined
2868 with that of the resident's spouse is less than twenty-eight thousand
2869 one hundred dollars, (3) who is not eligible for Medicare or insured
2870 under a policy which provides full or partial coverage for prescription
2871 drugs once a deductible is met, [except for a Medicare prescription
2872 drug discount card endorsed by the Secretary of Health and Human
2873 Services in accordance with Public Law 108-173, the Medicare
2874 Prescription Drug, Improvement, and Modernization Act of 2003, or
2875 coverage under Medicare Part D pursuant to said act,] and (4) on and
2876 after September 15, 1991, who pays an annual forty-five-dollar
2877 registration fee to the Department of Social Services. On January 1,
2878 2012, and annually thereafter, the commissioner shall increase the
2879 income limits established under this subsection over those of the
2880 previous fiscal year to reflect the annual inflation adjustment in Social
2881 Security income, if any. Each such adjustment shall be determined to
2882 the nearest one hundred dollars. On and after October 1, 2009, new
2883 applications to participate in the ConnPACE program may be accepted
2884 only from the fifteenth day of November through the thirty-first day of
2885 December each year, except that individuals may apply within thirty-

2886 one days of (A) reaching sixty-five years of age, or (B) becoming
2887 eligible for Social Security Disability Income or Supplemental Security
2888 Income.

2889 (b) (1) Payment for a prescription under the program shall be made
2890 only if no other plan of insurance or assistance is available to an
2891 eligible person for such prescription at the time of dispensing. [, except
2892 for benefits received from an endorsed Medicare prescription drug
2893 discount card or benefits provided under Medicare Part D.] The
2894 pharmacy shall make reasonable efforts to ascertain the existence of
2895 other insurance or assistance. [, including the subsidy provided by an
2896 endorsed Medicare prescription drug discount card or benefits
2897 provided under Medicare Part D. A Medicare prescription drug
2898 discount card beneficiary shall be responsible for the payment of any
2899 Medicare prescription drug discount card coinsurance requirements,
2900 provided such requirements do not exceed the ConnPACE program
2901 copayment requirements. If a Medicare prescription drug discount
2902 card beneficiary's coinsurance requirements exceed the ConnPACE
2903 copayment requirements, the Department of Social Services shall make
2904 payment to the pharmacy to cover costs in excess of the ConnPACE
2905 copayment amount. If the cost to such beneficiary exceeds the
2906 remaining available Medicare prescription drug discount card subsidy,
2907 the beneficiary shall not be responsible for any payment in excess of
2908 the amount of the ConnPACE program copayment requirement. In
2909 such cases, the Department of Social Services shall make payment to
2910 the pharmacy to cover costs in excess of the ConnPACE copayment
2911 amount.]

2912 [(2) A Medicare Part D beneficiary shall be responsible for the
2913 payment of Medicare Part D copayments, coinsurance and deductible
2914 requirements for Medicare-Part-D-covered prescription drugs, as
2915 defined in Public Law 108-173, the Medicare Prescription Drug,
2916 Improvement, and Modernization Act of 2003, to the extent such
2917 requirements do not exceed the ConnPACE program copayment
2918 requirements. The Department of Social Services shall pay Medicare

2919 Part D monthly beneficiary premiums on behalf of the beneficiary. If a
2920 Medicare Part D beneficiary's out-of-pocket copayment, coinsurance or
2921 deductible requirements exceed the ConnPACE copayment
2922 requirements, the department shall make payment to the pharmacy to
2923 cover costs in excess of the ConnPACE copayment amount. The
2924 department shall be responsible for payment of a Medicare-Part-D-
2925 covered prescription drug obtained during the gap in standard
2926 Medicare Part D coverage. To the extent permitted under said act, such
2927 payment may be made by the department for a prescription at (A) the
2928 lower of the price that would be paid under the ConnPACE program
2929 or the negotiated price established by the beneficiary's Medicare Part D
2930 plan pursuant to Public Law 108-173, the Medicare Prescription Drug,
2931 Improvement, and Modernization Act of 2003, or (B) in consultation
2932 with the Secretary of the Office of Policy and Management, at the price
2933 that would be paid under the ConnPACE program. Payment shall be
2934 made under the ConnPACE program for prescription drugs that are
2935 not Medicare Part D drugs, as defined in said act.]

2936 [(3)] (2) Payment for a replacement prescription under the program
2937 shall be made only if the eligible person signs a statement, on such
2938 form as the commissioner prescribes and subject to penalty under
2939 section 17b-497, that the prescription drug is lost or was stolen or
2940 destroyed and the person has made a good faith effort to recover the
2941 prescription drug, except that payment for a replacement prescription
2942 shall not be made on behalf of a person more than twice in a calendar
2943 year.

2944 (c) Any eligible resident who (1) is insured under a policy,
2945 [including an endorsed Medicare prescription drug discount card,
2946 which provides full or partial coverage for prescription drugs,] and (2)
2947 expects to exhaust such coverage, may apply to participate in the
2948 program prior to the exhaustion of such coverage. Such application
2949 shall be valid for the applicable income year. To be included in the
2950 program, on or after the date the applicant exhausts such coverage, the
2951 applicant or the applicant's designee shall notify the department that

2952 such coverage is exhausted and, if required by the department, shall
2953 submit evidence of exhaustion of coverage. Not later than ten days
2954 after an eligible resident submits such evidence, such resident shall be
2955 included in the program. The program shall [, except for those
2956 beneficiaries with an endorsed Medicare prescription drug discount
2957 card,] (A) cover prescriptions that are not covered by any other plan of
2958 insurance or assistance available to the eligible resident and that meet
2959 the requirements of this chapter, and (B) retroactively cover such
2960 prescriptions filled after or concurrently with the exhaustion of such
2961 coverage. Nothing in this subsection shall be construed to prevent a
2962 resident from applying to participate in the program as otherwise
2963 permitted by this chapter and regulations adopted pursuant to this
2964 chapter.

2965 [(d) (1) As a condition of eligibility for participation in the
2966 ConnPACE program, a resident with an income at or below one
2967 hundred thirty-five per cent of the federal poverty level, who is
2968 Medicare Part A or Part B eligible, shall obtain annually an endorsed
2969 Medicare prescription drug discount card designated by the
2970 Commissioner of Social Services for use in conjunction with the
2971 ConnPACE program. The commissioner shall be the authorized
2972 representative of such resident for the purpose of enrolling a resident
2973 in the transitional assistance program of Public Law 108-173, the
2974 Medicare Prescription Drug, Improvement, and Modernization Act of
2975 2003. As the authorized representative for this purpose, the
2976 commissioner may sign required forms and enroll such resident in an
2977 endorsed Medicare prescription drug discount card on the resident's
2978 behalf. Such resident shall have the opportunity to select an endorsed
2979 Medicare prescription drug discount card designated by the
2980 commissioner for use in conjunction with the ConnPACE program,
2981 and shall be notified of such opportunity by the commissioner. In the
2982 event that such resident does not select an endorsed Medicare
2983 prescription drug discount card designated by the commissioner for
2984 use in conjunction with the ConnPACE program within a reasonable
2985 period of time, as determined by the commissioner, the department

2986 shall enroll the resident in an endorsed Medicare prescription drug
2987 discount card designated by the commissioner. The provisions of this
2988 subdivision shall remain in effect until the effective date of the
2989 Medicare Part D program pursuant to Public Law 108-173, the
2990 Medicare Prescription Drug, Improvement, and Modernization Act of
2991 2003.

2992 (2) The commissioner may require, as a condition of eligibility for
2993 participation in the ConnPACE program, that a resident with an
2994 income above one hundred thirty-five per cent of the federal poverty
2995 level, who is Medicare Part A or Part B eligible, obtain an endorsed
2996 Medicare prescription drug discount card designated by the
2997 commissioner for use in conjunction with the ConnPACE program if
2998 obtaining such discount card is determined by the commissioner to be
2999 cost-effective to the state. In such an event, the commissioner may
3000 provide payment for any Medicare prescription drug discount card
3001 enrollment fees. The provisions of this subdivision shall remain in
3002 effect until the effective date of the Medicare Part D program pursuant
3003 to Public Law 108-173, the Medicare Prescription Drug, Improvement,
3004 and Modernization Act of 2003.

3005 (e) On and after the effective date of the Medicare Part D program
3006 pursuant to Public Law 108-173, the Medicare Prescription Drug,
3007 Improvement, and Modernization Act of 2003, enrollment in the
3008 Medicare Part D program, for individuals eligible for such program in
3009 accordance with said act, shall be a condition of eligibility for the
3010 ConnPACE program. The ConnPACE program shall cover the
3011 financial costs of Medicare Part D participation for ConnPACE
3012 recipients enrolled in Medicare Part D in accordance with subsection
3013 (b) of this section. Effective July 1, 2005, a ConnPACE recipient shall, as
3014 a condition of eligibility, provide information regarding the recipient's
3015 assets and income, as defined by said act, and that of the recipient's
3016 spouse, provided said spouse resides in the same household, as
3017 required by the Department of Social Services in order to determine
3018 the extent of benefits for which the recipient is eligible under Medicare

3019 Part D.

3020 (f) Each ConnPACE applicant or recipient who is eligible for
3021 Medicare Part D shall enroll in a Medicare Part D benchmark plan. The
3022 Commissioner of Social Services may be the authorized representative
3023 of a ConnPACE applicant or recipient for purposes of: (1) Enrolling in
3024 a Medicare Part D benchmark plan, (2) submitting an application to
3025 the Social Security Administration to obtain the low income subsidy
3026 benefit provided under Public Law 108-173, the Medicare Prescription
3027 Drug, Improvement, and Modernization Act of 2003, or (3) facilitating
3028 the enrollment in a Medicare savings program of any such applicant or
3029 recipient who elects to participate in such program. The applicant or
3030 recipient shall have the opportunity to select a Medicare Part D
3031 benchmark plan and shall be notified of such opportunity by the
3032 commissioner. The applicant or recipient, prior to selecting a Medicare
3033 Part D benchmark plan, shall have the opportunity to consult with the
3034 commissioner, or the commissioner's designated agent, concerning the
3035 selection of a Medicare Part D benchmark plan that best meets the
3036 prescription drug needs of such applicant or recipient. In the event that
3037 such applicant or recipient does not select a Medicare Part D
3038 benchmark plan within a reasonable period of time, as determined by
3039 the commissioner, the commissioner shall enroll the applicant or
3040 recipient in a Medicare Part D benchmark plan designated by the
3041 commissioner in accordance with said act. The applicant or recipient
3042 shall appoint the commissioner as such applicant's or recipient's
3043 representative for the purpose of appealing any denial of Medicare
3044 Part D benefits and for any other purpose allowed under said act and
3045 deemed necessary by the commissioner.]

3046 ~~[(g)]~~ (d) The Commissioner of Social Services may adopt
3047 regulations, in accordance with the provisions of chapter 54, to
3048 implement the provisions of subsection (c) of this section. Such
3049 regulations may provide for the electronic transmission of relevant
3050 coverage information between a pharmacist and the department or
3051 between an insurer and the department in order to expedite

3052 applications and notice. The commissioner may implement the policies
3053 and procedures necessary to carry out the provisions of this section
3054 while in the process of adopting such policies and procedures in
3055 regulation form, provided notice of intent to adopt the regulations is
3056 published not later than twenty days after the date of implementation.
3057 Such policies and procedures shall be valid until the time the final
3058 regulations are adopted.

3059 Sec. 90. Section 17b-265f of the general statutes is repealed and the
3060 following is substituted in lieu thereof (*Effective July 1, 2011*):

3061 No pharmacy shall claim payment from the Department of Social
3062 Services under a medical assistance program administered by the
3063 department [or the Medicare Part D Supplemental Needs Fund,
3064 established pursuant to section 17b-265e,] for prescription drugs
3065 dispensed to individuals who have other prescription drug insurance
3066 coverage unless such coverage has been exhausted and the individual
3067 is otherwise eligible for such a medical assistance program. [or
3068 assistance from the Medicare Part D Supplemental Needs Fund.] The
3069 department shall recoup from the submitting pharmacy any claims
3070 submitted to and paid by the department when other insurance
3071 coverage is available. The department shall investigate a pharmacy
3072 that consistently submits ineligible claims for payment to determine
3073 whether the pharmacy is in violation of its medical assistance provider
3074 agreement or is committing fraud or abuse in the program and based
3075 on the findings of such investigation, may take action against such
3076 pharmacy, in accordance with state and federal law.

3077 Sec. 91. Section 17b-256f of the general statutes is repealed and the
3078 following is substituted in lieu thereof (*Effective July 1, 2011*):

3079 Beginning October 1, 2009, and annually thereafter, the
3080 Commissioner of Social Services shall increase income disregards used
3081 to determine eligibility by the Department of Social Services for the
3082 federal Specified Low-Income Medicare Beneficiary, the Qualified
3083 Medicare Beneficiary and the Qualifying Individual Programs,

3084 administered in accordance with the provisions of 42 USC 1396d(p), by
3085 an amount that equalizes the income levels and deductions used to
3086 determine eligibility for said programs with income levels and
3087 deductions used to determine eligibility for the ConnPACE program
3088 under subsection (a) of section 17b-492, as amended by this act. The
3089 commissioner shall not apply an asset test for eligibility under the
3090 Medicare Savings Program. The Commissioner of Social Services,
3091 pursuant to section 17b-10, may implement policies and procedures to
3092 administer the provisions of this section while in the process of
3093 adopting such policies and procedures in regulation form, provided
3094 the commissioner prints notice of the intent to adopt the regulations in
3095 the Connecticut Law Journal not later than twenty days after the date
3096 of implementation. Such policies and procedures shall be valid until
3097 the time final regulations are adopted.

3098 Sec. 92. (NEW) (*Effective July 1, 2011*) The Commissioner of Social
3099 Services may establish a fee schedule for the payment of any
3100 outpatient hospital services under the Medicaid program.

3101 Sec. 93. Section 17b-260d of the general statutes is repealed and the
3102 following is substituted in lieu thereof (*Effective July 1, 2011*):

3103 [(a)] The Commissioner of Social Services shall apply for a home
3104 and community-based services waiver pursuant to Section 1915(c) of
3105 the Social Security Act that will allow the commissioner to develop
3106 and implement a program for the provision of home or community-
3107 based services, as defined in 42 CFR 440.180, to not more than [one
3108 hundred] fifty persons currently receiving services under the Medicaid
3109 program who (1) have tested positive for human immunodeficiency
3110 virus or have acquired immune deficiency syndrome, and (2) would
3111 remain eligible for Medicaid if admitted to a hospital, nursing facility
3112 or intermediate care facility for the mentally retarded, or in the absence
3113 of the services that are requested under such waiver, would require the
3114 Medicaid covered level of care provided in such facilities. [In
3115 accordance with 42 CFR 440.180, such persons shall be eligible to

3116 receive services that are deemed necessary by the commissioner to
3117 meet their unique needs in order to avoid institutionalization.]

3118 [(b) If the commissioner fails to submit the application for the
3119 waiver to the joint standing committees of the General Assembly
3120 having cognizance of matters relating to human services and
3121 appropriations by February 1, 2010, the commissioner shall submit a
3122 written report to said committees not later than February 2, 2010. The
3123 report shall include, but not be limited to: (1) An explanation of the
3124 reasons for failing to seek the waiver; and (2) an estimate of the fiscal
3125 impact that would result from the approval of the waiver in one
3126 calendar year.]

3127 Sec. 94. Subsection (a) of section 17b-278g of the general statutes is
3128 repealed and the following is substituted in lieu thereof (*Effective July*
3129 *1, 2011*):

3130 (a) To the extent permitted by federal law, no payment shall be
3131 provided by the Department of Social Services under the Medicaid
3132 program for more than one pair of eyeglasses [per year] every two
3133 years. Said department shall administer the payment for eyeglasses
3134 and contact lenses as cost effectively as possible.

3135 Sec. 95. Section 17b-372 of the general statutes is repealed and the
3136 following is substituted in lieu thereof (*Effective July 1, 2011*):

3137 (a) As used in this section, "small house nursing home" means an
3138 alternative nursing home facility that (1) consists of one or more units
3139 that are designed and modeled as a private home, (2) houses no more
3140 than [ten] fourteen individuals in each unit, (3) includes private rooms
3141 and bathrooms, (4) provides for an increased role for support staff in
3142 the care of residents, (5) incorporates a philosophy of individualized
3143 care, and (6) is licensed as a nursing home under chapter 368v.

3144 (b) The Commissioner of Social Services [shall] may establish,
3145 within available appropriations, a pilot program to support the

3146 development of [up to ten] one small house nursing [homes] home in
3147 the state in order to improve the quality of life for nursing home
3148 residents and to support a goal of providing nursing home care in a
3149 more home-like and less institution-like setting. The total number of
3150 beds under such project shall not exceed two hundred eighty beds.

3151 [(c) Any existing chronic and convalescent nursing home or rest
3152 home with nursing supervision may apply to the commissioner for
3153 approval of a proposal to develop a small house nursing home and to
3154 relocate Medicaid certified beds from its facility to such small house
3155 nursing home. The commissioner shall require each small house
3156 nursing home under the pilot program to seek certification to
3157 participate in the Title XVIII and Title XIX programs and may establish
3158 additional requirements for such small house nursing homes. Not later
3159 than October 1, 2008, the commissioner shall develop guidelines
3160 relating to the design specifications and requirements for small house
3161 nursing homes for purposes of the pilot program, and shall submit a
3162 copy of the guidelines to the joint standing committee of the General
3163 Assembly having cognizance of matters relating to human services.
3164 Not later than thirty days after receipt of such guidelines, said joint
3165 standing committee may advise the commissioner of its approval,
3166 denial or modifications, if any, of such guidelines. If said joint standing
3167 committee does not act during such thirty-day period, such guidelines
3168 shall be deemed approved. If approved, the commissioner shall make
3169 such guidelines available to applicants. Each chronic and convalescent
3170 nursing home or rest home with nursing supervision submitting a
3171 proposal shall provide: (1) A description of the proposed project; (2)
3172 information concerning the financial and technical capacity of the
3173 applicant to undertake the proposed project; (3) a project budget; (4)
3174 information that the relocation of beds shall result in a reduction in the
3175 number of nursing facility beds in the state; and (5) any additional
3176 information the commissioner deems necessary.

3177 (d) The commissioner, in consultation with the Long-Term Care
3178 Planning Committee, established pursuant to section 17b-337, shall

3179 evaluate proposals received pursuant to subsection (c) of this section
3180 and may approve, after consultation with and approval of the
3181 Secretary of the Office of Policy and Management, up to ten proposals.
3182 The commissioner shall give preference to proposals that include the
3183 use of fuel cells or other energy technologies that promote energy
3184 efficiency in such small house nursing home. The commissioner may
3185 give preference to proposals to develop a small house nursing home in
3186 a distressed municipality, as defined in section 32-9p, with a
3187 population greater than one hundred thousand persons.

3188 (e) Notwithstanding the provisions of subsection (d) of this section,
3189 the commissioner shall approve no more than one project through June
3190 30, 2011. The total number of beds under such project shall not exceed
3191 two hundred eighty beds.]

3192 [(f)] (c) A small house nursing home developed under this section
3193 shall comply with the provisions of sections 17b-352 to 17b-354,
3194 inclusive.

3195 Sec. 96. Section 17b-802 of the general statutes is repealed and the
3196 following is substituted in lieu thereof (*Effective July 1, 2011*):

3197 (a) The Commissioner of Social Services shall establish, within
3198 available appropriations, and administer a security deposit guarantee
3199 program for persons who (1) (A) are recipients of temporary family
3200 assistance, aid under the state supplement program, or state-
3201 administered general assistance, or (B) have a documented showing of
3202 financial need, and (2) (A) are residing in emergency shelters or other
3203 emergency housing, cannot remain in permanent housing due to any
3204 reason specified in subsection (a) of section 17b-808, or are served a
3205 [notice to quit] writ, summons and complaint in a summary process
3206 action instituted pursuant to chapter 832, or (B) have a rental assistance
3207 program or federal Section 8 certificate or voucher. Under such
3208 program, the Commissioner of Social Services may provide security
3209 deposit guarantees for use by such persons in lieu of a security deposit
3210 on a rental dwelling unit. Eligible persons may receive a security

3211 deposit guarantee in an amount not to exceed the equivalent of two
3212 months' rent on such rental unit. No person may apply for and receive
3213 a security deposit guarantee more than once in any eighteen-month
3214 period without the express authorization of the Commissioner of
3215 Social Services, except as provided in subsection (b) of this section. The
3216 Commissioner of Social Services may deny eligibility for the security
3217 deposit guarantee program to an applicant for whom the
3218 commissioner has paid two [or more] claims by landlords, [during the
3219 immediately preceding five-year period.] The Commissioner of Social
3220 Services may establish priorities for providing security deposit
3221 guarantees to eligible persons described in subparagraphs (A) and (B)
3222 of subdivision (2) of this subsection in order to administer the program
3223 within available appropriations.

3224 (b) In the case of any person who qualifies for a guarantee, the
3225 Commissioner of Social Services, or any emergency shelter under
3226 contract with the Department of Social Services to assist in the
3227 administration of the security deposit guarantee program established
3228 pursuant to subsection (a) of this section, may execute a written
3229 agreement to pay the landlord for any damages suffered by the
3230 landlord due to the tenant's failure to comply with such tenant's
3231 obligations as defined in section 47a-21, provided the amount of any
3232 such payment shall not exceed the amount of the requested security
3233 deposit. Notwithstanding the provisions of subsection (a) of this
3234 section, if a person who has previously received a grant for a security
3235 deposit or a security deposit guarantee becomes eligible for a
3236 subsequent security deposit guarantee within eighteen months after a
3237 claim has been paid on a prior security deposit guarantee, such person
3238 may receive a security deposit guarantee. The amount of the
3239 subsequent security deposit guarantee for which such person would
3240 otherwise have been eligible shall be reduced by (1) any amount of a
3241 previous grant which has not been returned to the department
3242 pursuant to section 47a-21, or (2) the amount of any payment made to
3243 the landlord for damages pursuant to this subsection.

3244 (c) Any payment made pursuant to this section to any person
3245 receiving temporary family assistance, aid under the state supplement
3246 program or state-administered general assistance shall not be deducted
3247 from the amount of assistance to which the recipient would otherwise
3248 be entitled.

3249 (d) On and after July 1, 2000, no special need or special benefit
3250 payments shall be made by the commissioner for security deposits
3251 from the temporary family assistance, state supplement, or state-
3252 administered general assistance programs.

3253 (e) The Commissioner of Social Services may, within available
3254 appropriations, on a case-by-case basis, provide a security deposit
3255 grant to a person eligible for the security deposit guarantee program
3256 established under subsection (a) of this section, in an amount not to
3257 exceed the equivalent of one month's rent on such rental unit provided
3258 the commissioner determines that emergency circumstances exist
3259 which threaten the health, safety or welfare of a child who resides with
3260 such person. Such person shall not be eligible for more than one such
3261 grant without the authorization of said commissioner. Nothing in this
3262 section shall preclude the approval of such one-month security deposit
3263 grant in conjunction with a one-month security deposit guarantee.

3264 (f) The Commissioner of Social Services may provide a security
3265 deposit grant to a person receiving such grant through any emergency
3266 shelter under an existing contract with the Department of Social
3267 Services to assist in the administration of the security deposit program,
3268 but in no event shall a payment be authorized after October 1, 2000.
3269 Nothing in this section shall preclude the commissioner from entering
3270 into a contract with one or more emergency shelters for the purpose of
3271 issuing security deposit guarantees.

3272 (g) A landlord may submit a claim for damages not later than forty-
3273 five days after the date of termination of the tenancy. Payment shall be
3274 made only for a claim that includes receipts for repairs made. No claim
3275 shall be paid for an apartment from which a tenant vacated because

3276 substandard conditions made the apartment uninhabitable, as
3277 determined by a local, state or federal regulatory agency.

