



General Assembly

January Session, 2017

Governor's Bill No. 7040

LCO No. 3790



Referred to Committee on HUMAN SERVICES

Introduced by:

REP. ARESIMOWICZ, 30th Dist.

REP. RITTER M., 1st Dist.

SEN. LOONEY, 11th Dist.

SEN. DUFF, 25th Dist.

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

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

1 Section 1. Subsection (b) of section 13b-69 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective July*
3 *1, 2017*):

4 (b) The remaining resources of the Special Transportation Fund
5 shall, pursuant to appropriation thereof in accordance with chapter 50
6 and subject to approval by the Governor of allotment thereof, be
7 applied and expended for (1) payment of the principal of and interest
8 on "general obligation bonds of the state issued for transportation
9 purposes", as defined in subsection (c) of this section, or any
10 obligations refunding the same, (2) payment of state budget
11 appropriations made to or for the Department of Transportation and
12 the Department of Motor Vehicles, (3) payment of state budget

13 appropriations made to or for the Department of Emergency Services
14 and Public Protection for members of the Division of State Police
15 designated by the Commissioner of Emergency Services and Public
16 Protection for motor patrol work pursuant to section 29-4, except that
17 (A) for the fiscal years commencing on or after July 1, 1998, excluding
18 the highway motor patrol budgeted expenses, and (B) for the fiscal
19 years commencing on or after July 1, 1999, excluding the highway
20 motor patrol fringe benefits, and (4) payment to the Department of
21 Energy and Environmental Protection for purposes of regulation and
22 enforcement of chapter 268. [, and (5) payment to the Department of
23 Social Services for purposes of the transportation for employment
24 independence program.]

25 Sec. 2. Section 17a-248 of the general statutes is repealed and the
26 following is substituted in lieu thereof (*Effective July 1, 2017*):

27 As used in this section and sections 17a-248b to 17a-248g, inclusive,
28 38a-490a and 38a-516a, unless the context otherwise requires:

29 (1) "Commissioner" means the Commissioner of [Early Childhood]
30 Social Services.

31 (2) "Council" means the State Interagency Birth-to-Three
32 Coordinating Council established pursuant to section 17a-248b.

33 (3) "Early intervention services" means early intervention services,
34 as defined in 34 CFR Part 303.13, as from time to time amended.

35 (4) "Eligible children" means children from birth to thirty-six months
36 of age, who are not eligible for special education and related services
37 pursuant to sections 10-76a to 10-76h, inclusive, and who need early
38 intervention services because such children are:

39 (A) Experiencing a significant developmental delay as measured by
40 standardized diagnostic instruments and procedures, including
41 informed clinical opinion, in one or more of the following areas: (i)

42 Cognitive development; (ii) physical development, including vision or
43 hearing; (iii) communication development; (iv) social or emotional
44 development; or (v) adaptive skills; or

45 (B) Diagnosed as having a physical or mental condition that has a
46 high probability of resulting in developmental delay.

47 (5) "Evaluation" means a multidisciplinary professional, objective
48 assessment conducted by appropriately qualified personnel in order to
49 determine a child's eligibility for early intervention services.

50 (6) "Individualized family service plan" means a written plan for
51 providing early intervention services to an eligible child and the child's
52 family.

53 (7) "Lead agency" means the [Office of Early Childhood]
54 Department of Social Services, the public agency responsible for the
55 administration of the birth-to-three system in collaboration with the
56 participating agencies.

57 (8) "Parent" means (A) a biological, adoptive or foster parent of a
58 child; (B) a guardian, except for the Commissioner of Children and
59 Families; (C) an individual acting in the place of a biological or
60 adoptive parent, including, but not limited to, a grandparent,
61 stepparent, or other relative with whom the child lives; (D) an
62 individual who is legally responsible for the child's welfare; or (E) an
63 individual appointed to be a surrogate parent.

64 (9) "Participating agencies" includes, but is not limited to, the
65 Departments of Education, Social Services, Public Health, Children
66 and Families and Developmental Services, the Office of Early
67 Childhood, the Insurance Department [,] and the Department of
68 Rehabilitation Services. [and the Office of Protection and Advocacy for
69 Persons with Disabilities.]

70 (10) "Qualified personnel" means persons who meet the standards

71 specified in 34 CFR Part 303.31, as from time to time amended, and
72 who are licensed physicians or psychologists or persons holding a
73 state-approved or recognized license, certificate or registration in one
74 or more of the following fields: (A) Special education, including
75 teaching of the blind and the deaf; (B) speech and language pathology
76 and audiology; (C) occupational therapy; (D) physical therapy; (E)
77 social work; (F) nursing; (G) dietary or nutritional counseling; and (H)
78 other fields designated by the commissioner that meet requirements
79 that apply to the area in which the person is providing early
80 intervention services, provided there is no conflict with existing
81 professional licensing, certification and registration requirements.

82 (11) "Service coordinator" means a person carrying out service
83 coordination services, as defined in 34 CFR Part 303.34, as from time to
84 time amended.

85 (12) "Primary care provider" means physicians and advanced
86 practice registered nurses, licensed by the Department of Public
87 Health, who are responsible for performing or directly supervising the
88 primary care services for children enrolled in the birth-to-three
89 program.

90 Sec. 3. Section 17a-248h of the general statutes is repealed and the
91 following is substituted in lieu thereof (*Effective July 1, 2017*):

92 The birth-to-three program, established under section 17a-248b and
93 administered by the [Office of Early Childhood] Department of Social
94 Services, shall provide mental health services to any child eligible for
95 early intervention services pursuant to Part C of the Individuals with
96 Disabilities Education Act, 20 USC 1431 et seq., as amended from time
97 to time. Any child not eligible for services under said act shall be
98 referred by the program to a licensed mental health care provider for
99 evaluation and treatment, as needed.

100 Sec. 4. Section 17a-248i of the general statutes is repealed and the
101 following is substituted in lieu thereof (*Effective July 1, 2017*):

102 (a) [Not later than October 1, 2015, the] The Commissioner of [Early
103 Childhood] Social Services shall require, as part of the birth-to-three
104 program established under section 17a-248b, that the parent or
105 guardian of a child who is (1) receiving services under the birth-to-
106 three program, and (2) exhibiting delayed speech, language or hearing
107 development, be notified of the availability of hearing testing for such
108 child. Such notification may include, but need not be limited to,
109 information regarding (A) the benefits of hearing testing for children,
110 (B) the resources available to the parent or guardian for hearing testing
111 and treatment, and (C) any financial assistance that may be available
112 for such testing.

113 (b) The Commissioner of [Early Childhood] Social Services may
114 adopt regulations, in accordance with chapter 54, to implement the
115 provisions of subsection (a) of this section.

116 Sec. 5. Subsection (b) of section 17b-104 of the general statutes is
117 repealed and the following is substituted in lieu thereof (*Effective July*
118 *1, 2017*):

119 (b) On July 1, 2007, and annually thereafter, the commissioner shall
120 increase the payment standards over those of the previous fiscal year
121 under the temporary family assistance program and the
122 state-administered general assistance program by the percentage
123 increase, if any, in the most recent calendar year average in the
124 consumer price index for urban consumers over the average for the
125 previous calendar year, provided the annual increase, if any, shall not
126 exceed five per cent, except that the payment standards for the fiscal
127 years ending June 30, 2010, June 30, 2011, June 30, 2012, June 30, 2013,
128 June 30, 2016, [and] June 30, 2017, June 30, 2018, and June 30, 2019,
129 shall not be increased.

130 Sec. 6. Section 17b-106 of the general statutes is repealed and the
131 following is substituted in lieu thereof (*Effective July 1, 2017*):

132 (a) [On January 1, 2006, and on each January first thereafter, the

133 Commissioner of Social Services shall increase the unearned income
134 disregard for recipients of the state supplement to the federal
135 Supplemental Security Income Program by an amount equal to the
136 federal cost-of-living adjustment, if any, provided to recipients of
137 federal Supplemental Security Income Program benefits for the
138 corresponding calendar year.] On July 1, 1989, and annually thereafter,
139 the commissioner shall increase the adult payment standards over
140 those of the previous fiscal year for the state supplement to the federal
141 Supplemental Security Income Program by the percentage increase, if
142 any, in the most recent calendar year average in the consumer price
143 index for urban consumers over the average for the previous calendar
144 year, provided the annual increase, if any, shall not exceed five per
145 cent, except that the adult payment standards for the fiscal years
146 ending June 30, 1993, June 30, 1994, June 30, 1995, June 30, 1996, June
147 30, 1997, June 30, 1998, June 30, 1999, June 30, 2000, June 30, 2001, June
148 30, 2002, June 30, 2003, June 30, 2004, June 30, 2005, June 30, 2006, June
149 30, 2007, June 30, 2008, June 30, 2009, June 30, 2010, June 30, 2011, June
150 30, 2012, June 30, 2013, June 30, 2016, [and] June 30, 2017, June 30, 2018,
151 and June 30, 2019, shall not be increased. Effective October 1, 1991, the
152 coverage of excess utility costs for recipients of the state supplement to
153 the federal Supplemental Security Income Program is eliminated.
154 Notwithstanding the provisions of this section, the commissioner may
155 increase the personal needs allowance component of the adult
156 payment standard as necessary to meet federal maintenance of effort
157 requirements.

158 (b) Effective July 1, 2011, the commissioner shall provide a state
159 supplement payment for recipients of Medicaid and the federal
160 Supplemental Security Income Program who reside in long-term care
161 facilities sufficient to increase their personal needs allowance to [sixty]
162 fifty dollars per month. Such state supplement payment shall be made
163 to the long-term care facility to be deposited into the personal fund
164 account of each such recipient. For the purposes of this subsection,
165 "long-term care facility" means a licensed chronic and convalescent

166 nursing home, a chronic disease hospital, a rest home with nursing
167 supervision, an intermediate care facility for individuals with
168 intellectual disabilities or a state humane institution.

169 Sec. 7. Section 17b-272 of the general statutes is repealed and the
170 following is substituted in lieu thereof (*Effective July 1, 2017*):

171 Effective July 1, 2011, the Commissioner of Social Services shall
172 permit patients residing in nursing homes, chronic disease hospitals
173 and state humane institutions who are medical assistance recipients
174 under sections 17b-260 to 17b-262, inclusive, 17b-264 to 17b-285,
175 inclusive, and 17b-357 to 17b-361, inclusive, to have a monthly
176 personal fund allowance of [~~sixty~~] fifty dollars.

177 Sec. 8. Subsection (a) of section 17b-131 of the general statutes is
178 repealed and the following is substituted in lieu thereof (*Effective July*
179 *1, 2017*):

180 (a) When a person in any town, or sent from such town to any
181 licensed institution or state humane institution, dies or is found dead
182 therein and does not leave sufficient estate and has no legally liable
183 relative able to pay the cost of a proper funeral and burial, or upon the
184 death of any beneficiary under the state-administered general
185 assistance program, the Commissioner of Social Services shall give to
186 such person a proper funeral and burial, and shall pay a sum not
187 exceeding [~~one thousand two~~] nine hundred dollars as an allowance
188 toward the funeral expenses of such decedent. Said sum shall be paid,
189 upon submission of a proper bill, to the funeral director, cemetery or
190 crematory, as the case may be. Such payment for funeral and burial
191 expenses shall be reduced by (1) the amount in any revocable or
192 irrevocable funeral fund, (2) any prepaid funeral contract, (3) the face
193 value of any life insurance policy owned by the decedent, (4) the net
194 value of all liquid assets in the decedent's estate, and (5) contributions
195 in excess of three thousand four hundred dollars toward such funeral
196 and burial expenses from all other sources including friends, relatives

197 and all other persons, organizations, agencies, veterans' programs and
198 other benefit programs.

199 Sec. 9. Subsection (a) of section 17b-84 of the general statutes is
200 repealed and the following is substituted in lieu thereof (*Effective July*
201 *1, 2017*):

202 (a) Upon the death of any beneficiary under the state supplement or
203 the temporary family assistance program, the Commissioner of Social
204 Services shall order the payment of a sum not to exceed [one thousand
205 two] nine hundred dollars as an allowance toward the funeral and
206 burial expenses of such decedent. The payment for funeral and burial
207 expenses shall be reduced by (1) the amount in any revocable or
208 irrevocable funeral fund, (2) any prepaid funeral contract, (3) the face
209 value of any life insurance policy owned by the decedent, (4) the net
210 value of all liquid assets in the decedent's estate, and (5) contributions
211 in excess of three thousand four hundred dollars toward such funeral
212 and burial expenses from all other sources, including friends, relatives
213 and all other persons, organizations, agencies, veterans' programs and
214 other benefit programs.

