



Senate

General Assembly

File No. 426

February Session, 2016

Substitute Senate Bill No. 17

Senate, April 4, 2016

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

***AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET
RECOMMENDATIONS FOR HUMAN SERVICES.***

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

1 Section 1. (NEW) (*Effective from passage*) The Commissioners of
2 Developmental Services and Social Services and the Secretary of the
3 Office of Policy and Management shall develop and implement, within
4 available appropriations, a continuum of services for persons with
5 intellectual disabilities. The partnership shall be known as the
6 Intellectual Disabilities Partnership. The Intellectual Disabilities
7 Partnership shall seek to increase access to quality services for persons
8 with intellectual disabilities by: (1) Expanding individualized and
9 community-based services; (2) maximizing federal revenue to fund
10 services for persons with intellectual disabilities; (3) converting grant-
11 funded services to rate-based, fee-for-service payment systems where
12 possible; (4) exploring the feasibility of services management by an
13 administrative services or managed care organization; (5) exploring
14 opportunities for private and other third-party payments; (6)

15 developing models to support persons with intellectual disabilities in
16 supportive housing; (7) reducing unnecessary use of institutional and
17 residential services; (8) improving administrative oversight and
18 efficiencies; (9) monitoring individual outcomes, provider performance
19 and overall program performance; and (10) identifying strategies to
20 make resources available to address the waiting list for residential
21 services in the Department of Developmental Services.

22 Sec. 2. Section 17a-227 of the general statutes is repealed and the
23 following is substituted in lieu thereof (*Effective July 1, 2016*):

24 (a) No person, firm or corporation shall operate within this state a
25 community living arrangement or community companion home which
26 it owns, leases or rents for the lodging, care or treatment of persons
27 with intellectual disability, Prader-Willi syndrome or autism spectrum
28 disorder unless such person, firm or corporation, upon written
29 application, verified by oath, has obtained a license issued by the
30 Department of Developmental Services.

31 (b) The commissioner shall adopt regulations, in accordance with
32 the provisions of chapter 54, to insure the comfort, safety, adequate
33 medical care and treatment of such persons at the residential facilities
34 described in subsection (a) of this section. Such regulations shall
35 include requirements that: (1) All residential facility staff be certified in
36 cardiopulmonary resuscitation in a manner and time frame prescribed
37 by the commissioner; (2) records of staffing schedules and actual staff
38 hours worked, by residential facility, be available for inspection by the
39 department upon advance notice; (3) each residential facility develop
40 and implement emergency plans and staff training to address
41 emergencies that may pose a threat to the health and safety of the
42 residents of the facility; (4) department staff verify during quality
43 service reviews and licensing inspections, that (A) staff is adequately
44 trained to respond in an emergency, and (B) a summary of information
45 on each resident is available to emergency medical personnel for use in
46 an emergency; (5) all residential facilities serving persons with Down
47 syndrome fifty years of age or older have at least one staff member

48 trained in Alzheimer's disease and dementia symptoms and care; and
49 (6) not less than one-half of the quality service reviews, licensing
50 inspections or facility visits conducted by the department after initial
51 licensure are unannounced.

52 (c) After receiving an application and making such investigation as
53 is deemed necessary and after finding the specified requirements to
54 have been fulfilled, the department shall grant a license to such
55 applicant to operate a facility of the character described in such
56 application, which license shall specify the name of the person to have
57 charge and the location of each facility operated under the license. Any
58 person, firm or corporation aggrieved by any requirement of the
59 regulations or by the refusal to grant any license may request an
60 administrative hearing in accordance with the provisions of chapter 54.
61 If the licensee of any such facility desires to place in charge thereof a
62 person other than the one specified in the license, application shall be
63 made to the Department of Developmental Services, in the same
64 manner as provided for the original application, for permission to
65 make such change. Such application shall be acted upon not later than
66 ten calendar days from the date of the filing of the application. Each
67 such license shall be renewed annually upon such terms as may be
68 established by regulations and may be revoked by the department
69 upon proof that the facility for which such license was issued is being
70 improperly operated, or for the violation of any of the provisions of
71 this section or of the regulations adopted pursuant to this section,
72 provided the licensee shall first be given a reasonable opportunity to
73 be heard in reference to such proposed revocation. Any person, firm or
74 corporation aggrieved by such revocation may request an
75 administrative hearing in accordance with the provisions of chapter 54.
76 Each person, firm or corporation, upon filing an application under the
77 provisions of this section for a license for a community living
78 arrangement, shall pay to the State Treasurer the sum of fifty dollars.

79 (d) The Department of Developmental Services may contract, within
80 available appropriations, with any qualified provider for the operation
81 of a community-based residential facility, provided the qualified

82 provider is licensed by the department to operate such facilities. The
83 department shall include in all contracts with such licensed qualified
84 providers, provisions requiring the department to (1) conduct periodic
85 reviews of contract performance, and (2) take progressive enforcement
86 actions if the department finds poor performance or noncompliance
87 with the contract, as follows: (A) The licensed qualified provider may
88 be placed on a strict schedule of monitoring and oversight by the
89 department; (B) the licensed qualified provider may be placed on a
90 partial-year contract; and (C) payments due under the contract may be
91 reduced by specific amounts on a monthly basis until the licensed
92 qualified provider complies with the contract. If compliance cannot be
93 achieved, the department shall terminate the contract.

94 (e) The Commissioner of Developmental Services and the
95 Commissioner of Social Services shall approve any change in
96 ownership of any licensed community living arrangement operated by
97 a private provider of services under the Department of Developmental
98 Services before such change in ownership takes place. Change in
99 ownership includes, but is not limited to, a sale to a new provider, a
100 transfer of ownership or any other manner in which a licensed
101 community living arrangement is divested from one provider to
102 another. The value of the property upon the change in ownership shall
103 equal the fair rental value at the date of such transfer for the remaining
104 years of useful life.

105 (f) If a property licensed as a community living arrangement
106 operated by a private provider of services under the Department of
107 Developmental Services is sold and the residents are transitioned to
108 another provider in a different property, the original provider shall
109 have an adjustment on a future development of a community living
110 arrangement for the amount that represents the residual value of the
111 original property at the date of the sale.

112 [(e)] (g) The department may contract with any person, firm or
113 corporation to provide residential support services for persons with
114 intellectual disability, Prader-Willi syndrome or autism spectrum

115 disorder who reside in settings which are not licensed by the
116 department. The commissioner shall adopt regulations, in accordance
117 with the provisions of chapter 54, to ensure the safety, adequate
118 supervision and support of persons receiving such residential support
119 services.

120 [(f)] (h) Any person, firm or corporation who operates any facility
121 contrary to the provisions of this section shall be fined not more than
122 one thousand dollars or imprisoned not more than six months or both.
123 Any person, firm or corporation who operates any facility contrary to
124 the regulations adopted pursuant to subsection (b) of this section shall
125 be fined not more than one thousand dollars.

126 Sec. 3. Section 17a-215 of the general statutes is repealed and the
127 following is substituted in lieu thereof (*Effective July 1, 2016*):

128 The Department of [Developmental] Social Services shall serve as
129 the lead agency to coordinate, where possible, the functions of the
130 several state agencies which have responsibility for providing services
131 to persons diagnosed with autism spectrum disorder.

132 Sec. 4. Section 17a-215c of the 2016 supplement to the general
133 statutes is repealed and the following is substituted in lieu thereof
134 (*Effective July 1, 2016*):

135 (a) There is established a Division of Autism Spectrum Disorder
136 Services within the Department of [Developmental] Social Services.

137 (b) The Department of [Developmental] Social Services [shall] may
138 adopt regulations, in accordance with chapter 54, to define the term
139 "autism spectrum disorder", establish eligibility standards and criteria
140 for the receipt of services by any resident of the state diagnosed with
141 autism spectrum disorder, regardless of age, and data collection,
142 maintenance and reporting processes. The [commissioner]
143 Commissioner of Social Services may implement policies and
144 procedures necessary to administer the provisions of this section prior
145 to adoption of such regulations, provided the commissioner shall

146 publish notice of intent to adopt such regulations not later than twenty
147 days after implementation of such policies and procedures. Any such
148 policies and procedures shall be valid until such regulations are
149 adopted.