3278 (h) Any person with income exceeding one hundred fifty per cent of
3279 the federal poverty level, who is found eligible to receive a security
3280 deposit guarantee under this section and for whom the commissioner
3281 has paid a claim by a landlord, shall contribute five per cent of one
3282 month's rent to the payment of the security deposit. The commissioner
3283 may waive such payment for good cause.

3284 ~~[(g)]~~ (i) The Commissioner of Social Services shall adopt regulations,
3285 in accordance with the provisions of chapter 54, to administer the
3286 program established pursuant to this section and to set eligibility
3287 criteria for the program, but may implement the program [until June
3288 30, 2003,] while in the process of adopting such regulations provided
3289 notice of intent to adopt the regulations is published in the Connecticut
3290 Law Journal within twenty days after implementation.

3291 Sec. 97. Section 17b-749a of the general statutes is repealed and the
3292 following is substituted in lieu thereof (*Effective July 1, 2011*):

3293 (a) The [Commissioner of Social Services, in consultation with the]
3294 Commissioner of Education [,] shall establish, within available
3295 appropriations, a program to (1) purchase directly or provide subsidies
3296 to parents to purchase child day care services provided by any
3297 elementary or secondary school, nursery school, preschool, day care
3298 center, group day care home, family day care home, family resource
3299 center, Head Start program, or local or regional board of education,
3300 provided, if the commissioner purchases such services directly, he
3301 shall give preference to purchasing from providers of full-day and
3302 year-round programs; and (2) award grants to providers of school
3303 readiness programs, as defined in section 10-16p, to increase the hours
3304 of operation of their programs in order to provide child care for
3305 children attending such programs. The commissioner, for purposes of
3306 subdivision (1) of this subsection, [shall] may model the program on
3307 the program established pursuant to section 17b-749.

3308 (b) No funds received by a provider pursuant to this section shall be
3309 used to supplant federal funding received for early childhood
3310 education on behalf of children in an early childhood education
3311 program.

3312 (c) The [Commissioners of Social Services and] Commissioner of
3313 Education shall: (1) Coordinate the development of a range of
3314 alternative programs to meet the needs of all children; (2) foster
3315 partnerships between school districts and private organizations; (3)
3316 provide information and assistance to parents in selecting an
3317 appropriate school readiness program; and (4) work to ensure, to the
3318 extent possible, that school readiness programs allow open enrollment
3319 for all children and allow families receiving benefits for such a
3320 program to choose a public or accredited private program.

3321 Sec. 98. Section 17b-749g of the general statutes is repealed and the
3322 following is substituted in lieu thereof (*Effective July 1, 2011*):

3323 (a) There is established a child care facilities loan guarantee
3324 program for the purpose of guaranteeing loans for the expansion or
3325 development of child care and child development centers in the state.
3326 The program shall contain any moneys required by law to be
3327 deposited in the program, including, but not limited to, any moneys
3328 appropriated by the state, premiums and fees for guaranteeing loans,
3329 and proceeds from the sale, disposition, lease or rental of collateral
3330 relating to loan guarantees. Any balance remaining in the program at
3331 the end of any fiscal year shall be carried forward in the program for
3332 the fiscal year next succeeding. The program shall be used to guarantee
3333 loans pursuant to subsection (b) of this section and to pay reasonable
3334 and necessary expenses incurred for administration under this section.
3335 The Commissioner of [Social Services] Education may enter into a
3336 contract with a quasi-public agency, banking institution or nonprofit
3337 corporation to provide for the administration of the program, provided
3338 no loan guarantee shall be made from the program without the
3339 authorization of the commissioner as provided in subsection (b) of this

3340 section. The total aggregate amount of guarantees from the program,
3341 with respect to the insured portions of the loan, may not exceed at any
3342 one time an amount equal to three times the balance in the guarantee
3343 program.

3344 (b) The state, acting by and in the discretion of the Commissioner of
3345 [Social Services] Education, may guarantee the repayment of loans,
3346 including, but not limited to, principal and interest, to a lending
3347 institution that has provided funding for the construction,
3348 reconstruction, rehabilitation or improvement of child care and child
3349 development facilities. The total aggregate of any loan guarantee
3350 under this section shall be not less than twenty per cent and shall not
3351 exceed fifty per cent of the principal amount of the obligation, as
3352 determined by approved underwriting standards approved by the
3353 commissioner, and upon such terms and conditions as the
3354 commissioner may prescribe. The term of any loan guarantee shall be
3355 determined by the useful life of the improvement but in no event shall
3356 exceed thirty years. The commissioner shall arrange by contract with
3357 each lending institution or the borrower to safeguard the interests of
3358 the program in the event of a default by the borrower, including, at the
3359 discretion of the commissioner, provision for notice to the program of
3360 default by the borrower, for foreclosure or other realization upon any
3361 security for the loan, for the time and conditions for payment to the
3362 lending institution by the program of the amount of any loss to the
3363 lending institution guaranteed by the program and for the disposition
3364 of the proceeds realized from any security for the loan guaranteed.
3365 When it appears desirable for a temporary period upon default or
3366 threatened default by the borrower, the commissioner may authorize
3367 payments of installments of principal or interest, or both, from the
3368 program to the lending institution, and of taxes and insurance, which
3369 payments shall be repaid under such conditions as the program may
3370 prescribe and the program may also agree to revise terms of financing
3371 when such appears pertinent. Upon request of the lending institution,
3372 the commissioner may at any time, under such equitable terms and
3373 conditions as it may prescribe, consent to the release of the borrower

3374 from his liability under the loan or consent to the release of parts of
3375 any secured property from the lien of the lending institution.

3376 (c) Priority for loan guarantees shall be given to financing child care
3377 centers and child development centers that (1) have obtained
3378 accreditation from the National Association for the Education of
3379 Young Children or have an application pending for such accreditation,
3380 and (2) are included in a local school readiness plan, and (3) shall
3381 promote the colocation of programs endorsed by the Commissioners of
3382 Education and Social Services pursuant to section 4b-31. School
3383 readiness programs, licensed child care providers or nonprofit
3384 developers of a child care center operating under a legally enforceable
3385 agreement with child care providers are eligible for such guaranteed
3386 loans.

3387 (d) The Commissioner of [Social Services] Education may adopt
3388 regulations, in accordance with the provisions of chapter 54, to
3389 establish procedures and qualifications for application for guarantees
3390 under this section.

3391 Sec. 99. Section 17b-749h of the general statutes is repealed and the
3392 following is substituted in lieu thereof (*Effective July 1, 2011*):

3393 (a) There is established a program to be known as the "child care
3394 facilities direct revolving loan program". The program shall contain
3395 any moneys required by law to be deposited in the program,
3396 including, but not limited to, any moneys appropriated by the state,
3397 premiums, fees, interest payments and principal payments on direct
3398 loans and proceeds from the sale, disposition, lease or rental of
3399 collateral relating to direct loans. Any balance remaining in the
3400 program at the end of any fiscal year shall be carried forward in the
3401 program for the next succeeding fiscal year. The program shall be used
3402 to make loans pursuant to subsection (b) of this section, to make loan
3403 guarantees and to pay reasonable and necessary expenses incurred in
3404 administering loans and loan guarantees under this section. The
3405 Commissioner of [Social Services] Education may enter into a contract

3406 with a quasi-public agency, banking institution or nonprofit
3407 corporation to provide for the administration of the loan program,
3408 provided no loan or loan guarantee shall be made from the fund
3409 without the authorization of the commissioner as provided in
3410 subsection (b) of this section.

3411 (b) The state, acting by and in the discretion of the Commissioner of
3412 [Social Services] Education, may enter into a contract to provide
3413 financial assistance in the form of interest-free loans, deferred loans or
3414 guaranteed loans to child care providers or to nonprofit developers of
3415 a child care facility operating under a legally enforceable agreement
3416 with a child care provider, for costs or expenses incurred and directly
3417 connected with the expansion, improvement or development of child
3418 care facilities. Such costs and expenses may include: (1) Advances of
3419 loan proceeds for direct loans; (2) expenses incurred in project
3420 planning and design, including architectural expenses; (3) legal and
3421 financial expenses; (4) expenses incurred in obtaining required permits
3422 and approvals; (5) options to purchase land; (6) expenses incurred in
3423 obtaining required insurance; (7) expenses incurred in meeting state
3424 and local child care standards; (8) minor renovations and upgrading
3425 child care facilities to meet such standards and loans for the purpose of
3426 obtaining licensure under section 19a-77; (9) purchase and installation
3427 of equipment, machinery and furniture, including equipment needed
3428 to accommodate children with special needs; and (10) other
3429 preliminary expenses authorized by the commissioner. Loan proceeds
3430 shall not be used for the refinancing of existing loans, working capital,
3431 supplies or inventory.

3432 (c) The amount of a direct loan under this section may be up to
3433 eighty per cent of the total amount of investment but shall not exceed
3434 twenty-five thousand dollars for such facility as determined by the
3435 commissioner except that if an applicant for a loan under this section
3436 has an existing loan that is guaranteed by the child care facilities loan
3437 guarantee program, established under section 17b-749g, as amended
3438 by this act, the direct loan provided under this section shall not exceed

3439 twenty per cent of the investment. The amount of any guarantee and a
3440 direct loan under this section shall not exceed eighty per cent.

3441 (d) Each provider applying for a loan under this section shall submit
3442 an application, on a form provided by the commissioner that shall
3443 include, but is not limited to, the following information: (1) A detailed
3444 description of the proposed or existing child care facility; (2) an
3445 itemization of known and estimated costs; (3) the total amount of
3446 investment required to expand or develop the child care facility; (4) the
3447 funds available to the applicant without financial assistance from the
3448 department; (5) the amount of financial assistance sought from the
3449 department; (6) information relating to the financial status of the
3450 applicant, including, if available, a current balance sheet, a profit and
3451 loss statement and credit references; and (7) evidence that the loan
3452 applicant shall, as of the loan closing, own, have an option to purchase
3453 or have a lease for the term of the loan. Security for the loan may
3454 include an assignment of the lease or other subordination of any
3455 mortgage and the borrower shall be in default if the loan is not used
3456 for the intended purpose.

3457 (e) Payments of principal and interest on such loans shall be paid to
3458 the State Treasurer for deposit in the child care facilities direct
3459 revolving loan program established in subsection (a) of this section.

3460 (f) The Commissioner of [Social Services] Education may adopt
3461 regulations, in accordance with chapter 54, to carry out the provisions
3462 of this section. Such regulations may clarify loan procedures,
3463 repayment terms, security requirements, default and remedy
3464 provisions, and such other terms and conditions as said commissioner
3465 shall deem appropriate.

3466 Sec. 100. Section 17b-749i of the general statutes is repealed and the
3467 following is substituted in lieu thereof (*Effective July 1, 2011*):

3468 Within appropriations available to the State Treasurer for child care
3469 facilities, not already allocated toward debt service for specific child

3470 care facilities, the Commissioner of [Social Services] Education may,
3471 upon submission of a request by a facility operating a child care
3472 program that is financed with tax-exempt or taxable bonds issued
3473 through the Connecticut Health and Educational Facilities Authority,
3474 allow actual debt service, comprised of principal, interest and
3475 premium, if any, on the loan or loans, a debt service reserve fund and a
3476 reasonable repair and replacement reserve to be paid, provided such
3477 debt service terms and amounts are determined by the commissioner,
3478 at the time the loan is entered into, to be reasonable in relation to the
3479 useful life and base value of the property.

3480 Sec. 101. Subsection (a) of section 17b-749c of the general statutes is
3481 repealed and the following is substituted in lieu thereof (*Effective July*
3482 *1, 2011*):

3483 (a) The [Commissioner of Social Services, in consultation with the]
3484 Commissioner of Education [,] shall establish a program, within
3485 available appropriations, to provide, on a competitive basis,
3486 supplemental quality enhancement grants to providers of child day
3487 care services or providers of school readiness programs pursuant to
3488 section 10-16p and section 10-16u. Child day care providers and school
3489 readiness programs may apply for a supplemental quality
3490 enhancement grant at such time and on such form as the
3491 Commissioner of [Social Services] Education prescribes. Effective July
3492 1, 2011, the commissioner shall make funds payable to providers under
3493 such grants on a prospective basis.

3494 Sec. 102. Section 12-263a of the general statutes, as amended by
3495 section 145 of public act 11-6, is repealed and the following is
3496 substituted in lieu thereof (*Effective July 1, 2011, and applicable to*
3497 *calendar quarters commencing on or after July 1, 2011*):

3498 As used in sections 12-263a to 12-263e, inclusive, as amended by
3499 [this act] public act 11-6:

3500 (1) "Hospital" means any health care facility or institution, as

3501 defined in section 19a-630, which is licensed as a short-term general
3502 hospital by the Department of Public Health but does not include (A)
3503 any hospital which, on October 1, 1997, is within the class of hospitals
3504 licensed by the department as children's general hospitals, or (B) a
3505 short-term acute hospital operated exclusively by the state other than a
3506 short-term acute hospital operated by the state as a receiver pursuant
3507 to chapter 920;

3508 (2) "Net patient revenue" means the amount of [a hospital's gross
3509 revenue, including the amount received by the hospital from the
3510 federal government for Medicare patients] accrued payments earned
3511 by a hospital for the provision of inpatient and outpatient services;

3512 (3) "Commissioner" means the Commissioner of Revenue Services;

3513 (4) "Department" means the Department of Revenue Services.

3514 Sec. 103. Section 12-263b of the general statutes, as amended by
3515 section 146 of public act 11-6, is repealed and the following is
3516 substituted in lieu thereof (*Effective July 1, 2011, and applicable to*
3517 *calendar quarters commencing on or after July 1, 2011*):

3518 (a) For each calendar quarter commencing on or after July 1, 2011,
3519 there is hereby imposed a tax on the net patient revenue of each
3520 hospital in this state to be paid each calendar quarter [at the rate of
3521 four and six-tenths per cent] The rate of such tax shall be up to the
3522 maximum rate allowed under federal law. The Commissioner of Social
3523 Services shall determine the base year on which such tax shall be
3524 assessed. The Commissioner of Social Services may, in consultation
3525 with the Secretary of the Office of Policy and Management and in
3526 accordance with federal law, exempt a hospital from the tax on
3527 payment earned for the provision of outpatient services based on
3528 financial hardship.

3529 (b) Each hospital shall, on or before the last day of January, April,
3530 July and October of each year, render to the Commissioner of Revenue

3531 Services a return, on forms prescribed or furnished by the
3532 Commissioner of Revenue Services and signed by one of its principal
3533 officers, stating specifically the name and location of such hospital, and
3534 the amount of its net patient revenue for the calendar quarter ending
3535 the last day of the preceding month. Payment shall be made with such
3536 return. Each hospital shall file such return electronically with the
3537 department and make such payment by electronic funds transfer in the
3538 manner provided by chapter 228g, irrespective of whether the hospital
3539 would otherwise have been required to file such return electronically
3540 or to make such payment by electronic funds transfer under the
3541 provisions of chapter 228g.

3542 Sec. 104. Section 17b-261a of the general statutes is repealed and the
3543 following is substituted in lieu thereof (*Effective from passage*):

3544 (a) Any transfer or assignment of assets resulting in the imposition
3545 of a penalty period shall be presumed to be made with the intent, on
3546 the part of the transferor or the transferee, to enable the transferor to
3547 obtain or maintain eligibility for medical assistance. This presumption
3548 may be rebutted only by clear and convincing evidence that the
3549 transferor's eligibility or potential eligibility for medical assistance was
3550 not a basis for the transfer or assignment.

3551 (b) Any transfer or assignment of assets resulting in the
3552 establishment or imposition of a penalty period shall create a debt, as
3553 defined in section 36a-645, that shall be due and owing by the
3554 transferor or transferee to the Department of Social Services in an
3555 amount equal to the amount of the medical assistance provided to or
3556 on behalf of the transferor on or after the date of the transfer of assets,
3557 but said amount shall not exceed the fair market value of the assets at
3558 the time of transfer. The Commissioner of Social Services, the
3559 Commissioner of Administrative Services and the Attorney General
3560 shall have the power or authority to seek administrative, legal or
3561 equitable relief as provided by other statutes or by common law.

3562 (c) The Commissioner of Social Services may waive the imposition

3563 of a penalty period when the transferor (1) in accordance with the
3564 provisions of section 3025.25 of the department's Uniform Policy
3565 Manual, suffers from dementia at the time of application for medical
3566 assistance and cannot explain transfers that would otherwise result in
3567 the imposition of a penalty period; or (2) suffered from dementia at the
3568 time of the transfer; or (3) was exploited into making such a transfer
3569 due to dementia. Waiver of the imposition of a penalty period does not
3570 prohibit the establishment of a debt in accordance with subsection (b)
3571 of this section.

3572 (d) An institutionalized individual shall not be penalized for the
3573 transfer of an asset if the entire amount of the transferred asset is
3574 returned to the institutionalized individual. The partial return of a
3575 transferred asset shall not result in a reduced penalty period.

3576 (1) If there are multiple transfers of assets to the same or different
3577 transferees, a return of anything less than the total amount of the
3578 transferred assets from all of the separate transferees shall not
3579 constitute a return of the entire amount of the transferred assets.

3580 (2) If the circumstances surrounding the transfer of an asset and
3581 return of the entire amount of the asset to the institutionalized
3582 individual indicates to the Department of Social Services that such
3583 individual, such individual's spouse or such individual's authorized
3584 representative intended, from the time the asset was transferred, that
3585 the transferee would subsequently return the asset to such individual,
3586 such individual's spouse or such individual's authorized
3587 representative for the purpose of altering the start of the penalty
3588 period or shifting nursing facility costs, that may have been borne by
3589 such individual, to the Medicaid program, the entire amount of the
3590 returned asset shall be considered available to such individual from
3591 the date of transfer. If such individual demonstrates to the department
3592 that the purpose of the transfer and its subsequent return was not to
3593 alter the penalty period or qualify such individual for Medicaid
3594 eligibility, the entire amount of the returned asset is considered

3595 available to the individual from the date of the return of the
3596 transferred asset.

3597 (3) The conveyance and subsequent return of an asset for the
3598 purpose of shifting costs to the Medicaid program shall be regarded as
3599 a trust-like device. Such asset shall be considered available for the
3600 purpose of determining Medicaid eligibility.

3601 (4) For purposes of this section, an "institutionalized individual"
3602 means an individual who is receiving (A) services from a long-term
3603 care facility, (B) services from a medical institution which are
3604 equivalent to those services provided in a long-term care facility, or (C)
3605 home and community-based services under a Medicaid waiver.

3606 [(d)] (e) The Commissioner of Social Services, pursuant to section
3607 17b-10, shall implement the policies and procedures necessary to carry
3608 out the provisions of this section while in the process of adopting such
3609 policies and procedures in regulation form, provided notice of intent to
3610 adopt regulations is published in the Connecticut Law Journal not later
3611 than twenty days after implementation. Such policies and procedures
3612 shall be valid until the time final regulations are effective.

3613 Sec. 105. Section 17b-28d of the general statutes is repealed and the
3614 following is substituted in lieu thereof (*Effective from passage*):

3615 (a) The Commissioner of Social Services, in consultation with the
3616 Commissioner of Education, shall submit to the Centers for Medicare
3617 and Medicaid Services an amendment to the state Medicaid plan
3618 [required by Title XIX of the Social Security Act to enhance federal
3619 financial participation for Medicaid] concerning school-based child
3620 health services provided to Medicaid enrolled children requiring
3621 special education pursuant to an individualized education plan. [The
3622 amendment shall propose (1) the establishment of either a simplified
3623 cost-based or fixed fee method of determining state expenditures for
3624 eligible Medicaid services provided to such children, and (2) the
3625 replacement of the annual activity cost reports for all school-based

3626 child health services provided to such children. Any fixed fee
3627 established by the Department of Social Services shall be a per diem or
3628 monthly rate per child and shall reflect reimbursable administrative
3629 expenses.] Such amendment to the Medicaid plan shall maintain and
3630 enhance, to the extent permitted, federal financial participation
3631 associated with such costs through a service-specific rate method.

3632 (b) The Commissioner of Social Services shall provide written
3633 notification to each local or regional board of education in the state of
3634 any change in policy or billing procedure not later than thirty days
3635 after the effective date of such change.

3636 Sec. 106. Section 17b-278a of the general statutes is repealed and the
3637 following is substituted in lieu thereof (*Effective January 1, 2012*):

3638 The Commissioner of Social Services shall amend the Medicaid state
3639 plan to provide coverage for treatment for smoking cessation. [ordered
3640 by a licensed health care professional who possesses valid and current
3641 state licensure to prescribe such drugs in accordance with a plan
3642 developed by the commissioner to provide smoking cessation services.
3643 The commissioner shall present such plan to the joint standing
3644 committees of the General Assembly having cognizance of matters
3645 relating to human services and appropriations by January 1, 2003, and,
3646 if such plan is approved by said committees and funding is provided
3647 in the budget for the fiscal year ending June 30, 2004, such plan shall
3648 be implemented on July 1, 2003. If the initial treatment provided to the
3649 patient for smoking cessation, as allowed by the plan, is not successful
3650 as determined by a licensed health care professional, all prescriptive
3651 options for smoking cessation shall be available to the patient.]
3652 Notwithstanding the provisions of section 17b-280a, as amended by
3653 this act, such treatment may include coverage for prescription drugs,
3654 including over-the-counter drugs and counseling.

3655 Sec. 107. Section 17b-280a of the general statutes is repealed and the
3656 following is substituted in lieu thereof (*Effective July 1, 2011*):

3657 Notwithstanding any provision of the general statutes, no payment
3658 shall be made under a medical assistance program administered by the
3659 Department of Social Services, except for the medical assistance
3660 program established pursuant to section 17b-256, for an over-the-
3661 counter drug, except for (1) insulin [,] and insulin syringes, [and] (2)
3662 nutritional supplements for individuals who are required to be tube
3663 fed or who cannot safely ingest nutrition in any other form, and as
3664 may be required by federal law, and (3) effective January 1, 2012,
3665 smoking cessation drugs as provided in section 17b-278a, as amended
3666 by this act. On or before August 1, 2011, the Commissioner of Social
3667 Services shall provide notice to pharmacists who provide services to
3668 beneficiaries of a medical assistance program administered by the
3669 department that such pharmacists may bill the department for
3670 supplies utilized in the treatment of diabetes using the durable medical
3671 equipment, medical surgical supply fee schedule. The commissioner
3672 shall provide a copy of such notice to the joint standing committees of
3673 the General Assembly having cognizance of matters relating to human
3674 services and appropriations and the budgets of state agencies.

3675 Sec. 108. Section 17b-85 of the general statutes is repealed and the
3676 following is substituted in lieu thereof (*Effective from passage*):

3677 If any person receiving an award for the care of any dependent
3678 child or children, or any person legally liable for the support of such
3679 child or children, or any other person being supported wholly or in
3680 part under the provisions of the state supplement program, medical
3681 assistance program, temporary family assistance program [,] or state-
3682 administered general assistance program [or supplemental nutrition
3683 assistance program] or any beneficiary under [said sections] such
3684 provisions or any legally liable relative of such beneficiary, receives
3685 property, wages, income or resources of any kind, such person or
3686 beneficiary, within ten days after obtaining knowledge of or receiving
3687 such property, wages, income or resources, shall notify the
3688 commissioner thereof, orally or in writing, unless good cause is
3689 established for failure to provide such notice, as determined by the

3690 commissioner. No such person or beneficiary shall sell, assign,
3691 transfer, encumber or otherwise dispose of any property without the
3692 consent of the commissioner. The provisions of section 17b-137 shall be
3693 applicable with respect to any person applying for or receiving an
3694 award under [said sections. Any] such provisions. Except for the
3695 supplemental nutrition assistance program, any change in the
3696 information which has been furnished on an application form or a
3697 redetermination of eligibility form shall also be reported to the
3698 commissioner, orally or in writing, within ten days of the occurrence of
3699 such change, unless good cause is established for failure to provide
3700 such notice, as determined by the commissioner. For participants in
3701 the supplemental nutrition assistance program, the commissioner shall
3702 establish reporting requirements regarding such changes in
3703 information in accordance with applicable federal law, as may be
3704 amended from time to time.