215 Sec. 10. Section 17b-256f of the general statutes is repealed and the
216 following is substituted in lieu thereof (*Effective July 1, 2017*):

217 The Commissioner of Social Services shall increase income
218 disregards used to determine eligibility by the Department of Social
219 Services for the federal Qualified Medicare Beneficiary, the Specified
220 Low-Income Medicare Beneficiary and the Qualifying Individual
221 programs, administered in accordance with the provisions of 42 USC
222 1396d(p), by such amounts that shall result in persons with income
223 that is (1) less than [two hundred eleven] one hundred thirty-five per
224 cent of the federal poverty level qualifying for the Qualified Medicare
225 Beneficiary program, (2) at or above [two hundred eleven] one
226 hundred thirty-five per cent of the federal poverty level but less than
227 [two hundred thirty-one] one hundred fifty-five per cent of the federal

228 poverty level qualifying for the Specified Low-Income Medicare
229 Beneficiary program, and (3) at or above [two hundred thirty-one] one
230 hundred fifty-five per cent of the federal poverty level but less than
231 [two hundred forty-six] one hundred seventy per cent of the federal
232 poverty level qualifying for the Qualifying Individual program. The
233 commissioner shall not apply an asset test for eligibility under the
234 Medicare Savings Program. The commissioner shall not consider as
235 income Aid and Attendance pension benefits granted to a veteran, as
236 defined in section 27-103, or the surviving spouse of such veteran. The
237 Commissioner of Social Services, pursuant to section 17b-10, may
238 implement policies and procedures to administer the provisions of this
239 section while in the process of adopting such policies and procedures
240 in regulation form, provided the commissioner prints notice of the
241 intent to adopt the regulations [in the Connecticut Law Journal] on the
242 department's Internet web site and the eRegulations System not later
243 than twenty days after the date of implementation. Such policies and
244 procedures shall be valid until the time final regulations are adopted.

245 Sec. 11. Subsection (a) of section 17b-261 of the general statutes is
246 repealed and the following is substituted in lieu thereof (*Effective July*
247 *1, 2017*):

248 (a) Medical assistance shall be provided for any otherwise eligible
249 person whose income, including any available support from legally
250 liable relatives and the income of the person's spouse or dependent
251 child, is not more than one hundred forty-three per cent, pending
252 approval of a federal waiver applied for pursuant to subsection (e) of
253 this section, of the benefit amount paid to a person with no income
254 under the temporary family assistance program in the appropriate
255 region of residence and if such person is an institutionalized
256 individual as defined in Section 1917 of the Social Security Act, 42 USC
257 1396p(h)(3), and has not made an assignment or transfer or other
258 disposition of property for less than fair market value for the purpose
259 of establishing eligibility for benefits or assistance under this section.
260 Any such disposition shall be treated in accordance with Section

261 1917(c) of the Social Security Act, 42 USC 1396p(c). Any disposition of
262 property made on behalf of an applicant or recipient or the spouse of
263 an applicant or recipient by a guardian, conservator, person
264 authorized to make such disposition pursuant to a power of attorney
265 or other person so authorized by law shall be attributed to such
266 applicant, recipient or spouse. A disposition of property ordered by a
267 court shall be evaluated in accordance with the standards applied to
268 any other such disposition for the purpose of determining eligibility.
269 The commissioner shall establish the standards for eligibility for
270 medical assistance at one hundred forty-three per cent of the benefit
271 amount paid to a household of equal size with no income under the
272 temporary family assistance program in the appropriate region of
273 residence. In determining eligibility, the commissioner shall not
274 consider as income Aid and Attendance pension benefits granted to a
275 veteran, as defined in section 27-103, or the surviving spouse of such
276 veteran. Except as provided in section 17b-277 and section 17b-292, the
277 medical assistance program shall provide coverage to persons under
278 the age of nineteen with household income up to one hundred ninety-
279 six per cent of the federal poverty level without an asset limit and to
280 persons under the age of nineteen, who qualify for coverage under
281 Section 1931 of the Social Security Act, with household income not
282 exceeding one hundred ninety-six per cent of the federal poverty level
283 without an asset limit, and their parents and needy caretaker relatives,
284 who qualify for coverage under Section 1931 of the Social Security Act,
285 with household income not exceeding one hundred [fifty] thirty-three
286 per cent of the federal poverty level without an asset limit. Such levels
287 shall be based on the regional differences in such benefit amount, if
288 applicable, unless such levels based on regional differences are not in
289 conformance with federal law. Any income in excess of the applicable
290 amounts shall be applied as may be required by said federal law, and
291 assistance shall be granted for the balance of the cost of authorized
292 medical assistance. The Commissioner of Social Services shall provide
293 applicants for assistance under this section, at the time of application,
294 with a written statement advising them of (1) the effect of an

295 assignment or transfer or other disposition of property on eligibility
296 for benefits or assistance, (2) the effect that having income that exceeds
297 the limits prescribed in this subsection will have with respect to
298 program eligibility, and (3) the availability of, and eligibility for,
299 services provided by the Nurturing Families Network established
300 pursuant to section 17b-751b. For coverage dates on or after January 1,
301 2014, the department shall use the modified adjusted gross income
302 financial eligibility rules set forth in Section 1902(e)(14) of the Social
303 Security Act and the implementing regulations to determine eligibility
304 for HUSKY A, HUSKY B and HUSKY D applicants, as defined in
305 section 17b-290. Persons who are determined ineligible for assistance
306 pursuant to this section shall be provided a written statement notifying
307 such persons of their ineligibility and advising such persons of their
308 potential eligibility for one of the other insurance affordability
309 programs as defined in 42 CFR 435.4.

310 Sec. 12. Subsection (c) of section 17b-265d of the general statutes is
311 repealed and the following is substituted in lieu thereof (*Effective July*
312 *1, 2017*):

313 (c) A full benefit dually eligible Medicare Part D beneficiary shall be
314 responsible for any Medicare Part D prescription drug copayments
315 imposed pursuant to Public Law 108-173, the Medicare Prescription
316 Drug, Improvement, and Modernization Act of 2003. [in an amount
317 not to exceed seventeen dollars per month in the aggregate. The
318 Department of Social Services shall be responsible for payment, on
319 behalf of such beneficiary, of any portion of such Medicare Part D
320 prescription drug copayment which exceeds seventeen dollars in the
321 aggregate in any month.]

322 Sec. 13. Section 17b-280 of the general statutes is repealed and the
323 following is substituted in lieu thereof (*Effective from passage*):

324 (a) [The state shall reimburse for all legend drugs provided under
325 medical assistance programs administered by the Department of Social

326 Services at the lower of (1) the rate established by the Centers for
327 Medicare and Medicaid Services as the federal acquisition cost, (2) the
328 average wholesale price minus sixteen and one-half per cent, or (3) an
329 equivalent percentage as established under the Medicaid state plan.
330 The state shall pay a professional fee of one dollar and forty cents to
331 licensed pharmacies for each prescription dispensed to a recipient of
332 benefits under a medical assistance program administered by the
333 Department of Social Services in accordance with federal regulations.
334 On and after September 4, 1991, payment for legend and nonlegend
335 drugs provided to Medicaid recipients shall be based upon the actual
336 package size dispensed. Effective October 1, 1991, reimbursement for
337 over-the-counter drugs for such recipients shall be limited to those
338 over-the-counter drugs and products published in the Connecticut
339 Formulary, or the cross reference list, issued by the commissioner. The
340 cost of all over-the-counter drugs and products provided to residents
341 of nursing facilities, chronic disease hospitals, and intermediate care
342 facilities for individuals with intellectual disabilities shall be included
343 in the facilities' per diem rate. Notwithstanding the provisions of this
344 subsection, no dispensing fee shall be issued for a prescription drug
345 dispensed to a Medicaid recipient who is a Medicare Part D
346 beneficiary when the prescription drug is a Medicare Part D drug, as
347 defined in Public Law 108-173, the Medicare Prescription Drug,
348 Improvement, and Modernization Act of 2003.] Effective on or after
349 April 1, 2017, the Commissioner of Social Services may, with the
350 approval of the Secretary of the Office of Policy and Management,
351 revise the reimbursement methodology and professional dispensing
352 fees for covered outpatient drugs under the Medicaid program to meet
353 the requirements of federal regulations implementing changes to
354 Section 1927 of the Social Security Act.

355 [(b) The Department of Social Services may provide an enhanced
356 dispensing fee to a pharmacy enrolled in the federal Office of
357 Pharmacy Affairs Section 340B drug discount program established
358 pursuant to 42 USC 256b or a pharmacy under contract to provide

359 services under said program.]

360 [(c)] (b) The Department of Social Services shall pay for an original
361 prescription that is otherwise eligible for payment and as many refills
362 as ordered by a licensed authorized practitioner within twelve months,
363 provided controlled substances as described in subsection (h) of
364 section 21a-249 shall not be included in the provisions of this
365 subsection. The department shall pay a professional license fee
366 pursuant to subsection (a) of this section for each approved refill.

367 Sec. 14. Section 17b-340 of the general statutes is amended by
368 adding subsection (j) as follows (*Effective July 1, 2017*):

369 (NEW) (j) Notwithstanding the provisions of this section, state rates
370 of payment for the fiscal years ending June 30, 2018, and June 30, 2019,
371 for residential care homes, community living arrangements and
372 community companion homes that receive the flat rate for residential
373 services under section 17-311-54 of the regulations of Connecticut state
374 agencies shall be set in accordance with section 16 of this act.

375 Sec. 15. Section 17b-244 of the general statutes is repealed and the
376 following is substituted in lieu thereof (*Effective July 1, 2017*):

377 (a) The room and board component of the rates to be paid by the
378 state to private facilities and facilities operated by regional education
379 service centers which are licensed to provide residential care pursuant
380 to section 17a-227, but not certified to participate in the Title XIX
381 Medicaid program as intermediate care facilities for individuals with
382 intellectual disabilities, shall be determined annually by the
383 Commissioner of Social Services, except that rates effective April 30,
384 1989, shall remain in effect through October 31, 1989. Any facility with
385 real property other than land placed in service prior to July 1, 1991,
386 shall, for the fiscal year ending June 30, 1995, receive a rate of return on
387 real property equal to the average of the rates of return applied to real
388 property other than land placed in service for the five years preceding
389 July 1, 1993. For the fiscal year ending June 30, 1996, and any

390 succeeding fiscal year, the rate of return on real property for property
391 items shall be revised every five years. The commissioner shall, upon
392 submission of a request by such facility, allow actual debt service,
393 comprised of principal and interest, on the loan or loans in lieu of
394 property costs allowed pursuant to section 17-313b-5 of the regulations
395 of Connecticut state agencies, whether actual debt service is higher or
396 lower than such allowed property costs, provided such debt service
397 terms and amounts are reasonable in relation to the useful life and the
398 base value of the property. In the case of facilities financed through the
399 Connecticut Housing Finance Authority, the commissioner shall allow
400 actual debt service, comprised of principal, interest and a reasonable
401 repair and replacement reserve on the loan or loans in lieu of property
402 costs allowed pursuant to section 17-313b-5 of the regulations of
403 Connecticut state agencies, whether actual debt service is higher or
404 lower than such allowed property costs, provided such debt service
405 terms and amounts are determined by the commissioner at the time
406 the loan is entered into to be reasonable in relation to the useful life
407 and base value of the property. The commissioner may allow fees
408 associated with mortgage refinancing provided such refinancing will
409 result in state reimbursement savings, after comparing costs over the
410 terms of the existing proposed loans. For the fiscal year ending June 30,
411 1992, the inflation factor used to determine rates shall be one-half of
412 the gross national product percentage increase for the period between
413 the midpoint of the cost year through the midpoint of the rate year. For
414 fiscal year ending June 30, 1993, the inflation factor used to determine
415 rates shall be two-thirds of the gross national product percentage
416 increase from the midpoint of the cost year to the midpoint of the rate
417 year. For the fiscal years ending June 30, 1996, and June 30, 1997, no
418 inflation factor shall be applied in determining rates. The
419 Commissioner of Social Services shall prescribe uniform forms on
420 which such facilities shall report their costs. Such rates shall be
421 determined on the basis of a reasonable payment for necessary
422 services. Any increase in grants, gifts, fund-raising or endowment
423 income used for the payment of operating costs by a private facility in

424 the fiscal year ending June 30, 1992, shall be excluded by the
425 commissioner from the income of the facility in determining the rates
426 to be paid to the facility for the fiscal year ending June 30, 1993,
427 provided any operating costs funded by such increase shall not
428 obligate the state to increase expenditures in subsequent fiscal years.
429 Nothing contained in this section shall authorize a payment by the
430 state to any such facility in excess of the charges made by the facility
431 for comparable services to the general public. The service component
432 of the rates to be paid by the state to private facilities and facilities
433 operated by regional education service centers which are licensed to
434 provide residential care pursuant to section 17a-227, but not certified
435 to participate in the Title XIX Medicaid programs as intermediate care
436 facilities for individuals with intellectual disabilities, shall be
437 determined annually by the Commissioner of Developmental Services
438 in accordance with section 17b-244a. For the fiscal year ending June 30,
439 2008, no facility shall receive a rate that is more than two per cent
440 greater than the rate in effect for the facility on June 30, 2007, except
441 any facility that would have been issued a lower rate effective July 1,
442 2007, due to interim rate status or agreement with the department,
443 shall be issued such lower rate effective July 1, 2007. For the fiscal year
444 ending June 30, 2009, no facility shall receive a rate that is more than
445 two per cent greater than the rate in effect for the facility on June 30,
446 2008, except any facility that would have been issued a lower rate
447 effective July 1, 2008, due to interim rate status or agreement with the
448 department, shall be issued such lower rate effective July 1, 2008. For
449 the fiscal years ending June 30, 2010, and June 30, 2011, rates in effect
450 for the period ending June 30, 2009, shall remain in effect until June 30,
451 2011, except that (1) the rate paid to a facility may be higher than the
452 rate paid to the facility for the period ending June 30, 2009, if a capital
453 improvement required by the Commissioner of Developmental
454 Services for the health or safety of the residents was made to the
455 facility during the fiscal years ending June 30, 2010, or June 30, 2011,
456 and (2) any facility that would have been issued a lower rate for the
457 fiscal year ending June 30, 2010, or June 30, 2011, due to interim rate