150 (c) The Division of Autism Spectrum Disorder Services may, within
151 available appropriations, research, design and implement the delivery
152 of appropriate and necessary services and programs for all residents of
153 the state with autism spectrum disorder. Such services and programs
154 may include the creation of: (1) Autism-specific early intervention
155 services for any child under the age of three diagnosed with autism
156 spectrum disorder; (2) education, recreation, habilitation, vocational
157 and transition services for individuals age three to twenty-one,
158 inclusive, diagnosed with autism spectrum disorder; (3) services for
159 adults over the age of twenty-one diagnosed with autism spectrum
160 disorder; and (4) related autism spectrum disorder services deemed
161 necessary by the Commissioner of [Developmental] Social Services.

162 (d) The Department of [Developmental] Social Services shall serve
163 as the lead state agency for the purpose of the federal Combating
164 Autism Act, P.L. 109-416, as amended from time to time, and for
165 applying for and receiving funds and performing any related
166 responsibilities concerning autism spectrum disorder which are
167 authorized pursuant to any state or federal law.

168 (e) [On or before February 1, 2009, and annually thereafter, the] The
169 Department of [Developmental] Social Services may make
170 recommendations to the Governor and the joint standing committee of
171 the General Assembly having cognizance of matters relating to [public
172 health] human services concerning legislation and funding required to
173 provide necessary services to persons diagnosed with autism spectrum
174 disorder.

175 (f) The Division of Autism Spectrum Disorder Services shall
176 research and locate possible funding streams for the continued
177 development and implementation of services for persons diagnosed
178 with autism spectrum disorder but not with intellectual disability. The

179 division shall take all necessary action [, in coordination with the
180 Department of Social Services,] to secure Medicaid reimbursement for
181 home and community-based individualized support services for adults
182 diagnosed with autism spectrum disorder but not with intellectual
183 disability. Such action may include applying for a Medicaid waiver
184 pursuant to Section 1915(c) of the Social Security Act, as amended from
185 time to time, in order to secure the funding for such services.

186 (g) The Division of Autism Spectrum Disorder Services shall, within
187 available appropriations: (1) Design and implement a training
188 initiative that shall include training to develop a workforce; and (2)
189 develop a curriculum specific to autism spectrum disorder in
190 coordination with the Board of Regents for Higher Education.

191 (h) The case records of the Division of Autism Spectrum Disorder
192 Services maintained by the division for any purpose authorized
193 pursuant to subsections (b) to (g), inclusive, of this section shall be
194 subject to the same confidentiality requirements, under state and
195 federal law, that govern all client records maintained by the
196 Department of [Developmental] Social Services.

197 (i) The Commissioner of Social Services [, in consultation with the
198 Commissioner of Developmental Services,] may seek approval of an
199 amendment to the state Medicaid plan or a waiver from federal law,
200 whichever is sufficient and most expeditious, to establish and
201 implement a Medicaid-financed home and community-based program
202 to provide community-based services and, if necessary, housing
203 assistance, to adults diagnosed with autism spectrum disorder but not
204 with intellectual disability.

205 (j) On or before January 1, 2008, and annually thereafter, the
206 Commissioner of Social Services, [in consultation with the
207 Commissioner of Developmental Services, and] in accordance with the
208 provisions of section 11-4a, shall submit a report to the joint standing
209 committee of the General Assembly having cognizance of matters
210 relating to [public health] human services, on the status of any
211 amendment to the state Medicaid plan or waiver from federal law as

212 described in subsection (i) of this section and on the establishment and
213 implementation of the program authorized pursuant to subsection (i)
214 of this section.

215 (k) The Autism Spectrum Disorder Advisory Council, established
216 pursuant to section 17a-215d, as amended by this act, shall advise the
217 Commissioner of [Developmental] Social Services on all matters
218 relating to autism.

219 (l) The Commissioner of [Developmental] Social Services, in
220 consultation with the Autism Spectrum Disorder Advisory Council,
221 shall designate services and interventions that demonstrate, in
222 accordance with medically established and research-based best
223 practices, empirical effectiveness for the treatment of autism spectrum
224 disorder. The commissioner shall update such designations
225 periodically and whenever the commissioner deems it necessary to
226 conform to changes generally recognized by the relevant medical
227 community in evidence-based practices or research.

228 Sec. 5. Section 17a-215d of the general statutes is repealed and the
229 following is substituted in lieu thereof (*Effective July 1, 2016*):

230 (a) There is established the Autism Spectrum Disorder Advisory
231 Council. The council shall consist of the following members: (1) The
232 Commissioner of [Developmental] Social Services, or the
233 commissioner's designee; (2) the Commissioner of Children and
234 Families, or the commissioner's designee; (3) the Commissioner of
235 Education, or the commissioner's designee; (4) the Commissioner of
236 Mental Health and Addiction Services, or the commissioner's designee;
237 (5) the Commissioner of Public Health, or the commissioner's designee;
238 (6) the Commissioner of Rehabilitation Services, or the commissioner's
239 designee; (7) the Commissioner of [Social] Developmental Services, or
240 the commissioner's designee; (8) the Commissioner of the Office of
241 Early Childhood, or the commissioner's designee; (9) the Secretary of
242 the Office of Policy and Management, or the secretary's designee; [(9)]
243 (10) the executive director of the Office of Protection and Advocacy for
244 Persons with Disabilities, or the executive director's designee; [(10)]

245 (11) two persons with autism spectrum disorder, one each appointed
246 by the Governor and the speaker of the House of Representatives;
247 ~~[(11)]~~ (12) two persons who are parents or guardians of a child with
248 autism spectrum disorder, one each appointed by the Governor and
249 the minority leader of the Senate; ~~[(12)]~~ (13) two persons who are
250 parents or guardians of an adult with autism spectrum disorder, one
251 each appointed by the president pro tempore of the Senate and the
252 majority leader of the House of Representatives; ~~[(13)]~~ (14) two persons
253 who are advocates for persons with autism spectrum disorder, one
254 each appointed by the Governor and the speaker of the House of
255 Representatives; ~~[(14)]~~ (15) two persons who are licensed professionals
256 working in the field of autism spectrum disorder, one each appointed
257 by the Governor and the majority leader of the Senate; ~~[(15)]~~ (16) two
258 persons who provide services for persons with autism spectrum
259 disorder, one each appointed by the Governor and the minority leader
260 of the House of Representatives; ~~[(16)]~~ (17) two persons who shall be
261 representatives of an institution of higher education in the state with
262 experience in the field of autism spectrum disorder, one each
263 appointed by the Governor and the president pro tempore of the
264 Senate; and ~~[(17)]~~ (18) one person who is a physician who treats or
265 diagnoses persons with autism spectrum disorder, appointed by the
266 Governor.

267 (b) The council shall have two chairpersons, one of whom shall be
268 the Commissioner of ~~[Developmental]~~ Social Services, or the
269 commissioner's designee, and one of whom shall be elected by the
270 members of the council. The council shall make rules for the conduct of
271 its affairs. The council shall meet not less than four times per year and
272 at such other times as requested by the chairpersons. Council members
273 shall serve without compensation.

274 (c) The council shall advise the Commissioner of ~~[Developmental]~~
275 Social Services concerning: (1) Policies and programs for persons with
276 autism spectrum disorder; (2) services provided by the Department of
277 ~~[Developmental]~~ Social Services' Division of Autism Spectrum
278 Disorder Services; and (3) implementation of the recommendations

279 resulting from the autism feasibility study. The council may make
280 recommendations to the commissioner for policy and program
281 changes to improve support services for persons with autism spectrum
282 disorder.

