



General Assembly

**Substitute Bill No. 30**

February Session, 2012

\* \_\_\_\_\_SB00030HS\_\_\_\_\_031612\_\_\_\_\_\*

**AN ACT IMPLEMENTING PROVISIONS OF THE BUDGET  
CONCERNING HUMAN SERVICES.**

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

1 Section 1. Section 17b-239 of the 2012 supplement to the general  
2 statutes is repealed and the following is substituted in lieu thereof  
3 (*Effective from passage*):

4 (a) The rate to be paid by the state to hospitals receiving  
5 appropriations granted by the General Assembly and to freestanding  
6 chronic disease hospitals, providing services to persons aided or cared  
7 for by the state for routine services furnished to state patients, shall be  
8 based upon reasonable cost to such hospital, or the charge to the  
9 general public for ward services or the lowest charge for semiprivate  
10 services if the hospital has no ward facilities, imposed by such  
11 hospital, whichever is lowest, except to the extent, if any, that the  
12 commissioner determines that a greater amount is appropriate in the  
13 case of hospitals serving a disproportionate share of indigent patients.  
14 Such rate shall be promulgated annually by the Commissioner of  
15 Social Services. Nothing contained in this section shall authorize a  
16 payment by the state for such services to any such hospital in excess of  
17 the charges made by such hospital for comparable services to the  
18 general public. Notwithstanding the provisions of this section, for the  
19 rate period beginning July 1, 2000, rates paid to freestanding chronic

20 disease hospitals and freestanding psychiatric hospitals shall be  
21 increased by three per cent. For the rate period beginning July 1, 2001,  
22 a freestanding chronic disease hospital or freestanding psychiatric  
23 hospital shall receive a rate that is two and one-half per cent more than  
24 the rate it received in the prior fiscal year and such rate shall remain  
25 effective until December 31, 2002. Effective January 1, 2003, a  
26 freestanding chronic disease hospital or freestanding psychiatric  
27 hospital shall receive a rate that is two per cent more than the rate it  
28 received in the prior fiscal year. Notwithstanding the provisions of this  
29 subsection, for the period commencing July 1, 2001, and ending June  
30 30, 2003, the commissioner may pay an additional total of no more  
31 than three hundred thousand dollars annually for services provided to  
32 long-term ventilator patients. For purposes of this subsection, "long-  
33 term ventilator patient" means any patient at a freestanding chronic  
34 disease hospital on a ventilator for a total of sixty days or more in any  
35 consecutive twelve-month period. Effective July 1, 2007, each  
36 freestanding chronic disease hospital shall receive a rate that is four  
37 per cent more than the rate it received in the prior fiscal year.

38 (b) Effective October 1, 1991, the rate to be paid by the state for the  
39 cost of special services rendered by such hospitals shall be established  
40 annually by the commissioner for each such hospital based on the  
41 reasonable cost to each hospital of such services furnished to state  
42 patients. Nothing contained [herein] in this subsection shall authorize  
43 a payment by the state for such services to any such hospital in excess  
44 of the charges made by such hospital for comparable services to the  
45 general public.

46 (c) The term "reasonable cost" as used in this section means the cost  
47 of care furnished such patients by an efficient and economically  
48 operated facility, computed in accordance with accepted principles of  
49 hospital cost reimbursement. The commissioner may adjust the rate of  
50 payment established under the provisions of this section for the year  
51 during which services are furnished to reflect fluctuations in hospital  
52 costs. Such adjustment may be made prospectively to cover anticipated  
53 fluctuations or may be made retroactive to any date subsequent to the

54 date of the initial rate determination for such year or in such other  
55 manner as may be determined by the commissioner. In determining  
56 "reasonable cost" the commissioner may give due consideration to  
57 allowances for fully or partially unpaid bills, reasonable costs  
58 mandated by collective bargaining agreements with certified collective  
59 bargaining agents or other agreements between the employer and  
60 employees, provided "employees" shall not include persons employed  
61 as managers or chief administrators, requirements for working capital  
62 and cost of development of new services, including additions to and  
63 replacement of facilities and equipment. The commissioner shall not  
64 give consideration to amounts paid by the facilities to employees as  
65 salary, or to attorneys or consultants as fees, where the responsibility  
66 of the employees, attorneys or consultants is to persuade or seek to  
67 persuade the other employees of the facility to support or oppose  
68 unionization. Nothing in this subsection shall prohibit the  
69 commissioner from considering amounts paid for legal counsel related  
70 to the negotiation of collective bargaining agreements, the settlement  
71 of grievances or normal administration of labor relations.

72 (d) The state shall also pay to such hospitals for each outpatient  
73 clinic and emergency room visit a reasonable rate to be established  
74 annually by the commissioner for each hospital, such rate to be  
75 determined by the reasonable cost of such services. The emergency  
76 room visit rates in effect June 30, 1991, shall remain in effect through  
77 June 30, 1993, except those which would have been decreased effective  
78 July 1, 1991, or July 1, 1992, shall be decreased. Nothing contained  
79 [herein] in this subsection shall authorize a payment by the state for  
80 such services to any hospital in excess of the charges made by such  
81 hospital for comparable services to the general public. For those  
82 outpatient hospital services paid on the basis of a ratio of cost to  
83 charges, the ratios in effect June 30, 1991, shall be reduced effective  
84 July 1, 1991, by the most recent annual increase in the consumer price  
85 index for medical care. For those outpatient hospital services paid on  
86 the basis of a ratio of cost to charges, the ratios computed to be  
87 effective July 1, 1994, shall be reduced by the most recent annual