458 status or agreement with the department, shall be issued such lower
459 rate. For the fiscal year ending June 30, 2012, rates in effect for the
460 period ending June 30, 2011, shall remain in effect until June 30, 2012,
461 except that (A) the rate paid to a facility may be higher than the rate
462 paid to the facility for the period ending June 30, 2011, if a capital
463 improvement required by the Commissioner of Developmental
464 Services for the health or safety of the residents was made to the
465 facility during the fiscal year ending June 30, 2012, and (B) any facility
466 that would have been issued a lower rate for the fiscal year ending
467 June 30, 2012, due to interim rate status or agreement with the
468 department, shall be issued such lower rate. Any facility that has a
469 significant decrease in land and building costs shall receive a reduced
470 rate to reflect such decrease in land and building costs. The rate paid to
471 a facility may be increased if a capital improvement approved by the
472 Department of Developmental Services, in consultation with the
473 Department of Social Services, for the health or safety of the residents
474 was made to the facility during the fiscal year ending June 30, 2014, or
475 June 30, 2015, only to the extent such increases are within available
476 appropriations. For the fiscal years ending June 30, 2016, and June 30,
477 2017, rates shall not exceed those in effect for the period ending June
478 30, 2015, except the rate paid to a facility may be higher than the rate
479 paid to the facility for the period ending June 30, 2015, if a capital
480 improvement approved by the Department of Developmental Services,
481 in consultation with the Department of Social Services, for the health
482 or safety of the residents was made to the facility during the fiscal year
483 ending June 30, 2016, or June 30, 2017, only to the extent such rate
484 increases are within available appropriations. For the fiscal years
485 ending June 30, 2016, and June 30, 2017, and each succeeding fiscal
486 year, any facility that would have been issued a lower rate, due to
487 interim rate status, a change in allowable fair rent or agreement with
488 the department, shall be issued such lower rate. For the fiscal years
489 ending June 30, 2018, and June 30, 2019, rates shall not exceed those in
490 effect for the period ending June 30, 2017, except the rate paid to a
491 facility may be higher than the rate paid to the facility for the period

492 ending June 30, 2017, if a capital improvement approved by the
493 Department of Developmental Services, in consultation with the
494 Department of Social Services, for the health or safety of the residents
495 was made to the facility during the fiscal year ending June 30, 2018, or
496 June 30, 2019, only to the extent such rate increases are within available
497 appropriations.

498 (b) Notwithstanding the provisions of subsection (a) of this section,
499 state rates of payment for the fiscal years ending June 30, 2018, and
500 June 30, 2019, for residential care homes, community living
501 arrangements and community companion homes that receive the flat
502 rate for residential services under section 17-311-54 of the regulations
503 of Connecticut state agencies shall be set in accordance with section 16
504 of this act.

505 [(b)] (c) The Commissioner of Social Services and the Commissioner
506 of Developmental Services shall adopt regulations in accordance with
507 the provisions of chapter 54 to implement the provisions of this
508 section.

509 Sec. 16. (*Effective July 1, 2017*) Notwithstanding subsection (a) of
510 section 17b-244 and subsections (a) to (i), inclusive, of section 17b-340
511 of the general statutes, as amended by this act, or any other provision
512 of the general statutes, or regulation adopted thereunder, the state
513 rates of payments in effect for the fiscal year ending June 30, 2016, for
514 residential care homes, community living arrangements and
515 community companion homes that receive the flat rate for residential
516 services under section 17-311-54 of the regulations of Connecticut state
517 agencies shall remain in effect until June 30, 2019.

518 Sec. 17. Subsection (a) of section 10-76d of the general statutes is
519 repealed and the following is substituted in lieu thereof (*Effective July*
520 *1, 2017*):

521 (a) (1) In accordance with the regulations and procedures
522 established by the Commissioner of Education and approved by the

523 State Board of Education, each local or regional board of education
524 shall provide the professional services requisite to identification of
525 children requiring special education, identify each such child within its
526 jurisdiction, determine the eligibility of such children for special
527 education pursuant to sections 10-76a to 10-76h, inclusive, prescribe
528 appropriate educational programs for eligible children, maintain a
529 record thereof and make such reports as the commissioner may
530 require. No child may be required to obtain a prescription for a
531 substance covered by the Controlled Substances Act, 21 USC 801 et
532 seq., as amended from time to time, as a condition of attending school,
533 receiving an evaluation under section 10-76ff or receiving services
534 pursuant to sections 10-76a to 10-76h, inclusive, or the Individuals with
535 Disabilities Education Act, 20 USC 1400 et seq., as amended from time
536 to time.

537 (2) Not later than July 1, 2017, each local and regional board of
538 education shall (A) enroll as a provider in the state medical assistance
539 program, (B) participate in the Medicaid School Based Child Health
540 Program administered by the Department of Social Services, and (C)
541 submit billable service information electronically to the Department of
542 Social Services, or its billing agent.

543 (3) Any local or regional board of education may enter into an
544 agreement with a third-party vendor to comply with the requirements
545 of subdivision (2) of this subsection. Such agreement may provide that
546 costs for services provided on behalf of a local or regional board of
547 education shall be paid from the grant received pursuant to
548 subdivision (5) of this subsection and shall be contingent on receipt of
549 funds from such grant in an amount sufficient to cover the cost of
550 providing such service.

551 [(2) Any] (4) Each local or regional board of education, through the
552 planning and placement team established in accordance with
553 regulations adopted by the State Board of Education under this
554 section, [may] shall determine a child's Medicaid enrollment status. In

555 determining Medicaid enrollment status, the planning and placement
556 team shall: (A) Inquire of the parents or guardians of each such child
557 whether the child is enrolled in or may be eligible for Medicaid; and
558 (B) if the child may be eligible for Medicaid, (i) request that the parent
559 or guardian of the child apply for Medicaid, and (ii) comply with
560 parental consent and written notification requirements under 34 CFR
561 300.154, as amended from time to time, prior to billing for services
562 under the Medicaid School Based Child Health Program administered
563 by the Department of Social Services. For the purpose of determining
564 Medicaid rates for Medicaid eligible special education and related
565 services based on a representative cost sampling method, the board of
566 education shall make available documentation of the provision and
567 costs of Medicaid eligible special education and related services for
568 any students receiving such services, regardless of an individual
569 student's Medicaid enrollment status, to the Commissioner of Social
570 Services or to the commissioner's authorized agent at such time and in
571 such manner as prescribed. For the purpose of determining Medicaid
572 rates for Medicaid eligible special education and related services based
573 on an actual cost method, the local or regional board of education shall
574 submit documentation of the costs and utilization of Medicaid eligible
575 special education and related services for all students receiving such
576 services to the Commissioner of Social Services or to the
577 commissioner's authorized agent at such time and in such manner as
578 prescribed. The commissioner or such agent may use information
579 received from local or regional boards of education for the purposes of
580 [(i)] (I) ascertaining students' Medicaid eligibility status, [(ii)] (II)
581 submitting Medicaid claims, [(iii)] (III) complying with state and
582 federal audit requirements, and [(iv)] (IV) determining Medicaid rates
583 for Medicaid eligible special education and related services. No child
584 shall be denied special education and related services in the event the
585 parent or guardian refuses to apply for Medicaid.

586 [(3)] (5) Beginning with the fiscal year ending June 30, 2004, the
587 Commissioner of Social Services shall make grant payments to local or

588 regional boards of education in amounts representing fifty per cent of
589 the federal portion of Medicaid claims processed for Medicaid eligible
590 special education and related services provided to Medicaid eligible
591 students in the school district. Beginning with the fiscal year ending
592 June 30, 2009, the commissioner shall exclude any enhanced federal
593 medical assistance percentages in calculating the federal portion of
594 such Medicaid claims processed. Such grant payments shall be made
595 on at least a quarterly basis and may represent estimates of amounts
596 due to local or regional boards of education. Any grant payments
597 made on an estimated basis, including payments made by the
598 Department of Education for the fiscal years prior to the fiscal year
599 ending June 30, 2000, shall be subsequently reconciled to grant
600 amounts due based upon filed and accepted Medicaid claims and
601 Medicaid rates. If, upon review, it is determined that a grant payment
602 or portion of a grant payment was made for ineligible or disallowed
603 Medicaid claims, the local or regional board of education shall
604 reimburse the Department of Social Services for any grant payment
605 amount received based upon ineligible or disallowed Medicaid claims.

606 ~~[(4)]~~ (6) Pursuant to federal law, the Commissioner of Social
607 Services, as the state's Medicaid agent, shall determine rates for
608 Medicaid eligible special education and related services pursuant to
609 subdivision ~~[(2)]~~ (4) of this subsection. The Commissioner of Social
610 Services may request and the Commissioner of Education and towns
611 and regional school districts shall provide information as may be
612 necessary to set such rates.

613 ~~[(5)]~~ (7) Based on school district special education and related
614 services expenditures, the state's Medicaid agent shall report and
615 certify to the federal Medicaid authority the state match required by
616 federal law to obtain Medicaid reimbursement of eligible special
617 education and related services costs.

618 ~~[(6)]~~ (8) Payments received pursuant to this section shall be paid to
619 the local or regional board of education which has incurred such costs

620 in addition to the funds appropriated by the town to such board for
621 the current fiscal year.

622 ~~[(7)]~~ (9) The planning and placement team shall, in accordance with
623 the provisions of the Individuals With Disabilities Education Act, 20
624 USC 1400, et seq., as amended from time to time, develop and update
625 annually a statement of transition service needs for each child
626 requiring special education.

627 ~~[(8)]~~ (10) (A) Each local and regional board of education responsible
628 for providing special education and related services to a child or pupil
629 shall notify the parent or guardian of a child who requires or who may
630 require special education, a pupil if such pupil is an emancipated
631 minor or eighteen years of age or older who requires or who may
632 require special education or a surrogate parent appointed pursuant to
633 section 10-94g, in writing, at least five school days before such board
634 proposes to, or refuses to, initiate or change the child's or pupil's
635 identification, evaluation or educational placement or the provision of
636 a free appropriate public education to the child or pupil.

637 (B) Upon request by a parent, guardian, pupil or surrogate parent,
638 the responsible local or regional board of education shall provide such
639 parent, guardian, pupil or surrogate parent an opportunity to meet
640 with a member of the planning and placement team designated by
641 such board prior to the referral planning and placement team meeting
642 at which the assessments and evaluations of the child or pupil who
643 requires or may require special education is presented to such parent,
644 guardian, pupil or surrogate parent for the first time. Such meeting
645 shall be for the sole purpose of discussing the planning and placement
646 team process and any concerns such parent, guardian, pupil or
647 surrogate parent has regarding the child or pupil who requires or may
648 require special education.

649 (C) Such parent, guardian, pupil or surrogate parent shall (i) be
650 given at least five school days' prior notice of any planning and

651 placement team meeting conducted for such child or pupil, (ii) have
652 the right to be present at and participate in all portions of such meeting
653 at which an educational program for such child or pupil is developed,
654 reviewed or revised, and (iii) have the right to have advisors of such
655 person's own choosing and at such person's own expense, and to have
656 the school paraprofessional assigned to such child or pupil, if any, to
657 be present at and to participate in all portions of such meeting at which
658 an educational program for such child or pupil is developed, reviewed
659 or revised.

660 (D) Immediately upon the formal identification of any child as a
661 child requiring special education and at each planning and placement
662 team meeting for such child, the responsible local or regional board of
663 education shall inform the parent or guardian of such child or
664 surrogate parent or, in the case of a pupil who is an emancipated
665 minor or eighteen years of age or older, the pupil of (i) the laws
666 relating to special education, (ii) the rights of such parent, guardian,
667 surrogate parent or pupil under such laws and the regulations adopted
668 by the State Board of Education relating to special education, including
669 the right of a parent, guardian or surrogate parent to (I) withhold from
670 enrolling such child in kindergarten, in accordance with the provisions
671 of section 10-184, and (II) have advisors and the school
672 paraprofessional assigned to such child or pupil to be present at, and
673 to participate in, all portions of such meeting at which an educational
674 program for such child or pupil is developed, reviewed or revised, in
675 accordance with the provisions of subparagraph (C) of this
676 subdivision, and (iii) any relevant information and resources relating
677 to individualized education programs created by the Department of
678 Education, including, but not limited to, information relating to
679 transition resources and services for high school students. If such
680 parent, guardian, surrogate parent or pupil does not attend a planning
681 and placement team meeting, the responsible local or regional board of
682 education shall mail such information to such person.

683 (E) Each local and regional board of education shall have in effect at

684 the beginning of each school year an educational program for each
685 child or pupil who has been identified as eligible for special education.