283 (d) The Autism Spectrum Disorder Advisory Council shall
284 terminate on June 30, 2018.

285 Sec. 6. Subdivision (2) of section 17a-247a of the general statutes is
286 repealed and the following is substituted in lieu thereof (*Effective July*
287 *1, 2016*):

288 (2) "Authorized agency" means any agency authorized in
289 accordance with the general statutes to conduct abuse and neglect
290 investigations and responsible for issuing or carrying out protective
291 services for persons with intellectual disability or individuals receiving
292 services or funding from the [department's] Department of Social
293 Services' Division of Autism Spectrum Disorder Services.

294 Sec. 7. Section 17a-247f of the general statutes is repealed and the
295 following is substituted in lieu thereof (*Effective July 1, 2016*):

296 (a) For purposes of this section "individual who receives services
297 from the [department's] Department of Social Services' Division of
298 Autism Spectrum Disorder Services" means an individual eighteen
299 years of age to sixty years of age, inclusive, who receives funding or
300 services from the Department of [Developmental] Social Services'
301 Division of Autism Spectrum Disorder Services.

302 (b) (1) The [commissioner] Commissioner of Social Services may
303 investigate any reports alleging abuse or neglect of an individual who
304 receives services from the [department's] Department of Social
305 Services' Division of Autism Spectrum Disorder Services. Such
306 investigation shall include a visit to the residence of the individual
307 reported to have been abused or neglected and consultation with
308 persons having knowledge of the facts surrounding such allegation.
309 All state, local and private agencies shall have a duty to cooperate with

310 any such investigation, including the release of complete records of
311 such individual for review, inspection and copying, except where such
312 individual refuses to permit his or her record to be released. All such
313 records shall be kept confidential by the [department] Department of
314 Social Services.

315 (2) Upon completion of the investigation of each case, the
316 [commissioner] Commissioner of Social Services shall prepare written
317 findings that shall include a determination as to whether abuse or
318 neglect has occurred and recommendations as to whether protective
319 services are needed. The [commissioner] Commissioner of Social
320 Services, except in cases where the parent or guardian of the
321 individual reported to be abused or neglected is the alleged
322 perpetrator of abuse or neglect or is residing with the alleged
323 perpetrator, shall notify the parents or guardian, if any, of such
324 individual if a report of abuse or neglect is made that the department
325 determines warrants investigation. The [commissioner] Commissioner
326 of Social Services shall provide the parents or guardians who the
327 [commissioner] Commissioner of Social Services determines are
328 entitled to such information with further information upon request.
329 The person making the allegation of abuse or neglect and the Director
330 of the Office of Protection and Advocacy for Persons with Disabilities
331 shall be notified of the findings resulting from the investigation, upon
332 such person's request.

333 (3) Neither the original allegation of abuse or neglect nor the
334 investigation report of the investigator that includes findings and
335 recommendations shall be deemed a public record for purposes of
336 section 1-210. The name of the person making the original allegation
337 shall not be disclosed to any person unless the person making the
338 original allegation consents to such disclosure or unless a judicial
339 proceeding results therefrom.

340 Sec. 8. Subsection (a) of section 17a-270 of the general statutes is
341 repealed and the following is substituted in lieu thereof (*Effective July*
342 *1, 2016*):

343 (a) There is established a Council on Developmental Services which
344 shall consist of fifteen members appointed as follows: Eight shall be
345 appointed by the Governor, for two-year terms, one of whom shall be
346 a doctor of medicine, one of whom shall be a person with intellectual
347 disability who is receiving services from the Department of
348 Developmental Services and at least two of whom shall be a relative or
349 a guardian of a person with intellectual disability; six shall be
350 appointed by members of the General Assembly for two-year terms,
351 one of whom shall be a relative or guardian of a person with
352 intellectual disability, appointed by the speaker of the House, one of
353 whom shall be appointed by the minority leader of the House, one of
354 whom shall be appointed by the president pro tempore of the Senate,
355 one of whom shall be a person with intellectual disability and autism
356 spectrum disorder who is receiving, or has received, services from the
357 [department's Division of Autism Spectrum Disorder Services]
358 department appointed by the majority leader of the House, one of
359 whom shall be appointed by the majority leader of the Senate, and one
360 of whom shall be a relative or guardian of a person with intellectual
361 disability, appointed by the minority leader of the Senate; and one of
362 whom shall be a member of the board of trustees of the Southbury
363 Training School, appointed by said board for a term of one year. No
364 member of the council may serve more than three consecutive terms,
365 except that a member may continue to serve until a successor is
366 appointed. The members of the council shall serve without
367 compensation except for necessary expenses incurred in performing
368 their duties. The Commissioner of Developmental Services or the
369 commissioner's designee shall be an ex-officio member of the Council
370 on Developmental Services without vote and shall attend its meetings.
371 No employee of any state agency engaged in the care or training of
372 persons with intellectual disability shall be eligible for appointment to
373 the council. The council shall appoint annually, from among its
374 members, a chairperson, vice chairperson and secretary. The council
375 may make rules for the conduct of its affairs. The council shall meet at
376 least six times per year and at other times upon the call of the chair or
377 the written request of any two members.

378 Sec. 9. Section 17b-2 of the general statutes is repealed and the
379 following is substituted in lieu thereof (*Effective July 1, 2016*):

380 The Department of Social Services is designated as the state agency
381 for the administration of (1) the Connecticut energy assistance
382 program pursuant to the Low Income Home Energy Assistance Act of
383 1981; (2) the state plan for vocational rehabilitation services for the
384 fiscal year ending June 30, 1994; (3) the refugee assistance program
385 pursuant to the Refugee Act of 1980; (4) the legalization impact
386 assistance grant program pursuant to the Immigration Reform and
387 Control Act of 1986; (5) the temporary assistance for needy families
388 program pursuant to the Personal Responsibility and Work
389 Opportunity Reconciliation Act of 1996; (6) the Medicaid program
390 pursuant to Title XIX of the Social Security Act; (7) the supplemental
391 nutrition assistance program pursuant to the Food and Nutrition Act
392 of 2008; (8) the state supplement to the Supplemental Security Income
393 Program pursuant to the Social Security Act; (9) the state child support
394 enforcement plan pursuant to Title IV-D of the Social Security Act;
395 [and] (10) the state social services plan for the implementation of the
396 social services block grants and community services block grants
397 pursuant to the Social Security Act; and (11) services for persons with
398 autism spectrum disorder in accordance with sections 17a-215, as
399 amended by this act, and 17a-215c, as amended by this act.

400 Sec. 10. Subsection (h) of section 26-30 of the general statutes is
401 repealed and the following is substituted in lieu thereof (*Effective July*
402 *1, 2016*):

403 (h) The Commissioner of Energy and Environmental Protection may
404 issue a group fishing license to any tax-exempt organization qualified
405 under Section 501(c)(3) of the Internal Revenue Code of 1986, or any
406 subsequent corresponding internal revenue code of the United States,
407 as amended from time to time, for the purpose of conducting a group
408 fishing event or events for persons: (1) With a service-related or other
409 disability who receive services at a facility of the United States
410 Department of Veterans Affairs Connecticut Healthcare System, (2)