88 increase in the consumer price index for medical care. The emergency  
89 room visit rates in effect June 30, 1994, shall remain in effect through  
90 December 31, 1994. The Commissioner of Social Services shall establish  
91 a fee schedule for outpatient hospital services to be effective on and  
92 after January 1, 1995, and may annually modify such fee schedule if  
93 such modification is needed to ensure that the conversion to an  
94 administrative services organization is cost neutral to hospitals in the  
95 aggregate and ensures patient access. Utilization shall not be a factor in  
96 determining cost neutrality. Except with respect to the rate periods  
97 beginning July 1, 1999, and July 1, 2000, such fee schedule shall be  
98 adjusted annually beginning July 1, 1996, to reflect necessary increases  
99 in the cost of services. Notwithstanding the provisions of this  
100 subsection, the fee schedule for the rate period beginning July 1, 2000,  
101 shall be increased by ten and one-half per cent, effective June 1, 2001.  
102 Notwithstanding the provisions of this subsection, outpatient rates in  
103 effect as of June 30, 2003, shall remain in effect through June 30, 2005.  
104 Effective July 1, 2006, subject to available appropriations, the  
105 commissioner shall increase outpatient service fees for services that  
106 may include clinic, emergency room, magnetic resonance imaging, and  
107 computerized axial tomography.

108 (e) The commissioner shall adopt regulations, in accordance with  
109 the provisions of chapter 54, establishing criteria for defining  
110 emergency and nonemergency visits to hospital emergency rooms. All  
111 nonemergency visits to hospital emergency rooms shall be paid at the  
112 hospital's outpatient clinic services rate. Nothing contained in this  
113 subsection or the regulations adopted hereunder shall authorize a  
114 payment by the state for such services to any hospital in excess of the  
115 charges made by such hospital for comparable services to the general  
116 public.

117 (f) On and after October 1, 1984, the state shall pay to an acute care  
118 general hospital for the inpatient care of a patient who no longer  
119 requires acute care a rate determined by the following schedule: For  
120 the first seven days following certification that the patient no longer  
121 requires acute care the state shall pay the hospital at a rate of fifty per

122 cent of the hospital's actual cost; for the second seven-day period  
123 following certification that the patient no longer requires acute care the  
124 state shall pay seventy-five per cent of the hospital's actual cost; for the  
125 third seven-day period following certification that the patient no  
126 longer requires acute care and for any period of time thereafter, the  
127 state shall pay the hospital at a rate of one hundred per cent of the  
128 hospital's actual cost. On and after July 1, 1995, no payment shall be  
129 made by the state to an acute care general hospital for the inpatient  
130 care of a patient who no longer requires acute care and is eligible for  
131 Medicare unless the hospital does not obtain reimbursement from  
132 Medicare for that stay.

133 [(g) Effective June 1, 2001, the commissioner shall establish inpatient  
134 hospital rates in accordance with the method specified in regulations  
135 adopted pursuant to this section and applied for the rate period  
136 beginning October 1, 2000, except that the commissioner shall update  
137 each hospital's target amount per discharge to the actual allowable cost  
138 per discharge based upon the 1999 cost report filing multiplied by  
139 sixty-two and one-half per cent if such amount is higher than the target  
140 amount per discharge for the rate period beginning October 1, 2000, as  
141 adjusted for the ten per cent incentive identified in Section 4005 of  
142 Public Law 101-508. If a hospital's rate is increased pursuant to this  
143 subsection, the hospital shall not receive the ten per cent incentive  
144 identified in Section 4005 of Public Law 101-508. For rate periods  
145 beginning October 1, 2001, through September 30, 2006, the  
146 commissioner shall not apply an annual adjustment factor to the target  
147 amount per discharge. Effective April 1, 2005, the revised target  
148 amount per discharge for each hospital with a target amount per  
149 discharge less than three thousand seven hundred fifty dollars shall be  
150 three thousand seven hundred fifty dollars. Effective October 1, 2007,  
151 the commissioner, in consultation with the Secretary of the Office of  
152 Policy and Management, shall establish, within available  
153 appropriations, an increased target amount per discharge of not less  
154 than four thousand two hundred fifty dollars for each hospital with a  
155 target amount per discharge less than four thousand two hundred fifty

156 dollars for the rate period ending September 30, 2007, and the  
157 commissioner may apply an annual adjustment factor to the target  
158 amount per discharge for hospitals that are not increased as a result of  
159 this adjustment. Not later than October 1, 2008, the commissioner shall  
160 submit a report to the joint standing committees of the General  
161 Assembly having cognizance of matters relating to public health,  
162 human services and appropriations and the budgets of state agencies  
163 identifying any increased target amount per discharge established or  
164 annual adjustment factor applied on or after October 1, 2006, and the  
165 associated cost increase estimates related to such actions.]