3705 Sec. 109. Subdivision (2) of subsection (a) of section 17b-295 of the
3706 general statutes is repealed and the following is substituted in lieu
3707 thereof (*Effective from passage*):

3708 (2) [The] In accordance with federal law, the commissioner may
3709 impose a premium requirement on families whose income exceeds two
3710 hundred thirty-five per cent of the federal poverty level as a
3711 component of the family's cost-sharing responsibility [, provided: (A)
3712 The family's annual combined premiums and copayments do not
3713 exceed the maximum annual aggregate cost-sharing requirement, and
3714 (B) premium requirements shall not exceed the sum of thirty-eight
3715 dollars per month for families with one child, with a maximum
3716 premium of sixty dollars per month per family. The commissioner
3717 shall not impose a premium requirement on families whose income
3718 exceeds one hundred eighty-five per cent of the federal poverty level
3719 but does not exceed two hundred thirty-five per cent of the federal
3720 poverty level] and, for the fiscal years ending June 30, 2012, to June 30,
3721 2016, inclusive, may annually increase the premium requirement based
3722 on the percentage increase in the Consumer Price Index for medical

3723 care services; and

3724 Sec. 110. (NEW) (*Effective from passage*) (a) The Commissioner of
3725 Social Services may establish medical homes as a model for delivering
3726 care to recipients of assistance under medical assistance programs
3727 administered by the Department of Social Services.

3728 (b) The commissioner may implement policies and procedures
3729 necessary to (1) establish medical homes as provided for in subsection
3730 (a) of this section, and (2) pursue optional initiatives authorized
3731 pursuant to the Patient Protection and Affordable Care Act, P.L. 111-
3732 148, and the Health Care and Education Reconciliation Act of 2010,
3733 relating to: (A) Coverage of family planning services; (B) the
3734 establishment of a temporary high risk pool for individuals with
3735 preexisting conditions; (C) the establishment of an incentive program
3736 for the prevention of chronic diseases; (D) the provision of health
3737 homes to medical assistance beneficiaries with chronic conditions; (E)
3738 the establishment of Medicaid payments to institutions for mental
3739 disease demonstration project; (F) the establishment of a dual eligible
3740 demonstration program; (G) the establishment of a balancing incentive
3741 payment program for home and community-based services; (H) the
3742 establishment of a "Community First Choice Option"; (I) the
3743 establishment of a demonstration project to make bundled payments
3744 to hospitals; and (J) the establishment of a demonstration project to
3745 allow pediatric medical providers to organize as accountable care
3746 organizations while in the process of adopting such policies and
3747 procedures in regulation form, provided the commissioner prints
3748 notice of the intention to adopt the regulations in the Connecticut Law
3749 Journal not later than twenty days after the date of implementation of
3750 such policies and procedures. Such policies and procedures shall
3751 remain valid for three years following the date of publication in the
3752 Connecticut Law Journal unless otherwise provided for by the General
3753 Assembly. Notwithstanding the time frames established in subsection
3754 (c) of section 17b-10 of the general statutes, the commissioner shall
3755 submit such policies and procedures in proposed regulation form to

3756 the legislative regulation review committee not later than three years
3757 following the date of publication of its intent to adopt regulations as
3758 provided for in this subsection. In the event that the commissioner is
3759 unable to submit proposed regulations prior to the expiration of the
3760 three-year time period as provided for in this subsection, the
3761 commissioner shall submit written notice, not later than thirty-five
3762 days prior to the date of expiration of such time period, to the
3763 legislative regulation review committee and the joint standing
3764 committees of the General Assembly having cognizance of matters
3765 relating to human services and appropriations and the budgets of state
3766 agencies indicating that the department will not be able to submit the
3767 proposed regulations on or before such date and shall include in such
3768 notice (i) the reasons why the department will not submit the
3769 proposed regulations by such date, and (ii) the date by which the
3770 department will submit the proposed regulations. The legislative
3771 regulation review committee may require the department to appear
3772 before the committee at a time prescribed by the committee to further
3773 explain such reasons and to respond to any questions by the
3774 committee about the policy. The legislative regulation review
3775 committee may request the joint standing committee of the General
3776 Assembly having cognizance of matters relating to human services to
3777 review the department's policy, the department's reasons for not
3778 submitting the proposed regulations by the date specified in this
3779 section and the date by which the department will submit the
3780 proposed regulations. Said joint standing committee may review the
3781 policy, such reasons and such date, may schedule a hearing thereon
3782 and may make a recommendation to the legislative regulation review
3783 committee.

3784 Sec. 111. (NEW) (*Effective July 1, 2011*) (a) Notwithstanding any
3785 provision of the general statutes, on and after July 1, 2011, the
3786 Department of Social Services may, within available appropriations,
3787 make interim monthly medical assistance disproportionate share
3788 payments to short-term general hospitals. The total amount of interim
3789 payments made to such hospitals individually and in the aggregate

3790 shall maximize federal matching payments under the medical
3791 assistance program as determined by the Department of Social
3792 Services, in consultation with the Office of Policy and Management.
3793 No payments shall be made under this section to (1) any hospital
3794 which, on July 1, 2011, is within the class of hospitals licensed by the
3795 Department of Public Health as a children's general hospital, or (2) a
3796 short-term acute hospital operated exclusively by the state other than a
3797 short-term acute hospital operated by the state as a receiver pursuant
3798 to chapter 920 of the general statutes. The monthly interim payment
3799 amount for each hospital shall be determined by the Commissioner of
3800 Social Services based upon the information submitted by the hospital
3801 pursuant to Section 1001(d) of Public Law 108-173, the Medicare
3802 Prescription Drug, Improvement, and Modernization Act of 2003.

3803 (b) Effective July 1, 2011, interim payments made to hospitals
3804 pursuant to this section for the succeeding fifteen months shall be
3805 based on 2009 federal fiscal year data and may be adjusted at the
3806 commissioner's discretion for accuracy. Effective October 1, 2012,
3807 interim payments shall be based on the most recent federal fiscal year
3808 data available. For federal fiscal year 2011 and succeeding federal fiscal
3809 years, final disproportionate share payment amounts shall be
3810 recalculated and reallocated in accordance with Section 1001(d) of
3811 Public Law 108-173, the Medicare Prescription Drug, Improvement,
3812 and Modernization Act of 2003. The commissioner shall prescribe
3813 uniform annual hospital data reporting forms. Payments made
3814 pursuant to this section shall be in addition to inpatient hospital rates
3815 determined pursuant to section 17b-239 of the general statutes, as
3816 amended by this act. The commissioner may withhold payment to a
3817 hospital to offset money owed by the hospital to the state.

3818 Sec. 112. (NEW) (*Effective July 1, 2011*) (a) On or before January 1,
3819 2012, the Commissioner of Social Services, in consultation with the
3820 Commissioners of Public Health and Mental Health and Addiction
3821 Services and the Secretary of the Office of Policy and Management,
3822 shall submit to the joint standing committees of the General Assembly

3823 having cognizance of matters relating to human services and
3824 appropriations and the budgets of state agencies a plan concerning the
3825 implementation of a cost neutral acuity-based method for establishing
3826 rates to be paid to hospitals that is phased in over a period of time.

3827 (b) The commissioner may establish a blended in-patient hospital
3828 case rate that includes services provided to all Medicaid recipients and
3829 may exclude certain diagnoses as determined by the commissioner if
3830 the establishment of such rates is needed to ensure that the conversion
3831 to an administrative services organization is cost neutral to hospitals in
3832 the aggregate and ensures patient access.

3833 Sec. 113. Subsection (d) of section 17b-239 of the general statutes is
3834 repealed and the following is substituted in lieu thereof (*Effective July*
3835 *1, 2011*):

3836 (d) The state shall also pay to such hospitals for each outpatient
3837 clinic and emergency room visit a reasonable rate to be established
3838 annually by the commissioner for each hospital, such rate to be
3839 determined by the reasonable cost of such services. The emergency
3840 room visit rates in effect June 30, 1991, shall remain in effect through
3841 June 30, 1993, except those which would have been decreased effective
3842 July 1, 1991, or July 1, 1992, shall be decreased. Nothing contained
3843 herein shall authorize a payment by the state for such services to any
3844 hospital in excess of the charges made by such hospital for comparable
3845 services to the general public. For those outpatient hospital services
3846 paid on the basis of a ratio of cost to charges, the ratios in effect June
3847 30, 1991, shall be reduced effective July 1, 1991, by the most recent
3848 annual increase in the consumer price index for medical care. For those
3849 outpatient hospital services paid on the basis of a ratio of cost to
3850 charges, the ratios computed to be effective July 1, 1994, shall be
3851 reduced by the most recent annual increase in the consumer price
3852 index for medical care. The emergency room visit rates in effect June
3853 30, 1994, shall remain in effect through December 31, 1994. The
3854 Commissioner of Social Services shall establish a fee schedule for

3855 outpatient hospital services to be effective on and after January 1, 1995,
3856 and may annually modify such fee schedule if such modification is
3857 needed to ensure that the conversion to an administrative services
3858 organization is cost neutral to hospitals in the aggregate and ensures
3859 patient access. Except with respect to the rate periods beginning July 1,
3860 1999, and July 1, 2000, such fee schedule shall be adjusted annually
3861 beginning July 1, 1996, to reflect necessary increases in the cost of
3862 services. Notwithstanding the provisions of this subsection, the fee
3863 schedule for the rate period beginning July 1, 2000, shall be increased
3864 by ten and one-half per cent, effective June 1, 2001. Notwithstanding
3865 the provisions of this subsection, outpatient rates in effect as of June 30,
3866 2003, shall remain in effect through June 30, 2005. Effective July 1, 2006,
3867 subject to available appropriations, the commissioner shall increase
3868 outpatient service fees for services that may include clinic, emergency
3869 room, magnetic resonance imaging, and computerized axial
3870 tomography. [Not later than October 1, 2006, the commissioner shall
3871 submit a report, in accordance with section 11-4a, to the joint standing
3872 committees of the General Assembly having cognizance of matters
3873 relating to public health, human services and appropriations and the
3874 budgets of state agencies, identifying such fee increases and the
3875 associated cost increase estimates.]

3876 Sec. 114. Subsection (a) of section 17b-242 of the general statutes is
3877 repealed and the following is substituted in lieu thereof (*Effective July*
3878 *1, 2011*):

3879 (a) The Department of Social Services shall determine the rates to be
3880 paid to home health care agencies and homemaker-home health aide
3881 agencies by the state or any town in the state for persons aided or
3882 cared for by the state or any such town. For the period from February
3883 1, 1991, to January 31, 1992, inclusive, payment for each service to the
3884 state shall be based upon the rate for such service as determined by the
3885 Office of Health Care Access, except that for those providers whose
3886 Medicaid rates for the year ending January 31, 1991, exceed the median
3887 rate, no increase shall be allowed. For those providers whose rates for

3888 the year ending January 31, 1991, are below the median rate, increases
3889 shall not exceed the lower of the prior rate increased by the most
3890 recent annual increase in the consumer price index for urban
3891 consumers or the median rate. In no case shall any such rate exceed the
3892 eightieth percentile of rates in effect January 31, 1991, nor shall any rate
3893 exceed the charge to the general public for similar services. Rates
3894 effective February 1, 1992, shall be based upon rates as determined by
3895 the Office of Health Care Access, except that increases shall not exceed
3896 the prior year's rate increased by the most recent annual increase in the
3897 consumer price index for urban consumers and rates effective
3898 February 1, 1992, shall remain in effect through June 30, 1993. Rates
3899 effective July 1, 1993, shall be based upon rates as determined by the
3900 Office of Health Care Access except if the Medicaid rates for any
3901 service for the period ending June 30, 1993, exceed the median rate for
3902 such service, the increase effective July 1, 1993, shall not exceed one
3903 per cent. If the Medicaid rate for any service for the period ending June
3904 30, 1993, is below the median rate, the increase effective July 1, 1993,
3905 shall not exceed the lower of the prior rate increased by one and one-
3906 half times the most recent annual increase in the consumer price index
3907 for urban consumers or the median rate plus one per cent. The
3908 Commissioner of Social Services shall establish a fee schedule for home
3909 health services to be effective on and after July 1, 1994. The
3910 commissioner may annually [increase any fee in the fee schedule based
3911 on an increase in the cost of services] modify such fee schedule if such
3912 modification is needed to ensure that the conversion to an
3913 administrative services organization is cost neutral to home health care
3914 agencies and homemaker-home health aide agencies in the aggregate
3915 and ensures patient access. The commissioner shall increase the fee
3916 schedule for home health services provided under the Connecticut
3917 home-care program for the elderly established under section 17b-342,
3918 as amended by this act, effective July 1, 2000, by two per cent over the
3919 fee schedule for home health services for the previous year. The
3920 commissioner may increase any fee payable to a home health care
3921 agency or homemaker-home health aide agency upon the application

3922 of such an agency evidencing extraordinary costs related to (1) serving
3923 persons with AIDS; (2) high-risk maternal and child health care; (3)
3924 escort services; or (4) extended hour services. In no case shall any rate
3925 or fee exceed the charge to the general public for similar services. A
3926 home health care agency or homemaker-home health aide agency
3927 which, due to any material change in circumstances, is aggrieved by a
3928 rate determined pursuant to this subsection may, within ten days of
3929 receipt of written notice of such rate from the Commissioner of Social
3930 Services, request in writing a hearing on all items of aggrievement. The
3931 commissioner shall, upon the receipt of all documentation necessary to
3932 evaluate the request, determine whether there has been such a change
3933 in circumstances and shall conduct a hearing if appropriate. The
3934 Commissioner of Social Services shall adopt regulations, in accordance
3935 with chapter 54, to implement the provisions of this subsection. The
3936 commissioner may implement policies and procedures to carry out the
3937 provisions of this subsection while in the process of adopting
3938 regulations, provided notice of intent to adopt the regulations is
3939 published in the Connecticut Law Journal within twenty days of
3940 implementing the policies and procedures. Such policies and
3941 procedures shall be valid for not longer than nine months.

3942 Sec. 115. Section 17b-261m of the general statutes is repealed and the
3943 following is substituted in lieu thereof (*Effective July 1, 2011*):

3944 (a) The Commissioner of Social Services may contract with one or
3945 more administrative services organizations to provide care
3946 coordination, utilization management, disease management, customer
3947 service and review of grievances for recipients of assistance under
3948 Medicaid, HUSKY Plan, Parts A and B, and the Charter Oak Health
3949 Plan. Such organization may also provide network management,
3950 credentialing of providers, monitoring of copayments and premiums
3951 and other services as required by the commissioner. Subject to
3952 approval by applicable federal authority, the Department of Social
3953 Services shall utilize the contracted organization's provider network
3954 and billing systems in the administration of the program. In order to

3955 implement the provisions of this section, the commissioner may
3956 establish rates of payment to providers of medical services under this
3957 section if the establishment of such rates is required to ensure that any
3958 contract entered into with an administrative services organization
3959 pursuant to this section is cost neutral to such providers in the
3960 aggregate and ensures patient access.

3961 (b) Any contract entered into with an administrative services
3962 organization, pursuant to subsection (a) of this section, shall include a
3963 provision to reduce inappropriate use of hospital emergency
3964 department services. Such provision may include intensive case
3965 management services and a cost-sharing requirement.

3966 Sec. 116. Section 17b-261n of the general statutes is repealed and the
3967 following is substituted in lieu thereof (*Effective July 1, 2011*):

3968 (a) The Commissioner of Social Services shall, subject to federal
3969 approval, administer coverage under the Medicaid program for low-
3970 income adults in accordance with Section 1902(a)(10)(A)(i)(VIII) of the
3971 Social Security Act. To the extent permitted under federal law,
3972 eligibility for individuals covered pursuant to this section shall be
3973 based on the rules used to determine eligibility for the state-
3974 administered general assistance medical assistance program,
3975 including, but not limited to, the use of medically needy income limits,
3976 a one-hundred-fifty-dollars-per-month employment deduction and a
3977 three-month extension of assistance for individuals who become
3978 ineligible solely due to an increase in earnings. [The commissioner
3979 shall implement the provisions of this section while in the process of
3980 adopting necessary policies and procedures in regulation form in
3981 accordance with section 17b-10.] The commissioner may amend the
3982 Medicaid state plan to establish an alternative benefit package for
3983 individuals eligible for Medicaid in accordance with the provisions of
3984 this section and as permitted by federal law. For purposes of this
3985 section, "alternative benefit package" may include, but is not limited to,
3986 limits on any of the following: (1) Health care provider office visits; (2)

3987 independent therapy services; (3) hospital emergency department
3988 services; (4) inpatient hospital services; (5) outpatient hospital services;
3989 (6) medical equipment, devices and supplies; (7) ambulatory surgery
3990 center services; (8) pharmacy services; (9) nonemergency medical
3991 transportation; and (10) licensed home care agency services.

3992 (b) The commissioner may implement policies and procedures
3993 necessary to administer the provisions of this section while in the
3994 process of adopting such policies and procedures in regulation form,
3995 provided the commissioner prints notice of intent to adopt regulations
3996 in the Connecticut Law Journal not later than twenty days after the
3997 date of implementation. Such policies and procedures shall remain
3998 valid for three years following the date of publication in the
3999 Connecticut Law Journal unless otherwise provided for by the General
4000 Assembly. Notwithstanding the time frames established in subsection
4001 (c) of section 17b-10, the commissioner shall submit such policies and
4002 procedures in proposed regulation form to the legislative regulation
4003 review committee not later than three years following the date of
4004 publication of its intent to adopt regulations as provided for in this
4005 subsection. In the event that the commissioner is unable to submit
4006 proposed regulations prior to the expiration of the three-year time
4007 period as provided for in this subsection, the commissioner shall
4008 submit written notice, not later than thirty-five days prior to the date
4009 of expiration of such time period, to the legislative regulation review
4010 committee and the joint standing committees of the General Assembly
4011 having cognizance of matters relating to human services and
4012 appropriations and the budgets of state agencies indicating that the
4013 department will not be able to submit the proposed regulations on or
4014 before such date and shall include in such notice (1) the reasons why
4015 the department will not submit the proposed regulations by such date,
4016 and (2) the date by which the department will submit the proposed
4017 regulations. The legislative regulation review committee may require
4018 the department to appear before the committee at a time prescribed by
4019 the committee to further explain such reasons and to respond to any
4020 questions by the committee about the policy. The legislative regulation

4021 review committee may request the joint standing committee of the
4022 General Assembly having cognizance of matters relating to human
4023 services to review the department's policy, the department's reasons
4024 for not submitting the proposed regulations by the date specified in
4025 this section and the date by which the department will submit the
4026 proposed regulations. Said joint standing committee may review the
4027 policy, such reasons and such date, may schedule a hearing thereon
4028 and may make a recommendation to the legislative regulation review
4029 committee.

4030 (c) Effective July 1, 2011, no payment shall be made to a provider of
4031 medical services for services provided prior to April 1, 2010, to a
4032 recipient of benefits under this section.

4033 Sec. 117. (NEW) (*Effective July 1, 2011*) Notwithstanding any
4034 provision of the general statutes, the Commissioners of Social Services,
4035 Correction and Mental Health and Addiction Services may establish or
4036 contract for the establishment of a chronic or convalescent nursing
4037 home on state-owned or private property to care for individuals who
4038 (1) require the level of care provided in a nursing home, and (2) are
4039 transitioning from a correctional facility in the state, or (3) receive
4040 services from the Department of Mental Health and Addiction
4041 Services. A nursing home developed under this section is not required
4042 to comply with the provisions of sections 17b-352 to 17b-354, inclusive,
4043 of the general statutes.

4044 Sec. 118. Subsection (a) of section 17b-257b of the general statutes is
4045 repealed and the following is substituted in lieu thereof (*Effective from*
4046 *passage*):

4047 (a) Qualified aliens, as defined in Section 431 of Public Law 104-193,
4048 admitted into the United States on or after August 22, 1996, other
4049 lawfully residing immigrant aliens or aliens who formerly held the
4050 status of permanently residing under color of law who are (1)
4051 receiving home [care] and community-based services that are
4052 equivalent to the services provided under the Medicaid waiver portion

4053 of the Connecticut home-care program for the elderly, established
4054 pursuant to section 17b-342, as amended by this act, (2) receiving
4055 nursing facility care under the state-funded medical assistance
4056 program on [September 8, 2009] June 30, 2011, shall continue to receive
4057 coverage for such services or care for as long as the individual meets
4058 Medicaid eligibility requirements for such services or care except for
4059 alien status, or (3) are receiving nursing facility care and have applied
4060 for state-funded medical assistance before [September 8, 2009] June 1,
4061 2011, and would otherwise be eligible for such assistance, shall be
4062 provided such assistance for as long as the individual meets Medicaid
4063 eligibility requirements for nursing facility care except for alien status,
4064 except such aliens who are (A) children and pregnant women, and (B)
4065 whose date of admission is less than five years before the date services
4066 are provided shall receive coverage until such time as the state plan
4067 amendment concerning federal funding for the provision of services to
4068 such aliens is approved.

4069 Sec. 119. Subsection (a) of section 17b-257c of the general statutes is
4070 repealed and the following is substituted in lieu thereof (*Effective from*
4071 *passage*):

4072 (a) The Commissioner of Social Services, after consultation with the
4073 Commissioner of Mental Health and Addiction Services and the
4074 Secretary of the Office of Policy and Management, may provide,
4075 within available appropriations, payments to long-term care facilities
4076 for the care of certain illegal immigrants who were admitted to a long-
4077 term care facility before July 1, 2011. Payments may be made to cover
4078 the costs of care, as well as other incidentals as determined by the
4079 Commissioner of Social Services, for illegal immigrants who have been
4080 admitted to an acute care or psychiatric hospital and for whom
4081 services available in a long-term care facility are an appropriate and
4082 cost-effective alternative. Such individuals must be otherwise eligible
4083 for Medicaid, have resided in this state for at least five years and be
4084 unable to return to their country of origin due to medical illness or
4085 regulations barring reentry of persons who are ill or disabled or based

4086 upon a decision by the Immigration and Naturalization Service not to
4087 proceed with deportation.

4088 Sec. 120. Section 17b-193 of the general statutes is repealed and the
4089 following is substituted in lieu thereof (*Effective July 1, 2011*):

4090 A person whose application for state-administered general
4091 assistance cash [or medical] benefits is denied or whose receipt of such
4092 assistance is terminated or modified may request a hearing pursuant to
4093 section 17b-60. [, provided a recipient of medical benefits who seeks
4094 review of a denial of coverage for a specific medical service shall
4095 exhaust the grievance process available pursuant to section 17b-192
4096 prior to requesting such a hearing.]