411 who receive mental health or addiction services from: (A) The
412 Department of Mental Health and Addiction Services, (B) state-
413 operated facilities, as defined in section 17a-458, or (C) programs or
414 facilities funded by the Department of Mental Health and Addiction
415 Services, as provided for in sections 17a-468b, 17a-469, 17a-673 and
416 17a-676, (3) with intellectual disability [or diagnosed with autism
417 spectrum disorder] who receive services from the Department of
418 Developmental Services, as provided for in section 17a-217, or from
419 facilities licensed by the Department of Developmental Services, as
420 provided for in section 17a-227, as amended by this act, [or] (4)
421 diagnosed with autism spectrum disorder who receive services from
422 the Department of Social Services, or (5) receiving care from the
423 Department of Children and Families, as provided for in section 17a-
424 94, or from programs or child-care facilities licensed pursuant to
425 section 17a-145 or 17a-147. Any such organization shall conduct not
426 more than fifty such events, including marine and inland water events,
427 in any calendar year and each such event shall be limited to not more
428 than fifty persons. Application for such a group fishing license shall be
429 submitted once per calendar year on a form prescribed by the
430 commissioner and with the necessary fee and shall provide such
431 information as required by the commissioner. All fishing activities
432 conducted pursuant to such group license shall be supervised by staff
433 or volunteers of the organization conducting the event or events. Such
434 staff or volunteers shall possess such group fishing license at the site of
435 any such event or events. Each such staff member or volunteer shall
436 have a license to fish. Such organization shall, not later than ten days
437 after such group fishing event, report to the commissioner, on forms
438 provided by the commissioner, information on the results of such
439 event. Such information shall include, but not be limited to, the total:
440 [(i)] (A) Number of participants, [(ii)] (B) hours fished, [(iii)] (C)
441 number of each species caught, and [(iv)] (D) number of each species
442 not released. Such organization shall not charge a fee to any person
443 that participates in any such group fishing event conducted pursuant
444 to such group fishing license and any such group fishing event shall
445 not be used by such organization as a fund raising event.

446 Sec. 11. Subdivision (4) of subsection (a) of section 38a-514b of the
447 2016 supplement to the general statutes is repealed and the following
448 is substituted in lieu thereof (*Effective July 1, 2016*):

449 (4) "Behavioral therapy" means any interactive behavioral therapies
450 derived from evidence-based research and consistent with the services
451 and interventions designated by the Commissioner of [Developmental]
452 Social Services pursuant to subsection (l) of section 17a-215c, as
453 amended by this act, including, but not limited to, applied behavior
454 analysis, cognitive behavioral therapy, or other therapies supported by
455 empirical evidence of the effective treatment of individuals diagnosed
456 with autism spectrum disorder, that are: (A) Provided to children less
457 than twenty-one years of age; and (B) provided or supervised by (i) a
458 behavior analyst who is certified by the Behavior Analyst Certification
459 Board, (ii) a licensed physician, or (iii) a licensed psychologist. For the
460 purposes of this subdivision, behavioral therapy is "supervised by"
461 such behavior analyst, licensed physician or licensed psychologist
462 when such supervision entails at least one hour of face-to-face
463 supervision of the autism spectrum disorder services provider by such
464 behavior analyst, licensed physician or licensed psychologist for each
465 ten hours of behavioral therapy provided by the supervised provider.

466 Sec. 12. Subdivision (4) of subsection (a) of section 38a-488b of the
467 2016 supplement to the general statutes is repealed and the following
468 is substituted in lieu thereof (*Effective July 1, 2016*):

469 (4) "Behavioral therapy" means any interactive behavioral therapies
470 derived from evidence-based research and consistent with the services
471 and interventions designated by the Commissioner of [Developmental]
472 Social Services pursuant to subsection (l) of section 17a-215c, as
473 amended by this act, including, but not limited to, applied behavior
474 analysis, cognitive behavioral therapy, or other therapies supported by
475 empirical evidence of the effective treatment of individuals diagnosed
476 with autism spectrum disorder, that are: (A) Provided to children less
477 than twenty-one years of age; and (B) provided or supervised by (i) a
478 behavior analyst who is certified by the Behavior Analyst Certification

479 Board, (ii) a licensed physician, or (iii) a licensed psychologist. For the
480 purposes of this subdivision, behavioral therapy is "supervised by"
481 such behavior analyst, licensed physician or licensed psychologist
482 when such supervision entails at least one hour of face-to-face
483 supervision of the autism spectrum disorder services provider by such
484 behavior analyst, licensed physician or licensed psychologist for each
485 ten hours of behavioral therapy provided by the supervised provider.

486 Sec. 13. Subdivision (11) of section 46a-11a of the general statutes is
487 repealed and the following is substituted in lieu thereof (*Effective July*
488 *1, 2016*):

489 (11) "Individual who receives services from the Department of
490 [Developmental] Social Services' Division of Autism Spectrum
491 Disorder Services" means an individual eighteen years of age to sixty
492 years of age, inclusive, who receives funding or services from the
493 Department of [Developmental] Social Services' Division of Autism
494 Spectrum Disorder Services.

495 Sec. 14. Section 46a-11b of the general statutes is repealed and the
496 following is substituted in lieu thereof (*Effective July 1, 2016*):

497 (a) Any physician or surgeon licensed under the provisions of
498 chapter 370, any resident physician or intern in any hospital in this
499 state, whether or not so licensed, any registered nurse, any person paid
500 for caring for persons in any facility and any licensed practical nurse,
501 medical examiner, dental hygienist, dentist, occupational therapist,
502 optometrist, chiropractor, psychologist, podiatrist, social worker,
503 school teacher, school principal, school guidance counselor, school
504 paraprofessional, mental health professional, physician assistant,
505 licensed or certified substance abuse counselor, licensed marital and
506 family therapist, speech and language pathologist, clergyman, police
507 officer, pharmacist, physical therapist, licensed professional counselor
508 or sexual assault counselor or domestic violence counselor, as defined
509 in section 52-146k, who has reasonable cause to suspect or believe that
510 any person with intellectual disability or any individual who receives
511 services from the Department of [Developmental] Social Services'

512 Division of Autism Spectrum Disorder Services has been abused or
513 neglected shall, as soon as practicable but not later than seventy-two
514 hours after such person has reasonable cause to suspect or believe that
515 a person with intellectual disability or any individual who receives
516 services from the Department of [Developmental] Social Services'
517 Division of Autism Spectrum Disorder Services has been abused or
518 neglected, report such information or cause a report to be made in any
519 reasonable manner to the director or persons the director designates to
520 receive such reports. Such initial report shall be followed up by a
521 written report not later than five calendar days after the initial report
522 was made. Any person required to report under this subsection who
523 fails to make such report shall be fined not more than five hundred
524 dollars.

525 (b) Such report shall contain the name and address of the allegedly
526 abused or neglected person, a statement from the person making the
527 report indicating his or her belief that such person has intellectual
528 disability or receives funding or services from the Department of
529 [Developmental] Social Services' Division of Autism Spectrum
530 Disorder Services, information supporting the supposition that such
531 person is substantially unable to protect himself or herself from abuse
532 or neglect, information regarding the nature and extent of the abuse or
533 neglect and any other information that the person making such report
534 believes might be helpful in an investigation of the case and the
535 protection of such person with intellectual disability or who receives
536 funding or services from the Department of [Developmental] Social
537 Services' Division of Autism Spectrum Disorder Services.

538 (c) Each facility, as defined in section 46a-11a, as amended by this
539 act, shall inform residents of their rights and the staff of their
540 responsibility to report abuse or neglect and shall establish appropriate
541 policies and procedures to facilitate such reporting.

542 (d) Any other person having reasonable cause to believe that a
543 person with intellectual disability or an individual who receives
544 services from the Department of [Developmental] Social Services'

545 Division of Autism Spectrum Disorder Services is being or has been
546 abused or neglected may report such information, in any reasonable
547 manner, to the director or to the director's designee.

548 (e) Any person who makes any report pursuant to sections 46a-11a
549 to 46a-11g, inclusive, as amended by this act, or who testifies in any
550 administrative or judicial proceeding arising from such report shall be
551 immune from any civil or criminal liability on account of such report
552 or testimony, except for liability for perjury, unless such person acted
553 in bad faith or with malicious purpose. Any person who obstructs,
554 hinders or endangers any person reporting or investigating abuse or
555 neglect or providing protective services or who makes a report in bad
556 faith or with malicious purpose and who is not subject to any other
557 penalty shall be fined not more than five hundred dollars. No resident
558 or employee of a facility, as defined in section 46a-11a, as amended by
559 this act, shall be subject to reprisal or discharge because of his actions
560 in reporting pursuant to sections 46a-11a to 46a-11g, inclusive, as
561 amended by this act.