166 Sec. 2. Subsection (a) of section 17b-282c of the general statutes is  
167 repealed and the following is substituted in lieu thereof (*Effective July*  
168 *1, 2012*):

169 (a) All nonemergency dental services provided under the  
170 Department of Social Services' dental programs, as described in section  
171 17b-282b, shall be subject to prior authorization. Nonemergency  
172 services that are exempt from the prior authorization process shall  
173 include diagnostic, prevention, basic restoration procedures and  
174 nonsurgical extractions that are consistent with standard and  
175 reasonable dental practices. Dental benefit limitations shall apply to  
176 each client regardless of the number of providers serving the client.  
177 The commissioner may recoup payments for services that are  
178 determined not to be for an emergency condition or otherwise in  
179 excess of what is medically necessary. The commissioner shall  
180 periodically, but not less than quarterly, review payments for  
181 emergency dental services and basic restoration procedures for  
182 appropriateness of payment. For the purposes of this section,  
183 "emergency condition" means a dental condition manifesting itself by  
184 acute symptoms of sufficient severity, including severe pain, such that  
185 a prudent layperson, who possesses an average knowledge of health  
186 and medicine, could reasonably expect the absence of immediate  
187 dental attention to result in placing the health of the individual, or  
188 with respect to a pregnant woman, the health of the woman or her  
189 unborn child, in serious jeopardy, cause serious impairment to body

190 functions or cause serious dysfunction of any body organ or part.

191 Sec. 3. Subsection (b) of section 17b-239c of the 2012 supplement to  
192 the general statutes is repealed and the following is substituted in lieu  
193 thereof (*Effective from passage*):

194 (b) Effective July 1, 2011, interim payments made to hospitals  
195 pursuant to this section for the succeeding [fifteen] twenty-seven  
196 months shall be based on 2009 federal fiscal year data and may be  
197 adjusted at the commissioner's discretion for accuracy. Effective  
198 October 1, [2012] 2013, interim payments shall be based on the most  
199 recent federal fiscal year data available. For federal fiscal year 2011 and  
200 succeeding federal fiscal years, final disproportionate share payment  
201 amounts shall be recalculated and reallocated in accordance with  
202 Section 1001(d) of Public Law 108-173, the Medicare Prescription Drug,  
203 Improvement, and Modernization Act of 2003. The commissioner shall  
204 prescribe uniform annual hospital data reporting forms. Payments  
205 made pursuant to this section shall be in addition to inpatient hospital  
206 rates determined pursuant to section 17b-239, as amended by this act.  
207 The commissioner may withhold payment to a hospital to offset  
208 money owed by the hospital to the state.

209 Sec. 4. Subsection (a) of section 17b-244 of the 2012 supplement to  
210 the general statutes is repealed and the following is substituted in lieu  
211 thereof (*Effective July 1, 2012*):

212 (a) The room and board component of the rates to be paid by the  
213 state to private facilities and facilities operated by regional education  
214 service centers which are licensed to provide residential care pursuant  
215 to section 17a-227, but not certified to participate in the Title XIX  
216 Medicaid program as intermediate care facilities for persons with  
217 mental retardation, shall be determined annually by the Commissioner  
218 of Social Services, except that rates effective April 30, 1989, shall  
219 remain in effect through October 31, 1989. Any facility with real  
220 property other than land placed in service prior to July 1, 1991, shall,  
221 for the fiscal year ending June 30, 1995, receive a rate of return on real

222 property equal to the average of the rates of return applied to real  
223 property other than land placed in service for the five years preceding  
224 July 1, 1993. For the fiscal year ending June 30, 1996, and any  
225 succeeding fiscal year, the rate of return on real property for property  
226 items shall be revised every five years. The commissioner shall, upon  
227 submission of a request by such facility, allow actual debt service,  
228 comprised of principal and interest, on the loan or loans in lieu of  
229 property costs allowed pursuant to section 17-313b-5 of the regulations  
230 of Connecticut state agencies, whether actual debt service is higher or  
231 lower than such allowed property costs, provided such debt service  
232 terms and amounts are reasonable in relation to the useful life and the  
233 base value of the property. In the case of facilities financed through the  
234 Connecticut Housing Finance Authority, the commissioner shall allow  
235 actual debt service, comprised of principal, interest and a reasonable  
236 repair and replacement reserve on the loan or loans in lieu of property  
237 costs allowed pursuant to section 17-313b-5 of the regulations of  
238 Connecticut state agencies, whether actual debt service is higher or  
239 lower than such allowed property costs, provided such debt service  
240 terms and amounts are determined by the commissioner at the time  
241 the loan is entered into to be reasonable in relation to the useful life  
242 and base value of the property. The commissioner may allow fees  
243 associated with mortgage refinancing provided such refinancing will  
244 result in state reimbursement savings, after comparing costs over the  
245 terms of the existing proposed loans. For the fiscal year ending June 30,  
246 1992, the inflation factor used to determine rates shall be one-half of  
247 the gross national product percentage increase for the period between  
248 the midpoint of the cost year through the midpoint of the rate year. For  
249 fiscal year ending June 30, 1993, the inflation factor used to determine  
250 rates shall be two-thirds of the gross national product percentage  
251 increase from the midpoint of the cost year to the midpoint of the rate  
252 year. For the fiscal years ending June 30, 1996, and June 30, 1997, no  
253 inflation factor shall be applied in determining rates. The  
254 Commissioner of Social Services shall prescribe uniform forms on  
255 which such facilities shall report their costs. Such rates shall be  
256 determined on the basis of a reasonable payment for necessary

