



Senate

General Assembly

File No. 200

February Session, 2012

Substitute Senate Bill No. 234

Senate, April 2, 2012

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

AN ACT CONCERNING CERTAIN SOCIAL SERVICES PROGRAMS.

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

1 Section 1. (NEW) (*Effective from passage*) (a) The Commissioner of
2 Social Services shall develop and administer a Community Choices
3 program to provide a single, coordinated system of information and
4 access for individuals seeking long-term support, including in-home,
5 community-based and institutional services. The Community Choices
6 program shall be the state Aging and Disability Resource Center
7 Program in accordance with the federal Older Americans Act
8 Amendments of 2006, P.L. 109-365. Consumers served by the
9 Community Choices program shall include, but not be limited to, those
10 sixty years of age or older and those eighteen years of age or older
11 with disabilities and caregivers.

12 (b) The Community Choices program shall, within available
13 resources, provide (1) information, referral and assistance concerning
14 aging and disability issues and long-term care planning; (2)
15 comprehensive assessments to identify possible consumer needs or

16 desires; (3) counseling for purposes of obtaining (A) employment or
17 employment related services, (B) screening for public benefits and
18 private resources, and (C) information on long-term care planning; (4)
19 follow-up to ensure consumer referrals were appropriate and to offer
20 additional assistance and individual advocacy if needed; (5) support to
21 consumers making decisions about current and future supports and
22 services; (6) coordination of transitions between providers or sites of
23 care; (7) preparation and distribution of written materials regarding
24 the availability of Community Choices program services; (8)
25 maintenance of a toll-free telephone number; (9) assistance in
26 improving and managing the program, monitoring quality and
27 measuring responsiveness of systems of care; (10) assistance as
28 necessary to conform to federal and other grant requirements; and (11)
29 other related services.

30 (c) The commissioner shall establish program requirements and
31 procedures for entering into agreements to operate the Community
32 Choices program. The commissioner may adopt regulations, in
33 accordance with chapter 54 of the general statutes, as necessary to
34 implement the provisions of this section.

35 Sec. 2. Section 17b-283 of the general statutes is repealed and the
36 following is substituted in lieu thereof (*Effective July 1, 2012*):

37 The Commissioner of Social Services shall, [amend the state's model
38 2176 Medicaid waiver to allow one hundred twenty-five disabled
39 persons to participate under the waiver. The commissioner may,
40 within available appropriations, amend such waiver to increase the
41 number of persons eligible to participate under the waiver to not more
42 than two hundred disabled persons] within available appropriations,
43 administer a Medicaid waiver program pursuant to Section 1915(c) of
44 the Social Security Act to provide home and community-based services
45 for persons who are institutionalized or at risk of institutionalization
46 and who (1) are twenty-one years of age or younger; (2) have a
47 physical disability and may also have a co-occurring developmental
48 disability; and (3) meet the financial eligibility criteria established in

49 the waiver.

50 Sec. 3. Section 7-127b of the general statutes is repealed and the
51 following is substituted in lieu thereof (*Effective from passage*):

52 (a) The chief elected official or the chief executive officer [if by
53 ordinance] of each municipality shall appoint a municipal agent for
54 elderly persons. Such agent shall be [a member of the municipality's
55 commission on aging, if any,] a member of [another] an agency that
56 serves elderly persons [, an elected official of the state or] in the
57 municipality or a responsible resident of the municipality who has
58 demonstrated an interest in the elderly or has been involved in
59 programs in the field of aging.

60 (b) [Each] The duties of the municipal agent [shall] may include, but
61 shall not be limited to, (1) [disseminate] disseminating information to
62 elderly persons, [and assist] assisting such persons in learning about
63 the community resources available to them and [publicize] publicizing
64 such resources and benefits; (2) [assist] assisting elderly persons [in
65 applying] to apply for federal and other benefits available to such
66 persons; (3) [submit written reports at least annually to the chief
67 elected official, chief executive officer, legislative body and committee
68 or commission on aging of the municipality, if any, and to] reporting to
69 the chief elected official or chief executive officer of the municipality
70 and the Department of Social Services [on the services they have
71 provided, the] any needs and problems of the elderly and any
72 recommendations for [municipal] action [with regard to elderly
73 persons] to improve services to the elderly.