4097 Sec. 121. Subsection (b) of section 17b-90 of the general statutes is
4098 repealed and the following is substituted in lieu thereof (*Effective July*
4099 *1, 2011*):

4100 (b) No person shall, except for purposes directly connected with the
4101 administration of programs of the Department of Social Services and in
4102 accordance with the regulations of the commissioner, solicit, disclose,
4103 receive or make use of, or authorize, knowingly permit, participate in
4104 or acquiesce in the use of, any list of the names of, or any information
4105 concerning, persons applying for or receiving assistance from the
4106 Department of Social Services or persons participating in a program
4107 administered by said department, directly or indirectly derived from
4108 the records, papers, files or communications of the state or its
4109 subdivisions or agencies, or acquired in the course of the performance
4110 of official duties. The Commissioner of Social Services shall disclose (1)
4111 to any authorized representative of the Labor Commissioner such
4112 information directly related to unemployment compensation,
4113 administered pursuant to chapter 567 or information necessary for
4114 implementation of sections 17b-688b, 17b-688c and 17b-688h and
4115 section 122 of public act 97-2 of the June 18 special session, (2) to any
4116 authorized representative of the Commissioner of Mental Health and
4117 Addiction Services any information necessary for the implementation

4118 and operation of the basic needs supplement program or [for the
4119 management of and payment for behavioral health services for
4120 applicants for and recipients of state-administered general assistance]
4121 the Medicaid program for low-income adults, established pursuant to
4122 section 17b-261n, as amended by this act, (3) to any authorized
4123 representative of the Commissioner of Administrative Services, or the
4124 Commissioner of Public Safety such information as the state
4125 Commissioner of Social Services determines is directly related to and
4126 necessary for the Department of Administrative Services or the
4127 Department of Public Safety for purposes of performing their functions
4128 of collecting social services recoveries and overpayments or amounts
4129 due as support in social services cases, investigating social services
4130 fraud or locating absent parents of public assistance recipients, (4) to
4131 any authorized representative of the Commissioner of Children and
4132 Families necessary information concerning a child or the immediate
4133 family of a child receiving services from the Department of Social
4134 Services, including safety net services, if the Commissioner of Children
4135 and Families or the Commissioner of Social Services has determined
4136 that imminent danger to such child's health, safety or welfare exists to
4137 target the services of the family services programs administered by the
4138 Department of Children and Families, (5) to a town official or other
4139 contractor or authorized representative of the Labor Commissioner
4140 such information concerning an applicant for or a recipient of
4141 [financial or medical] assistance under state-administered general
4142 assistance deemed necessary by said commissioners to carry out their
4143 respective responsibilities to serve such persons under the programs
4144 administered by the Labor Department that are designed to serve
4145 applicants for or recipients of state-administered general assistance, (6)
4146 to any authorized representative of the Commissioner of Mental
4147 Health and Addiction Services for the purposes of the behavioral
4148 health managed care program established by section 17a-453, (7) to any
4149 authorized representative of the Commissioner of Public Health to
4150 carry out his or her respective responsibilities under programs that
4151 regulate child day care services or youth camps, or (8) to a health

4152 insurance provider, in IV-D support cases, as defined in section 46b-
4153 231, information concerning a child and the custodial parent of such
4154 child that is necessary to enroll such child in a health insurance plan
4155 available through such provider when the noncustodial parent of such
4156 child is under court order to provide health insurance coverage but is
4157 unable to provide such information, provided the Commissioner of
4158 Social Services determines, after providing prior notice of the
4159 disclosure to such custodial parent and an opportunity for such parent
4160 to object, that such disclosure is in the best interests of the child. No
4161 such representative shall disclose any information obtained pursuant
4162 to this section, except as specified in this section. Any applicant for
4163 assistance provided through said department shall be notified that, if
4164 and when such applicant receives benefits, the department will be
4165 providing law enforcement officials with the address of such applicant
4166 upon the request of any such official pursuant to section 17b-16a.

4167 Sec. 122. Subsection (b) of section 17a-460c of the general statutes is
4168 repealed and the following is substituted in lieu thereof (*Effective July*
4169 *1, 2011*):

4170 (b) The agreements and other contractual arrangements identified in
4171 subsection (a) of this section may include plans and arrangements
4172 certified by the Department of Social Services, the Department of
4173 Mental Health and Addiction Services, or the federal Centers for
4174 Medicare and Medicaid Services, to provide services to Medicaid,
4175 Medicare, [state-administered general assistance,] Department of
4176 Mental Health and Addiction Services or Centers for Medicare and
4177 Medicaid Services beneficiaries, as well as private plans and
4178 arrangements satisfactory to the commissioner.

4179 Sec. 123. Subsection (b) of section 12-202a of the general statutes is
4180 repealed and the following is substituted in lieu thereof (*Effective July*
4181 *1, 2011*):

4182 (b) Notwithstanding the provisions of subsection (a) of this section,
4183 the tax shall not apply to:

4184 (1) Any new or renewal contract or policy entered into with the state
4185 on or after July 1, 1997, to provide health care coverage to state
4186 employees, retirees and their dependents;

4187 (2) Any subscriber charges received from the federal government to
4188 provide coverage for Medicare patients;

4189 (3) Any subscriber charges received under a contract or policy
4190 entered into with the state to provide health care coverage to Medicaid
4191 recipients which charges are attributable to a period on or after
4192 January 1, 1998;

4193 (4) Any new or renewal contract or policy entered into with the state
4194 on or after April 1, 1998, to provide health care coverage to eligible
4195 beneficiaries under the HUSKY Plan Part A, HUSKY Part B, or the
4196 HUSKY Plus programs, each as defined in section 17b-290;

4197 [(5) Any new or renewal contract or policy entered into with the
4198 state on or after April 1, 1998, to provide health care coverage to
4199 recipients of state-administered general assistance pursuant to section
4200 17b-192;]

4201 [(6)] (5) Any new or renewal contract or policy entered into with the
4202 state on or after February 1, 2000, to provide health care coverage to
4203 retired teachers, spouses or surviving spouses covered by plans
4204 offered by the state teachers' retirement system;

4205 [(7)] (6) Any new or renewal contract or policy entered into on or
4206 after July 1, 2001, to provide health care coverage to employees of a
4207 municipality and their dependents under a plan procured pursuant to
4208 section 5-259;

4209 [(8)] (7) Any new or renewal contract or policy entered into on or
4210 after July 1, 2001, to provide health care coverage to employees of
4211 nonprofit organizations and their dependents under a plan procured
4212 pursuant to section 5-259;

4213 ~~[(9)]~~ (8) Any new or renewal contract or policy entered into on or
4214 after July 1, 2003, to provide health care coverage to individuals
4215 eligible for a health coverage tax credit and their dependents under a
4216 plan procured pursuant to section 5-259;

4217 ~~[(10)]~~ (9) Any new or renewal contract or policy entered into on or
4218 after July 1, 2005, to provide health care coverage to employees of
4219 community action agencies and their dependents under a plan
4220 procured pursuant to section 5-259; or

4221 ~~[(11)]~~ (10) Any new or renewal contract or policy entered into on or
4222 after July 1, 2005, to provide health care coverage to retired members
4223 and their dependents under a plan procured pursuant to section 5-259.

4224 Sec. 124. Subsection (b) of section 10a-132e of the general statutes is
4225 repealed and the following is substituted in lieu thereof (*Effective July*
4226 *1, 2011*):

4227 (b) The program established pursuant to subsection (a) of this
4228 section shall: (1) Arrange for licensed physicians, pharmacists and
4229 nurses to conduct in person educational visits with prescribing
4230 practitioners, utilizing evidence-based materials, borrowing methods
4231 from behavioral science and educational theory and, when
4232 appropriate, utilizing pharmaceutical industry data and outreach
4233 techniques; (2) inform prescribing practitioners about drug marketing
4234 that is designed to prevent competition to brand name drugs from
4235 generic or other therapeutically-equivalent pharmaceutical alternatives
4236 or other evidence-based treatment options; and (3) provide outreach
4237 and education to licensed physicians and other health care
4238 practitioners who are participating providers in state-funded health
4239 care programs, including, but not limited to, Medicaid, the HUSKY
4240 Plan, Parts A and B, [the state-administered general assistance
4241 program,] the Charter Oak Health Plan, the ConnPACE program, the
4242 Department of Correction inmate health services program and the
4243 state employees' health insurance plan.

4244 Sec. 125. Subsection (e) of section 17b-274d of the general statutes is
4245 repealed and the following is substituted in lieu thereof (*Effective July*
4246 *1, 2011*):

4247 (e) The Department of Social Services, in consultation with the
4248 Pharmaceutical and Therapeutics Committee, may adopt preferred
4249 drug lists for use in the Medicaid [, state-administered general
4250 assistance] and ConnPACE programs. To the extent feasible, the
4251 department shall review all drugs included on the preferred drug lists
4252 at least every twelve months, and may recommend additions to, and
4253 deletions from, the preferred drug lists, to ensure that the preferred
4254 drug lists provide for medically appropriate drug therapies for
4255 Medicaid [, state-administered general assistance] and ConnPACE
4256 patients. For the fiscal year ending June 30, 2004, such drug lists shall
4257 be limited to use in the Medicaid and ConnPACE programs and cover
4258 three classes of drugs, including proton pump inhibitors and two other
4259 classes of drugs determined by the Commissioner of Social Services.
4260 Not later than June 30, 2005, the Department of Social Services, in
4261 consultation with the Pharmaceutical and Therapeutic Committee shall
4262 expand such drug lists to include other classes of drugs, except as
4263 provided in subsection (f) of this section, in order to achieve savings
4264 reflected in the amounts appropriated to the department, for the
4265 various components of the program, in the state budget act.

4266 Sec. 126. Section 17b-274a of the general statutes is repealed and the
4267 following is substituted in lieu thereof (*Effective July 1, 2011*):

4268 The Commissioner of Social Services may establish maximum
4269 allowable costs to be paid under the Medicaid, [state-administered
4270 general assistance,] ConnPACE and Connecticut AIDS drug assistance
4271 programs for generic prescription drugs based on, but not limited to,
4272 actual acquisition costs. The department shall implement and maintain
4273 a procedure to review and update the maximum allowable cost list at
4274 least annually, and shall report annually to the joint standing
4275 committee of the General Assembly having cognizance of matters

4276 relating to appropriations and the budgets of state agencies on its
4277 activities pursuant to this section.

4278 Sec. 127. Subsection (a) of section 17b-274c of the general statutes is
4279 repealed and the following is substituted in lieu thereof (*Effective July*
4280 *1, 2011*):

4281 (a) The Commissioner of Social Services may establish a voluntary
4282 mail order option for any maintenance prescription drug covered
4283 under the Medicaid, [state-administered general assistance,]
4284 ConnPACE or Connecticut AIDS drug assistance programs.

4285 Sec. 128. Section 17b-274 of the general statutes is repealed and the
4286 following is substituted in lieu thereof (*Effective July 1, 2011*):

4287 (a) The Division of Criminal Justice shall periodically investigate
4288 pharmacies to ensure that the state is not billed for a brand name drug
4289 product when a less expensive generic substitute drug product is
4290 dispensed to a Medicaid recipient. The Commissioner of Social
4291 Services shall cooperate and provide information as requested by such
4292 division.

4293 (b) A licensed medical practitioner may specify in writing or by a
4294 telephonic or electronic communication that there shall be no
4295 substitution for the specified brand name drug product in any
4296 prescription for a Medicaid [, state-administered general assistance,] or
4297 ConnPACE recipient, provided (1) the practitioner specifies the basis
4298 on which the brand name drug product and dosage form is medically
4299 necessary in comparison to a chemically equivalent generic drug
4300 product substitution, and (2) the phrase "brand medically necessary"
4301 shall be in the practitioner's handwriting on the prescription form or, if
4302 the prohibition was communicated by telephonic communication, in
4303 the pharmacist's handwriting on such form, and shall not be
4304 preprinted or stamped or initialed on such form. If the practitioner
4305 specifies by telephonic communication that there shall be no
4306 substitution for the specified brand name drug product in any

4307 prescription for a Medicaid [, state-administered general assistance,] or
4308 ConnPACE recipient, written certification in the practitioner's
4309 handwriting bearing the phrase "brand medically necessary" shall be
4310 sent to the dispensing pharmacy within ten days. A pharmacist shall
4311 dispense a generically equivalent drug product for any drug listed in
4312 accordance with the Code of Federal Regulations Title 42 Part 447.332
4313 for a drug prescribed for a Medicaid, state-administered general
4314 assistance, or ConnPACE recipient unless the phrase "brand medically
4315 necessary" is ordered in accordance with this subsection and such
4316 pharmacist has received approval to dispense the brand name drug
4317 product in accordance with subsection (c) of this section.

4318 (c) The Commissioner of Social Services shall implement a
4319 procedure by which a pharmacist shall obtain approval from an
4320 independent pharmacy consultant acting on behalf of the Department
4321 of Social Services, under an administrative services only contract,
4322 whenever the pharmacist dispenses a brand name drug product to a
4323 Medicaid [, state-administered general assistance,] or ConnPACE
4324 recipient and a chemically equivalent generic drug product
4325 substitution is available. The length of authorization for brand name
4326 drugs shall be in accordance with section 17b-491a. In cases where the
4327 brand name drug is less costly than the chemically equivalent generic
4328 drug when factoring in manufacturers' rebates, the pharmacist shall
4329 dispense the brand name drug. If such approval is not granted or
4330 denied within two hours of receipt by the commissioner of the request
4331 for approval, it shall be deemed granted. Notwithstanding any
4332 provision of this section, a pharmacist shall not dispense any initial
4333 maintenance drug prescription for which there is a chemically
4334 equivalent generic substitution that is for less than fifteen days without
4335 the department's granting of prior authorization, provided prior
4336 authorization shall not otherwise be required for atypical antipsychotic
4337 drugs if the individual is currently taking such drug at the time the
4338 pharmacist receives the prescription. The pharmacist may appeal a
4339 denial of reimbursement to the department based on the failure of
4340 such pharmacist to substitute a generic drug product in accordance

4341 with this section.

4342 (d) A licensed medical practitioner shall disclose to the Department
4343 of Social Services or such consultant, upon request, the basis on which
4344 the brand name drug product and dosage form is medically necessary
4345 in comparison to a chemically equivalent generic drug product
4346 substitution. The Commissioner of Social Services shall establish a
4347 procedure by which such a practitioner may appeal a determination
4348 that a chemically equivalent generic drug product substitution is
4349 required for a Medicaid [, state-administered general assistance,] or
4350 ConnPACE recipient.

4351 Sec. 129. Section 17b-274e of the general statutes is repealed and the
4352 following is substituted in lieu thereof (*Effective July 1, 2011*):

4353 A pharmacist, when filling a prescription under the Medicaid,
4354 ConnPACE [,] or Connecticut AIDS drug assistance [or the state-
4355 administered general assistance] programs, shall fill such prescription
4356 utilizing the most cost-efficient dosage, consistent with the
4357 prescription of a prescribing practitioner as defined in section 20-571,
4358 unless such pharmacist receives permission to do otherwise pursuant
4359 to the prior authorization requirements set forth in sections 17b-274
4360 and 17b-491a, as amended by this act.

4361 Sec. 130. Subsection (b) of section 17b-276 of the general statutes is
4362 repealed and the following is substituted in lieu thereof (*Effective July*
4363 *1, 2011*):

4364 (b) Notwithstanding any other provision of the general statutes, for
4365 purposes of administering medical assistance programs, including, but
4366 not limited to, [the state-administered general assistance program and]
4367 programs administered pursuant to Title XIX or Title XXI of the Social
4368 Security Act, the Department of Social Services shall be the sole state
4369 agency that sets emergency and nonemergency medical transportation
4370 fees or fee schedules for any transportation services that are
4371 reimbursed by the department for said medical assistance programs.

4372 Sec. 131. Section 17b-491b of the general statutes is repealed and the
4373 following is substituted in lieu thereof (*Effective July 1, 2011*):

4374 The maximum allowable cost paid for Factor VIII pharmaceuticals
4375 under the Medicaid [, state-administered general assistance,] and
4376 ConnPACE programs shall be the actual acquisition cost plus eight per
4377 cent. The Commissioner of Social Services may designate specific
4378 suppliers of Factor VIII pharmaceuticals from which a dispensing
4379 pharmacy shall order the prescription to be delivered to the pharmacy
4380 and billed by the supplier to the Department of Social Services. If the
4381 commissioner so designates specific suppliers of Factor VIII
4382 pharmaceuticals, the department shall pay the dispensing pharmacy a
4383 handling fee equal to eight per cent of the actual acquisition cost for
4384 such prescription.

4385 Sec. 132. Subsection (a) of section 17b-694 of the general statutes is
4386 repealed and the following is substituted in lieu thereof (*Effective July*
4387 *1, 2011*):

4388 (a) The Labor Commissioner, in consultation with the
4389 Commissioners of Social Services and Mental Health, shall administer
4390 a grant program, within available appropriations, to fund employment
4391 placement projects for recipients of state-administered general
4392 assistance [, cash assistance or medical assistance] or recipients of
4393 Medicaid who are eighteen to twenty years of age. A grant may be
4394 awarded to (1) a municipality or group of towns which form a region
4395 based on a project plan providing education, training or other
4396 assistance in securing employment, (2) a private substance abuse or
4397 mental health services provider based on a project plan incorporating
4398 job placement in the treatment process, or (3) a nonprofit organization
4399 providing employment services when no municipality or group of
4400 towns elect to apply for such a grant for a given geographic area. A
4401 plan may include cash incentives as a supplement to wages for
4402 recipients who work.

4403 Sec. 133. Subdivision (4) of subsection (a) of section 19a-673 of the

4404 general statutes is repealed and the following is substituted in lieu
4405 thereof (*Effective July 1, 2011*):

4406 (4) "Uninsured patient" means any person who is liable for one or
4407 more hospital charges whose income is at or below two hundred fifty
4408 per cent of the poverty income guidelines who (A) has applied and
4409 been denied eligibility for any medical or health care coverage
4410 provided under [the state-administered general assistance program or]
4411 the Medicaid program due to failure to satisfy income or other
4412 eligibility requirements, and (B) is not eligible for coverage for hospital
4413 services under the Medicare or CHAMPUS programs, or under any
4414 Medicaid or health insurance program of any other nation, state,
4415 territory or commonwealth, or under any other governmental or
4416 privately sponsored health or accident insurance or benefit program
4417 including, but not limited to, workers' compensation and awards,
4418 settlements or judgments arising from claims, suits or proceedings
4419 involving motor vehicle accidents or alleged negligence.

4420 Sec. 134. Subsections (c) and (d) of section 19a-718 of the general
4421 statutes are repealed and the following is substituted in lieu thereof
4422 (*Effective July 1, 2011*):

4423 (c) The board of directors shall develop recommendations to ensure
4424 that the HUSKY Plan Part A and Part B, and Medicaid [and state-
4425 administered general assistance] programs participate in the SustiNet
4426 Plan. Such recommendations shall also ensure that HUSKY Plan Part
4427 A and Part B benefits are extended, to the extent permitted by federal
4428 law, to adults with income at or below three hundred per cent of the
4429 federal poverty level.

4430 (d) The board of directors shall make recommendations to ensure
4431 that on and after July 1, 2012, state residents who are not offered
4432 employer-sponsored insurance and who do not qualify for HUSKY
4433 Plan Part A and Part B [,] or Medicaid [or state-administered general
4434 assistance] are permitted to enroll in the SustiNet Plan. Such
4435 recommendations shall ensure that premium variation based on

4436 member characteristics does not exceed, in total amount or in
4437 consideration of individual health risk, the variation permitted for a
4438 small employer carrier, as defined in subdivision (16) of section 38a-
4439 564.

4440 Sec. 135. Subdivision (12) of section 22-380e of the general statutes is
4441 repealed and the following is substituted in lieu thereof (*Effective July*
4442 *1, 2011*):

4443 (12) "Low-income person" means a recipient of or a person eligible
4444 for one of the following public assistance programs:

4445 (A) The supplemental nutrition assistance program authorized by
4446 Title XIII of the federal Food and Agriculture Act of 1977, 7 USC 2011
4447 et seq.;

4448 (B) The federal Temporary Assistance for Needy Families Act
4449 authorized by 42 USC 601 et seq.;

4450 (C) The Medicaid program authorized by Title XIX of the federal
4451 Social Security Act;

4452 (D) The HUSKY Plan Part A;

4453 (E) The [medical assistance or cash assistance components of the]
4454 state-administered general assistance program;

4455 (F) The state supplement program; or

4456 (G) Any other public assistance program that the commissioner
4457 determines to qualify a person as a low-income person.

4458 Sec. 136. Subsection (b) of section 38a-472 of the general statutes is
4459 repealed and the following is substituted in lieu thereof (*Effective July*
4460 *1, 2011*):

4461 (b) Whenever there is in existence a contract by an insurer for
4462 payment to, or on behalf of, an applicant or recipient of medical

4463 assistance under [the state-administered general assistance program
4464 or] the Medicaid program under said contract on account of bills
4465 incurred by the applicant or recipient for medical services, including,
4466 but not limited to, physician services, nursing services, pharmaceutical
4467 services, surgical care and hospital care, the assignment of the benefits
4468 of the contract by such applicant or recipient or his legally liable
4469 relative pursuant to section 17b-265, as amended by this act, shall,
4470 upon receipt of notice from the assignee, be authority for payment by
4471 the insurer directly to the assignee. If notice is provided by the
4472 assignee to the insurer in accordance with the provisions of section
4473 17b-265, as amended by this act, the insurer shall be liable to the
4474 assignee for any amount payable to the assignee under the contract.

4475 Sec. 137. Subsection (b) of section 38a-472d of the general statutes is
4476 repealed and the following is substituted in lieu thereof (*Effective July*
4477 *1, 2011*):

4478 (b) The information on the department's Internet web site shall
4479 reference the availability and general eligibility requirements of (1)
4480 programs administered by the Department of Social Services,
4481 including, but not limited to, the Medicaid program [,] and the HUSKY
4482 Plan, Part A and Part B, [and the state-administered general assistance
4483 program,] (2) health insurance coverage provided by the Comptroller
4484 under subsection (i) of section 5-259, (3) health insurance coverage
4485 available under comprehensive health care plans issued pursuant to
4486 part IV of this chapter, and (4) other health insurance coverage offered
4487 through local, state or federal agencies or through entities licensed in
4488 this state. The commissioner shall update the information on the web
4489 site at least quarterly.

4490 Sec. 138. Subsection (b) of section 38a-556a of the general statutes is
4491 repealed and the following is substituted in lieu thereof (*Effective July*
4492 *1, 2011*):

4493 (b) Said association shall, in consultation with the Insurance
4494 Commissioner and the Healthcare Advocate, develop, within available

4495 appropriations, a web site, telephone number or other method to serve
4496 as a clearinghouse for information about individual and small
4497 employer health insurance policies and health care plans that are
4498 available to consumers in this state, including, but not limited to, the
4499 Medicaid program, the HUSKY Plan, [state-administered general
4500 assistance,] the Charter Oak Health Plan set forth in section 17b-311, as
4501 amended by this act, the Municipal Employee Health Insurance Plan
4502 set forth in subsection (i) of section 5-259, and any individual or small
4503 employer health insurance policies or health care plans an insurer,
4504 health care center or other entity chooses to list with the Connecticut
4505 Clearinghouse.

4506 Sec. 139. Subsection (a) of section 17b-191 of the general statutes is
4507 repealed and the following is substituted in lieu thereof (*Effective July*
4508 *1, 2011*):

4509 (a) Notwithstanding the provisions of sections 17b-190, 17b-195 and
4510 17b-196, the Commissioner of Social Services shall operate a state-
4511 administered general assistance program in accordance with this
4512 section and sections 17b-131, [17b-192 to] 17b-193, as amended by this
4513 act, 17b-194, [inclusive,] 17b-197 and 17b-198. Notwithstanding any
4514 provision of the general statutes, on and after October 1, 2003, no town
4515 shall be reimbursed by the state for any general assistance medical
4516 benefits incurred after September 30, 2003, and on and after March 1,
4517 2004, no town shall be reimbursed by the state for any general
4518 assistance cash benefits or general assistance program administrative
4519 costs incurred after February 29, 2004.