257 services. Any increase in grants, gifts, fund-raising or endowment  
258 income used for the payment of operating costs by a private facility in  
259 the fiscal year ending June 30, 1992, shall be excluded by the  
260 commissioner from the income of the facility in determining the rates  
261 to be paid to the facility for the fiscal year ending June 30, 1993,  
262 provided any operating costs funded by such increase shall not  
263 obligate the state to increase expenditures in subsequent fiscal years.  
264 Nothing contained in this section shall authorize a payment by the  
265 state to any such facility in excess of the charges made by the facility  
266 for comparable services to the general public. The service component  
267 of the rates to be paid by the state to private facilities and facilities  
268 operated by regional education service centers which are licensed to  
269 provide residential care pursuant to section 17a-227, but not certified  
270 to participate in the Title XIX Medicaid programs as intermediate care  
271 facilities for persons with mental retardation, shall be determined  
272 annually by the Commissioner of Developmental Services in  
273 accordance with section 17b-244a. For the fiscal year ending June 30,  
274 2008, no facility shall receive a rate that is more than two per cent  
275 greater than the rate in effect for the facility on June 30, 2007, except  
276 any facility that would have been issued a lower rate effective July 1,  
277 2007, due to interim rate status or agreement with the department,  
278 shall be issued such lower rate effective July 1, 2007. For the fiscal year  
279 ending June 30, 2009, no facility shall receive a rate that is more than  
280 two per cent greater than the rate in effect for the facility on June 30,  
281 2008, except any facility that would have been issued a lower rate  
282 effective July 1, 2008, due to interim rate status or agreement with the  
283 department, shall be issued such lower rate effective July 1, 2008. For  
284 the fiscal years ending June 30, 2010, and June 30, 2011, rates in effect  
285 for the period ending June 30, 2009, shall remain in effect until June 30,  
286 2011, except that (1) the rate paid to a facility may be higher than the  
287 rate paid to the facility for the period ending June 30, 2009, if a capital  
288 improvement required by the Commissioner of Developmental  
289 Services for the health or safety of the residents was made to the  
290 facility during the fiscal years ending June 30, 2010, or June 30, 2011,  
291 and (2) any facility that would have been issued a lower rate for the

292 fiscal years ending June 30, 2010, or June 30, 2011, due to interim rate  
293 status or agreement with the department, shall be issued such lower  
294 rate. For the fiscal years ending June 30, 2012, and June 30, 2013, rates  
295 in effect for the period ending June 30, 2011, shall remain in effect until  
296 June 30, 2013, except that [(1)] (A) the rate paid to a facility may be  
297 higher than the rate paid to the facility for the period ending June 30,  
298 2011, if a capital improvement required by the Commissioner of  
299 Developmental Services for the health or safety of the residents was  
300 made to the facility during the fiscal years ending June 30, 2012, or  
301 June 30, 2013, [and (2)] (B) any facility that would have been issued a  
302 lower rate for the fiscal years ending June 30, 2012, or June 30, 2013,  
303 due to interim rate status or agreement with the department, shall be  
304 issued such lower rate, and (C) any facility that has a significant  
305 decrease in land and building costs shall receive a reduced rate to  
306 reflect the reduction in land and building costs.

307 Sec. 5. Subsection (g) of section 17b-340 of the 2012 supplement to  
308 the general statutes is repealed and the following is substituted in lieu  
309 thereof (*Effective July 1, 2012*):

310 (g) For the fiscal year ending June 30, 1993, any intermediate care  
311 facility for the mentally retarded with an operating cost component of  
312 its rate in excess of one hundred forty per cent of the median of  
313 operating cost components of rates in effect January 1, 1992, shall not  
314 receive an operating cost component increase. For the fiscal year  
315 ending June 30, 1993, any intermediate care facility for the mentally  
316 retarded with an operating cost component of its rate that is less than  
317 one hundred forty per cent of the median of operating cost  
318 components of rates in effect January 1, 1992, shall have an allowance  
319 for real wage growth equal to thirty per cent of the increase  
320 determined in accordance with subsection (q) of section 17-311-52 of  
321 the regulations of Connecticut state agencies, provided such operating  
322 cost component shall not exceed one hundred forty per cent of the  
323 median of operating cost components in effect January 1, 1992. Any  
324 facility with real property other than land placed in service prior to  
325 October 1, 1991, shall, for the fiscal year ending June 30, 1995, receive a

326 rate of return on real property equal to the average of the rates of  
327 return applied to real property other than land placed in service for the  
328 five years preceding October 1, 1993. For the fiscal year ending June 30,  
329 1996, and any succeeding fiscal year, the rate of return on real property  
330 for property items shall be revised every five years. The commissioner  
331 shall, upon submission of a request, allow actual debt service,  
332 comprised of principal and interest, in excess of property costs allowed  
333 pursuant to section 17-311-52 of the regulations of Connecticut state  
334 agencies, provided such debt service terms and amounts are  
335 reasonable in relation to the useful life and the base value of the  
336 property. For the fiscal year ending June 30, 1995, and any succeeding  
337 fiscal year, the inflation adjustment made in accordance with  
338 subsection (p) of section 17-311-52 of the regulations of Connecticut  
339 state agencies shall not be applied to real property costs. For the fiscal  
340 year ending June 30, 1996, and any succeeding fiscal year, the  
341 allowance for real wage growth, as determined in accordance with  
342 subsection (q) of section 17-311-52 of the regulations of Connecticut  
343 state agencies, shall not be applied. For the fiscal year ending June 30,  
344 1996, and any succeeding fiscal year, no rate shall exceed three  
345 hundred seventy-five dollars per day unless the commissioner, in  
346 consultation with the Commissioner of Developmental Services,  
347 determines after a review of program and management costs, that a  
348 rate in excess of this amount is necessary for care and treatment of  
349 facility residents. For the fiscal year ending June 30, 2002, rate period,  
350 the Commissioner of Social Services shall increase the inflation  
351 adjustment for rates made in accordance with subsection (p) of section  
352 17-311-52 of the regulations of Connecticut state agencies to update  
353 allowable fiscal year 2000 costs to include a three and one-half per cent  
354 inflation factor. For the fiscal year ending June 30, 2003, rate period, the  
355 commissioner shall increase the inflation adjustment for rates made in  
356 accordance with subsection (p) of section 17-311-52 of the regulations  
357 of Connecticut state agencies to update allowable fiscal year 2001 costs  
358 to include a one and one-half per cent inflation factor, except that such  
359 increase shall be effective November 1, 2002, and such facility rate in  
360 effect for the fiscal year ending June 30, 2002, shall be paid for services