74 (c) Each municipal agent shall serve for a term of two or four years,
75 at the discretion of the appointing authority of each municipality, and
76 may be reappointed. If more than one agent is necessary to carry out
77 the purposes of this section, the appointing authority, in [the discretion
78 of such appointing authority] its discretion, may appoint one or more
79 assistant agents. The town clerk in each municipality shall notify the
80 Department of Social Services immediately of the appointment of a
81 new municipal agent. Each municipality may provide to its municipal

82 agent resources sufficient for such agent to perform the duties of the
83 office.

84 (d) The Department of Social Services shall [be responsible for
85 assuring that the provisions of this section are being carried out by
86 municipalities, and shall] adopt and disseminate to municipalities
87 guidelines as to the role and duties of municipal agents and such
88 informational and technical materials [to] as may assist such agents in
89 performance of their duties. [Said] The department, [shall] in
90 cooperation with the area agencies on aging, may provide training for
91 municipal agents [in accordance with their needs and the resources of
92 the department and in cooperation with area agencies on aging. The
93 department shall sponsor at least one training session in each of the
94 planning and service areas of the Department of Social Services. Such
95 training shall include, but not be limited to, information, from updated
96 lists, on the availability of housing. Each municipal agent shall attend
97 at least one such session. Said department shall assist such agents to
98 develop and maintain simple records about the needs of elderly
99 persons and the services provided to them, which records shall be
100 confidential and used only to provide data that is useful to the
101 Department of Social Services and the area agencies on aging in the
102 preparation of the annual state and area plans] within the available
103 resources of the department and of the agencies on aging.

104 Sec. 4. Subsection (a) of section 17b-137 of the general statutes is
105 repealed and the following is substituted in lieu thereof (*Effective from*
106 *passage*):

107 (a) (1) (A) Any person who has in his possession or control any
108 property of any person applying for or presently or formerly receiving
109 aid or care or child support enforcement services, as defined in
110 subdivision (2) of subsection (b) of section 46b-231, from the state or
111 who is indebted to such applicant or recipient or has knowledge of any
112 insurance, including health insurance or property currently or
113 formerly belonging to him, or information pertaining to eligibility for
114 such aid or care or services, and any officer who has control of the

115 books and accounts of any corporation which has possession or control
116 of any property belonging to any person applying for or receiving such
117 aid or care or services or who is indebted to him, or has knowledge of
118 any insurance, including health insurance or any person having in his
119 employ any such person, shall, upon presentation by the
120 Commissioner of Social Services, or the Commissioner of
121 Administrative Services, or the Commissioner of Emergency Services
122 and Public Protection, or a support enforcement officer of the Superior
123 Court, or any person deputized by any of them, of a certificate, signed
124 by him, stating that such applicant, recipient or employee has applied
125 for or is receiving or has received such aid or care or services from the
126 state, make full disclosure to [said] such commissioner, such officer or
127 such deputy of any such property, insurance, wages, indebtedness or
128 information. Notwithstanding the provisions of this subparagraph,
129 any health insurer, including a self-insured plan, group health plan, as
130 defined in Section 607(1) of the Employee Retirement Income Security
131 Act of 1974, service benefit plan, managed care organization, health
132 care center, pharmacy benefit manager, dental benefit manager, third-
133 party administrator or other party that is, by statute, contract or
134 agreement, legally responsible for payment of a claim for a health care
135 item or service, which may or may not be financially at risk for the cost
136 of a health care item or service, shall, upon request of the
137 Commissioner of Social Services, or the commissioner's designee,
138 provide any and all information in a manner and format prescribed by
139 the commissioner, or the commissioner's designee, to identify,
140 determine or establish third-party coverage, including all information
141 necessary to determine during what period a person, his or her spouse
142 or his or her dependents may be, or may have been, covered by a
143 health insurer and the nature of the coverage that is or was provided
144 by the health insurer, including the name, address, [and] date of birth,
145 Social Security number, identifying number of the plan, plan type,
146 types of covered services, effective dates of coverage and termination
147 date for the policy holder. Such information shall be provided by such
148 health insurer to the Commissioner of Social Services or the
149 commissioner's designee not later than ninety days after the

150 commissioner or the designee's initial request, and not less frequently
151 than monthly thereafter. Such information shall also be provided by
152 such health insurer to all third-party administrators, pharmacy benefit
153 managers, dental benefit managers or other entities with which the
154 health insurer has an arrangement to adjudicate claims for a health
155 care item or service.