686 (F) At each initial planning and placement team meeting for a child
687 or pupil, the responsible local or regional board of education shall
688 inform the parent, guardian, surrogate parent or pupil of the laws
689 relating to physical restraint and seclusion pursuant to section 10-236b
690 and the rights of such parent, guardian, surrogate parent or pupil
691 under such laws and the regulations adopted by the State Board of
692 Education relating to physical restraint and seclusion.

693 (G) Upon request by a parent, guardian, pupil or surrogate parent,
694 the responsible local or regional board of education shall provide the
695 results of the assessments and evaluations used in the determination of
696 eligibility for special education for a child or pupil to such parent,
697 guardian, surrogate parent or pupil at least three school days before
698 the referral planning and placement team meeting at which such
699 results of the assessments and evaluations will be discussed for the
700 first time.

701 [(9)] (11) Notwithstanding any provision of the general statutes, for
702 purposes of Medicaid reimbursement, when recommended by the
703 planning and placement team and specified on the individualized
704 education program, a service eligible for reimbursement under the
705 Medicaid program shall be deemed to be authorized by a practitioner
706 of the healing arts under 42 CFR 440.130, provided such service is
707 recommended by an appropriately licensed or certified individual and
708 is within the individual's scope of practice. Certain items of durable
709 medical equipment, recommended pursuant to the provisions of this
710 subdivision, may be subject to prior authorization requirements
711 established by the Commissioner of Social Services. Diagnostic and
712 evaluation services eligible for reimbursement under the Medicaid
713 program and recommended by the planning and placement team shall
714 also be deemed to be authorized by a practitioner of the healing arts
715 under 42 CFR 440.130 provided such services are recommended by an

716 appropriately licensed or certified individual and are within the
717 individual's scope of practice.

718 [(10)] (12) The Commissioner of Social Services shall implement the
719 policies and procedures necessary for the purposes of this subsection
720 while in the process of adopting such policies and procedures in
721 regulation form, provided notice of intent to adopt the regulations is
722 published in the Connecticut Law Journal within twenty days of
723 implementing the policies and procedures. Such policies and
724 procedures shall be valid until the time final regulations are effective.

725 Sec. 18. Subsection (d) of section 10-76d of the general statutes is
726 repealed and the following is substituted in lieu thereof (*Effective July*
727 *1, 2017*):

728 (d) To meet its obligations under sections 10-76a to 10-76g, inclusive,
729 any local or regional board of education may make agreements with
730 another such board or subject to the consent of the parent or guardian
731 of any child affected thereby, make agreements with any private
732 school or with any public or private agency or institution, including a
733 group home to provide the necessary programs or services, but no
734 expenditures made pursuant to a contract with a private school,
735 agency or institution for such special education shall be paid under the
736 provisions of section 10-76g, unless (1) such contract includes a
737 description of the educational program and other treatment the child is
738 to receive, a statement of minimal goals and objectives which it is
739 anticipated such child will achieve and an estimated time schedule for
740 returning the child to the community or transferring such child to
741 another appropriate facility, (2) subject to the provisions of this
742 subsection, the educational needs of the child for whom such special
743 education is being provided cannot be met by public school
744 arrangements in the opinion of the commissioner who, before granting
745 approval of such contract for purposes of payment, shall consider such
746 factors as the particular needs of the child, the appropriateness and
747 efficacy of the program offered by such private school, agency or

748 institution, and the economic feasibility of comparable alternatives,
749 and (3) commencing with the 1987-1988 school year and for each
750 school year thereafter, each such private school, agency or institution
751 has been approved for special education by the Commissioner of
752 Education or by the appropriate agency for facilities located out of
753 state, except as provided in subsection (b) of this section.
754 Notwithstanding the provisions of subdivision (2) of this subsection or
755 any regulations adopted by the State Board of Education setting
756 placement priorities, placements pursuant to this section and
757 payments under section 10-76g may be made pursuant to such a
758 contract if the public arrangements are more costly than the private
759 school, institution or agency, provided the private school, institution or
760 agency meets the educational needs of the child and its program is
761 appropriate and efficacious. Notwithstanding the provisions of this
762 subsection to the contrary, nothing in this subsection shall (A) require
763 the removal of a child from a nonapproved facility if the child was
764 placed there prior to July 7, 1987, pursuant to the determination of a
765 planning and placement team that such a placement was appropriate
766 and such placement was approved by the Commissioner of Education,
767 or (B) prohibit the placement of a child at a nonapproved facility if a
768 planning and placement team determines prior to July 7, 1987, that the
769 child be placed in a nonapproved facility for the 1987-1988 school year.
770 Each child placed in a nonapproved facility as described in
771 subparagraphs (A) and (B) of subdivision (3) of this subsection may
772 continue at the facility provided the planning and placement team or
773 hearing officer appointed pursuant to section 10-76h determines that
774 the placement is appropriate. Expenditures incurred by any local or
775 regional board of education to maintain children in nonapproved
776 facilities as described in said subparagraphs (A) and (B) shall be paid
777 pursuant to the provisions of section 10-76g. Any local or regional
778 board of education may enter into a contract with the owners or
779 operators of any sheltered workshop or rehabilitation center for
780 provision of an education occupational training program for children
781 requiring special education who are at least sixteen years of age,

782 provided such workshop or institution shall have been approved by
783 the appropriate state agency. Whenever any child is identified by a
784 local or regional board of education as a child requiring special
785 education and [said] such board of education determines that the
786 requirements for special education could be met by a program
787 provided within the district or by agreement with another board of
788 education except for the child's need for services other than
789 educational services such as medical, psychiatric or institutional care
790 or services, [said] such board of education may meet its obligation to
791 furnish special education for such child by paying the reasonable cost
792 of special education instruction in a private school, hospital or other
793 institution provided [said] such board of education or the
794 commissioner concurs that placement in such institution is necessary
795 and proper and no state institution is available to meet such child's
796 needs. Any such private school, hospital or other institution receiving
797 such reasonable cost of special education instruction by such board of
798 education shall submit all required documentation to such board of
799 education for purposes of submitting claims to the Medicaid School
800 Based Child Health Program administered by the Department of Social
801 Services.

802 Sec. 19. Subsection (d) of section 10-76b of the general statutes is
803 repealed and the following is substituted in lieu thereof (*Effective July*
804 *1, 2017*):

805 (d) The State Board of Education shall ensure that local and regional
806 boards of education are providing the information described in
807 subparagraph (D) of subdivision [(8)] (10) of subsection (a) of section
808 10-76d, as amended by this act, to the parent or guardian of a child
809 requiring special education or the surrogate parent appointed
810 pursuant to section 10-94g and, in the case of a pupil who is an
811 emancipated minor or eighteen years of age or older, the pupil.

812 Sec. 20. Section 17b-221b of the general statutes is repealed and the
813 following is substituted in lieu thereof (*Effective July 1, 2017*):

814 For the fiscal year ending June 30, 2002, and each fiscal year
815 thereafter, all federal matching funds received by the Department of
816 Social Services for special-education-related services rendered in
817 schools pursuant to section 10-76d, as amended by this act, shall be
818 deposited in the General Fund and credited to a nonlapsing account in
819 the Department of Social Services. Sixty per cent of such funds shall be
820 expended by the Department of Social Services for payment of grants
821 to towns pursuant to subdivision [(3)] (5) of subsection (a) of section
822 10-76d, as amended by this act, and the remaining funds shall be
823 available for expenditure by the Department of Social Services for the
824 payment of Medicaid claims.

825 Sec. 21. Subsections (a) and (b) of section 17b-238 of the general
826 statutes are repealed and the following is substituted in lieu thereof
827 (*Effective from passage*):

828 (a) [The Commissioner of Social Services shall establish annually the
829 cost of services for which payment is to be made under the provisions
830 of section 17b-239.] All hospitals receiving state aid shall submit their
831 cost data under oath on forms approved by the [commissioner]
832 Commissioner of Social Services. The commissioner may adopt, in
833 accordance with the provisions of chapter 54, regulations concerning
834 the submission of data by [institutions and agencies] providers to
835 which payments are to be made under sections 17b-239, 17b-243, 17b-
836 244, as amended by this act, 17b-340, as amended by this act, 17b-341
837 and section 17b-343, and the defining of policies utilized by the
838 commissioner in establishing rates under said sections, which data and
839 policies are necessary for the efficient administration of said sections.
840 The commissioner shall provide, upon request, a statement of
841 interpretation of the Medicaid cost-related reimbursement system
842 regulations for long-term care facilities reimbursed under section 17b-
843 340, as amended by this act, concerning allowable and unallowable
844 costs or expenditures. Such statement of interpretation shall not be
845 construed to constitute a regulation violative of chapter 54. Failure of
846 such statement of interpretation to address a specific unallowable cost

847 or expenditure fact pattern shall in no way prevent the commissioner
848 from enforcing all applicable laws and regulations.

849 (b) Any [institution or agency] provider to which payments are to
850 be made under [sections] section 17b-239, [to 17b-246, inclusive, and
851 sections] 17b-244, 17b-244a or 17b-340, [and 17b-343 which] as
852 amended by this act, that is aggrieved by any decision of [said] the
853 commissioner in setting or revising a provider-specific rate that applies
854 to such provider or in taking an action regarding such provider for
855 which an appeal is required pursuant to 42 CFR 431, Subpart D, may,
856 within ten days after written notice thereof from the commissioner,
857 obtain, by written request to the commissioner, a rehearing on all items
858 of aggrievement [. On and after July 1, 1996, a] involving said
859 provider-specific rate or said action for which an appeal is required
860 pursuant to 42 CFR 431, Subpart D. A rehearing shall be held by the
861 commissioner or his designee, provided a detailed written description
862 of all such items is filed within ninety days of written notice of the
863 commissioner's decision. The rehearing shall be held within thirty days
864 of the filing of the detailed written description of each specific item of
865 aggrievement. The commissioner shall issue a final decision within
866 sixty days of the close of evidence or the date on which final briefs are
867 filed, whichever occurs later. Any designee of the commissioner who
868 presides over such rehearing shall be impartial and shall not be
869 employed within the Department of Social Services office of certificate
870 of need and rate setting. Any such items not resolved at such rehearing
871 to the satisfaction of either such [institution or agency] provider or said
872 commissioner shall be submitted to binding arbitration to an
873 arbitration board consisting of one member appointed by the
874 [institution or agency] provider, one member appointed by the
875 commissioner and one member appointed by the Chief Court
876 Administrator from among the retired judges of the Superior Court,
877 which retired judge shall be compensated for his services on such
878 board in the same manner as a state referee is compensated for his
879 services under section 52-434. The proceedings of the arbitration board

880 and any decisions rendered by such board shall be conducted in
881 accordance with the provisions of the Social Security Act, 49 Stat. 620
882 (1935), 42 USC 1396, as amended from time to time, and chapter 54. For
883 purposes of this subsection, "provider-specific rate" means a rate or
884 other payment methodology that applies only to one provider and was
885 set or revised by the department based on cost or other information
886 specific to such provider. "Provider-specific rate" does not include any
887 rate or payment methodology that applies to more than one provider
888 or that applies statewide to any category of providers.

889 Sec. 22. Section 17b-242 of the general statutes is repealed and the
890 following is substituted in lieu thereof (*Effective from passage*):

891 (a) The Department of Social Services shall determine the rates to be
892 paid to home health care agencies and homemaker-home health aide
893 agencies by the state or any town in the state for persons aided or
894 cared for by the state or any such town. [For the period from February
895 1, 1991, to January 31, 1992, inclusive, payment for each service to the
896 state shall be based upon the rate for such service as determined by the
897 Office of Health Care Access, except that for those providers whose
898 Medicaid rates for the year ending January 31, 1991, exceed the median
899 rate, no increase shall be allowed. For those providers whose rates for
900 the year ending January 31, 1991, are below the median rate, increases
901 shall not exceed the lower of the prior rate increased by the most
902 recent annual increase in the consumer price index for urban
903 consumers or the median rate. In no case shall any such rate exceed the
904 eightieth percentile of rates in effect January 31, 1991, nor shall any rate
905 exceed the charge to the general public for similar services. Rates
906 effective February 1, 1992, shall be based upon rates as determined by
907 the Office of Health Care Access, except that increases shall not exceed
908 the prior year's rate increased by the most recent annual increase in the
909 consumer price index for urban consumers and rates effective
910 February 1, 1992, shall remain in effect through June 30, 1993. Rates
911 effective July 1, 1993, shall be based upon rates as determined by the
912 Office of Health Care Access except if the Medicaid rates for any

913 service for the period ending June 30, 1993, exceed the median rate for
914 such service, the increase effective July 1, 1993, shall not exceed one
915 per cent. If the Medicaid rate for any service for the period ending June
916 30, 1993, is below the median rate, the increase effective July 1, 1993,
917 shall not exceed the lower of the prior rate increased by one and one-
918 half times the most recent annual increase in the consumer price index
919 for urban consumers or the median rate plus one per cent. The
920 Commissioner of Social Services shall establish a fee schedule for home
921 health services to be effective on and after July 1, 1994. The
922 commissioner may annually modify such fee schedule if such
923 modification is needed to ensure that the conversion to an
924 administrative services organization is cost neutral to home health care
925 agencies and homemaker-home health aide agencies in the aggregate
926 and ensures patient access. Utilization may be a factor in determining
927 cost neutrality. The commissioner shall increase the fee schedule for
928 home health services provided under the Connecticut home-care
929 program for the elderly established under section 17b-342, effective
930 July 1, 2000, by two per cent over the fee schedule for home health
931 services for the previous year.] The commissioner may increase any fee
932 payable to a home health care agency or homemaker-home health aide
933 agency upon the application of such an agency evidencing
934 extraordinary costs related to (1) serving persons with AIDS; (2) high-
935 risk maternal and child health care; (3) escort services; or (4) extended
936 hour services. In no case shall any rate or fee exceed the charge to the
937 general public for similar services. [A home health care agency or
938 homemaker-home health aide agency which, due to any material
939 change in circumstances, is aggrieved by a rate determined pursuant
940 to this subsection may, within ten days of receipt of written notice of
941 such rate from the Commissioner of Social Services, request in writing
942 a hearing on all items of aggrievement. The commissioner shall, upon
943 the receipt of all documentation necessary to evaluate the request,
944 determine whether there has been such a change in circumstances and
945 shall conduct a hearing if appropriate.] The Commissioner of Social
946 Services shall adopt regulations, in accordance with chapter 54, to

947 implement the provisions of this subsection. The commissioner may
948 implement policies and procedures to carry out the provisions of this
949 subsection while in the process of adopting regulations, provided
950 notice of intent to adopt the regulations is published [in the
951 Connecticut Law Journal] on the department's Internet web site and
952 the eRegulations System not later than twenty days after the date of
953 implementing the policies and procedures. [Such policies and
954 procedures shall be valid for not longer than nine months.]