361 provided until October 31, 2002, except any facility that would have  
362 been issued a lower rate effective July 1, 2002, than for the fiscal year  
363 ending June 30, 2002, due to interim rate status or agreement with the  
364 department shall be issued such lower rate effective July 1, 2002, and  
365 have such rate updated effective November 1, 2002, in accordance with  
366 applicable statutes and regulations. For the fiscal year ending June 30,  
367 2004, rates in effect for the period ending June 30, 2003, shall remain in  
368 effect, except any facility that would have been issued a lower rate  
369 effective July 1, 2003, than for the fiscal year ending June 30, 2003, due  
370 to interim rate status or agreement with the department shall be issued  
371 such lower rate effective July 1, 2003. For the fiscal year ending June  
372 30, 2005, rates in effect for the period ending June 30, 2004, shall  
373 remain in effect until September 30, 2004. Effective October 1, 2004,  
374 each facility shall receive a rate that is five per cent greater than the  
375 rate in effect September 30, 2004. Effective upon receipt of all the  
376 necessary federal approvals to secure federal financial participation  
377 matching funds associated with the rate increase provided in  
378 subdivision (4) of subsection (f) of this section, but in no event earlier  
379 than October 1, 2005, and provided the user fee imposed under section  
380 17b-320 is required to be collected, each facility shall receive a rate that  
381 is four per cent more than the rate the facility received in the prior  
382 fiscal year, except any facility that would have been issued a lower rate  
383 effective October 1, 2005, than for the fiscal year ending June 30, 2005,  
384 due to interim rate status or agreement with the department, shall be  
385 issued such lower rate effective October 1, 2005. Such rate increase  
386 shall remain in effect unless: [(A)] (1) The federal financial  
387 participation matching funds associated with the rate increase are no  
388 longer available; or [(B)] (2) the user fee created pursuant to section  
389 17b-320 is not in effect. For the fiscal year ending June 30, 2007, rates in  
390 effect for the period ending June 30, 2006, shall remain in effect until  
391 September 30, 2006, except any facility that would have been issued a  
392 lower rate effective July 1, 2006, than for the fiscal year ending June 30,  
393 2006, due to interim rate status or agreement with the department,  
394 shall be issued such lower rate effective July 1, 2006. Effective October  
395 1, 2006, no facility shall receive a rate that is more than three per cent

396 greater than the rate in effect for the facility on September 30, 2006,  
397 except any facility that would have been issued a lower rate effective  
398 October 1, 2006, due to interim rate status or agreement with the  
399 department, shall be issued such lower rate effective October 1, 2006.  
400 For the fiscal year ending June 30, 2008, each facility shall receive a rate  
401 that is two and nine-tenths per cent greater than the rate in effect for  
402 the period ending June 30, 2007, except any facility that would have  
403 been issued a lower rate effective July 1, 2007, than for the rate period  
404 ending June 30, 2007, due to interim rate status, or agreement with the  
405 department, shall be issued such lower rate effective July 1, 2007. For  
406 the fiscal year ending June 30, 2009, rates in effect for the period  
407 ending June 30, 2008, shall remain in effect until June 30, 2009, except  
408 any facility that would have been issued a lower rate for the fiscal year  
409 ending June 30, 2009, due to interim rate status or agreement with the  
410 department, shall be issued such lower rate. For the fiscal years ending  
411 June 30, 2010, and June 30, 2011, rates in effect for the period ending  
412 June 30, 2009, shall remain in effect until June 30, 2011, except any  
413 facility that would have been issued a lower rate for the fiscal year  
414 ending June 30, 2010, or the fiscal year ending June 30, 2011, due to  
415 interim rate status or agreement with the department, shall be issued  
416 such lower rate. For the fiscal years ending June 30, 2012, and June 30,  
417 2013, rates in effect for the period ending June 30, 2011, shall remain in  
418 effect until June 30, 2013, except (A) any facility that would have been  
419 issued a lower rate for the fiscal year ending June 30, 2012, or the fiscal  
420 year ending June 30, 2013, due to interim rate status or agreement with  
421 the department, shall be issued such lower rate, and (B) any facility  
422 that has a significant decrease in land and building costs shall receive a  
423 reduced rate to reflect the reduction in land and building costs. For the  
424 fiscal years ending June 30, 2012, and June 30, 2013, the Commissioner  
425 of Social Services may provide fair rent increases to any facility that  
426 has undergone a material change in circumstances related to fair rent  
427 and has an approved certificate of need pursuant to section 17b-352,  
428 17b-353, 17b-354 or 17b-355. Notwithstanding the provisions of this  
429 section, the Commissioner of Social Services may, within available  
430 appropriations, increase rates issued to intermediate care facilities for

431 the mentally retarded.