156 (B) At the request of the Commissioner of Social Services, any health
157 insurer, including a self-insured plan, group health plan, as defined in
158 Section 607(1) of the Employee Retirement Income Security Act of
159 1974, service benefit plan, managed care organization, health care
160 center, pharmacy benefit manager, dental benefit manager, third-party
161 administrator or other party that is, by statute, contract or agreement,
162 legally responsible for payment of a claim for a health care item or
163 service, which may or may not be financially at risk for the cost of a
164 health care item or service, shall be required [, to conduct, or] to allow
165 the commissioner, or the commissioner's designee, to conduct
166 automated data matches to identify insurance coverage for recipients
167 and the parents of recipients who are minors. [Upon completion of
168 such matches the commissioner shall reimburse such companies for
169 the reasonable documented costs of conducting the matches.]

170 (2) (A) Such disclosure may be obtained in like manner of the
171 property, wages or indebtedness of any person who is either: (i) Liable
172 for the support of any such applicant or recipient, including the
173 parents of any child receiving aid or services through the Department
174 of Children and Families, or one adjudged or acknowledged to be the
175 father of an illegitimate child; or (ii) the subject of an investigation in a
176 IV-D support case, as defined in subdivision (13) of subsection (b) of
177 section 46b-231. Any company or officer who has control of the books
178 and accounts of any corporation shall make full disclosure to the IV-D
179 agency, as defined in subdivision (12) of subsection (b) of section 46b-
180 231, or to the support enforcement officer of the Superior Court of any
181 such property, wages or indebtedness in all support cases, including
182 IV-D support cases, as defined in subdivision (13) of subsection (b) of
183 section 46b-231.

184 (B) The Commissioner of Social Services, the Commissioner of
185 Administrative Services, the Commissioner of Emergency Services and
186 Public Protection or a support enforcement officer of the Superior
187 Court, or any person deputized by any of them, may compel, by
188 subpoena, the attendance and testimony under oath of any person who
189 refuses to disclose in accordance with the provisions of this section, or
190 of any person who is either: (i) Liable for the support of any such
191 applicant or recipient; or (ii) the subject of an investigation in a IV-D
192 support case, as defined in subdivision (13) of subsection (b) of section
193 46b-231, who refuses to disclose his own financial circumstances, and
194 may so compel the production of books and papers pertaining to such
195 information.

196 (C) The Commissioner of Social Services may subpoena the financial
197 records of any financial institution concerning property of any person
198 applying for or presently or formerly receiving aid or care from the
199 state or who is indebted to such applicant or recipient. The
200 Commissioner of Social Services may subpoena such records of any
201 parent or parents of any child applying for or presently or formerly
202 receiving assistance under the aid to families with dependent children
203 program, the temporary family assistance program or the state-
204 administered general assistance program.

205 (D) The commissioner, or a support enforcement officer of the
206 Superior Court, or the person deputized by the commissioner or officer
207 shall set a time and place for any examination under this subdivision,
208 and any person summoned who, without reasonable excuse, fails to
209 appear and testify or to produce such books and papers shall be fined
210 fifty dollars for each such offense.

211 Sec. 5. Section 17b-265 of the 2012 supplement to the general statutes
212 is repealed and the following is substituted in lieu thereof (*Effective*
213 *from passage*):

214 (a) In accordance with 42 USC 1396k, the Department of Social
215 Services shall be subrogated to any right of recovery or
216 indemnification that an applicant or recipient of medical assistance or

217 any legally liable relative of such applicant or recipient has against an
218 insurer or other legally liable third party including, but not limited to,
219 a self-insured plan, group health plan, as defined in Section 607(1) of
220 the Employee Retirement Income Security Act of 1974, service benefit
221 plan, managed care organization, health care center, pharmacy benefit
222 manager, dental benefit manager, third-party administrator or other
223 party that is, by statute, contract or agreement, legally responsible for
224 payment of a claim for a health care item or service, for the cost of all
225 health care items or services furnished to the applicant or recipient,
226 including, but not limited to, hospitalization, pharmaceutical services,
227 physician services, nursing services, behavioral health services, long-
228 term care services and other medical services, not to exceed the
229 amount expended by the department for such care and treatment of
230 the applicant or recipient. In the case of such a recipient who is an
231 enrollee in a care management organization under a Medicaid care
232 management contract with the state or a legally liable relative of such
233 an enrollee, the department shall be subrogated to any right of
234 recovery or indemnification which the enrollee or legally liable relative
235 has against such a private insurer or other third party for the medical
236 costs incurred by the care management organization on behalf of an
237 enrollee.