562 (f) For purposes of said sections, the treatment of any person with
563 intellectual disability or any individual who receives services from the
564 Department of [Developmental] Social Services' Division of Autism
565 Spectrum Disorder Services by a Christian Science practitioner, in lieu
566 of treatment by a licensed practitioner of the healing arts, shall not of
567 itself constitute grounds for the implementation of protective services.

568 (g) When the director of the Office of Protection and Advocacy for
569 Persons with Disabilities or persons designated by said director are
570 required to investigate or monitor abuse or neglect reports that are
571 referred to the Office of Protection and Advocacy for Persons with
572 Disabilities from another agency, all provisions of this section shall
573 apply to any investigation or monitoring of such case or report.

574 Sec. 15. Subsection (b) of section 46a-11c of the general statutes is
575 repealed and the following is substituted in lieu thereof (*Effective July*
576 *1, 2016*):

577 (b) The director, upon receiving a report that an individual who
578 receives services from the Department of [Developmental] Social
579 Services' Division of Autism Spectrum Disorder Services, allegedly is
580 being or has been abused or neglected, shall make an initial
581 determination whether such individual receives funding or services
582 from said division, shall determine if the report warrants investigation
583 and shall cause, in cases that so warrant, a prompt, thorough
584 evaluation, as described in subsection (b) of section 17a-247f, as
585 amended by this act, to be made by the Department of
586 [Developmental] Social Services to determine whether the individual
587 has been abused or neglected.

588 Sec. 16. Section 17a-215e of the 2016 supplement to the general
589 statutes is repealed and the following is inserted in lieu thereof
590 (*Effective July 1, 2016*):

591 Not later than February 1, [2016] 2017, and annually thereafter, the
592 Commissioner of [Developmental] Social Services shall report, in
593 accordance with the provisions of section 11-4a, to the joint standing
594 committee of the General Assembly having cognizance of matters
595 relating to [public health] human services concerning the activities of
596 the Department of [Developmental] Social Services' Division of Autism
597 Spectrum Disorder Services, established pursuant to section 17a-215c,
598 as amended by this act, and the Autism Spectrum Disorder Advisory
599 Council, established pursuant to section 17a-215d, as amended by this
600 act. Such report shall include, but not be limited to: (1) The number
601 and ages of persons with autism spectrum disorder who are served by
602 the Department of [Developmental] Social Services' Division of Autism
603 Spectrum Disorder Services and, when practicable to report, the
604 number and ages of such persons who are served by other state
605 agencies; (2) the number and ages of persons with autism spectrum
606 disorder on said division's waiting list for Medicaid waiver services;
607 (3) the type of Medicaid waiver services currently provided by the
608 department to persons with autism spectrum disorder; (4) a
609 description of the unmet needs of persons with autism spectrum
610 disorder on said division's waiting list; (5) the projected estimates for a

611 five-year period of the costs to the state due to such unmet needs; (6)
612 measurable outcome data for persons with autism spectrum disorder
613 who are eligible to receive services from said division, including, but
614 not limited to, (A) the number of such persons who are enrolled in
615 postsecondary education, (B) the employment status of such persons,
616 and (C) a description of such persons' living arrangements; and (7) a
617 description of new initiatives and proposals for new initiatives that are
618 under consideration.

619 Sec. 17. (NEW) (*Effective from passage*) Except as otherwise provided
620 in the general statutes, "autism spectrum disorder" has the same
621 meaning as is set forth in the most recent edition of the American
622 Psychiatric Association's "Diagnostic and Statistical Manual of Mental
623 Disorders".

624 Sec. 18. Subsection (e) of section 5-259 of the 2016 supplement to the
625 general statutes is repealed and the following is substituted in lieu
626 thereof (*Effective July 1, 2016*):

627 (e) Notwithstanding the provisions of subsection (a) of this section,
628 [(1)] vending stand operators eligible for membership in the state
629 employees' retirement system pursuant to section 5-175a shall be
630 eligible for coverage under the group hospitalization and medical and
631 surgical insurance plans procured under this section, provided the cost
632 for such operators' insurance coverage shall be paid by the Department
633 of Rehabilitation Services from vending machine income pursuant to
634 section 10-303. [, and (2) blind persons employed in workshops,
635 established pursuant to section 10-298a, on December 31, 2002, shall be
636 eligible for coverage under the group hospitalization and medical and
637 surgical insurance plans procured under this section, provided the cost
638 for such persons' insurance coverage shall be paid by the Department
639 of Rehabilitation Services.]

640 Sec. 19. Section 17b-131 of the 2016 supplement to the general
641 statutes is repealed and the following is substituted in lieu thereof
642 (*Effective July 1, 2016*):

643 When a person in any town, or sent from such town to any licensed
644 institution or state humane institution, dies or is found dead therein
645 and does not leave sufficient estate or has no legally liable relative able
646 to pay the cost of a proper funeral and burial, or upon the death of any
647 beneficiary under the state-administered general assistance program,
648 the Commissioner of Social Services shall give to such person a proper
649 funeral and burial, and shall pay a sum not exceeding one thousand
650 [four] two hundred dollars as an allowance toward the funeral
651 expenses of such deceased, said sum to be paid, upon submission of a
652 proper bill, to the funeral director, cemetery or crematory, as the case
653 may be. Such payment for funeral and burial expenses shall be
654 reduced by (1) the amount in any revocable or irrevocable funeral
655 fund, (2) any prepaid funeral contract, (3) the face value of any life
656 insurance policy owned by the decedent, and (4) contributions in
657 excess of three thousand two hundred dollars toward such funeral and
658 burial expenses from all other sources including friends, relatives and
659 all other persons, organizations, veterans' and other benefit programs
660 and other agencies.

661 Sec. 20. Section 17b-84 of the 2016 supplement to the general statutes
662 is repealed and the following is substituted in lieu thereof (*Effective July*
663 *1, 2016*):

664 Upon the death of any beneficiary under the state supplement or the
665 temporary family assistance program, the Commissioner of Social
666 Services shall order the payment of a sum not to exceed one thousand
667 [four] two hundred dollars as an allowance toward the funeral and
668 burial expenses of such deceased. The payment for funeral and burial
669 expenses shall be reduced by the amount in any revocable or
670 irrevocable funeral fund, prepaid funeral contract or the face value of
671 any life insurance policy owned by the recipient. Contributions may be
672 made by any person for the cost of the funeral and burial expenses of
673 the deceased over and above the sum established under this section
674 without thereby diminishing the state's obligation.

675 Sec. 21. (*Effective July 1, 2016*) Notwithstanding the rate-setting

676 provisions set forth in chapters 319v and 319y of the general statutes,
677 or regulations adopted thereunder, the state rates of payments in effect
678 for the fiscal year ending June 30, 2016, for residential care homes,
679 community living arrangements and community companion homes
680 that receive the flat rate for residential services, as provided pursuant
681 to section 17-311-54 of the regulations of Connecticut state agencies,
682 shall remain in effect until June 30, 2017.

683 Sec. 22. Section 17b-239 of the 2016 supplement to the general
684 statutes is repealed and the following is substituted in lieu thereof
685 (*Effective from passage*):

686 [(a) (1) Until the time subdivision (2) of this subsection is effective,
687 the rate to be paid by the state to hospitals receiving appropriations
688 granted by the General Assembly and to freestanding chronic disease
689 hospitals providing services to persons aided or cared for by the state
690 for routine services furnished to state patients, shall be based upon
691 reasonable cost to such hospital, or the charge to the general public for
692 ward services or the lowest charge for semiprivate services if the
693 hospital has no ward facilities, imposed by such hospital, whichever is
694 lowest, except to the extent, if any, that the commissioner determines
695 that a greater amount is appropriate in the case of hospitals serving a
696 disproportionate share of indigent patients. Such rate shall be
697 promulgated annually by the Commissioner of Social Services within
698 available appropriations.]

