



General Assembly

Amendment

February Session, 2014

LCO No. 3964

SB0032103964SD0

Offered by:

SEN. SLOSSBERG, 14th Dist.

REP. ABERCROMBIE, 83rd Dist.

To: Senate Bill No. 321

File No. 281

Cal. No. 203

"AN ACT CONCERNING MEDICAID COST SAVINGS."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Section 17b-28 of the 2014 supplement to the general
4 statutes is repealed and the following is substituted in lieu thereof
5 (*Effective from passage*):

6 (a) There is established a Council on Medical Assistance Program
7 Oversight which shall advise the Commissioner of Social Services on
8 the planning and implementation of the health care delivery system
9 for the following health care programs: The HUSKY Plan, Parts A and
10 B and the Medicaid program, including, but not limited to, the
11 portions of the program serving low income adults, the aged, blind
12 and disabled individuals, individuals who are dually eligible for
13 Medicaid and Medicare and individuals with preexisting medical
14 conditions. The council shall monitor planning and implementation of
15 matters related to Medicaid care management initiatives including, but

16 not limited to, (1) eligibility standards, (2) benefits, (3) access, (4)
17 quality assurance, (5) outcome measures, and (6) the issuance of any
18 request for proposal by the Department of Social Services for
19 utilization of an administrative services organization in connection
20 with such initiatives.

21 (b) On or before June 30, 2011, the council shall be composed of the
22 chairpersons and ranking members of the joint standing committees of
23 the General Assembly having cognizance of matters relating to human
24 services, public health and appropriations and the budgets of state
25 agencies, or their designees; two members of the General Assembly,
26 one to be appointed by the president pro tempore of the Senate and
27 one to be appointed by the speaker of the House of Representatives;
28 the director of the Commission on Aging, or a designee; the director of
29 the Commission on Children, or a designee; a representative of each
30 organization that has been selected by the state to provide managed
31 care and a representative of a primary care case management provider,
32 to be appointed by the president pro tempore of the Senate; two
33 representatives of the insurance industry, to be appointed by the
34 speaker of the House of Representatives; two advocates for persons
35 receiving Medicaid, one to be appointed by the majority leader of the
36 Senate and one to be appointed by the minority leader of the Senate;
37 one advocate for persons with substance use disorders, to be
38 appointed by the majority leader of the House of Representatives; one
39 advocate for persons with psychiatric disabilities, to be appointed by
40 the minority leader of the House of Representatives; two advocates for
41 the Department of Children and Families foster families, one to be
42 appointed by the president pro tempore of the Senate and one to be
43 appointed by the speaker of the House of Representatives; two
44 members of the public who are currently recipients of Medicaid, one to
45 be appointed by the majority leader of the House of Representatives
46 and one to be appointed by the minority leader of the House of
47 Representatives; two representatives of the Department of Social
48 Services, to be appointed by the Commissioner of Social Services; two
49 representatives of the Department of Public Health, to be appointed by

50 the Commissioner of Public Health; two representatives of the
51 Department of Mental Health and Addiction Services, to be appointed
52 by the Commissioner of Mental Health and Addiction Services; two
53 representatives of the Department of Children and Families, to be
54 appointed by the Commissioner of Children and Families; two
55 representatives of the Office of Policy and Management, to be
56 appointed by the Secretary of the Office of Policy and Management;
57 and one representative of the office of the State Comptroller, to be
58 appointed by the State Comptroller.

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

61 (1) The chairpersons and ranking members of the joint standing
62 committees of the General Assembly having cognizance of matters
63 relating to aging, human services, public health and appropriations
64 and the budgets of state agencies, or their designees;

65 (2) [Four] Five appointed by the speaker of the House of
66 Representatives, one of whom shall be a member of the General
67 Assembly, one of whom shall be a community provider of adult
68 Medicaid health services, one of whom shall be a recipient of Medicaid
69 benefits for the aged, blind and disabled or an advocate for such a
70 recipient, [and] one of whom shall be a representative of the state's
71 federally qualified health clinics and one of whom shall be a member
72 of the Connecticut Hospital Association;

73 (3) [Four] Five appointed by the president pro tempore of the
74 Senate, one of whom shall be a member of the General Assembly, one
75 of whom shall be a representative of the home health care industry,
76 one of whom shall be a primary care medical home provider, [and] one
77 of whom shall be an advocate for Department of Children and Families
78 foster families and one of whom shall be a representative of the
79 business community with experience in cost efficiency management;

80 (4) [Two] Three appointed by the majority leader of the House of
81 Representatives, one of whom shall be an advocate for persons with

82 substance abuse disabilities, [and] one of whom shall be a Medicaid
83 dental provider and one of whom shall be a representative of the for-
84 profit nursing home industry;

85 (5) [Two] Three appointed by the majority leader of the Senate, one
86 of whom shall be a representative of school-based health centers, [and]
87 one of whom shall be a recipient of benefits under the HUSKY
88 program and one of whom shall be a physician who serves Medicaid
89 clients;