238 (b) An applicant or recipient or legally liable relative, by the act of
239 the applicant's or recipient's receiving medical assistance, shall be
240 deemed to have made a subrogation assignment and an assignment of
241 claim for benefits to the department. The department shall inform an
242 applicant of such assignments at the time of application. Any
243 entitlements from a contractual agreement with an applicant or
244 recipient, legally liable relative or a state or federal program for such
245 medical services, not to exceed the amount expended by the
246 department, shall be so assigned. Such entitlements shall be directly
247 reimbursable to the department by third party payors. The
248 Department of Social Services may assign its right to subrogation or its
249 entitlement to benefits to a designee or a health care provider
250 participating in the Medicaid program and providing services to an
251 applicant or recipient, in order to assist the provider in obtaining

252 payment for such services. In accordance with subsection (b) of section
253 38a-472, a provider that has received an assignment from the
254 department shall notify the recipient's health insurer or other legally
255 liable third party including, but not limited to, a self-insured plan,
256 group health plan, as defined in Section 607(1) of the Employee
257 Retirement Income Security Act of 1974, service benefit plan, managed
258 care organization, health care center, pharmacy benefit manager,
259 dental benefit manager, third-party administrator or other party that
260 is, by statute, contract or agreement, legally responsible for payment of
261 a claim for a health care item or service, of the assignment upon
262 rendition of services to the applicant or recipient. Failure to so notify
263 the health insurer or other legally liable third party shall render the
264 provider ineligible for payment from the department. The provider
265 shall notify the department of any request by the applicant or recipient
266 or legally liable relative or representative of such applicant or recipient
267 for billing information. This subsection shall not be construed to affect
268 the right of an applicant or recipient to maintain an independent cause
269 of action against such third party tortfeasor.

270 (c) Claims for recovery or indemnification submitted by the
271 department, or the department's designee, shall not be denied solely
272 on the basis of the date of the submission of the claim, the type or
273 format of the claim, the lack of prior authorization or the failure to
274 present proper documentation at the point-of-service that is the basis
275 of the claim, if (1) the claim is submitted by the state within the three-
276 year period beginning on the date on which the item or service was
277 furnished; and (2) any action by the state to enforce its rights with
278 respect to such claim is commenced within six years of the state's
279 submission of the claim.

280 (d) When a recipient of medical assistance has personal health
281 insurance in force covering care or other benefits provided under such
282 program, payment or part-payment of the premium for such insurance
283 may be made when deemed appropriate by the Commissioner of
284 Social Services. Effective January 1, 1992, the commissioner shall limit
285 reimbursement to medical assistance providers, except those providers

286 whose rates are established by the Commissioner of Public Health
287 pursuant to chapter 368d, for coinsurance and deductible payments
288 under Title XVIII of the Social Security Act to assure that the combined
289 Medicare and Medicaid payment to the provider shall not exceed the
290 maximum allowable under the Medicaid program fee schedules.

291 (e) Notwithstanding the provisions of subsection (c) of section 38a-
292 553, no self-insured plan, group health plan, as defined in Section
293 607(1) of the Employee Retirement Income Security Act of 1974, service
294 benefit plan, managed care plan, or any plan offered or administered
295 by a health care center, pharmacy benefit manager, dental benefit
296 manager, third-party administrator or other party that is, by statute,
297 contract or agreement, legally responsible for payment of a claim for a
298 health care item or service, shall contain any provision that has the
299 effect of denying or limiting enrollment benefits or excluding coverage
300 because services are rendered to an insured or beneficiary who is
301 eligible for or who received medical assistance under this chapter. No
302 insurer, as defined in section 38a-497a, shall impose requirements on
303 the state Medicaid agency, which has been assigned the rights of an
304 individual eligible for Medicaid and covered for health benefits from
305 an insurer, that differ from requirements applicable to an agent or
306 assignee of another individual so covered.

307 (f) The Commissioner of Social Services shall not pay for any
308 services provided under this chapter if the individual eligible for
309 medical assistance has coverage for the services under an accident or
310 health insurance policy.

311 Sec. 6. Subsection (m) of section 4a-82 of the 2012 supplement to the
312 general statutes is repealed and the following is substituted in lieu
313 thereof (*Effective from passage*):

314 (m) Notwithstanding the provisions of subsection (f) of this section,
315 the Commissioner of Administrative Services shall authorize certified
316 small and minority [business] businesses to participate in such pilot
317 program.