955 (b) The Department of Social Services shall monitor the rates
956 charged by home health care agencies and homemaker-home health
957 aide agencies. Such agencies shall file annual cost reports and service
958 charge information with the department.

959 (c) The home health services fee schedule shall include a fee for the
960 administration of medication, which shall apply when the purpose of a
961 nurse's visit is limited to the administration of medication.
962 Administration of medication may include, but is not limited to, blood
963 pressure checks, glucometer readings, pulse rate checks and similar
964 indicators of health status. The fee for medication administration shall
965 include administration of medications while the nurse is present, the
966 pre-pouring of additional doses that the client will self-administer at a
967 later time and the teaching of self-administration. The department
968 shall not pay for medication administration in addition to any other
969 nursing service at the same visit. The department may establish prior
970 authorization requirements for this service. Before implementing such
971 change, the Commissioner of Social Services shall consult with the
972 chairpersons of the joint standing committees of the General Assembly
973 having cognizance of matters relating to public health and human
974 services. The commissioner shall monitor Medicaid home health care
975 savings achieved through the implementation of nurse delegation of
976 medication administration pursuant to section 19a-492e. If, by January
977 1, 2016, the commissioner determines that the rate of savings is not
978 adequate to meet the annualized savings assumed in the budget for the
979 biennium ending June 30, 2017, the department may reduce rates for

980 medication administration as necessary to achieve the savings
981 assumed in the budget. Prior to any rate reduction, the department
982 shall report to the joint standing committees of the General Assembly
983 having cognizance of matters relating to appropriations and the
984 budgets of state agencies and human services provider specific cost
985 and utilization trend data for those patients receiving medication
986 administration. Should the department determine it necessary to
987 reduce medication administration rates under this section, it shall
988 examine the possibility of establishing a separate Medicaid
989 supplemental rate or a pay-for-performance program for those
990 providers, as determined by the commissioner, who have established
991 successful nurse delegation programs.

992 (d) The home health services fee schedule established pursuant to
993 subsection (c) of this section shall include rates for psychiatric nurse
994 visits.

995 (e) The Department of Social Services, when processing or auditing
996 claims for reimbursement submitted by home health care agencies and
997 homemaker-home health aide agencies shall, in accordance with the
998 provisions of chapter 15, accept electronic records and records bearing
999 the electronic signature of a licensed physician or licensed practitioner
1000 of a healthcare profession that has been submitted to the home health
1001 care agency or homemaker home-health aide agency.

1002 (f) If the electronic record or signature that has been transmitted to a
1003 home health care agency or homemaker-home health aide agency is
1004 illegible or the department is unable to determine the validity of such
1005 electronic record or signature, the department shall review additional
1006 evidence of the accuracy or validity of the record or signature,
1007 including, but not limited to, (1) the original of the record or signature,
1008 or (2) a written statement, made under penalty of false statement, from
1009 (A) the licensed physician or licensed practitioner of a health care
1010 profession who signed such record, or (B) if such licensed physician or
1011 licensed practitioner of a health care profession is unavailable, the

1012 medical director of the agency verifying the accuracy or validity of
1013 such record or signature, and the department shall make a
1014 determination whether the electronic record or signature is valid.

1015 (g) The Department of Social Services, when auditing claims
1016 submitted by home health care agencies and homemaker-home health
1017 aide agencies, shall consider any signature from a licensed physician
1018 or licensed practitioner of a health care profession that may be
1019 required on a plan of care for home health services, to have been
1020 provided in timely fashion if (1) the document bearing such signature
1021 was signed prior to the time when such agency seeks reimbursement
1022 from the department for services provided, and (2) verbal or telephone
1023 orders from the licensed physician or licensed practitioner of a health
1024 care profession were received prior to the commencement of services
1025 covered by the plan of care and such orders were subsequently
1026 documented. Nothing in this subsection shall be construed as limiting
1027 the powers of the Commissioner of Public Health to enforce the
1028 provisions of sections 19-13-D73 and 19-13-D74 of the regulations of
1029 Connecticut state agencies and 42 CFR 484.18(c).

1030 (h) For purposes of this section, "licensed practitioner of a healthcare
1031 profession" has the same meaning as "licensed practitioner" in section
1032 21a-244a.

1033 Sec. 23. (NEW) (*Effective from passage*) For purposes of this section,
1034 "covenant not to compete" means any contract or agreement that
1035 restricts the right of an individual to provide homemaker, companion
1036 or home health services (1) in any geographic area of the state for any
1037 period of time, or (2) to a specific individual. Any covenant not to
1038 compete is against public policy and shall be void and unenforceable.

1039 Sec. 24. Subsection (a) of section 17b-282c of the general statutes is
1040 repealed and the following is substituted in lieu thereof (*Effective July*
1041 *1, 2017*):

1042 (a) All nonemergency dental services provided under the

1043 Department of Social Services' dental programs, as described in section
1044 17b-282b, shall be subject to prior authorization. Nonemergency
1045 services that are exempt from the prior authorization process shall
1046 include diagnostic, prevention, basic restoration procedures and
1047 nonsurgical extractions that are consistent with standard and
1048 reasonable dental practices. Payment for nonemergency dental services
1049 shall not exceed one thousand dollars per fiscal year for an individual
1050 adult, subject to the provisions of section 17b-259b. Dental benefit
1051 limitations shall apply to each client regardless of the number of
1052 providers serving the client. The commissioner may recoup payments
1053 for services that are determined not to be for an emergency condition
1054 or otherwise in excess of what is medically necessary. The
1055 commissioner shall periodically, but not less than quarterly, review
1056 payments for emergency dental services and basic restoration
1057 procedures for appropriateness of payment. For the purposes of this
1058 section, "emergency condition" means a dental condition manifesting
1059 itself by acute symptoms of sufficient severity, including severe pain,
1060 such that a prudent layperson, who possesses an average knowledge
1061 of health and medicine, could reasonably expect the absence of
1062 immediate dental attention to result in placing the health of the
1063 individual, or with respect to a pregnant woman, the health of the
1064 woman or her unborn child, in serious jeopardy, cause serious
1065 impairment to body functions or cause serious dysfunction of any
1066 body organ or part.

1067 Sec. 25. Subdivision (1) of subsection (i) of section 17b-342 of the
1068 general statutes is repealed and the following is substituted in lieu
1069 thereof (*Effective July 1, 2017*):

1070 (i) (1) On and after July 1, [2015] 2017, the Commissioner of Social
1071 Services shall, within available appropriations, administer a state-
1072 funded portion of the program for persons (A) who are sixty-five years
1073 of age and older; (B) who are inappropriately institutionalized or at
1074 risk of inappropriate institutionalization; (C) whose income is less than
1075 or equal to the amount allowed under subdivision (3) of subsection (a)

1076 of this section; [and] (D) whose assets, if single, do not exceed one
1077 hundred fifty per cent of the federal minimum community spouse
1078 protected amount pursuant to 42 USC 1396r-5(f)(2) or, if married, the
1079 couple's assets do not exceed two hundred per cent of said community
1080 spouse protected amount; [. For program applications received by the
1081 Department of Social Services for the fiscal years ending June 30, 2016,
1082 and June 30, 2017, only persons] and (E) who require the level of care
1083 provided in a nursing home, [shall be eligible for the state-funded
1084 portion of the program, except for] in addition to (i) persons residing
1085 in affordable housing under the assisted living demonstration project
1086 established pursuant to section 17b-347e; and (ii) persons who are
1087 enrolled in the program on June 30, 2017, who are otherwise eligible in
1088 accordance with this section. For the fiscal years ending June 30, 2018,
1089 and June 30, 2019, the number of persons enrolled in the state-funded
1090 portion of the program who require the level of care provided in a
1091 nursing home shall be limited to the number enrolled on June 30, 2017,
1092 who require the level of care provided in a nursing home.

1093 Sec. 26. (NEW) (*Effective from passage*) If any family planning clinic is
1094 no longer eligible to receive federal matching funds or if federal law
1095 restricts the rights of a medical assistance recipient to obtain services
1096 from a family planning clinic, services that are otherwise covered by
1097 the medical assistance program may be funded by the state. In order to
1098 receive state funding, family planning clinics must meet the
1099 Department of Social Services' requirements for participation and
1100 enrollment in the medical assistance program. Family planning clinics
1101 shall continue to be reimbursed by the department in accordance with
1102 the department's family planning clinic fee schedule.

1103 Sec. 27. Subdivision (4) of subsection (f) of section 17b-340 of the
1104 general statutes is repealed and the following is substituted in lieu
1105 thereof (*Effective July 1, 2017*):

1106 (4) For the fiscal year ending June 30, 1992, (A) no facility shall
1107 receive a rate that is less than the rate it received for the rate year

1108 ending June 30, 1991; (B) no facility whose rate, if determined pursuant
1109 to this subsection, would exceed one hundred twenty per cent of the
1110 state-wide median rate, as determined pursuant to this subsection,
1111 shall receive a rate which is five and one-half per cent more than the
1112 rate it received for the rate year ending June 30, 1991; and (C) no
1113 facility whose rate, if determined pursuant to this subsection, would be
1114 less than one hundred twenty per cent of the state-wide median rate,
1115 as determined pursuant to this subsection, shall receive a rate which is
1116 six and one-half per cent more than the rate it received for the rate year
1117 ending June 30, 1991. For the fiscal year ending June 30, 1993, no
1118 facility shall receive a rate that is less than the rate it received for the
1119 rate year ending June 30, 1992, or six per cent more than the rate it
1120 received for the rate year ending June 30, 1992. For the fiscal year
1121 ending June 30, 1994, no facility shall receive a rate that is less than the
1122 rate it received for the rate year ending June 30, 1993, or six per cent
1123 more than the rate it received for the rate year ending June 30, 1993.
1124 For the fiscal year ending June 30, 1995, no facility shall receive a rate
1125 that is more than five per cent less than the rate it received for the rate
1126 year ending June 30, 1994, or six per cent more than the rate it received
1127 for the rate year ending June 30, 1994. For the fiscal years ending June
1128 30, 1996, and June 30, 1997, no facility shall receive a rate that is more
1129 than three per cent more than the rate it received for the prior rate
1130 year. For the fiscal year ending June 30, 1998, a facility shall receive a
1131 rate increase that is not more than two per cent more than the rate that
1132 the facility received in the prior year. For the fiscal year ending June
1133 30, 1999, a facility shall receive a rate increase that is not more than
1134 three per cent more than the rate that the facility received in the prior
1135 year and that is not less than one per cent more than the rate that the
1136 facility received in the prior year, exclusive of rate increases associated
1137 with a wage, benefit and staffing enhancement rate adjustment added
1138 for the period from April 1, 1999, to June 30, 1999, inclusive. For the
1139 fiscal year ending June 30, 2000, each facility, except a facility with an
1140 interim rate or replaced interim rate for the fiscal year ending June 30,
1141 1999, and a facility having a certificate of need or other agreement