432 Sec. 6. Section 17b-261 of the 2012 supplement to the general statutes  
433 is amended by adding subsection (j) as follows (*Effective July 1, 2012*):

434 (NEW) (j) A veteran, as defined in section 27-103, and any member  
435 of his or her family, who applies for or receives assistance under the  
436 Medicaid program, shall apply for all benefits for which he or she may  
437 be eligible through the Veterans' Administration or the United States  
438 Department of Defense.

439 Sec. 7. Subsection (a) of section 17b-365 of the general statutes is  
440 repealed and the following is substituted in lieu thereof (*Effective July*  
441 *1, 2012*):

442 (a) The Commissioner of Social Services may, within available  
443 appropriations, establish and operate a pilot program to allow  
444 individuals to receive assisted living services, provided by an assisted  
445 living services agency licensed by the Department of Public Health in  
446 accordance with chapter 368v. In order to be eligible for the program,  
447 an individual shall: (1) Reside in a managed residential community, as  
448 defined in section 19a-693; (2) be ineligible to receive assisted living  
449 services under any other assisted living pilot program established by  
450 the General Assembly; and (3) be eligible for services under the  
451 Medicaid waiver portion of the Connecticut home-care program for  
452 the elderly established under section 17b-342. The total number of  
453 individuals enrolled in said pilot program, when combined with the  
454 total number of individuals enrolled in the pilot program established  
455 pursuant to section 17b-366, as amended by this act, shall not exceed  
456 [seventy-five] one hundred twenty-five individuals. The  
457 Commissioner of Social Services shall operate said pilot program in  
458 accordance with the Medicaid rules established pursuant to 42 USC  
459 1396p(c), as from time to time amended.

460 Sec. 8. Subsection (a) of section 17b-366 of the general statutes is  
461 repealed and the following is substituted in lieu thereof (*Effective July*  
462 *1, 2012*):

463 (a) The Commissioner of Social Services may, within available  
464 appropriations, establish and operate a pilot program to allow  
465 individuals to receive assisted living services, provided by an assisted  
466 living services agency licensed by the Department of Public Health, in  
467 accordance with chapter 368v. In order to be eligible for the pilot  
468 program, an individual shall: (1) Reside in a managed residential  
469 community, as defined in section 19a-693; (2) be ineligible to receive  
470 assisted living services under any other assisted living pilot program  
471 established by the General Assembly; and (3) be eligible for services  
472 under the state-funded portion of the Connecticut home-care program  
473 for the elderly established under section 17b-342. The total number of  
474 individuals enrolled in said pilot program, when combined with the  
475 total number of individuals enrolled in the pilot program established  
476 pursuant to section 17b-365, as amended by this act, shall not exceed  
477 [seventy-five] one hundred twenty-five individuals. The  
478 Commissioner of Social Services shall operate said pilot program in  
479 accordance with the Medicaid rules established under 42 USC  
480 1396p(c), as from time to time amended.

481 Sec. 9. Section 17b-605a of the general statutes is repealed and the  
482 following is substituted in lieu thereof (*Effective July 1, 2012*):

483 (a) The Commissioner of Social Services shall seek a waiver from  
484 federal law to establish a personal care assistance program for persons  
485 eighteen years of age or older with disabilities funded under the  
486 Medicaid program. Such a program shall be limited to a specified  
487 number of slots available for eligible program recipients and shall be  
488 operated by the Department of Social Services within available  
489 appropriations. Such a waiver shall be submitted to the joint standing  
490 committees of the General Assembly having cognizance of matters  
491 relating to appropriations and the budgets of state agencies and  
492 human services in accordance with section 17b-8 no later than January  
493 1, 1996.

494 (b) The Commissioner of Social Services shall amend the waiver  
495 specified in subsection (a) of this section to enable persons eligible for

496 or receiving medical assistance under section 17b-597 to receive  
497 personal care assistance. Such amendment shall not be subject to the  
498 provisions of section 17b-8 provided such amendment shall consist  
499 only of modifications necessary to extend personal care assistance to  
500 such persons.

501 (c) Effective April 1, 2013, upon reaching sixty-five years of age, any  
502 person served under the program shall be transitioned to the  
503 Connecticut home-care program for the elderly, established under  
504 section 17b-342.

505 Sec. 10. Subsection (a) of section 17b-650a of the 2012 supplement to  
506 the general statutes is repealed and the following is substituted in lieu  
507 thereof (*Effective July 1, 2012*):

508 (a) There is created a Bureau of Rehabilitative Services. [, which  
509 shall be within the Department of Social Services for administrative  
510 purposes only.] The Department of Social Services shall provide  
511 administrative support services to said bureau until the bureau  
512 requests cessation of such services, or until June 30, 2013, whichever is  
513 earlier. Said bureau shall be responsible for: (1) Providing services to  
514 the deaf and hearing impaired; (2) providing services for the blind and  
515 visually impaired; and (3) providing rehabilitation services in  
516 accordance with the provisions of the general statutes concerning said  
517 bureau.