318 Sec. 7. Subsection (b) of section 17a-101 of the 2012 supplement to
319 the general statutes is repealed and the following is substituted in lieu
320 thereof (*Effective from passage*):

321 (b) The following persons shall be mandated reporters: Any
322 physician or surgeon licensed under the provisions of chapter 370, any
323 resident physician or intern in any hospital in this state, whether or not
324 so licensed, any registered nurse, licensed practical nurse, medical
325 examiner, dentist, dental hygienist [] or psychologist, a school
326 employee, as defined in section 53a-65, social worker, police officer,
327 juvenile or adult probation officer, juvenile or adult parole officer,
328 member of the clergy, pharmacist, physical therapist, optometrist,
329 chiropractor, podiatrist, mental health professional or physician
330 assistant, any person who is a licensed or certified emergency medical
331 services provider, any person who is a licensed or certified alcohol and
332 drug counselor, any person who is a licensed marital and family
333 therapist, any person who is a sexual assault counselor or a battered
334 women's counselor, as defined in section 52-146k, any person who is a
335 licensed professional counselor, any person who is a licensed foster
336 parent, any person paid to care for a child in any public or private
337 facility, child day care center, group day care home or family day care
338 home licensed by the state, any employee of the Department of
339 Children and Families, any employee of the Department of Public
340 Health who is responsible for the licensing of child day care centers,
341 group day care homes, family day care homes or youth camps, the
342 Child Advocate and any employee of the Office of the Child Advocate
343 and any family relations counselor, family relations counselor trainee
344 or family services supervisor employed by the Judicial Department.

345 Sec. 8. Subsection (b) of section 17b-90 of the 2012 supplement to the
346 general statutes is repealed and the following is substituted in lieu
347 thereof (*Effective from passage*):

348 (b) No person shall, except for purposes directly connected with the
349 administration of programs of the Department of Social Services and in
350 accordance with the regulations of the commissioner, solicit, disclose,

351 receive or make use of, or authorize, knowingly permit, participate in
352 or acquiesce in the use of, any list of the names of, or any information
353 concerning, persons applying for or receiving assistance from the
354 Department of Social Services or persons participating in a program
355 administered by said department, directly or indirectly derived from
356 the records, papers, files or communications of the state or its
357 subdivisions or agencies, or acquired in the course of the performance
358 of official duties. The Commissioner of Social Services shall disclose (1)
359 to any authorized representative of the Labor Commissioner such
360 information directly related to unemployment compensation,
361 administered pursuant to chapter 567 or information necessary for
362 implementation of sections 17b-688b, 17b-688c and 17b-688h and
363 section 122 of public act 97-2 of the June 18 special session, (2) to any
364 authorized representative of the Commissioner of Mental Health and
365 Addiction Services any information necessary for the implementation
366 and operation of the basic needs supplement program or the Medicaid
367 program for low-income adults, established pursuant to section 17b-
368 261n, (3) to any authorized representative of the Commissioner of
369 Administrative Services or the Commissioner of Emergency Services
370 and Public Protection such information as the Commissioner of Social
371 Services determines is directly related to and necessary for the
372 Department of Administrative Services or the Department of
373 Emergency Services and Public Protection for purposes of performing
374 their functions of collecting social services recoveries and
375 overpayments or amounts due as support in social services cases,
376 investigating social services fraud or locating absent parents of public
377 assistance recipients, (4) to any authorized representative of the
378 Commissioner of Children and Families necessary information
379 concerning a child or the immediate family of a child receiving services
380 from the Department of Social Services, including safety net services, if
381 the Commissioner of Children and Families or the Commissioner of
382 Social Services has determined that imminent danger to such child's
383 health, safety or welfare exists to target the services of the family
384 services programs administered by the Department of Children and
385 Families, (5) to a town official or other contractor or authorized

386 representative of the Labor Commissioner such information
387 concerning an applicant for or a recipient of assistance under state-
388 administered general assistance deemed necessary by [said
389 commissioners] the Commissioner of Social Services and the Labor
390 Commissioner to carry out their respective responsibilities to serve
391 such persons under the programs administered by the Labor
392 Department that are designed to serve applicants for or recipients of
393 state-administered general assistance, (6) to any authorized
394 representative of the Commissioner of Mental Health and Addiction
395 Services for the purposes of the behavioral health managed care
396 program established by section 17a-453, (7) to any authorized
397 representative of the Commissioner of Public Health to carry out his or
398 her respective responsibilities under programs that regulate child day
399 care services or youth camps, (8) to a health insurance provider, in IV-
400 D support cases, as defined in subdivision (13) of subsection (b) of
401 section 46b-231, information concerning a child and the custodial
402 parent of such child that is necessary to enroll such child in a health
403 insurance plan available through such provider when the noncustodial
404 parent of such child is under court order to provide health insurance
405 coverage but is unable to provide such information, provided the
406 Commissioner of Social Services determines, after providing prior
407 notice of the disclosure to such custodial parent and an opportunity for
408 such parent to object, that such disclosure is in the best interests of the
409 child, (9) to any authorized representative of the Department of
410 Correction, in IV-D support cases, as defined in subdivision (13) of
411 subsection (b) of section 46b-231, information concerning noncustodial
412 parents that is necessary to identify inmates or parolees with IV-D
413 support cases who may benefit from Department of Correction
414 educational, training, skill building, work or rehabilitation
415 programming that will significantly increase an inmate's or parolee's
416 ability to fulfill such inmate's support obligation, (10) to any
417 authorized representative of the Judicial Branch, in IV-D support cases,
418 as defined in subdivision (13) of subsection (b) of section 46b-231,
419 information concerning noncustodial parents that is necessary to: (A)
420 Identify noncustodial parents with IV-D support cases who may