1142 specifying rate adjustments for the fiscal year ending June 30, 2000,
1143 shall receive a rate increase equal to one per cent applied to the rate the
1144 facility received for the fiscal year ending June 30, 1999, exclusive of
1145 the facility's wage, benefit and staffing enhancement rate adjustment.
1146 For the fiscal year ending June 30, 2000, no facility with an interim rate,
1147 replaced interim rate or scheduled rate adjustment specified in a
1148 certificate of need or other agreement for the fiscal year ending June
1149 30, 2000, shall receive a rate increase that is more than one per cent
1150 more than the rate the facility received in the fiscal year ending June
1151 30, 1999. For the fiscal year ending June 30, 2001, each facility, except a
1152 facility with an interim rate or replaced interim rate for the fiscal year
1153 ending June 30, 2000, and a facility having a certificate of need or other
1154 agreement specifying rate adjustments for the fiscal year ending June
1155 30, 2001, shall receive a rate increase equal to two per cent applied to
1156 the rate the facility received for the fiscal year ending June 30, 2000,
1157 subject to verification of wage enhancement adjustments pursuant to
1158 subdivision (14) of this subsection. For the fiscal year ending June 30,
1159 2001, no facility with an interim rate, replaced interim rate or
1160 scheduled rate adjustment specified in a certificate of need or other
1161 agreement for the fiscal year ending June 30, 2001, shall receive a rate
1162 increase that is more than two per cent more than the rate the facility
1163 received for the fiscal year ending June 30, 2000. For the fiscal year
1164 ending June 30, 2002, each facility shall receive a rate that is two and
1165 one-half per cent more than the rate the facility received in the prior
1166 fiscal year. For the fiscal year ending June 30, 2003, each facility shall
1167 receive a rate that is two per cent more than the rate the facility
1168 received in the prior fiscal year, except that such increase shall be
1169 effective January 1, 2003, and such facility rate in effect for the fiscal
1170 year ending June 30, 2002, shall be paid for services provided until
1171 December 31, 2002, except any facility that would have been issued a
1172 lower rate effective July 1, 2002, than for the fiscal year ending June 30,
1173 2002, due to interim rate status or agreement with the department shall
1174 be issued such lower rate effective July 1, 2002, and have such rate
1175 increased two per cent effective June 1, 2003. For the fiscal year ending

1176 June 30, 2004, rates in effect for the period ending June 30, 2003, shall
1177 remain in effect, except any facility that would have been issued a
1178 lower rate effective July 1, 2003, than for the fiscal year ending June 30,
1179 2003, due to interim rate status or agreement with the department shall
1180 be issued such lower rate effective July 1, 2003. For the fiscal year
1181 ending June 30, 2005, rates in effect for the period ending June 30, 2004,
1182 shall remain in effect until December 31, 2004, except any facility that
1183 would have been issued a lower rate effective July 1, 2004, than for the
1184 fiscal year ending June 30, 2004, due to interim rate status or
1185 agreement with the department shall be issued such lower rate
1186 effective July 1, 2004. Effective January 1, 2005, each facility shall
1187 receive a rate that is one per cent greater than the rate in effect
1188 December 31, 2004. Effective upon receipt of all the necessary federal
1189 approvals to secure federal financial participation matching funds
1190 associated with the rate increase provided in this subdivision, but in
1191 no event earlier than July 1, 2005, and provided the user fee imposed
1192 under section 17b-320 is required to be collected, for the fiscal year
1193 ending June 30, 2006, the department shall compute the rate for each
1194 facility based upon its 2003 cost report filing or a subsequent cost year
1195 filing for facilities having an interim rate for the period ending June 30,
1196 2005, as provided under section 17-311-55 of the regulations of
1197 Connecticut state agencies. For each facility not having an interim rate
1198 for the period ending June 30, 2005, the rate for the period ending June
1199 30, 2006, shall be determined beginning with the higher of the
1200 computed rate based upon its 2003 cost report filing or the rate in
1201 effect for the period ending June 30, 2005. Such rate shall then be
1202 increased by eleven dollars and eighty cents per day except that in no
1203 event shall the rate for the period ending June 30, 2006, be thirty-two
1204 dollars more than the rate in effect for the period ending June 30, 2005,
1205 and for any facility with a rate below one hundred ninety-five dollars
1206 per day for the period ending June 30, 2005, such rate for the period
1207 ending June 30, 2006, shall not be greater than two hundred seventeen
1208 dollars and forty-three cents per day and for any facility with a rate
1209 equal to or greater than one hundred ninety-five dollars per day for

1210 the period ending June 30, 2005, such rate for the period ending June
1211 30, 2006, shall not exceed the rate in effect for the period ending June
1212 30, 2005, increased by eleven and one-half per cent. For each facility
1213 with an interim rate for the period ending June 30, 2005, the interim
1214 replacement rate for the period ending June 30, 2006, shall not exceed
1215 the rate in effect for the period ending June 30, 2005, increased by
1216 eleven dollars and eighty cents per day plus the per day cost of the
1217 user fee payments made pursuant to section 17b-320 divided by
1218 annual resident service days, except for any facility with an interim
1219 rate below one hundred ninety-five dollars per day for the period
1220 ending June 30, 2005, the interim replacement rate for the period
1221 ending June 30, 2006, shall not be greater than two hundred seventeen
1222 dollars and forty-three cents per day and for any facility with an
1223 interim rate equal to or greater than one hundred ninety-five dollars
1224 per day for the period ending June 30, 2005, the interim replacement
1225 rate for the period ending June 30, 2006, shall not exceed the rate in
1226 effect for the period ending June 30, 2005, increased by eleven and one-
1227 half per cent. Such July 1, 2005, rate adjustments shall remain in effect
1228 unless (i) the federal financial participation matching funds associated
1229 with the rate increase are no longer available; or (ii) the user fee
1230 created pursuant to section 17b-320 is not in effect. For the fiscal year
1231 ending June 30, 2007, each facility shall receive a rate that is three per
1232 cent greater than the rate in effect for the period ending June 30, 2006,
1233 except any facility that would have been issued a lower rate effective
1234 July 1, 2006, than for the rate period ending June 30, 2006, due to
1235 interim rate status or agreement with the department, shall be issued
1236 such lower rate effective July 1, 2006. For the fiscal year ending June
1237 30, 2008, each facility shall receive a rate that is two and nine-tenths
1238 per cent greater than the rate in effect for the period ending June 30,
1239 2007, except any facility that would have been issued a lower rate
1240 effective July 1, 2007, than for the rate period ending June 30, 2007, due
1241 to interim rate status or agreement with the department, shall be
1242 issued such lower rate effective July 1, 2007. For the fiscal year ending
1243 June 30, 2009, rates in effect for the period ending June 30, 2008, shall

1244 remain in effect until June 30, 2009, except any facility that would have
1245 been issued a lower rate for the fiscal year ending June 30, 2009, due to
1246 interim rate status or agreement with the department shall be issued
1247 such lower rate. For the fiscal years ending June 30, 2010, and June 30,
1248 2011, rates in effect for the period ending June 30, 2009, shall remain in
1249 effect until June 30, 2011, except any facility that would have been
1250 issued a lower rate for the fiscal year ending June 30, 2010, or the fiscal
1251 year ending June 30, 2011, due to interim rate status or agreement with
1252 the department, shall be issued such lower rate. For the fiscal years
1253 ending June 30, 2012, and June 30, 2013, rates in effect for the period
1254 ending June 30, 2011, shall remain in effect until June 30, 2013, except
1255 any facility that would have been issued a lower rate for the fiscal year
1256 ending June 30, 2012, or the fiscal year ending June 30, 2013, due to
1257 interim rate status or agreement with the department, shall be issued
1258 such lower rate. For the fiscal year ending June 30, 2014, the
1259 department shall determine facility rates based upon 2011 cost report
1260 filings subject to the provisions of this section and applicable
1261 regulations except: (I) A ninety per cent minimum occupancy standard
1262 shall be applied; (II) no facility shall receive a rate that is higher than
1263 the rate in effect on June 30, 2013; and (III) no facility shall receive a
1264 rate that is more than four per cent lower than the rate in effect on June
1265 30, 2013, except that any facility that would have been issued a lower
1266 rate effective July 1, 2013, than for the rate period ending June 30, 2013,
1267 due to interim rate status or agreement with the department, shall be
1268 issued such lower rate effective July 1, 2013. For the fiscal year ending
1269 June 30, 2015, rates in effect for the period ending June 30, 2014, shall
1270 remain in effect until June 30, 2015, except any facility that would have
1271 been issued a lower rate effective July 1, 2014, than for the rate period
1272 ending June 30, 2014, due to interim rate status or agreement with the
1273 department, shall be issued such lower rate effective July 1, 2014. For
1274 the fiscal years ending June 30, 2016, and June 30, 2017, rates shall not
1275 exceed those in effect for the period ending June 30, 2015, except the
1276 rate paid to a facility may be higher than the rate paid to the facility for
1277 the period ending June 30, 2015, if the commissioner provides, within

1278 available appropriations, pro rata fair rent increases, which may, at the
1279 discretion of the commissioner, include increases for facilities which
1280 have undergone a material change in circumstances related to fair rent
1281 additions or moveable equipment placed in service in cost report years
1282 ending September 30, 2014, and September 30, 2015, and not otherwise
1283 included in rates issued. For the fiscal years ending June 30, 2016, and
1284 June 30, 2017, and each succeeding fiscal year, any facility that would
1285 have been issued a lower rate, due to interim rate status, a change in
1286 allowable fair rent or agreement with the department, shall be issued
1287 such lower rate. For the fiscal year ending June 30, 2018, the
1288 department shall determine facility rates based upon 2016 cost report
1289 filings subject to the provisions of this section and applicable
1290 regulations except no facility shall receive a rate that is higher than the
1291 rate in effect on June 30, 2017, except the rate paid to a facility may be
1292 higher than the rate paid to the facility for the period ending June 30,
1293 2017, if the commissioner provides, within available appropriations,
1294 pro rata fair rent increases, which may, at the discretion of the
1295 commissioner, include increases for facilities which have undergone a
1296 material change in circumstances related to fair rent additions or
1297 moveable equipment placed in service in the cost report year ending
1298 September 30, 2016 and not otherwise included in rates issued. For the
1299 fiscal year ending June 30, 2019, no facility shall receive a rate that is
1300 higher than the rate in effect on June 30, 2018, except the rate paid to a
1301 facility may be higher than the rate paid to the facility for the period
1302 ending June 30, 2018, if the commissioner provides, within available
1303 appropriations, pro rata fair rent increases, which may, at the
1304 discretion of the commissioner, include increases for facilities which
1305 have undergone a material change in circumstances related to fair rent
1306 additions or moveable equipment placed in service in the cost report
1307 year ending September 30, 2017, and not otherwise included in rates
1308 issued. The Commissioner of Social Services shall add fair rent
1309 increases to any other rate increases established pursuant to this
1310 subdivision for a facility which has undergone a material change in
1311 circumstances related to fair rent, except for the fiscal years ending

1312 June 30, 2010, June 30, 2011, and June 30, 2012, such fair rent increases
1313 shall only be provided to facilities with an approved certificate of need
1314 pursuant to section 17b-352, 17b-353, 17b-354 or 17b-355. For the fiscal
1315 year ending June 30, 2013, the commissioner may, within available
1316 appropriations, provide pro rata fair rent increases for facilities which
1317 have undergone a material change in circumstances related to fair rent
1318 additions placed in service in cost report years ending September 30,
1319 2008, to September 30, 2011, inclusive, and not otherwise included in
1320 rates issued. For the fiscal years ending June 30, 2014, and June 30,
1321 2015, the commissioner may, within available appropriations, provide
1322 pro rata fair rent increases, which may include moveable equipment at
1323 the discretion of the commissioner, for facilities which have undergone
1324 a material change in circumstances related to fair rent additions or
1325 moveable equipment placed in service in cost report years ending
1326 September 30, 2012, and September 30, 2013, and not otherwise
1327 included in rates issued. The commissioner shall add fair rent increases
1328 associated with an approved certificate of need pursuant to section
1329 17b-352, 17b-353, 17b-354 or 17b-355. Interim rates may take into
1330 account reasonable costs incurred by a facility, including wages and
1331 benefits. Notwithstanding the provisions of this section, the
1332 Commissioner of Social Services may, subject to available
1333 appropriations, increase or decrease rates issued to licensed chronic
1334 and convalescent nursing homes and licensed rest homes with nursing
1335 supervision. Notwithstanding any provision of this section, the
1336 Commissioner of Social Services shall, effective July 1, 2015, within
1337 available appropriations, adjust facility rates in accordance with the
1338 application of standard accounting principles as prescribed by the
1339 commissioner, for each facility subject to subsection (a) of this section.
1340 Such adjustment shall provide a pro-rata increase based on direct and
1341 indirect care employee salaries reported in the 2014 annual cost report,
1342 and adjusted to reflect subsequent salary increases, to reflect
1343 reasonable costs mandated by collective bargaining agreements with
1344 certified collective bargaining agents, or otherwise provided by a
1345 facility to its employees. For purposes of this subsection, "employee"

1346 shall not include a person employed as a facility's manager, chief
1347 administrator, a person required to be licensed as a nursing home
1348 administrator or any individual who receives compensation for
1349 services pursuant to a contractual arrangement and who is not directly
1350 employed by the facility. The commissioner may establish an upper
1351 limit for reasonable costs associated with salary adjustments beyond
1352 which the adjustment shall not apply. Nothing in this section shall
1353 require the commissioner to distribute such adjustments in a way that
1354 jeopardizes anticipated federal reimbursement. Facilities that receive
1355 such adjustment but do not provide increases in employee salaries as
1356 described in this subsection on or before July 31, 2015, may be subject
1357 to a rate decrease in the same amount as the adjustment by the
1358 commissioner. Of the amount appropriated for this purpose, no more
1359 than nine million dollars shall go to increases based on reasonable
1360 costs mandated by collective bargaining agreements.