518 Sec. 11. Section 17b-733 of the general statutes is repealed and the  
519 following is substituted in lieu thereof (*Effective July 1, 2012*):

520 The Department of Social Services shall be the lead agency for child  
521 day care services in Connecticut. The department shall: (1) Identify,  
522 annually, existing child day care services and maintain an inventory of  
523 all available services; (2) provide technical assistance to corporations  
524 and private agencies in the development and expansion of child day  
525 care services for families at all income levels, including families of their  
526 employees and clients; (3) study and identify funding sources available  
527 for child day care including federal funds and tax benefits; (4) study

528 the cost and availability of liability insurance for child day care  
529 providers; (5) provide, in conjunction with the Departments of  
530 Education and Higher Education, ongoing training for child day care  
531 providers including preparing videotaped workshops and distributing  
532 them to cable stations for broadcast on public access stations, and seek  
533 private donations to fund such training; (6) encourage child day care  
534 services to obtain accreditation; (7) develop a range of financing  
535 options for child care services, including the use of a tax-exempt bond  
536 program, a loan guarantee program and establishing a direct revolving  
537 loan program; (8) promote the colocation of child day care and school  
538 readiness programs pursuant to section 4b-31; (9) establish a  
539 performance-based evaluation system; (10) develop for  
540 recommendation to the Governor and the General Assembly measures  
541 to provide incentives for the private sector to develop and support  
542 expanded child day care services; (11) provide, within available funds  
543 and in conjunction with the temporary family assistance program as  
544 defined in section 17b-680, child day care to public assistance  
545 recipients; (12) [develop and implement, with the assistance of the  
546 Child Day Care Council and the Departments of Public Health, Social  
547 Services, Education, Higher Education, Children and Families,  
548 Economic and Community Development and Consumer Protection, a  
549 state-wide coordinated child day care and early childhood education  
550 training system (A) for child day care centers, group day care homes  
551 and family day care homes that provide child day care services, and  
552 (B) that makes available to such providers and their staff, within  
553 available appropriations, scholarship assistance, career counseling and  
554 training, advancement in career ladders, as defined in section 4-124bb,  
555 through seamless articulation of levels of training, program  
556 accreditation support and other initiatives recommended by the  
557 Departments of Social Services, Education and Higher Education; (13)]  
558 plan and implement a unit cost reimbursement system for state-  
559 funded child day care services such that, on and after January 1, 2008,  
560 any increase in reimbursement shall be based on a requirement that  
561 such centers meet the staff qualifications, as defined in subsection (b)  
562 of section 10-16p; [(14)] (13) develop, within available funds, initiatives

563 to increase compensation paid to child day care providers for  
564 educational opportunities, including, but not limited to, (A) incentives  
565 for educational advancement paid to persons employed by child day  
566 care centers receiving state or federal funds, and (B) support for the  
567 establishment and implementation by the Labor Commissioner of  
568 apprenticeship programs for child day care workers pursuant to  
569 sections 31-22m to 31-22q, inclusive, which programs shall be jointly  
570 administered by labor and management trustees; [(15)] (14) evaluate  
571 the effectiveness of any initiatives developed pursuant to subdivision  
572 [(14)] (13) of this section in improving staff retention rates and the  
573 quality of education and care provided to children; and [(16)] (15)  
574 report annually to the Governor and the General Assembly in  
575 accordance with the provisions of section 11-4a on the status of child  
576 day care in Connecticut. Such report shall include (A) an itemization of  
577 the allocation of state and federal funds for child care programs; (B) the  
578 number of children served under each program so funded; (C) the  
579 number and type of such programs, providers and support personnel;  
580 (D) state activities to encourage partnership between the public and  
581 private sectors; (E) average payments issued by the state for both part-  
582 time and full-time child care; (F) range of family income and  
583 percentages served within each range by such programs; and (G) age  
584 range of children served.

585 Sec. 12. Section 17b-737 of the general statutes is repealed and the  
586 following is substituted in lieu thereof (*Effective July 1, 2012*):

587 The Commissioner of [Social Services] Education shall establish a  
588 program, within available appropriations, to provide grants to  
589 municipalities, boards of education and child care providers to  
590 encourage the use of school facilities for the provision of child day care  
591 services before and after school. In order to qualify for a grant, a  
592 municipality, board of education or child care provider shall guarantee  
593 the availability of a school site which meets the standards set by the  
594 Department of Public Health in regulations adopted under sections  
595 19a-77, 19a-79, 19a-80 and 19a-82 to 19a-87a, inclusive, and shall agree  
596 to provide liability insurance coverage for the program. Grant funds

597 shall be used by the municipality, board of education or child care  
598 provider for the maintenance and utility costs directly attributable to  
599 the use of the school facility for the day care program, for related  
600 transportation costs and for the portion of the municipality, board of  
601 education or child care provider liability insurance cost and other  
602 operational costs directly attributable to the day care program. The  
603 municipality or board of education may contract with a child day care  
604 provider for the program. The Commissioner of [Social Services]  
605 Education may adopt regulations, in accordance with the provisions of  
606 chapter 54, for purposes of this section. [The commissioner may utilize  
607 available child care subsidies to implement the provisions of this  
608 section and encourage association and cooperation with the Head Start  
609 program established pursuant to section 10-16n.]

610 Sec. 13. Section 19a-495a of the general statutes is repealed and the  
611 following is substituted in lieu thereof (*Effective July 1, 2012*):

612 (a) (1) The Commissioner of Public Health shall adopt regulations,  
613 [as provided in subsection (d) of this section] in accordance with the  
614 provisions of chapter 54, to require each residential care home, as  
615 defined in section 19a-490, that admits residents requiring assistance  
616 with medication administration, and each home health care agency, as  
617 defined in section 19a-490, that serves clients requiring assistance with  
618 medication administration in the Money Follows the Person  
619 demonstration project, established by section 17b-369, to (A) designate  
620 unlicensed personnel to obtain certification for the administration of  
621 medication, and (B) to ensure that such unlicensed personnel receive  
622 such certification.