4520 Sec. 140. Section 17b-689b of the general statutes is repealed and the
4521 following is substituted in lieu thereof (*Effective July 1, 2011*):

4522 The Commissioner of Social Services may implement the provisions
4523 of sections [17b-192,] 17b-194 and 17b-195, subsection (a) of section
4524 17b-198 and section 25 of public act 96-268 while in the process of
4525 adopting policy and procedures in regulation form, provided notice of
4526 intention to adopt the regulations is published in the Connecticut Law

4527 Journal within twenty days of implementation.

4528 Sec. 141. Section 17b-10a of the general statutes is repealed and the
4529 following is substituted in lieu thereof (*Effective July 1, 2011*):

4530 The Commissioner of Social Services, pursuant to section 17b-10,
4531 may implement policies and procedures necessary to administer
4532 [subsection (b) of section 17b-192,] section 17b-197, subsection (d) of
4533 section 17b-266, section 17b-280a, as amended by this act, subsection
4534 (a) of section 17b-295, as amended by this act, and subsection (c) of
4535 section 17b-311, as amended by this act, while in the process of
4536 adopting such policies and procedures as regulation, provided the
4537 commissioner prints notice of intent to adopt regulations in the
4538 Connecticut Law Journal not later than twenty days after the date of
4539 implementation. Policies and procedures implemented pursuant to
4540 this section shall be valid until the time final regulations are adopted.

4541 Sec. 142. Subsection (e) of section 17b-491 of the general statutes is
4542 repealed and the following is substituted in lieu thereof (*Effective July*
4543 *1, 2011*):

4544 (e) Participation by a pharmaceutical manufacturer shall require
4545 that the department shall receive a rebate from the pharmaceutical
4546 manufacturer for prescriptions covered under the program. [and for
4547 prescriptions covered by the department pursuant to subsection (c) of
4548 section 17b-265e.] Rebate amounts for brand name prescription drugs
4549 shall be equal to those under the Medicaid program. Rebate amounts
4550 for generic prescription drugs shall be established by the
4551 commissioner, provided such amounts may not be less than those
4552 under the Medicaid program. A participating pharmaceutical
4553 manufacturer shall make quarterly rebate payments to the department
4554 for the total number of dosage units of each form and strength of a
4555 prescription drug which the department reports as reimbursed to
4556 providers of prescription drugs, provided such payments shall not be
4557 due until thirty days following the manufacturer's receipt of utilization
4558 data from the department including the number of dosage units

4559 reimbursed to providers of prescription drugs during the quarter for
4560 which payment is due. The department may enter into contracts for
4561 supplemental rebates for drugs that are on a preferred drug list or
4562 formulary established by the department.

4563 Sec. 143. Section 17b-499a of the general statutes is amended by
4564 adding subsection (e) as follows (*Effective July 1, 2011*):

4565 (NEW) (e) The Commissioner of Social Services shall contract with a
4566 pharmacy organization, which may include a school of pharmacy, to
4567 provide Medicaid therapy management services, including, but not
4568 limited to, (1) a review of the medical and prescription history of
4569 recipients of benefits under the Medicaid program, and (2) the
4570 development of patient medication action plans to reduce adverse
4571 medication interaction and related health problems.

4572 Sec. 144. Section 17b-8 of the general statutes is repealed and the
4573 following is substituted in lieu thereof (*Effective July 1, 2011*):

4574 (a) The Commissioner of Social Services shall submit an application
4575 for a federal waiver of any assistance program requirements, except
4576 such application pertaining to routine operational issues, and any
4577 proposed amendment to the Medicaid state plan to make a change in
4578 program requirements that would have required a waiver were it not
4579 for the passage of the Patient Protection and Affordable Care Act, P.L.
4580 111-148, and the Health Care and Education Reconciliation Act of 2010,
4581 P.L. 111-152 to the joint standing committees of the General Assembly
4582 having cognizance of matters relating to human services and
4583 appropriations and the budgets of state agencies prior to the
4584 submission of such application or proposed amendment to the federal
4585 government. Not later than thirty days after the date of their receipt of
4586 such application or proposed amendment, the joint standing
4587 committees shall: (1) Hold a public hearing on the waiver application [,
4588 and (2) thereafter] or, (2) in the case of a proposed amendment to the
4589 Medicaid state plan, notify the Commissioner of Social Services
4590 whether or not said joint standing committees intend to hold a public

4591 hearing. Any notice to the commissioner indicating that the joint
4592 standing committees intend to hold a public hearing on a proposed
4593 amendment to the Medicaid state plan shall state the date on which the
4594 joint standing committees intend to hold such public hearing, which
4595 shall not be later than sixty days after the joint standing committees'
4596 receipt of the proposed amendment. At the conclusion of a public
4597 hearing held in accordance with the provisions of this section, the joint
4598 standing committees shall advise the commissioner of their approval,
4599 denial or modifications, if any, of the commissioner's waiver
4600 application or proposed amendment. If the joint standing committees
4601 advise the commissioner of their denial of the commissioner's waiver
4602 application or proposed amendment, the commissioner shall not
4603 submit the application for a federal waiver or proposed amendment to
4604 the federal government. If such committees do not concur, the
4605 committee chairpersons shall appoint a committee of conference which
4606 shall be composed of three members from each joint standing
4607 committee. At least one member appointed from each joint standing
4608 committee shall be a member of the minority party. The report of the
4609 committee of conference shall be made to each joint standing
4610 committee, which shall vote to accept or reject the report. The report of
4611 the committee of conference may not be amended. If a joint standing
4612 committee rejects the report of the committee of conference, that joint
4613 standing committee shall notify the commissioner of the rejection and
4614 the commissioner's waiver application or proposed amendment shall
4615 be deemed approved. If the joint standing committees accept the
4616 report, the committee having cognizance of matters relating to
4617 appropriations and the budgets of state agencies shall advise the
4618 commissioner of their approval, denial or modifications, if any, of the
4619 commissioner's waiver application or proposed amendment. If the
4620 joint standing committees do not so advise the commissioner during
4621 the thirty-day period, the waiver application or proposed amendment
4622 shall be deemed approved. Any application for a federal waiver or
4623 proposed amendment submitted to the federal government by the
4624 commissioner, pursuant to this section, shall be in accordance with the

4625 approval or modifications, if any, of the joint standing committees of
4626 the General Assembly having cognizance of matters relating to human
4627 services and appropriations and the budgets of state agencies.

4628 (b) If in developing the budget for the department for the next fiscal
4629 year, the commissioner contemplates applying for a federal waiver or
4630 submitting a proposed amendment to the federal government, the
4631 commissioner shall notify the joint standing committee of the General
4632 Assembly having cognizance of matters relating to appropriations and
4633 the budgets of state agencies and the joint standing committee of the
4634 General Assembly having cognizance of matters relating to human
4635 services of the possibility of such application or proposed amendment.

4636 (c) Prior to submission of an application for a waiver from federal
4637 law or proposed amendment to the joint standing committees of the
4638 General Assembly under subsection (a) of this section, the
4639 Commissioner of Social Services shall publish a notice that the
4640 commissioner intends to seek such a waiver or submit a proposed
4641 amendment to the federal government in the Connecticut Law Journal,
4642 along with a summary of the provisions of the waiver application or
4643 the proposed amendment and the manner in which individuals may
4644 submit comments. The commissioner shall allow fifteen days for
4645 written comments on the waiver application or proposed amendment
4646 prior to submission of the application for a waiver or proposed
4647 amendment to the General Assembly under subsection (a) of this
4648 section and shall include all written comments with the waiver
4649 application or proposed amendment in the submission to the General
4650 Assembly.

4651 (d) The commissioner shall include with any waiver application or
4652 proposed amendment submitted to the federal government pursuant
4653 to this section: (1) Any written comments received pursuant to
4654 subsection (c) of this section; and (2) a complete transcript of the joint
4655 standing committee proceedings held pursuant to subsection (a) of this
4656 section, including any additional written comments submitted to the

4657 joint standing committees at such proceedings. The joint standing
4658 committees shall transmit any such materials to the commissioner for
4659 inclusion with any such waiver application or proposed amendment.

4660 Sec. 145. Section 17a-317 of the general statutes is repealed and the
4661 following is substituted in lieu thereof (*Effective July 1, 2011*):

4662 (a) Effective July 1, [2011] 2013, there shall be established a
4663 Department on Aging [which] that shall be under the direction and
4664 supervision of the Commissioner on Aging who shall be appointed by
4665 the Governor in accordance with the provisions of sections 4-5 to 4-8,
4666 inclusive, with the powers and duties prescribed in said sections. The
4667 commissioner shall be knowledgeable and experienced with respect to
4668 the conditions and needs of elderly persons and shall serve on a full-
4669 time basis.

4670 (b) The Commissioner on Aging shall administer all laws under the
4671 jurisdiction of the Department on Aging and shall employ the most
4672 efficient and practical means for the provision of care and protection of
4673 elderly persons. The commissioner shall have the power and duty to
4674 do the following: (1) Administer, coordinate and direct the operation
4675 of the department; (2) adopt and enforce regulations, in accordance
4676 with chapter 54, as necessary to implement the purposes of the
4677 department as established by statute; (3) establish rules for the internal
4678 operation and administration of the department; (4) establish and
4679 develop programs and administer services to achieve the purposes of
4680 the department; (5) contract for facilities, services and programs to
4681 implement the purposes of the department; (6) act as advocate for
4682 necessary additional comprehensive and coordinated programs for
4683 elderly persons; (7) assist and advise all appropriate state, federal, local
4684 and area planning agencies for elderly persons in the performance of
4685 their functions and duties pursuant to federal law and regulation; (8)
4686 plan services and programs for elderly persons; (9) coordinate
4687 outreach activities by public and private agencies serving elderly
4688 persons; and (10) consult and cooperate with area and private

4689 planning agencies.

4690 (c) The functions, powers, duties and personnel of the Division of
4691 Aging Services of the Department of Social Services, or any subsequent
4692 division or portion of a division with similar functions, powers,
4693 personnel and duties, shall be transferred to the Department on Aging
4694 pursuant to the provisions of sections 4-38d, 4-38e and 4-39.

4695 (d) The Department of Social Services shall administer programs
4696 under the jurisdiction of the Department on Aging until the
4697 Commissioner on Aging is appointed and administrative staff are
4698 hired.

4699 (e) The Governor may, with the approval of the Finance Advisory
4700 Committee, transfer funds between the Department of Social Services
4701 and the Department on Aging pursuant to subsection (b) of section 4-
4702 87 during the fiscal year ending June 30, [2012] 2014.

4703 (f) Any order or regulation of the Department of Social Services or
4704 the Commission on Aging that is in force on July 1, [2011] 2013, shall
4705 continue in force and effect as an order or regulation until amended,
4706 repealed or superseded pursuant to law.

4707 Sec. 146. Section 17b-1 of the general statutes is repealed and the
4708 following is substituted in lieu thereof (*Effective July 1, 2013*):

4709 (a) There is established a Department of Social Services. The
4710 department head shall be the Commissioner of Social Services, who
4711 shall be appointed by the Governor in accordance with the provisions
4712 of sections 4-5 to 4-8, inclusive, with the powers and duties therein
4713 prescribed.

4714 (b) The Department of Social Services shall constitute a successor
4715 department to the Department of Income Maintenance [,] and the
4716 Department of Human Resources [and the Department on Aging] in
4717 accordance with the provisions of sections 4-38d and 4-39.

4718 (c) Wherever the words "Commissioner of Income Maintenance" []
4719 or "Commissioner of Human Resources" [or "Commissioner on
4720 Aging"] are used in the general statutes, the words "Commissioner of
4721 Social Services" shall be substituted in lieu thereof. Wherever the
4722 words "Department of Income Maintenance" [] or "Department of
4723 Human Resources" [or "Department on Aging"] are used in the general
4724 statutes, "Department of Social Services" shall be substituted in lieu
4725 thereof.

4726 (d) [Any] Subject to the provisions of section 17a-317, as amended
4727 by this act, any order or regulation of the Department of Income
4728 Maintenance, the Department of Human Resources or the Department
4729 on Aging which is in force on July 1, 1993, shall continue in force and
4730 effect as an order or regulation of the Department of Social Services
4731 until amended, repealed or superseded pursuant to law. Where any
4732 order or regulation of said departments conflict, the Commissioner of
4733 Social Services may implement policies and procedures consistent with
4734 the provisions of public act 93-262 while in the process of adopting the
4735 policy or procedure in regulation form, provided notice of intention to
4736 adopt the regulations is printed in the Connecticut Law Journal within
4737 twenty days of implementation. The policy or procedure shall be valid
4738 until the time final regulations are effective.

4739 Sec. 147. Section 38a-490a of the general statutes is repealed and the
4740 following is substituted in lieu thereof (*Effective January 1, 2012*):

4741 Each individual health insurance policy providing coverage of the
4742 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
4743 469 delivered, issued for delivery or renewed in this state on or after
4744 July 1, 1996, shall provide coverage for medically necessary early
4745 intervention services provided as part of an individualized family
4746 service plan pursuant to section 17a-248e. Such policy shall provide
4747 [(1)] coverage for such services provided by qualified personnel, as
4748 defined in section 17a-248, for a child from birth until the child's third
4749 birthday; [and (2)] No such policy shall impose a coinsurance,

4750 copayment, deductible or other out-of-pocket expense for such
4751 services, except that a high deductible plan, as that term is used in
4752 subsection (f) of section 38a-493, shall not be subject to the deductible
4753 limits set forth in this section. Such policy shall provide a maximum
4754 benefit of six thousand four hundred dollars per child per year and an
4755 aggregate benefit of nineteen thousand two hundred dollars per child
4756 over the total three-year period. No payment made under this section
4757 shall be applied by the insurer, health care center or plan administrator
4758 against any maximum lifetime or annual limits specified in the policy
4759 or health benefits plan.

4760 Sec. 148. Section 38a-516a of the general statutes is repealed and the
4761 following is substituted in lieu thereof (*Effective January 1, 2012*):

4762 Each group health insurance policy providing coverage of the type
4763 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
4764 delivered, issued for delivery or renewed in this state on or after July 1,
4765 1996, shall provide coverage for medically necessary early intervention
4766 services provided as part of an individualized family service plan
4767 pursuant to section 17a-248e. Such policy shall provide [(1)] coverage
4768 for such services provided by qualified personnel, as defined in section
4769 17a-248, for a child from birth until the child's third birthday. [, and
4770 (2)] No such policy shall impose a coinsurance, copayment, deductible
4771 or other out-of-pocket expense for such services, except that a high
4772 deductible plan, as that term is used in subsection (f) of section 38a-
4773 493, shall not be subject to the deductible limits set forth in this section.
4774 Such policy shall provide a maximum benefit of six thousand four
4775 hundred dollars per child per year and an aggregate benefit of
4776 nineteen thousand two hundred dollars per child over the total three-
4777 year period, except that for a child with autism spectrum disorders, as
4778 defined in section 38a-514b, who is receiving early intervention
4779 services as defined in section 17a-248, the maximum benefit available
4780 through early intervention providers shall be fifty thousand dollars per
4781 child per year and an aggregate benefit of one hundred fifty thousand
4782 dollars per child over the total three-year period as provided for in

4783 section 38a-514b. Nothing in this section shall be construed to increase
4784 the amount of coverage required for autism spectrum disorders for
4785 any child beyond the amounts set forth in section 38a-514b. Any
4786 coverage provided for autism spectrum disorders through an
4787 individualized family service plan pursuant to section 17a-248e shall
4788 be credited toward the coverage amounts required under section 38a-
4789 514b. No payment made under this section shall be applied by the
4790 insurer, health care center or plan administrator against any maximum
4791 lifetime or annual limits specified in the policy or health benefits plan.

4792 Sec. 149. Section 12-818 of the general statutes is repealed and the
4793 following is substituted in lieu thereof (*Effective July 1, 2011*):

4794 For each of the fiscal years ending June 30, 2010, and June 30, 2011,
4795 the Connecticut Lottery Corporation shall transfer one million nine
4796 hundred thousand dollars of the revenue received from the sale of
4797 lottery tickets to the chronic gamblers treatment rehabilitation account
4798 created pursuant to section 17a-713. For the fiscal year ending June 30,
4799 2012, and each fiscal year thereafter, the Connecticut Lottery
4800 Corporation shall transfer one million [five] nine hundred thousand
4801 dollars of the revenue received from the sale of lottery tickets to the
4802 chronic gamblers treatment rehabilitation account created pursuant to
4803 section 17a-713.

4804 Sec. 150. Section 20-619 of the general statutes is repealed and the
4805 following is substituted in lieu thereof (*Effective October 1, 2011*):

4806 (a) For the purposes of section 20-579 and this section:

4807 (1) "Brand name" means the proprietary or trade name selected by
4808 the manufacturer and placed upon a drug product, its container, label
4809 or wrapping at the time of packaging;

4810 (2) "Generic name" means the established name designated in the
4811 official United States [Pharmacopoeia/National Formulary]
4812 Pharmacopoeia-National Formulary, official Homeopathic

4813 Pharmacopoeia of the United States, or official United States [adopted
4814 names] Adopted Names or any supplement to any of [them] said
4815 publications;

4816 (3) "Therapeutically equivalent" means drug products that are
4817 approved under the provisions of the federal Food, Drug and
4818 [Cosmetics] Cosmetic Act for interstate distribution and that will
4819 provide essentially the same efficacy and toxicity when administered
4820 to an individual in the same dosage regimen; [and]

4821 (4) "Dosage form" means the physical formulation or medium in
4822 which the product is intended, manufactured and made available for
4823 use, including, but not limited to, tablets, capsules, oral solutions,
4824 aerosol, inhalers, gels, lotions, creams, ointments, transdermals and
4825 suppositories, and the particular form of any physical formulation or
4826 medium that uses a specific technology or mechanism to control,
4827 enhance or direct the release, targeting, systemic absorption, or other
4828 delivery of a dosage regimen in the body;

4829 (5) "Epilepsy" means a neurological condition characterized by
4830 recurrent seizures;

4831 (6) "Seizures" means a disturbance in the electrical activity of the
4832 brain; and

4833 (7) "Antiepileptic drug" means a drug prescribed for the treatment
4834 of epilepsy or a drug used to prevent seizures.

4835 (b) Except as limited by subsections (c), [and] (e) and (i) of this
4836 section, unless the purchaser instructs otherwise, the pharmacist may
4837 substitute a generic drug product with the same strength, quantity,
4838 dose and dosage form as the prescribed drug product which is, in the
4839 pharmacist's professional opinion, therapeutically equivalent. When
4840 the prescribing practitioner is not reasonably available for consultation
4841 and the prescribed drug does not use a unique delivery system
4842 technology, the pharmacist may substitute an oral tablet, capsule or

4843 liquid form of the prescribed drug as long as the form dispensed has
4844 the same strength, dose and dose schedule and is therapeutically
4845 equivalent to the drug prescribed. The pharmacist shall inform the
4846 patient or a representative of the patient, and the practitioner of the
4847 substitution at the earliest reasonable time.

4848 (c) A prescribing practitioner may specify in writing or by a
4849 telephonic or other electronic communication that there shall be no
4850 substitution for the specified brand name drug product in any
4851 prescription, provided (1) in any prescription for a Medicaid [, state-
4852 administered general assistance,] or ConnPACE recipient, such
4853 practitioner specifies the basis on which the brand name drug product
4854 and dosage form is medically necessary in comparison to a chemically
4855 equivalent generic name drug product substitution, and (2) the phrase
4856 "BRAND MEDICALLY NECESSARY", shall be in the practitioner's
4857 handwriting on the prescription form or on an electronically-produced
4858 copy of the prescription form or, if the prohibition was communicated
4859 by telephonic or other electronic communication that did not
4860 reproduce the practitioner's handwriting, a statement to that effect
4861 appears on the form. The phrase "BRAND MEDICALLY NECESSARY"
4862 shall not be preprinted or stamped or initialed on the form. If the
4863 practitioner specifies by telephonic or other electronic communication
4864 that did not reproduce the practitioner's handwriting that there shall
4865 be no substitution for the specified brand name drug product in any
4866 prescription for a Medicaid [, state-administered general assistance,] or
4867 ConnPACE recipient, written certification in the practitioner's
4868 handwriting bearing the phrase "BRAND MEDICALLY NECESSARY"
4869 shall be sent to the dispensing pharmacy [within] not later than ten
4870 days after the date of such communication.

4871 (d) Each pharmacy shall post a sign in a location easily seen by
4872 patrons at the counter where prescriptions are dispensed stating that,
4873 "THIS PHARMACY MAY BE ABLE TO SUBSTITUTE A LESS
4874 EXPENSIVE DRUG PRODUCT WHICH IS THERAPEUTICALLY
4875 EQUIVALENT TO THE ONE PRESCRIBED BY YOUR DOCTOR

4876 UNLESS YOU DO NOT APPROVE." The printing on the sign shall be
4877 in block letters not less than one inch in height.

4878 (e) A pharmacist may substitute a drug product under subsection
4879 (b) of this section only when there will be a savings in cost passed on
4880 to the purchaser. The pharmacist shall disclose the amount of the
4881 savings at the request of the patient.

4882 (f) Except as provided in subsection (g) of this section, when a
4883 pharmacist dispenses a substitute drug product as authorized by
4884 subsection (b) of this section, the pharmacist shall label the
4885 prescription container with the name of the dispensed drug product. If
4886 the dispensed drug product does not have a brand name, the
4887 prescription label shall indicate the generic name of the drug product
4888 dispensed along with the name of the drug manufacturer or
4889 distributor.

4890 (g) A prescription dispensed by a pharmacist shall bear upon the
4891 label the name of the drug in the container unless the prescribing
4892 practitioner writes "DO NOT LABEL", or words of similar import, on
4893 the prescription or so designates in an oral or electronic transmission
4894 of the prescription.

4895 (h) Neither the failure to instruct by the purchaser as provided in
4896 subsection (b) of this section nor the fact that a sign has been posted as
4897 provided in subsection (d) of this section shall be a defense on the part
4898 of a pharmacist against a suit brought by any such purchaser.

4899 (i) Upon the initial filling or renewal of a prescription that contains a
4900 statistical information code based upon the most recent edition of the
4901 International Classification of Diseases indicating the prescribed drug
4902 is used for the treatment of epilepsy or to prevent seizures, a
4903 pharmacist shall not fill the prescription by using a different drug
4904 manufacturer or distributor of the prescribed drug, unless the
4905 pharmacist (1) provides prior notice of the use of a different drug
4906 manufacturer or distributor to the patient and the prescribing

4907 practitioner, and (2) obtains the written consent of the patient's
4908 prescribing practitioner. For purposes of obtaining the consent of the
4909 patient's prescribing practitioner required by this subsection, a
4910 pharmacist shall notify the prescribing practitioner via electronic mail
4911 or facsimile transmission. If the prescribing practitioner does not
4912 provide the necessary consent, the pharmacist shall fill the prescription
4913 without such substitution or use of a different drug manufacturer or
4914 distributor or return the prescription to the patient or to the patient's
4915 representative for filling at another pharmacy. If a pharmacist is
4916 unable to contact the patient's prescribing practitioner after making
4917 reasonable efforts to do so, such pharmacist may exercise professional
4918 judgment in refilling a prescription in accordance with the provisions
4919 of subsection (b) of section 20-616. For purposes of this subsection,
4920 "pharmacy" means a place of business where drugs and devices may
4921 be sold at retail and for which a pharmacy license was issued pursuant
4922 to section 20-594, including a hospital-based pharmacy when such
4923 pharmacy is filling prescriptions for employees and outpatient care,
4924 and a mail order pharmacy licensed by this state to distribute in this
4925 state. "Pharmacy" does not include a pharmacy serving patients in a
4926 long-term care facility, other institutional facility or a pharmacy that
4927 provides prescriptions for inpatient hospitals.

4928 [(i)] (j) The commissioner, with the advice and assistance of the
4929 commissioner, shall adopt regulations, in accordance with chapter 54, to
4930 carry out the provisions of this section.

4931 Sec. 151. Section 17b-493 of the general statutes is repealed and the
4932 following is substituted in lieu thereof (*Effective October 1, 2011*):

4933 A pharmacist shall, except as limited by [subsection (c)] subsections
4934 (c), (e) and (i) of section 20-619, as amended by this act, and section
4935 17b-274, as amended by this act, substitute a therapeutically and
4936 chemically equivalent generic drug product for a prescribed drug
4937 product when filling a prescription for an eligible person under the
4938 program.