699 [(2) On or after July 1, 2013,] (a) Medicaid rates paid to acute care
700 hospitals, including children's hospitals, shall be based on diagnosis-
701 related groups established and periodically rebased by the
702 Commissioner of Social Services in accordance with 42 USC
703 1396a(a)(30)(A), provided the Department of Social Services completes
704 a fiscal analysis of the impact of such rate payment system on each
705 hospital. The commissioner shall, in accordance with the provisions of
706 section 11-4a, file a report on the results of the fiscal analysis not later
707 than six months after implementing the rate payment system with the
708 joint standing committees of the General Assembly having cognizance

709 of matters relating to human services and appropriations and the
710 budgets of state agencies. Within available appropriations, the
711 commissioner shall annually determine in-patient payments for each
712 hospital by multiplying diagnosis-related group relative weights by a
713 base rate. Over a period of up to four years beginning on or after
714 January 1, 2016, within available appropriations and at the discretion
715 of the commissioner, the Department of Social Services shall transition
716 hospital-specific, diagnosis-related group base rates to state-wide
717 diagnosis-related group base rates by peer groups determined by the
718 commissioner. For the purposes of this subsection, "peer group" means
719 a group comprised of one of the following categories of acute care
720 hospitals: Privately operated acute care hospitals, publicly operated
721 acute care hospitals, or acute care children's hospitals licensed by the
722 Department of Public Health. At the discretion of the Commissioner of
723 Social Services, the peer group for privately operated acute care
724 hospitals may be further subdivided into peer groups for privately
725 operated acute care hospitals. For inpatient hospital services that the
726 Commissioner of Social Services determines are not appropriate for
727 reimbursement based on diagnosis-related groups, the commissioner
728 shall reimburse for such services using any other methodology that
729 complies with 42 USC 1396a(a)(30)(A). Within available
730 appropriations, the commissioner may, in his or her discretion, make
731 additional payments to hospitals based on criteria to be determined by
732 the commissioner. Upon the conversion to a hospital payment
733 methodology based on diagnosis-related groups, the commissioner
734 shall evaluate payments for all hospital services, including, but not
735 limited to, a review of pediatric psychiatric inpatient units within
736 hospitals. The commissioner may, within available appropriations,
737 implement a pay-for-performance program for pediatric psychiatric
738 inpatient care. Nothing contained in this section shall authorize
739 Medicaid payment by the state to any such hospital in excess of the
740 charges made by such hospital for comparable services to the general
741 public.

742 (b) Effective October 1, 1991, the rate to be paid by the state for the
743 cost of special services rendered by such hospitals shall be established

744 annually by the commissioner for each such hospital [based on the
745 reasonable cost to each hospital of such services furnished to state
746 patients] pursuant to 42 USC 1396a(a)(30)(A) and within available
747 appropriations. Nothing contained in this subsection shall authorize a
748 payment by the state for such services to any such hospital in excess of
749 the charges made by such hospital for comparable services to the
750 general public.

751 [(c) The term "reasonable cost" as used in this section means the cost
752 of care furnished such patients by an efficient and economically
753 operated facility, computed in accordance with accepted principles of
754 hospital cost reimbursement. The commissioner may adjust the rate of
755 payment established under the provisions of this section for the year
756 during which services are furnished to reflect fluctuations in hospital
757 costs within available appropriations. Such adjustment may be made
758 prospectively to cover anticipated fluctuations or may be made
759 retroactive to any date subsequent to the date of the initial rate
760 determination for such year or in such other manner as may be
761 determined by the commissioner. In determining "reasonable cost" the
762 commissioner may give due consideration to allowances for fully or
763 partially unpaid bills, reasonable costs mandated by collective
764 bargaining agreements with certified collective bargaining agents or
765 other agreements between the employer and employees, provided
766 "employees" shall not include persons employed as managers or chief
767 administrators, requirements for working capital and cost of
768 development of new services, including additions to and replacement
769 of facilities and equipment. The commissioner shall not give
770 consideration to amounts paid by the facilities to employees as salary,
771 or to attorneys or consultants as fees, where the responsibility of the
772 employees, attorneys or consultants is to persuade or seek to persuade
773 the other employees of the facility to support or oppose unionization.
774 Nothing in this subsection shall prohibit the commissioner from
775 considering amounts paid for legal counsel related to the negotiation
776 of collective bargaining agreements, the settlement of grievances or
777 normal administration of labor relations.]

778 [(d)] (c) (1) Until such time as subdivision (2) of this subsection is
779 effective, the state shall also pay to such hospitals for each outpatient
780 clinic and emergency room visit a [reasonable] rate [to be] established
781 [annually] by the commissioner for each hospital [, such rate to be
782 determined by the reasonable cost of such services] pursuant to 42
783 USC 1396a(a)(30)(A) and within available appropriations.

784 (2) On or after July 1, 2013, with the exception of publicly operated
785 psychiatric hospitals, hospitals shall be paid for outpatient and
786 emergency room episodes of care based on prospective rates
787 established by the commissioner within available appropriations and
788 in accordance with the Medicare Ambulatory Payment Classification
789 system in conjunction with a state conversion factor, provided the
790 Department of Social Services completes a fiscal analysis of the impact
791 of such rate payment system on each hospital. The Commissioner of
792 Social Services shall, in accordance with the provisions of section 11-4a,
793 file a report on the results of the fiscal analysis not later than six
794 months after implementing the rate payment system with the joint
795 standing committees of the General Assembly having cognizance of
796 matters relating to human services and appropriations and the budgets
797 of state agencies. The Medicare Ambulatory Payment Classification
798 system shall be augmented to provide payment for services not
799 generally covered under the Medicare Ambulatory Payment
800 Classification system, including, but not limited to, mammograms,
801 durable medical equipment, physical, occupational and speech
802 therapy. Nothing contained in this subsection shall authorize a
803 payment by the state for such episodes of care to any hospital in excess
804 of the charges made by such hospital for comparable services to the
805 general public. Effective upon implementation of the Ambulatory
806 Payment Classification system, a covered outpatient hospital service
807 that does not have an established Medicare Ambulatory Payment
808 Classification code shall be paid in accordance with a fee schedule or
809 an alternative payment methodology, as determined by the
810 commissioner. Prior to the implementation of the Ambulatory
811 Payment Classification system, each hospital's charges shall be based
812 on the charge master in effect as of June 1, 2015. After implementation

813 of such system, annual increases in each hospital's charge master shall
814 not exceed, in the aggregate, the annual increase in the Medicare
815 economic index. The Commissioner of Social Services shall establish a
816 fee schedule for outpatient hospital services to be effective on and after
817 January 1, 1995, and may annually modify such fee schedule if such
818 modification is needed to ensure that the conversion to an
819 administrative services organization is cost neutral to hospitals in the
820 aggregate and ensures patient access. Utilization may be a factor in
821 determining cost neutrality.

822 [(e)] (d) On and after January 1, 2015, and concurrent with the
823 implementation of the diagnosis-related group methodology of
824 payment to hospitals, an emergency department physician may enroll
825 separately as a Medicaid provider and qualify for direct
826 reimbursement for professional services provided in the emergency
827 department of a hospital to a Medicaid recipient, including services
828 provided on the same day the Medicaid recipient is admitted to the
829 hospital. The commissioner shall pay to any such emergency
830 department physician the Medicaid rate for physicians in accordance
831 with the physician fee schedule in effect at that time. If the
832 commissioner determines that payment to an emergency department
833 physician pursuant to this subsection results in an additional cost to
834 the state, the commissioner shall adjust such rate in consultation with
835 the Connecticut Hospital Association and the Connecticut College of
836 Emergency Physicians to ensure budget neutrality.