623 (2) The regulations shall establish criteria to be used by such homes  
624 and agencies in determining (A) the appropriate number of unlicensed  
625 personnel who shall obtain such certification, and (B) training  
626 requirements, including on-going training requirements for such  
627 certification. Training requirements shall include, but shall not be  
628 limited to: Initial orientation, resident rights, identification of the types  
629 of medication that may be administered by unlicensed personnel,

630 behavioral management, personal care, nutrition and food safety, and  
631 health and safety in general.

632 (b) Each residential care home, as defined in section 19a-490, shall  
633 ensure that, on or before January 1, 2010, an appropriate number of  
634 unlicensed personnel, as determined by the residential care home,  
635 obtain certification for the administration of medication. Each home  
636 health care agency, as defined in section 19a-490, shall ensure that, on  
637 or before January 1, 2013, an appropriate number of unlicensed  
638 personnel, as determined by the home health care agency, obtain  
639 certification for the administration of medication. Certification of such  
640 personnel shall be in accordance with regulations adopted pursuant to  
641 this section. Unlicensed personnel obtaining such certification may  
642 administer medications that are not administered by injection to  
643 residents of such homes, or clients enrolled in the Money Follows the  
644 Person demonstration project, unless a resident's or client's physician  
645 specifies that a medication only be administered by licensed personnel.  
646 The administration of medication by certified personnel of such  
647 agencies shall be limited to those clients enrolled in the Money Follows  
648 the Person demonstration project.

649 (c) On and after October 1, 2007, unlicensed assistive personnel  
650 employed in residential care homes, as defined in section 19a-490, may  
651 (1) obtain and document residents' blood pressures and temperatures  
652 with digital medical instruments that (A) contain internal decision-  
653 making electronics, microcomputers or special software that allow the  
654 instruments to interpret physiologic signals, and (B) do not require the  
655 user to employ any discretion or judgment in their use; (2) obtain and  
656 document residents' weight; and (3) assist residents in the use of  
657 glucose monitors to obtain and document their blood glucose levels.

658 (d) The Commissioner of Public Health may implement policies and  
659 procedures necessary to administer the provisions of this section while  
660 in the process of adopting such policies and procedures as regulation,  
661 provided the commissioner prints notice of intent to adopt regulations  
662 in the Connecticut Law Journal not later than twenty days after the

663 date of implementation. Policies and procedures implemented  
664 pursuant to this section shall be valid until the time final regulations  
665 are adopted.

666 (e) A nurse licensed pursuant to the provisions of chapter 378 who  
667 delegates the task of medication administration to unlicensed  
668 personnel pursuant to this section shall not be subject to disciplinary  
669 action based on the performance of the unlicensed personnel to whom  
670 medication administration is delegated unless the unlicensed  
671 personnel is acting pursuant to specific instructions from the nurse or  
672 the nurse fails to leave instructions when the nurse should have done  
673 so.

674 Sec. 14. Subsection (c) of section 17b-242 of the 2012 supplement to  
675 the general statutes is repealed and the following is substituted in lieu  
676 thereof (*Effective July 1, 2012*):

677 (c) The home health services fee schedule shall include a fee for the  
678 administration of medication, which shall apply when the purpose of a  
679 nurse's visit is limited to the administration of medication.  
680 Administration of medication may include, but is not limited to, blood  
681 pressure checks, glucometer readings, pulse rate checks and similar  
682 indicators of health status. The fee for medication administration shall  
683 include administration of medications while the nurse is present, the  
684 pre-pouring of additional doses that the client will self-administer at a  
685 later time and the teaching of self-administration. The department  
686 shall not pay for medication administration in addition to any other  
687 nursing service at the same visit. The fee schedule for the  
688 administration of medication by licensed nurses in effect for the fiscal  
689 year ending June 30, 2012, shall remain in effect for the fiscal year  
690 ending June 30, 2013, except for any increase approved by the  
691 Commissioner of Social Services. The department may establish prior  
692 authorization requirements for this service. Before implementing such  
693 change, the Commissioner of Social Services shall consult with the  
694 chairpersons of the joint standing committees of the General Assembly  
695 having cognizance of matters relating to public health and human

696 services.

697 Sec. 15. Sections 17b-688j and 19a-617c of the general statutes are  
698 repealed. (*Effective July 1, 2012*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17b-239
Sec. 2	<i>July 1, 2012</i>	17b-282c(a)
Sec. 3	<i>from passage</i>	17b-239c(b)
Sec. 4	<i>July 1, 2012</i>	17b-244(a)
Sec. 5	<i>July 1, 2012</i>	17b-340(g)
Sec. 6	<i>July 1, 2012</i>	17b-261
Sec. 7	<i>July 1, 2012</i>	17b-365(a)
Sec. 8	<i>July 1, 2012</i>	17b-366(a)
Sec. 9	<i>July 1, 2012</i>	17b-605a
Sec. 10	<i>July 1, 2012</i>	17b-650a(a)
Sec. 11	<i>July 1, 2012</i>	17b-733
Sec. 12	<i>July 1, 2012</i>	17b-737
Sec. 13	<i>July 1, 2012</i>	19a-495a
Sec. 14	<i>July 1, 2012</i>	17b-242(c)
Sec. 15	<i>July 1, 2012</i>	Repealer section

**Statement of Legislative Commissioners:**

The new language in section 2(a) was moved for statutory consistency and clarity and in section 11 a reference to section 11-4a was added for statutory consistency.

**HS**      *Joint Favorable Subst.*