1361 Sec. 28. Subsection (g) of section 17b-340 of the general statutes is
1362 repealed and the following is substituted in lieu thereof (*Effective July*
1363 *1, 2017*):

1364 (g) For the fiscal year ending June 30, 1993, any intermediate care
1365 facility for individuals with intellectual disabilities with an operating
1366 cost component of its rate in excess of one hundred forty per cent of
1367 the median of operating cost components of rates in effect January 1,
1368 1992, shall not receive an operating cost component increase. For the
1369 fiscal year ending June 30, 1993, any intermediate care facility for
1370 individuals with intellectual disabilities with an operating cost
1371 component of its rate that is less than one hundred forty per cent of the
1372 median of operating cost components of rates in effect January 1, 1992,
1373 shall have an allowance for real wage growth equal to thirty per cent
1374 of the increase determined in accordance with subsection (q) of section
1375 17-311-52 of the regulations of Connecticut state agencies, provided
1376 such operating cost component shall not exceed one hundred forty per
1377 cent of the median of operating cost components in effect January 1,
1378 1992. Any facility with real property other than land placed in service

1379 prior to October 1, 1991, shall, for the fiscal year ending June 30, 1995,
1380 receive a rate of return on real property equal to the average of the
1381 rates of return applied to real property other than land placed in
1382 service for the five years preceding October 1, 1993. For the fiscal year
1383 ending June 30, 1996, and any succeeding fiscal year, the rate of return
1384 on real property for property items shall be revised every five years.
1385 The commissioner shall, upon submission of a request, allow actual
1386 debt service, comprised of principal and interest, in excess of property
1387 costs allowed pursuant to section 17-311-52 of the regulations of
1388 Connecticut state agencies, provided such debt service terms and
1389 amounts are reasonable in relation to the useful life and the base value
1390 of the property. For the fiscal year ending June 30, 1995, and any
1391 succeeding fiscal year, the inflation adjustment made in accordance
1392 with subsection (p) of section 17-311-52 of the regulations of
1393 Connecticut state agencies shall not be applied to real property costs.
1394 For the fiscal year ending June 30, 1996, and any succeeding fiscal year,
1395 the allowance for real wage growth, as determined in accordance with
1396 subsection (q) of section 17-311-52 of the regulations of Connecticut
1397 state agencies, shall not be applied. For the fiscal year ending June 30,
1398 1996, and any succeeding fiscal year, no rate shall exceed three
1399 hundred seventy-five dollars per day unless the commissioner, in
1400 consultation with the Commissioner of Developmental Services,
1401 determines after a review of program and management costs, that a
1402 rate in excess of this amount is necessary for care and treatment of
1403 facility residents. For the fiscal year ending June 30, 2002, rate period,
1404 the Commissioner of Social Services shall increase the inflation
1405 adjustment for rates made in accordance with subsection (p) of section
1406 17-311-52 of the regulations of Connecticut state agencies to update
1407 allowable fiscal year 2000 costs to include a three and one-half per cent
1408 inflation factor. For the fiscal year ending June 30, 2003, rate period, the
1409 commissioner shall increase the inflation adjustment for rates made in
1410 accordance with subsection (p) of section 17-311-52 of the regulations
1411 of Connecticut state agencies to update allowable fiscal year 2001 costs
1412 to include a one and one-half per cent inflation factor, except that such

1413 increase shall be effective November 1, 2002, and such facility rate in
1414 effect for the fiscal year ending June 30, 2002, shall be paid for services
1415 provided until October 31, 2002, except any facility that would have
1416 been issued a lower rate effective July 1, 2002, than for the fiscal year
1417 ending June 30, 2002, due to interim rate status or agreement with the
1418 department shall be issued such lower rate effective July 1, 2002, and
1419 have such rate updated effective November 1, 2002, in accordance with
1420 applicable statutes and regulations. For the fiscal year ending June 30,
1421 2004, rates in effect for the period ending June 30, 2003, shall remain in
1422 effect, except any facility that would have been issued a lower rate
1423 effective July 1, 2003, than for the fiscal year ending June 30, 2003, due
1424 to interim rate status or agreement with the department shall be issued
1425 such lower rate effective July 1, 2003. For the fiscal year ending June
1426 30, 2005, rates in effect for the period ending June 30, 2004, shall
1427 remain in effect until September 30, 2004. Effective October 1, 2004,
1428 each facility shall receive a rate that is five per cent greater than the
1429 rate in effect September 30, 2004. Effective upon receipt of all the
1430 necessary federal approvals to secure federal financial participation
1431 matching funds associated with the rate increase provided in
1432 subdivision (4) of subsection (f) of this section, but in no event earlier
1433 than October 1, 2005, and provided the user fee imposed under section
1434 17b-320 is required to be collected, each facility shall receive a rate that
1435 is four per cent more than the rate the facility received in the prior
1436 fiscal year, except any facility that would have been issued a lower rate
1437 effective October 1, 2005, than for the fiscal year ending June 30, 2005,
1438 due to interim rate status or agreement with the department, shall be
1439 issued such lower rate effective October 1, 2005. Such rate increase
1440 shall remain in effect unless: (1) The federal financial participation
1441 matching funds associated with the rate increase are no longer
1442 available; or (2) the user fee created pursuant to section 17b-320 is not
1443 in effect. For the fiscal year ending June 30, 2007, rates in effect for the
1444 period ending June 30, 2006, shall remain in effect until September 30,
1445 2006, except any facility that would have been issued a lower rate
1446 effective July 1, 2006, than for the fiscal year ending June 30, 2006, due

1447 to interim rate status or agreement with the department, shall be
1448 issued such lower rate effective July 1, 2006. Effective October 1, 2006,
1449 no facility shall receive a rate that is more than three per cent greater
1450 than the rate in effect for the facility on September 30, 2006, except any
1451 facility that would have been issued a lower rate effective October 1,
1452 2006, due to interim rate status or agreement with the department,
1453 shall be issued such lower rate effective October 1, 2006. For the fiscal
1454 year ending June 30, 2008, each facility shall receive a rate that is two
1455 and nine-tenths per cent greater than the rate in effect for the period
1456 ending June 30, 2007, except any facility that would have been issued a
1457 lower rate effective July 1, 2007, than for the rate period ending June
1458 30, 2007, due to interim rate status, or agreement with the department,
1459 shall be issued such lower rate effective July 1, 2007. For the fiscal year
1460 ending June 30, 2009, rates in effect for the period ending June 30, 2008,
1461 shall remain in effect until June 30, 2009, except any facility that would
1462 have been issued a lower rate for the fiscal year ending June 30, 2009,
1463 due to interim rate status or agreement with the department, shall be
1464 issued such lower rate. For the fiscal years ending June 30, 2010, and
1465 June 30, 2011, rates in effect for the period ending June 30, 2009, shall
1466 remain in effect until June 30, 2011, except any facility that would have
1467 been issued a lower rate for the fiscal year ending June 30, 2010, or the
1468 fiscal year ending June 30, 2011, due to interim rate status or
1469 agreement with the department, shall be issued such lower rate. For
1470 the fiscal year ending June 30, 2012, rates in effect for the period
1471 ending June 30, 2011, shall remain in effect until June 30, 2012, except
1472 any facility that would have been issued a lower rate for the fiscal year
1473 ending June 30, 2012, due to interim rate status or agreement with the
1474 department, shall be issued such lower rate. For the fiscal years ending
1475 June 30, 2014, and June 30, 2015, rates shall not exceed those in effect
1476 for the period ending June 30, 2013, except the rate paid to a facility
1477 may be higher than the rate paid to the facility for the period ending
1478 June 30, 2013, if a capital improvement approved by the Department of
1479 Developmental Services, in consultation with the Department of Social
1480 Services, for the health or safety of the residents was made to the

1481 facility during the fiscal year ending June 30, 2014, or June 30, 2015,
1482 only to the extent such rate increases are within available
1483 appropriations. Any facility that would have been issued a lower rate
1484 for the fiscal year ending June 30, 2014, or the fiscal year ending June
1485 30, 2015, due to interim rate status or agreement with the department,
1486 shall be issued such lower rate. For the fiscal years ending June 30,
1487 2016, and June 30, 2017, rates shall not exceed those in effect for the
1488 period ending June 30, 2015, except the rate paid to a facility may be
1489 higher than the rate paid to the facility for the period ending June 30,
1490 2015, if a capital improvement approved by the Department of
1491 Developmental Services, in consultation with the Department of Social
1492 Services, for the health or safety of the residents was made to the
1493 facility during the fiscal year ending June 30, 2016, or June 30, 2017,
1494 only to the extent such rate increases are within available
1495 appropriations. For the fiscal years ending June 30, 2016, and June 30,
1496 2017, and each succeeding fiscal year, any facility that would have
1497 been issued a lower rate, due to interim rate status, a change in
1498 allowable fair rent or agreement with the department, shall be issued
1499 such lower rate. For the fiscal years ending June 30, 2018, and June 30,
1500 2019, rates shall not exceed those in effect for the period ending June
1501 30, 2017, except the rate paid to a facility may be higher than the rate
1502 paid to the facility for the period ending June 30, 2017, if a capital
1503 improvement approved by the Department of Developmental Services,
1504 in consultation with the Department of Social Services, for the health
1505 or safety of the residents was made to the facility during the fiscal year
1506 ending June 30, 2018, or June 30, 2019, only to the extent such rate
1507 increases are within available appropriations. Any facility that has a
1508 significant decrease in land and building costs shall receive a reduced
1509 rate to reflect such decrease in land and building costs. For the fiscal
1510 years ending June 30, 2012, June 30, 2013, June 30, 2014, June 30, 2015,
1511 June 30, 2016, [and] June 30, 2017, June 30, 2018, and June 30, 2019, the
1512 Commissioner of Social Services may provide fair rent increases to any
1513 facility that has undergone a material change in circumstances related
1514 to fair rent and has an approved certificate of need pursuant to section

1515 17b-352, 17b-353, 17b-354 or 17b-355. Notwithstanding the provisions
1516 of this section, the Commissioner of Social Services may, within
1517 available appropriations, increase or decrease rates issued to
1518 intermediate care facilities for individuals with intellectual disabilities
1519 to reflect a reduction in available appropriations as provided in
1520 subsection (a) of this section. For the fiscal years ending June 30, 2014,
1521 and June 30, 2015, the commissioner shall not consider rebasing in
1522 determining rates.

1523 Sec. 29. Subdivision (1) of subsection (h) of section 17b-340 of the
1524 general statutes is repealed and the following is substituted in lieu
1525 thereof (*Effective July 1, 2017*):

1526 (h) (1) For the fiscal year ending June 30, 1993, any residential care
1527 home with an operating cost component of its rate in excess of one
1528 hundred thirty per cent of the median of operating cost components of
1529 rates in effect January 1, 1992, shall not receive an operating cost
1530 component increase. For the fiscal year ending June 30, 1993, any
1531 residential care home with an operating cost component of its rate that
1532 is less than one hundred thirty per cent of the median of operating cost
1533 components of rates in effect January 1, 1992, shall have an allowance
1534 for real wage growth equal to sixty-five per cent of the increase
1535 determined in accordance with subsection (q) of section 17-311-52 of
1536 the regulations of Connecticut state agencies, provided such operating
1537 cost component shall not exceed one hundred thirty per cent of the
1538 median of operating cost components in effect January 1, 1992.
1539 Beginning with the fiscal year ending June 30, 1993, for the purpose of
1540 determining allowable fair rent, a residential care home with allowable
1541 fair rent less than the twenty-fifth percentile of the state-wide
1542 allowable fair rent shall be reimbursed as having allowable fair rent
1543 equal to the twenty-fifth percentile of the state-wide allowable fair
1544 rent. Beginning with the fiscal year ending June 30, 1997, a residential
1545 care home with allowable fair rent less than three dollars and ten cents
1546 per day shall be reimbursed as having allowable fair rent equal to
1547 three dollars and ten cents per day. Property additions placed in

1548 service during the cost year ending September 30, 1996, or any
1549 succeeding cost year shall receive a fair rent allowance for such
1550 additions as an addition to three dollars and ten cents per day if the
1551 fair rent for the facility for property placed in service prior to
1552 September 30, 1995, is less than or equal to three dollars and ten cents
1553 per day. Beginning with the fiscal year ending June 30, 2016, a
1554 residential care home shall be reimbursed the greater of the allowable
1555 accumulated fair rent reimbursement associated with real property
1556 additions and land as calculated on a per day basis or three dollars and
1557 ten cents per day if the allowable reimbursement associated with real
1558 property additions and land is less than three dollars and ten cents per
1559 day. For the fiscal year ending June 30, 1996, and any succeeding fiscal
1560 year, the allowance for real wage growth, as determined in accordance
1561 with subsection (q) of section 17-311-52 of the regulations of
1562 Connecticut state agencies, shall not be applied. For the fiscal year
1563 ending June 30, 1996, and any succeeding fiscal year, the inflation
1564 adjustment made in accordance with subsection (p) of section 17-311-
1565 52 of the regulations of Connecticut state agencies shall not be applied
1566 to real property costs. Beginning with the fiscal year ending June 30,
1567 1997, minimum allowable patient days for rate computation purposes
1568 for a residential care home with twenty-five beds or less shall be
1569 eighty-five per cent of licensed capacity. Beginning with the fiscal year
1570 ending June 30, 2002, for the purposes of determining the allowable
1571 salary of an administrator of a residential care home with sixty beds or
1572 less the department shall revise the allowable base salary to thirty-
1573 seven thousand dollars to be annually inflated thereafter in accordance
1574 with section 17-311-52 of the regulations of Connecticut state agencies.
1575 The rates for the fiscal year ending June 30, 2002, shall be based upon
1576 the increased allowable salary of an administrator, regardless of
1577 whether such amount was expended in the 2000 cost report period
1578 upon which the rates are based. Beginning with the fiscal year ending
1579 June 30, 2000, and until the fiscal year ending June 30, 2009, inclusive,
1580 the inflation adjustment for rates made in accordance with subsection
1581 (p) of section 17-311-52 of the regulations of Connecticut state agencies