4939 Sec. 152. Subsection (b) of section 19a-323 of the general statutes, as
4940 amended by section 129 of public act 11-6, is repealed and the
4941 following is substituted in lieu thereof (*Effective July 1, 2011*):

4942 (b) If death occurred in this state, the death certificate required by
4943 law shall be filed with the registrar of vital statistics for the town in
4944 which such person died, if known, or, if not known, for the town in
4945 which the body was found. The Chief Medical Examiner, Deputy Chief
4946 Medical Examiner, associate medical examiner, [or] an authorized
4947 assistant medical examiner or other authorized designee shall
4948 complete the cremation certificate, stating that such medical examiner
4949 or other authorized designee has made inquiry into the cause and
4950 manner of death and is of the opinion that no further examination or
4951 judicial inquiry is necessary. The cremation certificate shall be
4952 submitted to the registrar of vital statistics of the town in which such
4953 person died, if known, or, if not known, of the town in which the body
4954 was found, or with the registrar of vital statistics of the town in which
4955 the funeral director having charge of the body is located. Upon receipt
4956 of the cremation certificate, the registrar shall authorize such
4957 certificate, keep such certificate on permanent record, and issue a
4958 cremation permit, except that if the cremation certificate is submitted
4959 to the registrar of the town where the funeral director is located, such
4960 certificate shall be forwarded to the registrar of the town where the
4961 person died to be kept on permanent record. If a cremation permit
4962 must be obtained during the hours that the office of the local registrar
4963 of the town where death occurred is closed, a subregistrar appointed to
4964 serve such town may authorize such cremation permit upon receipt
4965 and review of a properly completed cremation permit and cremation
4966 certificate. A subregistrar who is licensed as a funeral director or
4967 embalmer pursuant to chapter 385, or the employee or agent of such
4968 funeral director or embalmer shall not issue a cremation permit to
4969 himself or herself. A subregistrar shall forward the cremation
4970 certificate to the local registrar of the town where death occurred, not
4971 later than seven days after receiving such certificate. The estate of the
4972 deceased person, if any, shall pay the sum of one hundred fifty dollars

4973 for the issuance of the cremation certificate, provided the Office of the
4974 Chief Medical Examiner shall not assess any fees for costs that are
4975 associated with the cremation of a stillborn fetus. No cremation
4976 certificate shall be required for a permit to cremate the remains of
4977 bodies pursuant to section 19a-270a. When the cremation certificate is
4978 submitted to a town other than that where the person died, the
4979 registrar of vital statistics for such other town shall ascertain from the
4980 original removal, transit and burial permit that the certificates required
4981 by the state statutes have been received and recorded, that the body
4982 has been prepared in accordance with the Public Health Code and that
4983 the entry regarding the place of disposal is correct. Whenever the
4984 registrar finds that the place of disposal is incorrect, the registrar shall
4985 issue a corrected removal, transit and burial permit and, after
4986 inscribing and recording the original permit in the manner prescribed
4987 for sextons' reports under section 7-66, shall then immediately give
4988 written notice to the registrar for the town where the death occurred of
4989 the change in place of disposal stating the name and place of the
4990 crematory and the date of cremation. Such written notice shall be
4991 sufficient authorization to correct these items on the original certificate
4992 of death. The fee for a cremation permit shall be three dollars and for
4993 the written notice one dollar. The Department of Public Health shall
4994 provide forms for cremation permits, which shall not be the same as
4995 for regular burial permits and shall include space to record
4996 information about the intended manner of disposition of the cremated
4997 remains, and such blanks and books as may be required by the
4998 registrars.

4999 Sec. 153. Section 17b-301a of the general statutes is repealed and the
5000 following is substituted in lieu thereof (*Effective from passage*):

5001 As used in this section and section 17b-301b:

5002 (1) "Knowing" and "knowingly" means that a person, with respect to
5003 information: (A) Has actual knowledge of the information; (B) acts in
5004 deliberate ignorance of the truth or falsity of the information; or (C)

5005 acts in reckless disregard of the truth or falsity of the information,
5006 without regard to whether the person intends to defraud;

5007 (2) "Claim" (A) means any request or demand, whether under a
5008 contract or otherwise, for money or property and whether or not the
5009 state has title to the money or property that (i) is presented to an
5010 officer, employee or agent of the state, or (ii) is made to a contractor,
5011 grantee or other recipient, if the money or property is to be spent or
5012 used on the state's behalf or to advance a state program or interest, and
5013 if the state provides or has provided any portion of the money or
5014 property that is requested or demanded, or if the state will reimburse
5015 such contractor, grantee or other recipient for any portion of the
5016 money or property that is requested or demanded, (B) does not include
5017 a request or demand for money or property that the state has paid to
5018 an individual as compensation for state employment or as an income
5019 subsidy with no restrictions on that individual's use of the money or
5020 property;

5021 (3) "Person" means any natural person, corporation, limited liability
5022 company, firm, association, organization, partnership, business, trust
5023 or other legal entity;

5024 (4) "State" means the state of Connecticut, any agency or department
5025 of the state or any quasi-public agency, as defined in section 1-120; [.]

5026 (5) "Obligation" means an established duty, whether fixed or not,
5027 arising from (A) an express or implied contractual, grantor-grantee or
5028 licensor-licensee relationship, (B) a fee-based or similar relationship,
5029 (C) statute or regulation, or (D) the retention of an overpayment; and

5030 (6) "Material" means having a natural tendency to influence, or be
5031 capable of influencing, the payment or receipt of money or property.

5032 Sec. 154. Section 17b-301b of the general statutes is repealed and the
5033 following is substituted in lieu thereof (*Effective from passage*):

5034 (a) No person shall:

5035 (1) Knowingly present, or cause to be presented, [to an officer or
5036 employee of the state] a false or fraudulent claim for payment or
5037 approval under a medical assistance program administered by the
5038 Department of Social Services;

5039 (2) Knowingly make, use or cause to be made or used, a false record
5040 or statement [to secure the payment or approval by the state of]
5041 material to a false or fraudulent claim under a medical assistance
5042 program administered by the Department of Social Services;

5043 (3) Conspire to [defraud the state by securing the allowance or
5044 payment of a false or fraudulent claim under a medical assistance
5045 program administered by the Department of Social Services] commit a
5046 violation of this section;

5047 (4) Having possession, custody or control of property or money
5048 used, or to be used, by the state relative to a medical assistance
5049 program administered by the Department of Social Services, and
5050 intending to defraud the state or wilfully to conceal the property,
5051 deliver or cause to be delivered less property than the amount for
5052 which the person receives a certificate or receipt;

5053 (5) Being authorized to make or deliver a document certifying
5054 receipt of property used, or to be used, by the state relative to a
5055 medical assistance program administered by the Department of Social
5056 Services and intending to defraud the state, make or deliver such
5057 document without completely knowing that the information on the
5058 document is true;

5059 (6) Knowingly buy, or receive as a pledge of an obligation or debt,
5060 public property from an officer or employee of the state relative to a
5061 medical assistance program administered by the Department of Social
5062 Services, who lawfully may not sell or pledge the property; [or]

5063 (7) Knowingly make, use or cause to be made or used, a false record
5064 or statement [to conceal, avoid or decrease] material to an obligation to

5065 pay or transmit money or property to the state under a medical
5066 assistance program administered by the Department of Social Services;
5067 or

5068 (8) Knowingly conceal or knowingly and improperly avoid or
5069 decrease an obligation to pay or transmit money or property to the
5070 state under a medical assistance program administered by the
5071 Department of Social Services.

5072 (b) Any person who violates the provisions of subsection (a) of this
5073 section shall be liable to the state for: (1) A civil penalty of not less than
5074 five thousand five hundred dollars or more than [ten] eleven thousand
5075 dollars, or as adjusted from time to time by the federal Civil Penalties
5076 Inflation Adjustment Act of 1990, 28 USC 2461, (2) three times the
5077 amount of damages that the state sustains because of the act of that
5078 person, and (3) the costs of investigation and prosecution of such
5079 violation. Liability under this section shall be joint and several for any
5080 violation of this section committed by two or more persons.

5081 (c) Notwithstanding the provisions of subsection (b) of this section
5082 concerning treble damages, if the court finds that: (1) A person
5083 committing a violation of subsection (a) of this section furnished
5084 officials of the state responsible for investigating false claims violations
5085 with all information known to such person about the violation not later
5086 than thirty days after the date on which the person first obtained the
5087 information; (2) such person fully cooperated with an investigation by
5088 the state of such violation; and (3) at the time such person furnished
5089 the state with the information about the violation, no criminal
5090 prosecution, civil action or administrative action had commenced
5091 under sections 17b-301c to 17b-301g, inclusive, as amended by this act,
5092 with respect to such violation, and such person did not have actual
5093 knowledge of the existence of an investigation into such violation, the
5094 court may assess not less than two times the amount of damages which
5095 the state sustains because of the act of such person. Any information
5096 furnished pursuant to this subsection shall be exempt from disclosure

5097 under section 1-210.

5098 Sec. 155. Subsection (d) of section 17b-301d of the general statutes is
5099 repealed and the following is substituted in lieu thereof (*Effective from*
5100 *passage*):

5101 (d) If a person brings an action under this section, [or the federal
5102 False Claims Act, 31 USC 3729, et seq.,] no person other than the state
5103 may intervene or bring a related action based on the facts underlying
5104 the pending action.

5105 Sec. 156. Subsection (f) of section 17b-301e of the general statutes is
5106 repealed and the following is substituted in lieu thereof (*Effective from*
5107 *passage*):

5108 (f) Notwithstanding the provisions of subsection (e) of this section,
5109 where the action is one that the court finds to be based primarily on
5110 disclosures of specific information that was not provided by the person
5111 bringing the action relating to allegations or transactions (1) in a
5112 criminal, civil or administrative hearing, (2) in a report, hearing, audit
5113 or investigation conducted by the General Assembly, a committee of
5114 the General Assembly, the Auditors of Public Accounts, a state agency
5115 or a quasi-public agency, or (3) from the news media, the court may
5116 award from such proceeds to the person bringing the action such sums
5117 as it considers appropriate, but in no case more than ten per cent of the
5118 proceeds, taking into account the significance of the information and
5119 the role of the person bringing the action in advancing the case to
5120 litigation. Any such person shall also receive an amount for reasonable
5121 expenses that the court finds to have been necessarily incurred, plus
5122 reasonable attorneys' fees and costs. All such expenses, fees and costs
5123 shall be awarded against the defendant.

5124 Sec. 157. Section 17b-301i of the general statutes is repealed and the
5125 following is substituted in lieu thereof (*Effective from passage*):

5126 (a) No court shall have jurisdiction over an action brought under

5127 section 17b-301d, as amended by this act, (1) against a member of the
5128 General Assembly, a member of the judiciary or an elected officer or
5129 department head of the state if the action is based on evidence or
5130 information known to the state when the action was brought; or (2)
5131 that is based upon allegations or transactions that are the subject of a
5132 civil suit or an administrative civil penalty proceeding in which the
5133 state is already a party.]; or (3) that is based upon the public disclosure
5134 of allegations or transactions (A) in a criminal, civil or administrative
5135 hearing, (B) in a report, hearing, audit or investigation, conducted by
5136 the General Assembly, a committee of the General Assembly, the
5137 Auditors of Public Accounts, a state agency or a quasi-public agency,
5138 or (C) from the news media, unless such action is brought by the
5139 Attorney General or the person bringing the action is an original
5140 source of the information. For the purposes of this subsection, "original
5141 source" means an individual who has direct and independent
5142 knowledge of the information on which the allegations are based and
5143 has voluntarily provided the information to the state before filing an
5144 action under section 17b-301d based on such information.

5145 (b) No court shall have jurisdiction over an action brought under
5146 section 17b-301d by a person who knew or had reason to know that the
5147 Attorney General or another state law enforcement official knew of the
5148 allegations or transactions prior to such person filing the action or
5149 serving the disclosure of material evidence.]

5150 (b) Unless opposed by the state, the court shall dismiss an action or
5151 claim brought under section 17b-301d, as amended by this act, if
5152 allegations or transactions that are substantially the same as those
5153 alleged in the action or claim were publicly disclosed (1) in a state
5154 criminal, civil or administrative hearing in which the state or its agent
5155 is a party, (2) in a report, hearing, audit or investigation conducted by
5156 the General Assembly, a committee of the General Assembly, the
5157 Auditors of Public Accounts, a state agency or quasi-public agency, or
5158 (3) by the news media, except the court shall not dismiss such action or
5159 claim if the action or claim is brought by the Attorney General or the

5160 person who is an original source of information.

5161 (c) For purposes of this section, "original source" means an
5162 individual who (1) voluntarily discloses to the state information on
5163 which the allegations or transactions in an action or claim are based,
5164 prior to public disclosure of such information as described in
5165 subdivisions (1), (2) and (3) of subsection (b) of this section, or (2) has
5166 knowledge that is independent of and materially adds to the publicly
5167 disclosed allegations or transactions and has voluntarily provided the
5168 information to the state before filing an action or claim under this
5169 section.

5170 Sec. 158. Section 17b-301k of the general statutes is repealed and the
5171 following is substituted in lieu thereof (*Effective from passage*):

5172 (a) Any employee, contractor or agent who is discharged, demoted,
5173 suspended, threatened, harassed or in any other manner discriminated
5174 against in the terms and conditions of employment [by his or her
5175 employer] because of lawful acts done by the employee [on behalf of
5176 the employee or others] , contractor or agent in furtherance of an
5177 action under sections 17b-301c to 17b-301g, inclusive, as amended by
5178 this act, including investigation for, initiation of, testimony for or
5179 assistance in an action filed or to be filed under sections 17b-301c to
5180 17b-301g, inclusive, or efforts to stop a violation of sections 17b-301a to
5181 17b-301p, inclusive, as amended by this act, shall be entitled to all
5182 relief necessary to make the employee, contractor or agent whole. Such
5183 relief shall include reinstatement with the same seniority status such
5184 employee would have had but for the discrimination, two times the
5185 amount of any back pay, interest on any back pay and compensation
5186 for any special damages sustained as a result of the discrimination,
5187 including litigation costs and reasonable attorneys' fees. An employee
5188 may bring an action in the Superior Court for the relief provided in
5189 this section.

5190 (b) A civil action or claim under this section may not be brought
5191 more than three years after the date on which the retaliation occurred.

5192 Sec. 159. Section 17b-307l of the general statutes is repealed and the
5193 following is substituted in lieu thereof (*Effective from passage*):

5194 A civil action under sections 17b-301c to 17b-301g, inclusive, as
5195 amended by this act, may not be brought: (1) More than six years after
5196 the date on which the violation of subsection (a) of section 17b-301b, as
5197 amended by this act, is committed, or (2) more than three years after
5198 the date when facts material to the right of action are known or
5199 reasonably should have been known by the official of the state charged
5200 with responsibility to act in the circumstances, but in no event more
5201 than ten years after the date on which the violation is committed,
5202 whichever last occurs. If the state elects to intervene and proceed with
5203 an action brought under sections 17b-301c to 17b-301g, inclusive, as
5204 amended by this act, the state may file its own complaint or amend the
5205 complaint of a person who has brought an action under sections 17b-
5206 301c to 17b-301g, inclusive, as amended by this act, to clarify or add
5207 detail to claims in which the state is intervening and to add any
5208 additional claim under which the state contends that it is entitled to
5209 relief. For statute of limitation purposes, any such state pleading shall
5210 relate back to the filing date of the complaint of the person who
5211 originally brought the action to the extent that the claim of the state
5212 arises out of the conduct, transactions or occurrences set forth or
5213 attempted to be set forth in the prior complaint of such person.

5214 Sec. 160. Section 154 of public act 11-6 is repealed and the following
5215 is substituted in lieu thereof (*Effective July 1, 2011*):

5216 The Commissioner of Social Services, pursuant to section 17b-10 of
5217 the general statutes, may implement policies and procedures necessary
5218 to administer the provisions of [this act] section 17b-321 of the general
5219 statutes, as amended by section 150 of public act 11-6, and sections 151
5220 to 153, inclusive, of public act 11-6, while in the process of adopting
5221 such policies and procedures in regulation form, provided the
5222 commissioner prints notice of intent to adopt regulations in the
5223 Connecticut Law Journal not later than twenty days after the date of

5224 implementation. [Policies and procedures implemented pursuant to
5225 this section shall be valid until the time final regulations are adopted.]
5226 Such policies and procedures shall remain valid for three years
5227 following the date of publication in the Connecticut Law Journal
5228 unless otherwise provided for by the General Assembly.
5229 Notwithstanding the time frames established in subsection (c) of
5230 section 17b-10, the commissioner shall submit such policies and
5231 procedures in proposed regulation form to the legislative regulation
5232 review committee not later than three years following the date of
5233 publication of its intent to adopt regulations as provided for in this
5234 subsection. In the event that the commissioner is unable to submit
5235 proposed regulations prior to the expiration of the three-year time
5236 period as provided for in this subsection, the commissioner shall
5237 submit written notice, not later than thirty-five days prior to the date
5238 of expiration of such time period, to the legislative regulation review
5239 committee and the joint standing committees of the General Assembly
5240 having cognizance of matters relating to human services and
5241 appropriations and the budgets of state agencies indicating that the
5242 department will not be able to submit the proposed regulations on or
5243 before such date and shall include in such notice (1) the reasons why
5244 the department will not submit the proposed regulations by such date,
5245 and (2) the date by which the department will submit the proposed
5246 regulations. The legislative regulation review committee may require
5247 the department to appear before the committee at a time prescribed by
5248 the committee to further explain such reasons and to respond to any
5249 questions by the committee about the policy. The legislative regulation
5250 review committee may request the joint standing committee of the
5251 General Assembly having cognizance of matters relating to human
5252 services to review the department's policy, the department's reasons
5253 for not submitting the proposed regulations by the date specified in
5254 this section and the date by which the department will submit the
5255 proposed regulations. Said joint standing committee may review the
5256 policy, such reasons and such date, may schedule a hearing thereon
5257 and may make a recommendation to the legislative regulation review

5258 committee.

5259 Sec. 161. Subsection (a) of section 17b-321 of the general statutes, as
5260 amended by section 150 of public act 11-6, is repealed and the
5261 following is substituted in lieu thereof (*Effective July 1, 2011*):

5262 (a) On or before July 1, 2005, and on or before July first annually or
5263 biennially thereafter, the Commissioner of Social Services shall
5264 determine the amount of the user fee and promptly notify the
5265 commissioner and nursing homes of such amount. The user fee shall
5266 be (1) the sum of each nursing home's anticipated nursing home net
5267 revenue, including, but not limited to, its estimated net revenue from
5268 any increases in Medicaid payments, during the twelve-month period
5269 ending on June thirtieth of the succeeding calendar year, (2) which
5270 sum shall be multiplied by a percentage as determined by the
5271 Secretary of the Office of Policy and Management, in consultation with
5272 the Commissioner of Social Services, provided before January 1, 2008,
5273 such percentage shall not exceed six per cent, on and after January 1,
5274 2008, and prior to October 1, 2011, such percentage shall not exceed
5275 five and one-half per cent, and on and after October 1, 2011, such
5276 percentage shall not exceed the maximum allowed under federal law,
5277 and (3) which product shall be divided by the sum of each nursing
5278 home's anticipated resident days during the twelve-month period
5279 ending on June thirtieth of the succeeding calendar year. The
5280 Commissioner of Social Services, in anticipating nursing home net
5281 revenue and resident days, shall use the most recently available
5282 nursing home net revenue and resident day information.
5283 Notwithstanding the provisions of this section, the Commissioner of
5284 Social Services may adjust the user fee as necessary to prevent the state
5285 from exceeding the maximum allowed under federal law.

5286 Sec. 162. Section 152 of public act 11-6 is repealed and the following
5287 is substituted in lieu thereof (*Effective July 1, 2011*):

5288 On or before July 1, 2011, and on or before July first annually or
5289 biennially thereafter, the Commissioner of Social Services shall

5290 determine the amount of the user fee and promptly notify the
5291 commissioner and the intermediate care facilities for the mentally
5292 retarded of such amount. The user fee shall be (1) the sum of each
5293 facility's anticipated net revenue, including, but not limited to, its
5294 estimated net revenue from any increases in Medicaid payments
5295 during the twelve-month period ending on June thirtieth of the
5296 succeeding calendar year, (2) which sum shall be multiplied by a
5297 percentage as determined by the Secretary of the Office of Policy and
5298 Management, in consultation with the Commissioner of Social
5299 Services, provided, before October 1, 2011, such percentage shall not
5300 exceed five and one-half per cent and, on and after October 1, 2011,
5301 such percentage shall not exceed the maximum amount allowed under
5302 federal law, and (3) which product shall be divided by the sum of each
5303 facility's anticipated resident days during the twelve-month period
5304 ending on June thirtieth of the succeeding calendar year. The
5305 Commissioner of Social Services, in anticipating facility net revenue
5306 and resident days, shall use the most recently available facility net
5307 revenue and resident day information. Notwithstanding the provisions
5308 of this section, the Commissioner of Social Services may adjust the user
5309 fee as necessary to prevent the state from exceeding the maximum
5310 amount allowed under federal law.

5311 Sec. 163. (*Effective from passage*) (a) There is established a childhood
5312 immunization task force. Said task force shall: (1) Develop a plan to (A)
5313 maintain access to high-quality immunizations for children in the state,
5314 (B) determine how to respond to recommendations by the National
5315 Centers for Disease Control and Prevention for new childhood
5316 immunizations not currently provided by the state immunization
5317 program administered by the Department of Public Health, (C)
5318 implement a program permitting health care providers who
5319 administer vaccines to children under the federal Vaccines for
5320 Children program to select, and the Department of Public Health to
5321 provide, vaccines licensed by the federal Food and Drug
5322 Administration, and (D) determine how best to cover the cost of
5323 immunizations for children in the state, and (2) consider whether the

5324 state should continue universal immunization for children in the state.

5325 (b) The task force shall consist of the following members:

5326 (1) Two representatives of the pharmaceutical industry, one each
5327 appointed by the speaker of the House of Representatives and the
5328 president pro tempore of the Senate;

5329 (2) Two representatives of the insurance industry, one each
5330 appointed by the minority leader of the House of Representatives and
5331 the minority leader of the Senate;

5332 (3) Two representatives of the American Academy of Pediatrics, one
5333 each appointed by the majority leader of the House of Representatives
5334 and the majority leader of the Senate;

5335 (4) The chairpersons and ranking members of the joint standing
5336 committee of the General Assembly having cognizance of matters
5337 relating to public health;

5338 (5) The chairpersons and ranking members of the joint standing
5339 committee of the General Assembly having cognizance of matters
5340 relating to human services;

5341 (6) The chairpersons and ranking members of the joint standing
5342 committee of the General Assembly having cognizance of matters
5343 relating to appropriations and the budgets of state agencies;

5344 (7) The chairpersons and ranking members of the joint standing
5345 committee of the General Assembly having cognizance of matters
5346 relating to insurance;

5347 (8) The Commissioner of Public Health, or the commissioner's
5348 designee;

5349 (9) The Commissioner of Insurance, or the commissioner's designee;

5350 (10) The Commissioner of Social Services, or the commissioner's

5351 designee;

5352 (11) The Secretary of the Office of Policy and Management, or the
5353 secretary's designee; and

5354 (12) An employee of the Department of Public Health, appointed by
5355 the Commissioner of Public Health, responsible for immunizations.

5356 (c) All appointments to the task force shall be made not later than
5357 thirty days after the effective date of this section. Any vacancy of an
5358 appointed membership shall be filled by the appointing authority.

5359 (d) The speaker of the House of Representatives and the president
5360 pro tempore of the Senate shall select the chairpersons of the task
5361 force, from among the members of the task force. Such chairpersons
5362 shall schedule the first meeting of the task force, which shall be held
5363 not later than sixty days after the effective date of this section.