421 benefit from educational, training, skill building, work or
422 rehabilitation programming that will significantly increase such
423 parent's ability to fulfill such parent's support obligation, (B) assist in
424 the administration of the Title IV-D child support program, or (C)
425 assist in the identification of cases involving family violence, or (11) to
426 any authorized representative of the State Treasurer, in IV-D support
427 cases, as defined in subdivision (13) of subsection (b) of section 46b-
428 231, information that is necessary to identify child support obligors
429 who owe overdue child support prior to the Treasurer's payment of
430 such obligors' claim for any property unclaimed or presumed
431 abandoned under part III of chapter 32. No such representative shall
432 disclose any information obtained pursuant to this section, except as
433 specified in this section. Any applicant for assistance provided through
434 said department shall be notified that, if and when such applicant
435 receives benefits, the department will be providing law enforcement
436 officials with the address of such applicant upon the request of any
437 such official pursuant to section 17b-16a.

438 Sec. 9. Section 5-177 of the general statutes is repealed and the
439 following is substituted in lieu thereof (*Effective from passage*):

440 Any person in the unclassified service employed full time by the
441 Board of Trustees of The University of Connecticut, the State Board of
442 Education, the Board of Education and Services for the Blind, the
443 Bureau of Rehabilitative Services, the Connecticut Agricultural
444 Experiment Station, the American School for the Deaf, the Connecticut
445 Institute for the Blind, the Newington Children's Hospital, the Board of
446 Trustees of the Connecticut State University System or the Board of
447 Trustees of the Community-Technical Colleges, as a teacher or
448 administrator in a position directly involved in educational activities in
449 any state-operated institution or the Board of Regents for Higher
450 Education, who served prior to his employment by the state in a full-
451 time teaching, administrative or research position in an educational
452 institution in or under the authority of a state department of education
453 or a department of education for the blind in the United States
454 approved by the Retirement Commission, or who was employed by

455 such institution but served all or part of such service time in a foreign
 456 country, for which service he has received or will receive no retirement
 457 benefit or pension, may gain credit for such prior service, not to exceed
 458 ten years in the aggregate, by making retirement contributions for each
 459 year of such prior service equal to six per cent of his annual rate of
 460 compensation when he first became a full-time employee of this state;
 461 provided such payment shall be made within one year of his first full-
 462 time employment with the state, or before July 1, 1968, whichever is
 463 later, but for the Board of Higher Education and Technical Colleges,
 464 July 1, 1974. When a person who has gained credit for such prior
 465 service retires, not more than one year of such service may be counted
 466 for each two years of state service; provided, if such person has
 467 purchased more of such service than can be counted, refund on the
 468 amount paid on the extra years of service shall be made.

469 Sec. 10. Sections 17b-221a and 17b-342a of the general statutes are
 470 repealed. (*Effective from passage*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>July 1, 2012</i>	17b-283
Sec. 3	<i>from passage</i>	7-127b
Sec. 4	<i>from passage</i>	17b-137(a)
Sec. 5	<i>from passage</i>	17b-265
Sec. 6	<i>from passage</i>	4a-82(m)
Sec. 7	<i>from passage</i>	17a-101(b)
Sec. 8	<i>from passage</i>	17b-90(b)
Sec. 9	<i>from passage</i>	5-177
Sec. 10	<i>from passage</i>	Repealer section

HS *Joint Favorable Subst.*

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

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 13 \$	FY 14 \$
Social Services, Dept.	GF - See Below	See Below	See Below

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 13 \$	FY 14 \$
Various Municipalities	Potential Savings	Minimal	Minimal

Explanation

The bill makes various changes which result in the following fiscal impact:

Section 1 of the bill requires the Department of Social Services (DSS) to establish the Community Choices Program statewide. Three communities currently operate programs on a pilot basis through a federal grant. It is currently unknown what the cost of expanding the program statewide will be.