90 (6) [Two] Three appointed by the minority leader of the House of
91 Representatives, one of whom shall be an advocate for persons with
92 disabilities, [and] one of whom shall be a dually eligible Medicaid-
93 Medicare beneficiary or an advocate for such a beneficiary and one of
94 whom shall be a representative of the not-for-profit nursing home
95 industry;

96 (7) [Two] Three appointed by the minority leader of the Senate, one
97 of whom shall be a low-income adult recipient of Medicaid benefits or
98 an advocate for such a recipient, [and] one of whom shall be a
99 representative of hospitals and one of whom shall be a representative
100 of the business community with experience in cost efficiency
101 management;

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

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

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

107 (11) The Commissioners of Social Services, Children and Families,
108 Public Health, Developmental Services and Mental Health and
109 Addiction Services, and the Commissioner on Aging, or their
110 designees, who shall be ex-officio nonvoting members;

111 (12) The Comptroller, or the Comptroller's designee, who shall be an

112 ex-officio nonvoting member;

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

115 (14) One representative of an administrative services organization
116 which contracts with the Department of Social Services in the
117 administration of the Medicaid program, who shall be a nonvoting
118 member.

119 (d) The council shall choose a chairperson from among its members.
120 The Joint Committee on Legislative Management shall provide
121 administrative support to such chairperson.

122 (e) The council shall monitor and make recommendations
123 concerning: (1) An enrollment process that ensures access for each
124 Department of Social Services administered health care program and
125 effective outreach and client education for such programs; (2) available
126 services comparable to those already in the Medicaid state plan,
127 including those guaranteed under the federal Early and Periodic
128 Screening, Diagnostic and Treatment Services Program under 42 USC
129 1396d; (3) the sufficiency of accessible adult and child primary care
130 providers, specialty providers and hospitals in Medicaid provider
131 networks; (4) the sufficiency of provider rates to maintain the Medicaid
132 network of providers and service access; (5) funding and agency
133 personnel resources to guarantee timely access to services and effective
134 management of the Medicaid program; (6) participation in care
135 management programs including, but not limited to, medical home
136 and health home models by existing community Medicaid providers;
137 (7) the linguistic and cultural competency of providers and other
138 program facilitators and data on the provision of Medicaid linguistic
139 translation services; (8) program quality, including outcome measures
140 and continuous quality improvement initiatives that may include
141 provider quality performance incentives and performance targets for
142 administrative services organizations; (9) timely, accessible and
143 effective client grievance procedures; (10) coordination of the Medicaid

144 care management programs with state and federal health care reforms;
145 (11) eligibility levels for inclusion in the programs; (12) enrollee cost-
146 sharing provisions; (13) a benefit package for each of the health care
147 programs set forth in subsection (a) of this section; (14) coordination of
148 coverage continuity among Medicaid programs and integration of
149 care, including, but not limited to, behavioral health, dental and
150 pharmacy care provided through programs administered by the
151 Department of Social Services; and (15) the need for program quality
152 studies within the areas identified in this section and the department's
153 application for available grant funds for such studies. The chairperson
154 of the council shall ensure that sufficient members of the council
155 participate in the review of any contract entered into by the
156 Department of Social Services and an administrative services
157 organization.

158 (f) The Commissioner of Social Services may, in consultation with
159 an educational institution, apply for any available funding, including
160 federal funding, to support Medicaid care management programs.

161 (g) The Commissioner of Social Services shall provide monthly
162 reports to the council on the matters described in subsection (e) of this
163 section, including, but not limited to, policy changes and proposed
164 regulations that affect Medicaid health services. The commissioner
165 shall also provide the council with quarterly financial reports for each
166 covered Medicaid population which reports shall include a breakdown
167 of sums expended for each covered population.

168 (h) There is established, within the Council on Medical Assistance
169 Program Oversight, a standing subcommittee to study and make
170 annual recommendations to the council on evidence-based best
171 practices concerning Medicaid cost savings. The subcommittee shall
172 file its first report to the council not later than January 1, 2015. The
173 subcommittee shall consist of the following members, whose work on
174 the council shall consist solely of work on the subcommittee:

175 (1) One appointed by the speaker of the House of Representatives,

176 who shall be a member of the Connecticut Hospital Association;

177 (2) One appointed by the president pro tempore of the Senate, who
178 shall be a representative of the business community with experience in
179 cost efficiency management;

180 (3) One appointed by the majority leader of the House of
181 Representatives, who shall be a representative of the for-profit nursing
182 home industry;

183 (4) One appointed by the majority leader of the Senate, who shall be
184 a physician who serves Medicaid clients;

185 (5) One appointed by the minority leader of the House of
186 Representatives, who shall be a representative of the not-for-profit
187 nursing home industry; and

188 (6) One appointed by the minority leader of the Senate, who shall be
189 a representative of the business community with experience in cost
190 efficiency management.

191 (i) The subcommittee established pursuant to subsection (h) of this
192 section shall choose chairpersons from among its members.

193 [(h)] (j) The council shall biannually report on its activities and
194 progress to the General Assembly."

This act shall take effect as follows and shall amend the following sections:		
Section 1	from passage	17b-28