1582 shall be increased by two per cent, and beginning with the fiscal year
1583 ending June 30, 2002, the inflation adjustment for rates made in
1584 accordance with subsection (c) of said section shall be increased by one
1585 per cent. Beginning with the fiscal year ending June 30, 1999, for the
1586 purpose of determining the allowable salary of a related party, the
1587 department shall revise the maximum salary to twenty-seven
1588 thousand eight hundred fifty-six dollars to be annually inflated
1589 thereafter in accordance with section 17-311-52 of the regulations of
1590 Connecticut state agencies and beginning with the fiscal year ending
1591 June 30, 2001, such allowable salary shall be computed on an hourly
1592 basis and the maximum number of hours allowed for a related party
1593 other than the proprietor shall be increased from forty hours to forty-
1594 eight hours per work week. For the fiscal year ending June 30, 2005,
1595 each facility shall receive a rate that is two and one-quarter per cent
1596 more than the rate the facility received in the prior fiscal year, except
1597 any facility that would have been issued a lower rate effective July 1,
1598 2004, than for the fiscal year ending June 30, 2004, due to interim rate
1599 status or agreement with the department shall be issued such lower
1600 rate effective July 1, 2004. Effective upon receipt of all the necessary
1601 federal approvals to secure federal financial participation matching
1602 funds associated with the rate increase provided in subdivision (4) of
1603 subsection (f) of this section, but in no event earlier than October 1,
1604 2005, and provided the user fee imposed under section 17b-320 is
1605 required to be collected, each facility shall receive a rate that is
1606 determined in accordance with applicable law and subject to
1607 appropriations, except any facility that would have been issued a
1608 lower rate effective October 1, 2005, than for the fiscal year ending June
1609 30, 2005, due to interim rate status or agreement with the department,
1610 shall be issued such lower rate effective October 1, 2005. Such rate
1611 increase shall remain in effect unless: (A) The federal financial
1612 participation matching funds associated with the rate increase are no
1613 longer available; or (B) the user fee created pursuant to section 17b-320
1614 is not in effect. For the fiscal year ending June 30, 2007, rates in effect
1615 for the period ending June 30, 2006, shall remain in effect until

1616 September 30, 2006, except any facility that would have been issued a
1617 lower rate effective July 1, 2006, than for the fiscal year ending June 30,
1618 2006, due to interim rate status or agreement with the department,
1619 shall be issued such lower rate effective July 1, 2006. Effective October
1620 1, 2006, no facility shall receive a rate that is more than four per cent
1621 greater than the rate in effect for the facility on September 30, 2006,
1622 except for any facility that would have been issued a lower rate
1623 effective October 1, 2006, due to interim rate status or agreement with
1624 the department, shall be issued such lower rate effective October 1,
1625 2006. For the fiscal years ending June 30, 2010, and June 30, 2011, rates
1626 in effect for the period ending June 30, 2009, shall remain in effect until
1627 June 30, 2011, except any facility that would have been issued a lower
1628 rate for the fiscal year ending June 30, 2010, or the fiscal year ending
1629 June 30, 2011, due to interim rate status or agreement with the
1630 department, shall be issued such lower rate, except (i) any facility that
1631 would have been issued a lower rate for the fiscal year ending June 30,
1632 2010, or the fiscal year ending June 30, 2011, due to interim rate status
1633 or agreement with the Commissioner of Social Services shall be issued
1634 such lower rate; and (ii) the commissioner may increase a facility's rate
1635 for reasonable costs associated with such facility's compliance with the
1636 provisions of section 19a-495a concerning the administration of
1637 medication by unlicensed personnel. For the fiscal year ending June 30,
1638 2012, rates in effect for the period ending June 30, 2011, shall remain in
1639 effect until June 30, 2012, except that (I) any facility that would have
1640 been issued a lower rate for the fiscal year ending June 30, 2012, due to
1641 interim rate status or agreement with the Commissioner of Social
1642 Services shall be issued such lower rate; and (II) the commissioner may
1643 increase a facility's rate for reasonable costs associated with such
1644 facility's compliance with the provisions of section 19a-495a
1645 concerning the administration of medication by unlicensed personnel.
1646 For the fiscal year ending June 30, 2013, the Commissioner of Social
1647 Services may, within available appropriations, provide a rate increase
1648 to a residential care home. Any facility that would have been issued a
1649 lower rate for the fiscal year ending June 30, 2013, due to interim rate

1650 status or agreement with the Commissioner of Social Services shall be
1651 issued such lower rate. For the fiscal years ending June 30, 2012, and
1652 June 30, 2013, the Commissioner of Social Services may provide fair
1653 rent increases to any facility that has undergone a material change in
1654 circumstances related to fair rent and has an approved certificate of
1655 need pursuant to section 17b-352, 17b-353, 17b-354 or 17b-355. For the
1656 fiscal years ending June 30, 2014, and June 30, 2015, for those facilities
1657 that have a calculated rate greater than the rate in effect for the fiscal
1658 year ending June 30, 2013, the commissioner may increase facility rates
1659 based upon available appropriations up to a stop gain as determined
1660 by the commissioner. No facility shall be issued a rate that is lower
1661 than the rate in effect on June 30, 2013, except that any facility that
1662 would have been issued a lower rate for the fiscal year ending June 30,
1663 2014, or the fiscal year ending June 30, 2015, due to interim rate status
1664 or agreement with the commissioner, shall be issued such lower rate.
1665 For the fiscal year ending June 30, 2014, and each fiscal year thereafter,
1666 a residential care home shall receive a rate increase for any capital
1667 improvement made during the fiscal year for the health and safety of
1668 residents and approved by the Department of Social Services,
1669 provided such rate increase is within available appropriations. For the
1670 fiscal year ending June 30, 2015, and each succeeding fiscal year
1671 thereafter, costs of less than ten thousand dollars that are incurred by a
1672 facility and are associated with any land, building or nonmovable
1673 equipment repair or improvement that are reported in the cost year
1674 used to establish the facility's rate shall not be capitalized for a period
1675 of more than five years for rate-setting purposes. For the fiscal year
1676 ending June 30, 2015, subject to available appropriations, the
1677 commissioner may, at the commissioner's discretion: Increase the
1678 inflation cost limitation under subsection (c) of section 17-311-52 of the
1679 regulations of Connecticut state agencies, provided such inflation
1680 allowance factor does not exceed a maximum of five per cent; establish
1681 a minimum rate of return applied to real property of five per cent
1682 inclusive of assets placed in service during cost year 2013; waive the
1683 standard rate of return under subsection (f) of section 17-311-52 of the

1684 regulations of Connecticut state agencies for ownership changes or
1685 health and safety improvements that exceed one hundred thousand
1686 dollars and that are required under a consent order from the
1687 Department of Public Health; and waive the rate of return adjustment
1688 under subsection (f) of section 17-311-52 of the regulations of
1689 Connecticut state agencies to avoid financial hardship. For the fiscal
1690 years ending June 30, 2016, and June 30, 2017, rates shall not exceed
1691 those in effect for the period ending June 30, 2015, except the
1692 commissioner may, in the commissioner's discretion and within
1693 available appropriations, provide pro rata fair rent increases to
1694 facilities which have documented fair rent additions placed in service
1695 in cost report years ending September 30, 2014, and September 30,
1696 2015, that are not otherwise included in rates issued. For the fiscal
1697 years ending June 30, 2016, and June 30, 2017, and each succeeding
1698 fiscal year, any facility that would have been issued a lower rate, due
1699 to interim rate status, a change in allowable fair rent or agreement with
1700 the department, shall be issued such lower rate. For the fiscal year
1701 ending June 30, 2018, rates shall not exceed those in effect for the
1702 period ending June 30, 2017, except the commissioner may, in the
1703 commissioner's discretion and within available appropriations,
1704 provide pro rata fair rent increases to facilities which have
1705 documented fair rent additions placed in service in the cost report year
1706 ending September 30, 2016, that are not otherwise included in rates
1707 issued. For the fiscal year ending June 30, 2019, rates shall not exceed
1708 those in effect for the period ending June 30, 2018, except the
1709 commissioner may, in the commissioner's discretion and within
1710 available appropriations, provide pro rata fair rent increases to
1711 facilities which have documented fair rent additions placed in service
1712 in cost report year ending September 30, 2017, that are not otherwise
1713 included in rates issued.

1714 Sec. 30. Subsection (d) of section 10-500 of the general statutes is
1715 repealed and the following is substituted in lieu thereof (*Effective July*
1716 *1, 2017*):

1717 (d) The Office of Early Childhood shall constitute a successor
 1718 department, in accordance with the provisions of sections 4-38d, 4-38e
 1719 and 4-39, to (1) the Department of Education with respect to sections 8-
 1720 210, 10-16n, 10-16p to 10-16r, inclusive, 10-16u, 10-16w, 10-16aa, 17b-
 1721 749a, 17b-749c and 17b-749g to 17b-749i, inclusive; (2) the Department
 1722 of Social Services (A) with respect to sections 17b-12, 17b-705a, 17b-730,
 1723 17b-733, 17b-738, 17b-749, 17b-749d to 17b-749f, inclusive, 17b-749j,
 1724 17b-749k, 17b-750 to 17b-751a, inclusive, and 17b-751d, and (B) for the
 1725 purpose of administering the child care development block grant
 1726 pursuant to the Child Care and Development Block Grant Act of 1990;
 1727 and (3) the Department of Public Health (A) with respect to sections
 1728 10a-194c, 12-634, 17a-28, 17a-101 and 19a-80f, (B) for the purpose of
 1729 regulating child care services pursuant to sections 19a-77, 19a-79, 19a-
 1730 80, 19a-82 and 19a-84 to 19a-87e, inclusive, (C) for the purpose of the
 1731 conduct of regulation of youth camps, pursuant to sections 19a-420 to
 1732 19a-434, inclusive, and (D) for the purpose of administering the
 1733 Maternal, Infant, and Early Childhood Home Visiting Program
 1734 authorized under the Patient Protection and Affordable Care Act of
 1735 2010, P.L. 111-148. [; and (4) the Department of Developmental Services
 1736 with respect to sections 17a-248, 17a-248b to 17a-248h, inclusive, 38a-
 1737 490a and 38a-516a.]

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2017</i>	13b-69(b)
Sec. 2	<i>July 1, 2017</i>	17a-248
Sec. 3	<i>July 1, 2017</i>	17a-248h
Sec. 4	<i>July 1, 2017</i>	17a-248i
Sec. 5	<i>July 1, 2017</i>	17b-104(b)
Sec. 6	<i>July 1, 2017</i>	17b-106
Sec. 7	<i>July 1, 2017</i>	17b-272
Sec. 8	<i>July 1, 2017</i>	17b-131(a)
Sec. 9	<i>July 1, 2017</i>	17b-84(a)
Sec. 10	<i>July 1, 2017</i>	17b-256f
Sec. 11	<i>July 1, 2017</i>	17b-261(a)

Sec. 12	<u>July 1, 2017</u>	17b-265d(c)
Sec. 13	<i>from passage</i>	17b-280
Sec. 14	<u>July 1, 2017</u>	17b-340
Sec. 15	<u>July 1, 2017</u>	17b-244
Sec. 16	<u>July 1, 2017</u>	New section
Sec. 17	<u>July 1, 2017</u>	10-76d(a)
Sec. 18	<u>July 1, 2017</u>	10-76d(d)
Sec. 19	<u>July 1, 2017</u>	10-76b(d)
Sec. 20	<u>July 1, 2017</u>	17b-221b
Sec. 21	<i>from passage</i>	17b-238(a) and (b)
Sec. 22	<i>from passage</i>	17b-242
Sec. 23	<i>from passage</i>	New section
Sec. 24	<u>July 1, 2017</u>	17b-282c(a)
Sec. 25	<u>July 1, 2017</u>	17b-342(i)(1)
Sec. 26	<i>from passage</i>	New section
Sec. 27	<u>July 1, 2017</u>	17b-340(f)(4)
Sec. 28	<u>July 1, 2017</u>	17b-340(g)
Sec. 29	<u>July 1, 2017</u>	17b-340(h)(1)
Sec. 30	<u>July 1, 2017</u>	10-500(d)

Statement of Purpose:

To implement the Governor's budget recommendations.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]