5364 (e) The administrative staff of the joint standing committee of the
5365 General Assembly having cognizance of matters relating to public
5366 health and the staff of the Office of Legislative Research shall serve as
5367 administrative staff of the task force.

5368 (f) Not later than February 1, 2012, the task force shall submit a
5369 report on its findings and recommendations, including
5370 recommendations for legislation, to the joint standing committees of
5371 the General Assembly having cognizance of matters relating to public
5372 health, human services, appropriations and the budgets of state
5373 agencies and insurance, in accordance with the provisions of section
5374 11-4a of the general statutes. The task force shall terminate on the date
5375 that it submits such report or February 1, 2012, whichever is later.

5376 Sec. 164. (NEW) (*Effective July 1, 2012*) (a) Except as provided in
5377 subsection (b) of this section, the Commissioner of Children and
5378 Families shall not place a child under the age of six, or a sibling group
5379 that contains a child under the age of six, in a child care facility, as
5380 defined in section 17a-93 of the general statutes.

5381 (b) The Commissioner of Children and Families may place a child
5382 under the age of six, or a sibling group containing a child under the
5383 age of six, in a child care facility, only if (1) a child care facility is
5384 designed for children and their parents, or (2) the health needs of the
5385 child under the age of six are so severe that the child's health needs can
5386 only be met in a child care facility. No child under the age of six, nor
5387 any sibling group containing a child under the age of six, may be
5388 placed in a child care facility pursuant to subdivision (2) of this
5389 subsection unless the commissioner, not later than ninety-six hours
5390 after such placement, certifies to the court that specific attempts were
5391 made to secure a family-based placement for such child or sibling
5392 group. If a child under the age of six, or sibling group containing a
5393 child under the age of six, is placed in a child care facility pursuant to
5394 subdivision (2) of this subsection and remains in such facility for more
5395 than thirty days, the commissioner shall petition the court for an
5396 emergency placement review hearing to be held not less than forty-five
5397 days after the date of initial placement. The purpose of such hearing
5398 shall be to review the efforts made by the commissioner to secure a
5399 family-based placement for the child or sibling group and to determine
5400 whether continued placement in the child care facility is warranted
5401 based on the child's health needs.

5402 Sec. 165. (NEW) (*Effective July 1, 2011*) (a) The Commissioner of
5403 Social Services and the Labor Commissioner shall, within available
5404 appropriations, implement a pilot program that serves not more than
5405 one hundred persons who are receiving benefits under the temporary
5406 family assistance program and participating in the jobs first
5407 employment services program. The pilot program shall provide to
5408 participants: (1) Intensive case management services to identify
5409 participants' (A) employment goals, (B) support service needs, and (C)
5410 training, education and work experience needs; (2) assistance in
5411 accessing needed support services, training, education and work
5412 experience; and (3) funding to facilitate participation in necessary adult
5413 basic education, skills training, postsecondary education or subsidized
5414 employment.

5415 (b) Notwithstanding the provisions of subsections (a) and (c) of
5416 section 17b-112 of the general statutes, the Commissioner of Social
5417 Services shall grant extensions of time-limited cash assistance benefits
5418 to any person who (1) has made a good-faith effort to comply with the
5419 requirements of the pilot program, (2) has not exceeded the sixty-
5420 month limit, described in subsection (c) of section 17b-112 of the
5421 general statutes, and (3) has not been granted more than two
5422 extensions.

5423 (c) Not later than October 1, 2012, the Commissioner of Social
5424 Services and the Labor Commissioner shall jointly submit a report, in
5425 accordance with the provisions of section 11-4a of the general statutes,
5426 to the joint standing committees of the General Assembly having
5427 cognizance of matters relating to human services and appropriations
5428 and the budgets of state agencies concerning the pilot program. Such
5429 report shall include, but shall not be limited to: (1) The number of
5430 persons participating in the pilot program; (2) the education, training
5431 and work experience activities of the participants; (3) the support
5432 services identified as needed by program participants through the
5433 provision of case management services by the Department of Social
5434 Services and the Labor Department and the support services actually
5435 received by each program participant; (4) the educational degrees and
5436 certificates obtained by participants; and (5) descriptions of the
5437 employment obtained by participants as a result of the pilot program.

5438 Sec. 166. Section 17b-343 of the general statutes is repealed and the
5439 following is substituted in lieu thereof (*Effective July 1, 2011*):

5440 The Commissioner of Social Services shall establish annually the
5441 maximum allowable rate to be paid by [said] agencies for homemaker
5442 services, chore person services, companion services, respite care, meals
5443 on wheels, adult day care services, case management and assessment
5444 services, transportation, mental health counseling and elderly foster
5445 care, except that the maximum allowable rates in effect July 1, 1990,
5446 shall remain in effect during the fiscal years ending June 30, 1992, and

5447 June 30, 1993. The Commissioner of Social Services shall prescribe
5448 uniform forms on which agencies providing such services shall report
5449 their costs for such services. Such rates shall be determined on the
5450 basis of a reasonable payment for necessary services rendered. The
5451 maximum allowable rates established by the Commissioner of Social
5452 Services for the Connecticut home-care program for the elderly
5453 established under section 17b-342, as amended by this act, shall
5454 constitute the rates required under this section until revised in
5455 accordance with this section. The Commissioner of Social Services shall
5456 establish a fee schedule, to be effective on and after July 1, 1994, for
5457 homemaker services, chore person services, companion services,
5458 respite care, meals on wheels, adult day care services, case
5459 management and assessment services, transportation, mental health
5460 counseling and elderly foster care. The commissioner may annually
5461 increase any fee in the fee schedule based on an increase in the cost of
5462 services. The commissioner shall increase the fee schedule effective
5463 July 1, 2000, by not less than five per cent, for adult day care services.
5464 The commissioner shall increase the fee schedule effective July 1, 2011,
5465 by four dollars per person, per day for adult day care services. Nothing
5466 contained in this section shall authorize a payment by the state to any
5467 agency for such services in excess of the amount charged by such
5468 agency for such services to the general public.

5469 Sec. 167. Section 17b-28 of the general statutes is repealed and the
5470 following is substituted in lieu thereof (*Effective July 1, 2011*):

5471 (a) There is established a [Council on Medicaid Care Management
5472 Oversight] Council on Medical Assistance Program Oversight which
5473 shall advise the Commissioner of Social Services on the planning and
5474 implementation of [a system of Medicaid care management and] the
5475 health care delivery system for the following health care programs:
5476 The HUSKY Plan, Parts A and B, the Charter Oak Health Plan and the
5477 Medicaid program, including, but not limited to, the portions of the
5478 program serving low income adults, the aged, blind and disabled
5479 individuals, individuals who are dually eligible for Medicaid and

5480 Medicare and individuals with preexisting medical conditions. The
5481 council shall monitor [such] planning and implementation [on] of
5482 matters related to Medicaid care management initiatives including, but
5483 not limited to, (1) eligibility standards, (2) benefits, (3) access, [and] (4)
5484 quality assurance, (5) outcome measures, and (6) the issuance of any
5485 request for proposal by the Department of Social Services for
5486 utilization of an administrative services organization in connection
5487 with such initiatives.

5488 (b) [The] On or before June 30, 2011, the council shall be composed
5489 of the chairpersons and ranking members of the joint standing
5490 committees of the General Assembly having cognizance of matters
5491 relating to human services, public health and appropriations and the
5492 budgets of state agencies, or their designees; two members of the
5493 General Assembly, one to be appointed by the president pro tempore
5494 of the Senate and one to be appointed by the speaker of the House of
5495 Representatives; the director of the Commission on Aging, or a
5496 designee; the director of the Commission on Children, or a designee; a
5497 representative of each organization that has been selected by the state
5498 to provide managed care and a representative of a primary care case
5499 management provider, to be appointed by the president pro tempore
5500 of the Senate; two representatives of the insurance industry, to be
5501 appointed by the speaker of the House of Representatives; two
5502 advocates for persons receiving Medicaid, one to be appointed by the
5503 majority leader of the Senate and one to be appointed by the minority
5504 leader of the Senate; one advocate for persons with substance use
5505 disorders, to be appointed by the majority leader of the House of
5506 Representatives; one advocate for persons with psychiatric disabilities,
5507 to be appointed by the minority leader of the House of
5508 Representatives; two advocates for the Department of Children and
5509 Families foster families, one to be appointed by the president pro
5510 tempore of the Senate and one to be appointed by the speaker of the
5511 House of Representatives; two members of the public who are
5512 currently recipients of Medicaid, one to be appointed by the majority
5513 leader of the House of Representatives and one to be appointed by the

5514 minority leader of the House of Representatives; two representatives
5515 of the Department of Social Services, to be appointed by the
5516 Commissioner of Social Services; two representatives of the
5517 Department of Public Health, to be appointed by the Commissioner of
5518 Public Health; two representatives of the Department of Mental Health
5519 and Addiction Services, to be appointed by the Commissioner of
5520 Mental Health and Addiction Services; two representatives of the
5521 Department of Children and Families, to be appointed by the
5522 Commissioner of Children and Families; two representatives of the
5523 Office of Policy and Management, to be appointed by the Secretary of
5524 the Office of Policy and Management; and one representative of the
5525 office of the State Comptroller, to be appointed by the State
5526 Comptroller.

5527 (c) On and after July 1, 2011, the council shall be composed of the
5528 following members:

5529 (1) The chairpersons and ranking members of the joint standing
5530 committees of the General Assembly having cognizance of matters
5531 relating to human services, public health and appropriations and the
5532 budgets of state agencies, or their designees;

5533 (2) Four appointed by the speaker of the House of Representatives,
5534 one of whom shall be a member of the General Assembly, one of
5535 whom shall be a community provider of adult Medicaid health
5536 services, one of whom shall be a recipient of Medicaid benefits for the
5537 aged, blind and disabled or an advocate for such a recipient and one of
5538 whom shall be a representative of the state's federally qualified health
5539 clinics;

5540 (3) Four appointed by the president pro tempore of the Senate, one
5541 of whom shall be a member of the General Assembly, one of whom
5542 shall be a representative of the home health care industry, one of
5543 whom shall be a primary care medical home provider and one of
5544 whom shall be an advocate for Department of Children and Families
5545 foster families;

5546 (4) Two appointed by the majority leader of the House of
5547 Representatives, one of whom shall be an advocate for persons with
5548 substance abuse disabilities and one of whom shall be a Medicaid
5549 dental provider;

5550 (5) Two appointed by the majority leader of the Senate, one of
5551 whom shall be a representative of school-based health centers and one
5552 of whom shall be a recipient of benefits under the HUSKY program;

5553 (6) Two appointed by the minority leader of the House of
5554 Representatives, one of whom shall be an advocate for persons with
5555 disabilities and one of whom shall be a dually eligible Medicaid-
5556 Medicare beneficiary or an advocate for such a beneficiary;

5557 (7) Two appointed by the minority leader of the Senate, one of
5558 whom shall be a low-income adult recipient of Medicaid benefits or an
5559 advocate for such a recipient and one of whom shall be a
5560 representative of hospitals;

5561 (8) The executive director of the Commission on Aging, or the
5562 executive director's designee;

5563 (9) The executive director of the Commission on Children, or the
5564 executive director's designee;

5565 (10) A representative of the Long-Term Care Advisory Council;

5566 (11) The Commissioners of Social Services, Children and Families,
5567 Public Health, Developmental Services and Mental Health and
5568 Addiction Services, or their designees, who shall be ex-officio
5569 nonvoting members;

5570 (12) The Comptroller, or the Comptroller's designee, who shall be an
5571 ex-officio nonvoting member;

5572 (13) The Secretary of the Office of Policy and Management, or the
5573 secretary's designee who shall be an ex-officio nonvoting member; and

5574 (14) One representative of an administrative services organization
5575 which contracts with the Department of Social Services in the
5576 administration of the Medicaid program, who shall be a nonvoting
5577 member.

5578 (d) The council shall choose a [chair] chairperson from among its
5579 members. The Joint Committee on Legislative Management shall
5580 provide administrative support to such chair. [The council shall
5581 convene its first meeting no later than June 1, 1994.]

5582 [(b)] (e) The council shall monitor and make recommendations
5583 concerning: (1) [guaranteed access to enrollees] An enrollment process
5584 that ensures access for each Department of Social Services
5585 administered health care program and effective outreach and client
5586 education for such programs; (2) available services comparable to
5587 those already in the Medicaid state plan, including those guaranteed
5588 under the federal Early and Periodic Screening, Diagnostic and
5589 Treatment Services Program under 42 USC 1396d; (3) the sufficiency of
5590 accessible adult and child primary care providers, specialty providers
5591 and hospitals in Medicaid provider networks; (4) the sufficiency of
5592 [capitated rates provider payments, financing and staff resources to]
5593 provider rates to maintain the Medicaid network of providers and
5594 service access; (5) funding and agency personnel resources to
5595 guarantee timely access to services and effective management of the
5596 Medicaid program; [(5)] (6) participation in care management
5597 programs including, but not limited to, medical home and health home
5598 models by existing community Medicaid providers; [(6)] (7) the
5599 linguistic and cultural competency of providers and other program
5600 facilitators [; (7) quality assurance] and data on the provision of
5601 Medicaid linguistic translation services; (8) program quality, including
5602 outcome measures and continuous quality improvement initiatives
5603 that may include provider quality performance incentives and
5604 performance targets for administrative services organizations; [(8)] (9)
5605 timely, accessible and effective client grievance procedures; [(9)] (10)
5606 coordination of the Medicaid care management programs with state

5607 and federal health care reforms; [(10)] (11) eligibility levels for
5608 inclusion in the programs; [(11)] (12) enrollee cost-sharing provisions;
5609 [(12)] (13) a benefit package for each of the health care programs set
5610 forth in subsection (a) of this section; [(13)] (14) coordination of
5611 coverage [under the HUSKY Plan, Part A, HUSKY Plan, Part B and
5612 other health care programs] continuity among Medicaid programs and
5613 integration of care, including, but not limited to, behavioral health,
5614 dental and pharmacy care provided through programs administered
5615 by the Department of Social Services; [(14)] and (15) the need for
5616 program quality studies within the areas identified in this section and
5617 the department's application for available grant funds for such studies,
5618 [; (15) the HUSKY Plan, Part A, the HUSKY Plan, Part B, HUSKY
5619 Primary Care, the state-administered general assistance program, the
5620 Medicaid care management programs and the Charter Oak Health
5621 Plan; (16) other issues pertaining to the development of a Medicaid
5622 Research and Demonstration Waiver under Section 1115 of the Social
5623 Security Act; and (17) the primary care case management pilot
5624 program, established pursuant to section 17b-307]. The chairperson of
5625 the council shall ensure that sufficient members of the council
5626 participate in the review of any contract entered into by the
5627 Department of Social Services and an administrative services
5628 organization.

5629 [(c)] (f) The Commissioner of Social Services may, in consultation
5630 with an educational institution, apply for any available funding,
5631 including federal funding, to support Medicaid care management
5632 programs.

5633 [(d)] (g) The Commissioner of Social Services shall provide monthly
5634 reports to the council on [the plans and implementation of the
5635 Medicaid care management program to the council] the matters
5636 described in subsection (e) of this section, including, but not limited to,
5637 policy changes and proposed regulations that affect Medicaid health
5638 services. The commissioner shall also provide the council with
5639 quarterly financial reports for each covered Medicaid population

5640 which reports shall include a breakdown of sums expended for each
5641 covered population.

5642 [(e)] (h) The council shall biannually report on its activities and
5643 progress [once each quarter] to the General Assembly.

5644 Sec. 168. Subdivision (6) of subsection (b) of section 17a-22j of the
5645 general statutes is repealed and the following is substituted in lieu
5646 thereof (*Effective July 1, 2011*):

5647 (6) Two appointed by the minority leader of the Senate one of
5648 whom is a provider of community-based services for children with
5649 behavioral health problems and one of whom is a member of the
5650 [advisory council on Medicaid care management oversight] Council on
5651 Medical Assistance Program Oversight;

5652 Sec. 169. Subsection (c) of section 17b-28e of the general statutes is
5653 repealed and the following is substituted in lieu thereof (*Effective July*
5654 *1, 2011*):

5655 (c) Each care management organization that enters into a contract
5656 with the Department of Social Services to provide foreign language
5657 interpreter services under the HUSKY Plan, Part A shall report, semi-
5658 annually, to the department on the interpreter services provided to
5659 recipients of benefits under the program. Such written reports shall be
5660 submitted to the department not later than June first and December
5661 thirty-first each year. Not later than thirty days after receipt of such
5662 report, the department shall submit a copy of the report, in accordance
5663 with the provisions of section 11-4a, to the [Council on Medicaid Care
5664 Management Oversight] Council on Medical Assistance Program
5665 Oversight.

5666 Sec. 170. Subsection (c) of section 17b-261i of the general statutes is
5667 repealed and the following is substituted in lieu thereof (*Effective July*
5668 *1, 2011*):

5669 (c) The commissioner shall submit a report to the [Council on

5670 Medicaid Care Management Oversight] Council on Medical Assistance
5671 Program Oversight, not later than thirty days after making any policy
5672 change pursuant to this section.

5673 Sec. 171. Subsection (a) of section 17b-297 of the general statutes is
5674 repealed and the following is substituted in lieu thereof (*Effective July*
5675 *1, 2011*):

5676 (a) The commissioner, in consultation with the Children's Health
5677 Council, the [Council on Medicaid Care Management Oversight]
5678 Council on Medical Assistance Program Oversight and the 2-1-1
5679 Infoline program, shall develop mechanisms to increase outreach and
5680 maximize enrollment of eligible children and adults in the HUSKY
5681 Plan, Part A or Part B, including, but not limited to, development of
5682 mail-in applications and appropriate outreach materials through the
5683 Department of Revenue Services, the Labor Department, the
5684 Department of Social Services, the Department of Public Health, the
5685 Department of Children and Families and the Office of Protection and
5686 Advocacy for Persons with Disabilities. Such mechanisms shall seek to
5687 maximize federal funds where appropriate for such outreach activities.

5688 Sec. 172. Section 17b-306a of the general statutes is repealed and the
5689 following is substituted in lieu thereof (*Effective July 1, 2011*):

5690 (a) The Commissioner of Social Services, in collaboration with the
5691 Commissioners of Public Health and Children and Families, shall
5692 establish a child health quality improvement program for the purpose
5693 of promoting the implementation of evidence-based strategies by
5694 providers participating in the HUSKY Plan, Part A and Part B to
5695 improve the delivery of and access to children's health services. Such
5696 strategies shall focus on physical, dental and mental health services
5697 and shall include, but need not be limited to: (1) Methods for early
5698 identification of children with special health care needs; (2) integration
5699 of care coordination and care planning into children's health services;
5700 (3) implementation of standardized data collection to measure
5701 performance improvement; and (4) implementation of family-centered

5702 services in patient care, including, but not limited to, the development
5703 of parent-provider partnerships. The Commissioner of Social Services
5704 shall seek the participation of public and private entities that are
5705 dedicated to improving the delivery of health services, including
5706 medical, dental and mental health providers, academic professionals
5707 with experience in health services research and performance
5708 measurement and improvement, and any other entity deemed
5709 appropriate by the Commissioner of Social Services, to promote such
5710 strategies. The commissioner shall ensure that such strategies reflect
5711 new developments and best practices in the field of children's health
5712 services. As used in this section, "evidence-based strategies" means
5713 policies, procedures and tools that are informed by research and
5714 supported by empirical evidence, including, but not limited to,
5715 research developed by organizations such as the American Academy
5716 of Pediatrics, the American Academy of Family Physicians, the
5717 National Association of Pediatric Nurse Practitioners and the Institute
5718 of Medicine.

5719 (b) Not later than July 1, 2008, and annually thereafter, the
5720 Commissioner of Social Services shall report, in accordance with
5721 section 11-4a, to the joint standing committees of the General
5722 Assembly having cognizance of matters relating to human services,
5723 public health and appropriations, and to the [Council on Medicaid
5724 Care Management Oversight] Council on Medical Assistance Program
5725 Oversight on (1) the implementation of any strategies developed
5726 pursuant to subsection (a) of this section, and (2) the efficacy of such
5727 strategies in improving the delivery of and access to health services for
5728 children enrolled in the HUSKY Plan.

5729 (c) The Commissioner of Social Services, in collaboration with the
5730 [Council on Medicaid Care Management Oversight] Council on
5731 Medical Assistance Program Oversight, shall, subject to available
5732 appropriations, prepare, annually, a report concerning health care
5733 choices under the HUSKY Plan, Part A. Such report shall include, but
5734 not be limited to, a comparison of the performance of each managed

5735 care organization, the primary care case management program and
5736 other member service delivery choices. The commissioner shall
5737 provide a copy of each report to all HUSKY Plan, Part A members.

5738 Sec. 173. (NEW) (*Effective July 1, 2011*) The Commissioner of Public
5739 Health shall establish and contract for the administration of a program
5740 using AIDS Services funding to provide financial assistance to victims
5741 of sexual assault for drugs prescribed by a physician for
5742 nonoccupational post-exposure prophylaxis for human
5743 immunodeficiency virus consistent with recommendations of the
5744 National Centers for Disease Control and Prevention and the state of
5745 Connecticut Technical Guidelines for Health Care Response to Victims
5746 of Sexual Assault. The commissioner shall give priority for benefits
5747 under the program established pursuant to this section to sexual
5748 assault victims who are uninsured or underinsured and for whom the
5749 program is a payer of last resort. The commissioner shall issue a
5750 request for proposal totaling twenty-five thousand dollars annually to
5751 which a qualified organization may apply to administer the program.

5752 Sec. 174. Subsection (a) of section 19a-649 of the general statutes is
5753 repealed and the following is substituted in lieu thereof (*Effective July*
5754 *1, 2011*):

5755 (a) The office [, in consultation with the Commissioner of Social
5756 Services,] shall review annually the level of uncompensated care
5757 provided by each hospital to the indigent. Each hospital shall file
5758 annually with the office its policies regarding the provision of charity
5759 care and reduced cost services to the indigent, excluding medical
5760 assistance recipients, and its debt collection practices. [Each hospital
5761 shall obtain an independent audit of the level of charges, payments
5762 and discharges by primary payer related to Medicare, medical
5763 assistance, CHAMPUS or TriCare and nongovernmental payers as well
5764 as the amount of uncompensated care including emergency assistance
5765 to families. The results of this audit, including the above information,
5766 with an opinion, shall be provided to the office by each hospital by

5767 March thirty-first of each year, and the hospital's audited financial
5768 statements shall be provided by February twenty-eighth of each year.
5769 For purposes of this section, "primary payer" means the payer
5770 responsible for the highest percentage of charges for a patient's
5771 inpatient or outpatient hospital services. The office shall evaluate the
5772 audit and may rely on the information contained in the independent
5773 audit or may require such additional audit as it deems necessary.] A
5774 hospital shall file its audited financial statements by February twenty-
5775 eighth of each year. The filing shall include a verification of the
5776 hospital's net revenue for the most recently completed fiscal year in a
5777 format prescribed by the office.