Section 2 of the bill restricts eligibility, but removes the cap on the number of participants under the Katie Beckett waiver. There are currently 200 funded slots covered by the waiver, with an average annual Medicaid cost of \$29,000 per covered individual. There are currently 428 people on the waiting list. It is anticipated the program would continue to be administered through a limited slot, wait-list process. To the extent that additional slots are provided for individuals the state would incur an average additional annual cost of \$29,000 per slot.

Section 3 may result in minimal savings to municipalities from

reduced paper costs by eliminating the municipal agent for the elderly's annual reporting requirement.

Sections 4 and 5 may result in a savings to the DSS' Medicaid program. The bill expands on information insurers, when requested, are required to submit to DSS for Medicaid beneficiaries who also have private insurance. In addition, the bill includes third party administrators (TPAs) to the list of providers from whom the DSS may recover funds from for clients who had private coverage and received state benefits. The savings would depend on the total claims costs private insurers, including TPAs, are liable for. According to DSS, the agency bills private insurers approximately 80,000 claims per month.

Sections 6 thru 9 make various technical and conforming changes which do not result in a fiscal impact.

Section 10 repeals CGS sections 17b-221a and 17b-342a which are obsolete and does not result in a fiscal impact.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sSB 234*****AN ACT CONCERNING CERTAIN SOCIAL SERVICES PROGRAMS.*****SUMMARY:**

This bill:

1. establishes the Community Choices program to assist the elderly, people with disabilities, and their caregivers in gathering information and making long-term care decisions;
2. changes eligibility requirements, funding, and participation levels for the Department of Social Services (DSS)-administered home care program for people with severe disabilities (the so-called "Katie Beckett" waiver);
3. requires all municipalities to appoint a municipal agent for the elderly and gives the agents discretion regarding their duties;
4. adds to the information health insurance-related entities must provide DSS to assist the department in locating people enrolled in Medicaid who also have other insurance;
5. directs to DSS certain third party beneficiary payments that would otherwise have been disbursed to policy holders when the insured is indebted to the department; and
6. permits certain Bureau of Rehabilitative Services employees to purchase state pension credits.

It also repeals (1) a provision allowing the Department of Administrative Services to deposit Riverview Hospital Medicaid payments in a nonlapsing General Fund account for DSS to pay Medicaid claims and (2) a DSS personal care assistance home-care pilot

program for the elderly made unnecessary by the department's implementation of a statewide waiver.

EFFECTIVE DATE: Upon passage; except the provision concerning the Katie Beckett waiver, which is effective July 1, 2012.

§ 1 — COMMUNITY CHOICES

The bill directs DSS to develop and administer a statewide Community Choices program. It is intended to provide a single, coordinated information and access program for individuals seeking long-term support, such as in-home, community-based, and institutional services. The program must serve consumers including (1) elders at least age 60, (2) those over age 18 with disabilities, and (3) caretakers. The bill designates the state's Disability Resource Center under the federal Older Americans Act (PL 109-365) as the Community Choices program. Three state municipalities currently operate such programs.

Program Requirements and Procedures

The DSS commissioner must establish program requirements and procedures within available resources. These include:

1. information, referral, and assistance about aging and disability issues and long-term care planning;
2. comprehensive assessments to identify possible consumer needs or desires;
3. counseling for obtaining (a) employment or employment-related services, (b) screening for public benefits and private resources, and (c) information on long-term care planning;
4. follow-up to ensure consumer referrals were appropriate and offer additional assistance and individual advocacy as needed;
5. support to consumers making decisions about current and future supports and services;

6. coordination of transitions between care providers or sites;
7. preparation and distribution of written materials about the program's services;
8. maintenance of a toll-free telephone number;
9. assistance in improving and managing the program and measuring responsiveness of care systems;
10. assistance needed to conform to federal and other grant requirements; and
11. other related services.

Contracts and Regulations

The bill requires the commissioner to establish contracting procedures and allows him to adopt implementing regulations in conformance with the Uniform Administrative Procedure Act.

§ 2 — KATIE BECKETT WAIVER

The DSS commissioner currently administers a Medicaid program for severely disabled individuals of any age that includes a waiver for those whose parents' or legally liable relatives' income and assets exceed Medicaid's limits. The program counts only the participant's income and assets (up to 300% of the Social Security Income rate and \$1,000, respectively).