837 [(f)] (e) The commissioner [shall] may adopt regulations, in
838 accordance with the provisions of chapter 54, establishing criteria for
839 defining emergency and nonemergency visits to hospital emergency
840 rooms. All nonemergency visits to hospital emergency rooms shall be
841 paid [at the hospital's outpatient clinic services rate] in accordance
842 with subsection (c) of this section. Nothing contained in this subsection
843 or the regulations adopted under this section shall authorize a
844 payment by the state for such services to any hospital in excess of the
845 charges made by such hospital for comparable services to the general
846 public. To the extent permitted by federal law, the Commissioner of

847 Social Services [shall] may impose cost-sharing requirements under the
848 medical assistance program for nonemergency use of hospital
849 emergency room services.

850 [(g)] (f) The commissioner shall establish rates to be paid to
851 freestanding chronic disease hospitals within available appropriations.

852 [(h)] (g) The Commissioner of Social Services may implement
853 policies and procedures as necessary to carry out the provisions of this
854 section while in the process of adopting the policies and procedures as
855 regulations, provided notice of intent to adopt the regulations is
856 published in accordance with the provisions of section 17b-10 not later
857 than twenty days after the date of implementation.

858 [(i)] (h) In the event the commissioner is unable to implement the
859 provisions of subsection [(e)] (d) of this section by January 1, 2015, the
860 commissioner shall submit written notice, not later than thirty-five
861 days prior to January 1, 2015, to the joint standing committees of the
862 General Assembly having cognizance of matters relating to human
863 services and appropriations and the budgets of state agencies
864 indicating that the department will not be able to implement such
865 provisions on or before such date. The commissioner shall include in
866 such notice (1) the reasons why the department will not be able to
867 implement such provisions by such date, and (2) the date by which the
868 department will be able to implement such provisions.

869 [(j) The] (i) Notwithstanding the provisions of this chapter, or
870 regulations adopted thereunder, the Department of Social Services is
871 not required to increase rates paid, or to set any rates to be paid to, any
872 hospital based on inflation, including, but not limited to, any current
873 payments or adjustments that are being made based on dates of service
874 in previous years.

875 Sec. 23. Subsection (b) of section 17b-263 of the general statutes is
876 repealed and the following is substituted in lieu thereof (*Effective from*
877 *passage*):

878 (b) Notwithstanding the provisions of subsection [(d)] (c) of section
 879 17b-239, as amended by this act, the commissioner shall establish a
 880 service-specific fee schedule for hospital outpatient mental health
 881 therapy services, except for partial hospitalization and other
 882 comprehensive services as defined by the commissioner. Payment for
 883 partial hospitalization services shall be considered payment in full for
 884 all outpatient mental health services.

885 Sec. 24. Section 17a-484e of the 2016 supplement to the general
 886 statutes is repealed. (*Effective July 1, 2016*)

887 Sec. 25. Section 17b-277b of the general statutes is repealed. (*Effective*
 888 *July 1, 2016*)

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, 2016</i>	17a-227
Sec. 3	<i>July 1, 2016</i>	17a-215
Sec. 4	<i>July 1, 2016</i>	17a-215c
Sec. 5	<i>July 1, 2016</i>	17a-215d
Sec. 6	<i>July 1, 2016</i>	17a-247a(2)
Sec. 7	<i>July 1, 2016</i>	17a-247f
Sec. 8	<i>July 1, 2016</i>	17a-270(a)
Sec. 9	<i>July 1, 2016</i>	17b-2
Sec. 10	<i>July 1, 2016</i>	26-30(h)
Sec. 11	<i>July 1, 2016</i>	38a-514b(a)(4)
Sec. 12	<i>July 1, 2016</i>	38a-488b(a)(4)
Sec. 13	<i>July 1, 2016</i>	46a-11a(11)
Sec. 14	<i>July 1, 2016</i>	46a-11b
Sec. 15	<i>July 1, 2016</i>	46a-11c(b)
Sec. 16	<i>July 1, 2016</i>	17a-215e
Sec. 17	<i>from passage</i>	New section
Sec. 18	<i>July 1, 2016</i>	5-259(e)
Sec. 19	<i>July 1, 2016</i>	17b-131
Sec. 20	<i>July 1, 2016</i>	17b-84
Sec. 21	<i>July 1, 2016</i>	New section
Sec. 22	<i>from passage</i>	17b-239
Sec. 23	<i>from passage</i>	17b-263(b)

Sec. 24	<i>July 1, 2016</i>	Repealer section
Sec. 25	<i>July 1, 2016</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: See Below

Municipal Impact: None

Explanation

Section 1 requires the Department of Developmental Services (DDS), the Department of Social Services (DSS) and the Office of Policy and Management (OPM) to establish an Intellectual Disabilities Partnership, within available appropriations. This does not result in a fiscal impact as the agencies have the expertise to undertake the requirements of this provision.

Section 2 requires DDS and DSS to approve any change in ownership of a DDS community living arrangement. This provision may reduce future DSS room and board costs.

Sections 3-7, 9-16 implement the transfer of the DDS Division of Autism Spectrum Disorder Services to DSS. This implements a provision of the Governor's Revised FY 17 Budget that transfers four positions and funding of \$1.6 million to DSS.

Section 8 makes a change to the eligibility of a member on the Council on Developmental Services which has no fiscal impact.

Section 17 clarifies the meaning of autism spectrum disorder, which has no fiscal impact.

Section 18 eliminates state employee health insurance coverage for former members of a Board of Education Services for the Blind workshop. This implements a provision in the Governor's Revised FY 17 Budget that reduces costs to the Department of Rehabilitation

Services by \$183,000.

Sections 19 and 20 reduce the burial benefit under the state administered general assistance (SAGA), state supplemental and temporary family assistance programs from \$1,400 to \$1,200, which is anticipated to result in a savings to DSS of \$527,450 in FY 17.

Section 21 freezes the state's minimum flat rate used by DSS for boarding homes that choose not to issue an annual cost report and by DDS for the room and board rate for their community companion homes. This implements a provision in the Governor's Revised FY 17 Budget that reduces costs to DSS by \$90,000.

Sections 22 and 23 modify language related to Medicaid rates paid to hospitals, which could affect the cost associated with such payments. The bill (1) removes references to basing rates on "reasonable costs," and instead allows such rates to comply with certain federal provisions related to payments that ensure efficiency, quality of care, access, and appropriate utilization, (2) clarifies that DSS may use a different payment methodology for certain services where the diagnosis-related group (DRG) model is not appropriate (as the department is currently implementing the DRG model), (3) revises the basis for the rate paid for nonemergency visits to hospital emergency rooms, and (4) makes the adoption of regulations and the imposition of cost-sharing requirements for the non-emergency use of hospital emergency room services permissible. The impact of these provisions will depend on the actual rates paid (above or below current rates), as determined by DSS.

Section 24 repeals language establishing the community-based behavioral health services grant program in the Department of Mental Health and Addiction Services (DMHAS). This implements a provision in the Governor's Revised FY 17 Budget that reduces costs to DMHAS by \$3 million.

Section 25 repeals language related to obsolete reporting requirements, which has no fiscal impact.

The Out Years

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

OLR Bill Analysis**sSB 17*****AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS FOR HUMAN SERVICES.*****SUMMARY:**

This bill makes several changes to the laws governing the departments of Social Services (DSS) and Developmental Services (DDS) and programs they administer.