5778 Sec. 175. Section 19a-659 of the general statutes is repealed and the
5779 following is substituted in lieu thereof (*Effective July 1, 2011*):

5780 As used in this [section and sections 19a-662, 19a-669 to 19a-670a,
5781 inclusive, 19a-671, 19a-671a, 19a-672 and 19a-676] this chapter, unless
5782 the context otherwise requires:

5783 (1) "Office" means the Office of Health Care Access division of the
5784 Department of Public Health;

5785 (2) "Hospital" means any hospital licensed as a short-term acute care
5786 general or children's hospital by the Department of Public Health,
5787 including John Dempsey Hospital of The University of Connecticut
5788 Health Center;

5789 (3) "Fiscal year" means the hospital fiscal year consisting of a twelve-
5790 month period commencing on October first and ending the following
5791 September thirtieth;

5792 [(4) "Base year" means the fiscal year consisting of a twelve-month
5793 period immediately prior to the start of the fiscal year for which a
5794 budget is being determined or prepared;]

5795 [(5)] (4) "Affiliate" means a person, entity or organization
5796 controlling, controlled by, or under common control with another

5797 person, entity or organization;

5798 [(6)] (5) "Uncompensated care" means the total amount of charity
5799 care and bad debts determined by using the hospital's published
5800 charges and consistent with the hospital's policies regarding charity
5801 care and bad debts which [have been approved by, and] are on file at
5802 [] the office;

5803 [(7)] (6) "Medical assistance" means (A) the programs for medical
5804 assistance provided under [the state-administered general assistance
5805 program or] the Medicaid program, including the HUSKY Plan, Part
5806 A, or (B) any other state-funded medical assistance program, including
5807 the HUSKY Plan, Part B;

5808 [(8)] (7) "CHAMPUS" or "TriCare" means the federal Civilian Health
5809 and Medical Program of the Uniformed Services, as defined in 10 USC
5810 [Section] 1072(4), as from time to time amended;

5811 [(9)] (8) "Primary payer" means the payer responsible for the highest
5812 percentage of the charges for a patient's inpatient or outpatient
5813 hospital services;

5814 [(10)] (9) "Case mix index" means the arithmetic mean of the
5815 Medicare diagnosis related group case weights assigned to each
5816 inpatient discharge for a specific hospital during a given fiscal year.
5817 The case mix index shall be calculated by dividing the hospital's total
5818 case mix adjusted discharges by the hospital's actual number of
5819 discharges for the fiscal year. The total case mix adjusted discharges
5820 shall be calculated by (A) multiplying the number of discharges in
5821 each diagnosis-related group by the Medicare weights in effect for that
5822 same diagnosis-related group and fiscal year, and (B) then totaling the
5823 resulting products for all diagnosis-related groups;

5824 [(11)] (10) "Contractual allowances" means the difference between
5825 hospital published charges and payments generated by negotiated
5826 agreements for a different or discounted rate or method of payment;

5827 [(12)] (11) "Medical assistance underpayment" means the amount
5828 calculated by dividing the total net revenue by the total gross revenue,
5829 and then multiplying the quotient by the total medical assistance
5830 charges, and then subtracting medical assistance payments from the
5831 product;

5832 [(13)] (12) "Other allowances" means the amount of any difference
5833 between charges for employee self-insurance and related expenses
5834 determined using the hospital's overall relationship of costs to charges;

5835 [(14)] (13) "Gross revenue" means the total gross patient charges for
5836 all patient services provided by a hospital; and

5837 [(15)] (14) "Net revenue" means total gross revenue less contractual
5838 allowance, less the difference between government charges and
5839 government payments, less uncompensated care and other allowances,
5840 [plus uncompensated care program disproportionate share hospital
5841 payments from the Department of Social Services;

5842 (16) "Emergency assistance to families" means assistance to families
5843 with children under the age of twenty-one who do not have the
5844 resources to independently provide the assistance needed to avoid the
5845 destitution of the child.]

5846 Sec. 176. Section 19a-670 of the general statutes is repealed and the
5847 following is substituted in lieu thereof (*Effective July 1, 2011*):

5848 [(a) Within available appropriations, the Department of Social
5849 Services may make semimonthly payments to short-term general
5850 hospitals in an amount calculated pursuant to section 19a-671,
5851 provided the total amount of payments made to individual hospitals
5852 and to hospitals in the aggregate shall maximize the amount qualifying
5853 for federal matching payments under the medical assistance program
5854 as determined by the Department of Social Services in consultation
5855 with the Office of Policy and Management. No payments shall be
5856 made to any hospital exempt from taxation under chapter 211a. The

5857 payments shall be medical assistance disproportionate share
5858 payments, including grants provided pursuant to section 19a-168k, to
5859 the extent allowable under federal law. The payments shall not be part
5860 of the routine medical assistance inpatient hospital rate determined
5861 pursuant to section 17b-239. Payments shall be made on an interim
5862 basis during each year and a final settlement shall be calculated
5863 pursuant to section 19a-671 by the office for each hospital after the year
5864 end based on audited data for the hospitals. The Commissioner of
5865 Social Services may withhold payment to a hospital which is in arrears
5866 in remitting its obligations to the state.

5867 (b) (1) For the hospital fiscal year 1994, and subsequent fiscal years,
5868 the commission or its designated representative shall conduct a cash
5869 audit of the projected amount of uncompensated care, including
5870 emergency assistance to families and underpayments against the
5871 actual receipts of the hospital. In addition, the office or its designated
5872 intermediary shall conduct an audit of the revenues, deductions from
5873 revenue, discharges, days or other measures of patient volume for
5874 hospitals for the purposes of termination and final settlement of
5875 uncompensated care pool assessments and payments for the period
5876 ending March 31, 1994.

5877 (2) For the six-month period ending September 30, 1994, and for
5878 each subsequent fiscal year, the office or its designated intermediary
5879 shall conduct an audit of the revenues, deductions from revenue,
5880 discharges, days or other measures of patient volume for hospitals for
5881 the purposes of determining disproportionate share payments.
5882 Included in this audit shall be a comparison of projected and actual
5883 levels of medical assistance underpayment and uncompensated care.

5884 (3) The total payments from the Department of Social Services
5885 medical assistance disproportionate share-emergency assistance
5886 account established pursuant to section 38 of public act 94-9* and made
5887 in accordance with sections 19a-670 to 19a-672, inclusive, during the
5888 fiscal year less any payments for emergency assistance to families, and

5889 less any payments resulting from the resolution of or court order
5890 entered in any civil action pending on April 1, 1994, in the United
5891 States District Court for the district of Connecticut, shall be reallocated
5892 to hospitals based on actual audited levels of medical assistance
5893 underpayment, grants pursuant to section 19a-168k and
5894 uncompensated care to determine the final payment for the fiscal year.

5895 (4) If the final payment for a hospital for the hospital fiscal year, as
5896 determined as a result of this audit, is less than the total payments the
5897 hospital received during the same fiscal year excluding any prior year
5898 audit adjustment, then the current hospital fiscal year remaining
5899 semimonthly payments shall each be reduced by an amount equal to
5900 the total excess payment divided by the number of remaining
5901 semimonthly payments for the current hospital fiscal year.

5902 (5) If the final payment for a hospital for the hospital fiscal year, as
5903 determined as a result of this audit, is greater than the total payments
5904 the hospital received during the same fiscal year, then the current
5905 hospital fiscal year remaining semimonthly payments shall each be
5906 increased by an amount equal to the total excess payment divided by
5907 the number of remaining semimonthly payments for the current
5908 hospital fiscal year.]

5909 [(6)] The office shall, by [June 1, 1995, and June first of each
5910 subsequent] September first of each year, report the results of [such
5911 audit] the office's review of the hospitals' annual and twelve-month
5912 filings under sections 19a-644, 19a-649 and 19a-676 for the previous
5913 hospital fiscal year to the joint standing committee of the General
5914 Assembly having cognizance of matters relating to public health. The
5915 report shall include information concerning the financial stability of
5916 hospitals in a competitive market.

5917 [(7) Notwithstanding the provisions of subdivisions (3) to (5),
5918 inclusive, of this subsection, no adjustment of disproportionate share
5919 payments to hospitals for purposes of final settlement shall be
5920 implemented for the hospital fiscal years commencing October 1, 1997,

5921 and October 1, 1998, provided every hospital subject to final settlement
5922 for said fiscal years submits documentation in writing of its agreement
5923 to forego such final settlement to the Commissioner of Social Services
5924 in a form acceptable to the commissioner.

5925 (8) Notwithstanding the provisions of subdivisions (3) to (5),
5926 inclusive, of this subsection, for the hospital fiscal year commencing
5927 October 1, 1999, and for each subsequent fiscal year, no adjustment of
5928 disproportionate share payments to hospitals for purposes of final
5929 settlement shall be determined or implemented.

5930 (9) For the quarter ending September 30, 2001, no negative
5931 adjustment to the disproportionate share payments to hospitals for
5932 purposes of implementing the final one-quarter of the
5933 disproportionate share final settlement for the hospital fiscal year
5934 commencing October 1, 1998, shall be made. Any hospitals with a
5935 positive adjustment to the disproportionate share payments for
5936 purposes of implementing the remaining one-quarter of the hospital
5937 fiscal year 1999 disproportionate share final settlement shall receive
5938 payment of the adjustment through funds appropriated for said
5939 purpose.

5940 (10) The Department of Social Services may, within available
5941 appropriations and with the approval of the Office of Health Care
5942 Access and the Office of Policy and Management, make payment of
5943 any final settlement amount determined to represent any and all
5944 claims arising out of any incorrect payments to Yale-New Haven
5945 Hospital for the fiscal quarter ending September 30, 1998, or the
5946 hospital fiscal year ending September 30, 1999, or both. If such
5947 incorrect payment, whether an overpayment or an underpayment, has
5948 occurred as a result of the hospital's reporting incorrect information
5949 and statistics to the Office of Health Care Access, the Office of Health
5950 Care Access shall recompute the amount of any payments for the
5951 indicated time periods, offsetting any underpaid amount by the
5952 amount of any overpayment of funds for the indicated time period.

5953 Yale-New Haven Hospital shall submit all information and
5954 documentation determined necessary by the Office of Health Care
5955 Access to make a final determination of the amounts due. Prior to the
5956 release of any funds under this section, the hospital shall submit a
5957 written release in a form satisfactory to the Secretary of the Office of
5958 Policy and Management. The written release shall provide for
5959 settlement of any and all claims which have been or could have been
5960 brought challenging the amount of payment for the indicated periods.
5961 Nothing in this section shall be construed to relieve the hospital from
5962 any settlement or adjustments for any periods other than those
5963 identified in this section.

5964 (c) The Commissioner of Social Services is authorized to determine
5965 exceptions, exemptions and adjustments in accordance with 42 CFR
5966 413.40.

5967 (d) Nothing in section 3-114i, subdivision (2) or (29) of subsection (a)
5968 of section 12-407, subdivision (1) of section 12-408, section 12-408a,
5969 subdivision (5) of section 12-412, subdivision (1) of section 12-414, or
5970 sections 12-263a to 12-263e, inclusive, section 19a-646, 19a-659, 19a-662
5971 or 19a-669 to 19a-670a, inclusive, 19a-671, 19a-671a, 19a-672, 19a-672a,
5972 19a-673 and section 19a-676, or section 1, 2, or 38 of public act 94-9*
5973 shall be construed to require the Department of Social Services to pay
5974 out more funds than are appropriated pursuant to said sections.]

5975 Sec. 177. Subsection (c) of section 19a-493b of the general statutes is
5976 repealed and the following is substituted in lieu thereof (*Effective July*
5977 *1, 2011*):

5978 (c) Notwithstanding the provisions of this section, no outpatient
5979 surgical facility shall be required to comply with section 19a-631, 19a-
5980 632, 19a-644, 19a-645, 19a-646, 19a-649, 19a-654 to 19a-660, inclusive, as
5981 amended by this act, [19a-662,] 19a-664 to 19a-666, inclusive, [19a-669
5982 to 19a-670a, inclusive, 19a-671, 19a-671a, 19a-672] 19a-673 to 19a-676,
5983 inclusive, as amended by this act, 19a-678, [or] 19a-681, [to] or 19a-683.
5984 [, inclusive.] Each outpatient surgical facility shall continue to be

5985 subject to the obligations and requirements applicable to such facility,
 5986 including, but not limited to, any applicable provision of this chapter
 5987 and those provisions of chapter 368z not specified in this subsection,
 5988 except that a request for permission to undertake a transfer or change
 5989 of ownership or control shall not be required pursuant to subsection
 5990 (a) of section 19a-638 if the Office of Health Care Access division of the
 5991 Department of Public Health determines that the following conditions
 5992 are satisfied: (1) Prior to any such transfer or change of ownership or
 5993 control, the outpatient surgical facility shall be owned and controlled
 5994 exclusively by persons licensed pursuant to section 20-13, either
 5995 directly or through a limited liability company, formed pursuant to
 5996 chapter 613, a corporation, formed pursuant to chapters 601 and 602,
 5997 or a limited liability partnership, formed pursuant to chapter 614, that
 5998 is exclusively owned by persons licensed pursuant to section 20-13, or
 5999 is under the interim control of an estate executor or conservator
 6000 pending transfer of an ownership interest or control to a person
 6001 licensed under section 20-13, and (2) after any such transfer or change
 6002 of ownership or control, persons licensed pursuant to section 20-13, a
 6003 limited liability company, formed pursuant to chapter 613, a
 6004 corporation, formed pursuant to chapters 601 and 602, or a limited
 6005 liability partnership, formed pursuant to chapter 614, that is
 6006 exclusively owned by persons licensed pursuant to section 20-13, shall
 6007 own and control no less than a sixty per cent interest in the outpatient
 6008 surgical facility.

6009 Sec. 178. Sections 10-294, 17a-453a, 17a-453b, 17b-192, 17b-200, 17b-
 6010 240, 17b-256d, 17b-261k, 17b-263b, 17b-265e, 17b-371, 17b-424, 17b-
 6011 492a, 17b-651, 17b-652, 17b-664, 19a-662, 19a-669, 19a-670a, 19a-671,
 6012 19a-671a, 19a-672, 19a-672a and 19a-683 of the general statutes are
 6013 repealed. (*Effective July 1, 2011*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2011</i>	New section
Sec. 2	<i>July 1, 2011</i>	New section

Sec. 3	July 1, 2011	New section
Sec. 4	July 1, 2011	New section
Sec. 5	July 1, 2011	5-175a(a)
Sec. 6	July 1, 2011	10-76y(a)
Sec. 7	July 1, 2011	10-293
Sec. 8	July 1, 2011	10-295
Sec. 9	July 1, 2011	10-296
Sec. 10	July 1, 2011	10-297
Sec. 11	July 1, 2011	10-297a
Sec. 12	July 1, 2011	10-298
Sec. 13	July 1, 2011	10-298a
Sec. 14	July 1, 2011	10-298b
Sec. 15	July 1, 2011	10-298c
Sec. 16	July 1, 2011	10-300
Sec. 17	July 1, 2011	10-300a
Sec. 18	July 1, 2011	10-303
Sec. 19	July 1, 2011	10-304
Sec. 20	July 1, 2011	10-305
Sec. 21	July 1, 2011	10-306
Sec. 22	July 1, 2011	10-307
Sec. 23	July 1, 2011	10-308
Sec. 24	July 1, 2011	10-308a
Sec. 25	July 1, 2011	10-309
Sec. 26	July 1, 2011	10-310
Sec. 27	July 1, 2011	10-311a
Sec. 28	July 1, 2011	17a-248(9)
Sec. 29	July 1, 2011	17b-656
Sec. 30	July 1, 2011	26-29
Sec. 31	July 1, 2011	4-5
Sec. 32	July 1, 2011	5-259(e)
Sec. 33	July 1, 2011	New section
Sec. 34	July 1, 2011	4-89(g)
Sec. 35	July 1, 2011	46a-27
Sec. 36	July 1, 2011	46a-28
Sec. 37	July 1, 2011	9-20(c)
Sec. 38	July 1, 2011	16-256b
Sec. 39	July 1, 2011	46a-29
Sec. 40	July 1, 2011	46a-30
Sec. 41	July 1, 2011	46a-32
Sec. 42	July 1, 2011	46a-33a

Sec. 43	July 1, 2011	46a-33b
Sec. 44	July 1, 2011	51-245(d)
Sec. 45	July 1, 2011	14-253a(b)
Sec. 46	July 1, 2011	14-11b
Sec. 47	July 1, 2011	31-283a
Sec. 48	July 1, 2011	31-296(a)
Sec. 49	July 1, 2011	31-300
Sec. 50	July 1, 2011	31-349b(a)
Sec. 51	July 1, 2011	4a-82(a)
Sec. 52	July 1, 2011	12-217oo(a)(4)
Sec. 53	July 1, 2011	5-198(w)
Sec. 54	July 1, 2011	17b-612
Sec. 55	July 1, 2011	17b-614
Sec. 56	July 1, 2011	17b-615(b)
Sec. 57	July 1, 2011	17b-651a
Sec. 58	July 1, 2011	17b-653
Sec. 59	July 1, 2011	17b-654(b)
Sec. 60	July 1, 2011	17b-655
Sec. 61	July 1, 2011	17b-657
Sec. 62	July 1, 2011	17b-658
Sec. 63	July 1, 2011	17b-659
Sec. 64	July 1, 2011	17b-660
Sec. 65	July 1, 2011	17b-661
Sec. 66	July 1, 2011	17b-665
Sec. 67	July 1, 2011	17b-666
Sec. 68	July 1, 2011	New section
Sec. 69	<i>from passage</i>	New section
Sec. 70	July 1, 2011	17b-93(a)
Sec. 71	July 1, 2011	17b-94
Sec. 72	July 1, 2011	17b-224
Sec. 73	July 1, 2011	17b-340(f)(4)
Sec. 74	July 1, 2011	17b-340(g)
Sec. 75	July 1, 2011	17b-340(h)(1)
Sec. 76	July 1, 2011	17b-280(a)
Sec. 77	July 1, 2011	17b-104(b)
Sec. 78	July 1, 2011	17b-106
Sec. 79	July 1, 2011	17b-272
Sec. 80	September 1, 2011	17b-311
Sec. 81	July 1, 2011	New section
Sec. 82	July 1, 2011	17b-244(a)

Sec. 83	<i>from passage</i>	New section
Sec. 84	<i>July 1, 2011</i>	17b-265(d)
Sec. 85	<i>July 1, 2011</i>	17b-28e
Sec. 86	<i>July 1, 2011</i>	17b-342(i)(1) and (2)
Sec. 87	<i>July 1, 2011</i>	PA 11-6, Sec. 47
Sec. 88	<i>July 1, 2011</i>	17b-490
Sec. 89	<i>July 1, 2011</i>	17b-492
Sec. 90	<i>July 1, 2011</i>	17b-265f
Sec. 91	<i>July 1, 2011</i>	17b-256f
Sec. 92	<i>July 1, 2011</i>	New section
Sec. 93	<i>July 1, 2011</i>	17b-260d
Sec. 94	<i>July 1, 2011</i>	17b-278g(a)
Sec. 95	<i>July 1, 2011</i>	17b-372
Sec. 96	<i>July 1, 2011</i>	17b-802
Sec. 97	<i>July 1, 2011</i>	17b-749a
Sec. 98	<i>July 1, 2011</i>	17b-749g
Sec. 99	<i>July 1, 2011</i>	17b-749h
Sec. 100	<i>July 1, 2011</i>	17b-749i
Sec. 101	<i>July 1, 2011</i>	17b-749c(a)
Sec. 102	<i>July 1, 2011, and applicable to calendar quarters commencing on or after July 1, 2011</i>	12-263a
Sec. 103	<i>July 1, 2011, and applicable to calendar quarters commencing on or after July 1, 2011</i>	12-263b
Sec. 104	<i>from passage</i>	17b-261a
Sec. 105	<i>from passage</i>	17b-28d
Sec. 106	<i>January 1, 2012</i>	17b-278a
Sec. 107	<i>July 1, 2011</i>	17b-280a
Sec. 108	<i>from passage</i>	17b-85
Sec. 109	<i>from passage</i>	17b-295(a)(2)
Sec. 110	<i>from passage</i>	New section
Sec. 111	<i>July 1, 2011</i>	New section
Sec. 112	<i>July 1, 2011</i>	New section
Sec. 113	<i>July 1, 2011</i>	17b-239(d)
Sec. 114	<i>July 1, 2011</i>	17b-242(a)
Sec. 115	<i>July 1, 2011</i>	17b-261m
Sec. 116	<i>July 1, 2011</i>	17b-261n

Sec. 117	<i>July 1, 2011</i>	New section
Sec. 118	<i>from passage</i>	17b-257b(a)
Sec. 119	<i>from passage</i>	17b-257c(a)
Sec. 120	<i>July 1, 2011</i>	17b-193
Sec. 121	<i>July 1, 2011</i>	17b-90(b)
Sec. 122	<i>July 1, 2011</i>	17a-460c(b)
Sec. 123	<i>July 1, 2011</i>	12-202a(b)
Sec. 124	<i>July 1, 2011</i>	10a-132e(b)
Sec. 125	<i>July 1, 2011</i>	17b-274d(e)
Sec. 126	<i>July 1, 2011</i>	17b-274a
Sec. 127	<i>July 1, 2011</i>	17b-274c(a)
Sec. 128	<i>July 1, 2011</i>	17b-274
Sec. 129	<i>July 1, 2011</i>	17b-274e
Sec. 130	<i>July 1, 2011</i>	17b-276(b)
Sec. 131	<i>July 1, 2011</i>	17b-491b
Sec. 132	<i>July 1, 2011</i>	17b-694(a)
Sec. 133	<i>July 1, 2011</i>	19a-673(a)(4)
Sec. 134	<i>July 1, 2011</i>	19a-718(c) and (d)
Sec. 135	<i>July 1, 2011</i>	22-380e(12)
Sec. 136	<i>July 1, 2011</i>	38a-472(b)
Sec. 137	<i>July 1, 2011</i>	38a-472d(b)
Sec. 138	<i>July 1, 2011</i>	38a-556a(b)
Sec. 139	<i>July 1, 2011</i>	17b-191(a)
Sec. 140	<i>July 1, 2011</i>	17b-689b
Sec. 141	<i>July 1, 2011</i>	17b-10a
Sec. 142	<i>July 1, 2011</i>	17b-491(e)
Sec. 143	<i>July 1, 2011</i>	17b-499a
Sec. 144	<i>July 1, 2011</i>	17b-8
Sec. 145	<i>July 1, 2011</i>	17a-317
Sec. 146	<i>July 1, 2013</i>	17b-1
Sec. 147	<i>January 1, 2012</i>	38a-490a
Sec. 148	<i>January 1, 2012</i>	38a-516a
Sec. 149	<i>July 1, 2011</i>	12-818
Sec. 150	<i>October 1, 2011</i>	20-619
Sec. 151	<i>October 1, 2011</i>	17b-493
Sec. 152	<i>July 1, 2011</i>	19a-323(b)
Sec. 153	<i>from passage</i>	17b-301a
Sec. 154	<i>from passage</i>	17b-301b
Sec. 155	<i>from passage</i>	17b-301d(d)
Sec. 156	<i>from passage</i>	17b-301e(f)

Sec. 157	<i>from passage</i>	17b-301i
Sec. 158	<i>from passage</i>	17b-301k
Sec. 159	<i>from passage</i>	17b-307l
Sec. 160	<i>July 1, 2011</i>	PA 11-6, Sec. 154
Sec. 161	<i>July 1, 2011</i>	17b-321(a)
Sec. 162	<i>July 1, 2011</i>	PA 11-6, Sec. 152
Sec. 163	<i>from passage</i>	New section
Sec. 164	<i>July 1, 2012</i>	New section
Sec. 165	<i>July 1, 2011</i>	New section
Sec. 166	<i>July 1, 2011</i>	17b-343
Sec. 167	<i>July 1, 2011</i>	17b-28
Sec. 168	<i>July 1, 2011</i>	17a-22j(b)(6)
Sec. 169	<i>July 1, 2011</i>	17b-28e(c)
Sec. 170	<i>July 1, 2011</i>	17b-261i(c)
Sec. 171	<i>July 1, 2011</i>	17b-297(a)
Sec. 172	<i>July 1, 2011</i>	17b-306a
Sec. 173	<i>July 1, 2011</i>	New section
Sec. 174	<i>July 1, 2011</i>	19a-649(a)
Sec. 175	<i>July 1, 2011</i>	19a-659
Sec. 176	<i>July 1, 2011</i>	19a-670
Sec. 177	<i>July 1, 2011</i>	19a-493b(c)
Sec. 178	<i>July 1, 2011</i>	Repealer section