The current program must fund at least 125 slots for those who require a level of care at home that is typically provided in a hospital, nursing home, or intermediate care facility for the mentally retarded. The waiver includes an additional 75 slots that DSS can fill within available appropriations; approximately 55 of these are filled.

The bill updates the reference to the waiver provision in the Social Security Act to § 1915(c), the Home and Community-Based Services waiver provision. It makes the entire Katie Beckett program subject to available appropriations and eliminates the ceiling on the number of

participants. It also restricts eligibility to those under age 22 but expressly opens the program up to those of any age who (1) are currently institutionalized but want to be cared for at home or (2) have co-occurring developmental disabilities.

§ 3 — MUNICIPAL AGENT FOR THE ELDERLY

Current law requires municipalities to have an appointed municipal agent for the elderly if a local ordinance requires it. Under the bill, one must be appointed even if the town has no such ordinance. Agents perform functions to assist elders in learning about community resources and filing for benefits; they are also required to submit annual reports to state and local government officials. DSS generally oversees their performance and, in conjunction with area agencies on aging, provides basic training about such things as simple bookkeeping and available housing resources.

The bill removes an elected state official from the list of those who can be appointed town agents, leaving as eligible a (1) member of a municipal agency for the elderly or (2) municipal resident with a demonstrated interest in the elderly or programs for the aged. It makes agents' functions discretionary and replaces their annual written reports with a requirement that they report to the town's chief elected official or executive officer and DSS on consumers' needs and problems along with recommendations for improving elderly services.

DSS

Under the bill, DSS is no longer required to ensure that municipalities are carrying out their legal responsibilities and neither they nor the area agencies on aging are required to provide training unless they have the resources to do so. The department's remaining responsibility is to adopt and disseminate guidelines concerning the agents' roles and duties and informational and technical materials that will assist them.

§ 4 — INVESTIGATING MEDICAID PARTICIPANTS FOR OTHER HEALTH INSURANCE

The law requires health insurers, including self-insured plans, group plans regulated by federal law, service benefit plans, managed care organizations, health care centers, and entities that perform administrative services for them, to provide the DSS commissioner or a designee information about a policy-holder's transactions when presented with an official, written request to do so. DSS prescribes the format for presenting the information and uses it to identify, determine, or establish Medicaid beneficiaries with other (third party) insurance. The bill adds third-party administrators to those that must supply this information.

Currently, the information DSS requires is any coverage period for a person, his or her spouse or dependant; covered services; the name and address (presumably of the insured), and plan's identifying number. The bill adds date of birth, Social Security number, plan type, services covered, and policy effective and termination dates. The department may request this information of any legal entity described above. Responses are due not later than 90 days after the department's initial request and at least monthly thereafter.

Automated Data Matches

Current law requires any of the entities described above to either conduct or allow the DSS commissioner or his designee to conduct automated data matches to identify parents and minor children with overlapping coverage. The commissioner reimburses the insurer for its reasonable, documented costs when it performs this function for DSS. Under the bill, only the department can perform this function.

§ 5—DSS RECOVERIES OR CLAIMS FOR INDEMNIFICATION

When anyone applies to DSS for assistance, he or she or a legally liable relative makes DSS automatically entitled to any right of recovery they have from third parties, including those providing health care items or services. The bill adds third party administrators to the entities whose payments are passed through to DSS. These are organizations that process insurance claims or certain aspects of employee benefit plans for a separate entity. The bill also specifies that

DSS's right to recovery or indemnification is not affected by the insured's failure to comply with prior authorization rules (i.e., to get the insurer's permission before undergoing certain types of procedures). The law specifies other procedural errors that will not negate DSS's right to payment.

§ 9—PURCHASING RETIREMENT CREDITS

The bill allows full-time, unclassified employees of the state's Bureau of Rehabilitative Services to purchase retirement credits for teaching or administrative work directly involved in educational activities performed in another state's equivalent institution that does not provide pension benefits. Two ways to qualify are to have worked (1) full-time in a teaching, administrative, or research position in or under the authority of another state's department of education or a federally-approved department of education for the blind or (2) in such institution in which some or all of the employee's work was performed abroad.

Payments

Qualified personnel can gain up to 10 years' credit for prior service by paying 6% of their starting pay per additional year. Payment is due within the first year of full-time state employment. Upon retirement, not more than one year of the credited service counts for each two years of state service. The state repays any amount on excess years of service purchased.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 17 Nay 0 (03/13/2012)