Principally, the bill:

1. establishes an Intellectual Disabilities Partnership, within available appropriations, tasked with developing and implementing a services continuum for people with intellectual disabilities (ID);
2. specifies that Medicaid rates DSS pays hospitals must comply with federal law and makes other changes to certain hospital reimbursement rates;
3. makes changes to laws governing state provision of autism spectrum disorder (ASD) services, such as (a) transferring from DDS to DSS the role of lead agency for ASD services in the state, (b) defining ASD in statutes in which it is not already defined;
4. requires private service providers who operate DDS-licensed community living arrangements (CLAs) to obtain DSS and DDS approval before changing ownership;
5. freezes FY 17 residential services flat rates DSS pays to residential care homes (RCHs), CLAs, and community companion homes at FY 16 levels;

6. eliminates a (a) community-based behavioral health grant program within the Department of Mental Health and Addiction Services (DMHAS) and (b) statutory reference to the Healthy Start Program and certain DSS requirements related to the program.
7. decreases, from \$1,400 to \$1,200, the maximum amount the state will pay for funeral and burial expenses for certain public assistance recipients; and
8. eliminates eligibility for state employee health insurance coverage for blind individuals formerly employed in workshops maintained by the Department of Rehabilitation Services (DORS) (the workshops closed in 2003).

The bill also makes several technical and conforming changes.

EFFECTIVE DATE: July 1, 2016, except for the provisions that establish the Intellectual Disabilities Partnership, define ASD, and make changes to certain hospital rates, which are effective upon passage.

§ 1 — INTELLECTUAL DISABILITIES PARTNERSHIP

The bill requires the DDS and DSS commissioners and the Office of Policy and Management secretary to develop and implement, within available appropriations, a services continuum for individuals with ID, known as the Intellectual Disabilities Partnership.

The partnership must seek to increase access to quality services for individuals with ID by:

1. expanding individualized and community-based services;
2. maximizing federal revenue to fund services for individuals with ID;
3. converting grant-funded services to rate-based, fee-for-service payment systems where possible;

4. exploring the feasibility of services management by an administrative services or managed care organization;
5. exploring opportunities for private and other third-party payments;
6. developing supportive housing models for individuals with ID;
7. reducing unnecessary institutional and residential services use;
8. improving administrative oversight and efficiencies;
9. monitoring individual outcomes and provider and overall program performance; and
10. identifying strategies to make resources available to address the DDS residential services wait list.

§§ 22 & 23 — MEDICAID HOSPITAL RATES

By law, DSS must base Medicaid rates paid to acute care hospitals on diagnosis-related groups (DRGs) the commissioner establishes and periodically rebases. The bill specifies that the rates must comply with certain federal law provisions. Such provisions generally require that payments:

1. be consistent with efficiency, economy, and quality of care;
2. be sufficient to enlist enough providers so that care and services are available under the state's Medicaid plan to the same extent as they are available to the general public; and
3. safeguard against unnecessary care and services utilization.

The bill also requires the DSS commissioner, for those inpatient hospital services he determines inappropriate for DRG-based reimbursement, to reimburse using any other methodology that complies with federal law as described above.

Existing law, unchanged by the bill, establishes a four-year

timeframe, beginning January 1, 2016, for DSS, within available appropriations and at the commissioner's discretion, to transition hospital-specific DRG base rates to statewide DRG base rates by peer groups.

Current law requires the DSS commissioner to annually establish Medicaid rates for hospital special services, outpatient clinics, and emergency room (ER) visits based on the reasonable cost to each hospital. The bill eliminates that requirement, instead allowing any reimbursement method that complies with federal law as described above.

The bill eliminates a requirement that DSS pay hospitals for nonemergency visits to ERs at the same rate it pays for outpatient clinical services. It instead requires the commissioner to determine the rate for such visits in compliance with federal law as described above and within available appropriations.

The bill also allows, rather than requires, the DSS commissioner to (1) impose Medicaid cost-sharing requirements for nonemergency use of hospital ER services and (2) adopt regulations establishing criteria for defining emergency and nonemergency visits to hospital emergency rooms.

Additionally, the bill eliminates an obsolete provision.

§§ 3-17 — AUTISM SPECTRUM DISORDER SERVICES

The bill defines ASD, unless otherwise defined in statute, as it is defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (currently the 5th edition).

It also shifts from DDS to DSS the role of lead agency (1) to coordinate state agency functions that have responsibility for ASD services and (2) for the purpose of the federal Combating Autism Act and applying for funding associated with ASD responsibilities. The bill also makes several related technical and conforming changes.

Under the bill, DDS retains the authority to license community living arrangements or companion homes for individuals with ASD.

Division of ASD Services

The bill moves the Division of ASD Services from DDS to DSS and allows DSS to adopt regulations to define ASD and establish eligibility standards and criteria for ASD services. Current law requires DDS to adopt such regulations.

It also eliminates a requirement that DDS report annually to the Public Health Committee on the Division of ASD Services' activities and instead requires DSS to make such an annual report to the Human Services Committee.

ASD Advisory Council and Council on Developmental Services

The bill adds the Office of Early Childhood commissioner to the ASD Advisory Council and designates the DSS commissioner, instead of the DDS commissioner, as a council co-chair (§ 5).

Under current law, the House majority leader's appointment to the Council on Developmental Services must be a person with ASD who is receiving, or has received, services from the Division of ASD Services. The bill instead requires the appointee to be a person with ASD and ID who receives, or has received, DDS services.

§ 2 — COMMUNITY LIVING ARRANGEMENTS

The bill requires private service providers who operate DDS-licensed CLAs (i.e., group homes for individuals with ID) to obtain approval from the DDS and DSS commissioners before a change in ownership. Under the bill, a change in ownership includes a sale or transfer of ownership to a new provider, or any other manner of divesting the CLA from one provider to another. The property value at the time of the ownership change equals its fair rent value on the transfer date for its remaining years of useful life. (The bill does not specify who must determine the property's value.)

Under the bill, if such a property is sold and the residents are

transitioned to another provider in a different property, the original provider must have an adjustment on a future CLA development for the amount equal to the residual value of the original property on the sale date. (The bill does not specify which entity is responsible for making the adjustment).

§ 21 — RATE FREEZES FOR RESIDENTIAL CARE HOMES, COMMUNITY LIVING ARRANGEMENTS, AND COMMUNITY COMPANION HOMES

Regardless of any other law to the contrary, the bill freezes FY 17 residential services flat rates DSS pays to RCHs, CLAs, and community companion homes at FY 16 levels. State regulations permit these facilities to have their rates determined on a flat rate basis rather than individually on the basis of cost reports they submit to DSS (Conn. Agencies Reg. § 17-311-54).

§§ 24 & 25 — DMHAS GRANT PROGRAM AND HEALTHY START

The bill eliminates a grant program established in 2015 within DMHAS to provide community-based behavioral health services. Under current law, the program must issue grants to provide care coordination services and access to information on, and referrals to, available health care and social service programs.

Additionally, the bill also eliminates a statutory reference to Healthy Start, a federally-funded service delivery program for pregnant women with incomes up to 250 percent of the Federal Poverty Level that promotes and supports positive maternal and neonatal health outcomes. The bill eliminates related requirements that the DSS commissioner, in consultation with the DPH commissioner, develop a plan to maximize federal Medicaid reimbursements for Healthy Start in Connecticut and expand services within available state appropriations.

§§ 19 & 20 — BURIAL EXPENSES FOR PUBLIC ASSISTANCE RECIPIENTS AND INDIGENT INDIVIDUALS

The bill decreases, from \$1,400 to \$1,200, the maximum amount DSS will pay toward funeral and burial expenses for indigent individuals

with no legally liable relatives or State Administered General Assistance (SAGA), Temporary Family Assistance (TFA), or State Supplement Program (SSP) recipients. Under the law, this maximum amount is generally reduced by the amount the individual has in any revocable or irrevocable funeral fund, a prepaid funeral contract, or the face value of the person's life insurance.

§ 18 — HEALTH COVERAGE FOR BLIND WORKSHOP EMPLOYEES

For blind people formerly employed in workshops maintained by DORS, the bill eliminates eligibility for coverage under the state's group health insurance plan for state employees. (These workshops closed in 2003). Under current law, DORS pays for the cost of providing coverage for such individuals under the state employee plan.

BACKGROUND

Related Bill

HB 5587, favorably reported by the Human Services Committee, establishes a 44-member advisory council on services for children and young adults with developmental disabilities.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 12 Nay 5 (03/17/2016)