



Substitute Senate Bill No. 955

Public Act No. 21-148

AN ACT CONCERNING REVISIONS TO PROVISIONS OF THE GENERAL STATUTES AFFECTING THE DEPARTMENT OF SOCIAL SERVICES AND A STUDY OF PAYMENT PARITY FOR HUMAN SERVICES PROVIDERS.

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

Section 1. Subsection (a) of section 16a-41a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2021*):

(a) The Commissioner of Social Services shall submit to the joint standing committees of the General Assembly having cognizance of energy planning and activities, appropriations, and human services the following on the implementation of the block grant program authorized under the Low-Income Home Energy Assistance Act of 1981, as amended:

(1) Not later than August first, annually, a Connecticut energy assistance program annual plan which establishes guidelines for the use of funds authorized under the Low-Income Home Energy Assistance Act of 1981, as amended, and includes the following:

(A) Criteria for determining which households are to receive emergency [and weatherization] assistance;

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(B) A description of systems used to ensure referrals to other energy assistance programs and the taking of simultaneous applications, as required under section 16a-41;

(C) A description of outreach efforts;

(D) Estimates of the total number of households eligible for assistance under the program and the number of households in which one or more elderly or physically disabled individuals eligible for assistance reside;

(E) Design of a basic grant for eligible households that does not discriminate against such households based on the type of energy used for heating; and

(F) A payment plan for fuel deliveries beginning November 1, 2018, that ensures a vendor of deliverable fuel who completes deliveries authorized by a community action agency that contracts with the commissioner to administer a fuel assistance program is paid by the community action agency not later than thirty business days after the date the community action agency receives an authorized fuel slip or invoice for payment from the vendor;

(2) Not later than January thirtieth, annually, a report covering the preceding months of the program year, including:

(A) In each community action agency geographic area_z [and Department of Social Services region,] the number of fuel assistance applications filed, approved and denied, and the number of emergency assistance requests made, approved and denied_z [and the number of households provided weatherization assistance;]

(B) In each such area_z [and district,] the total amount of fuel [,] and emergency [and weatherization] assistance, itemized by such type of assistance, and total expenditures to date;

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(C) For each state-wide office of each state agency administering the program [,] and each community action agency, [and each Department of Social Services region,] administrative expenses under the program, by line item, and an estimate of outreach expenditures; and

(D) A list of community action agencies that failed to make timely payments to vendors of deliverable fuel in the Connecticut energy assistance program and the steps taken by the commissioner to ensure future timely payments by such agencies; and

(3) Not later than November first, annually, a report covering the preceding twelve calendar months, including:

(A) In each community action agency geographic area, [and Department of Social Services region,] (i) seasonal totals for the categories of data submitted under subdivision (1) of this subsection, (ii) the number of households receiving fuel assistance in which elderly or physically disabled individuals reside, and (iii) the average combined benefit level of fuel, emergency and renter assistance;

[(B) Types of weatherization assistance provided;

(C) Percentage of weatherization assistance provided to tenants;]

[(D)] (B) The number of homeowners and tenants whose heat or total energy costs are not included in their rent receiving fuel and emergency assistance under the program by benefit level;

[(E)] (C) The number of homeowners and tenants whose heat is included in their rent and who are receiving assistance, by benefit level; and

[(F)] (D) The number of households receiving assistance, by energy type and total expenditures for each energy type.

Sec. 2. Subsection (d) of section 17b-8 of the general statutes is

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repealed and the following is substituted in lieu thereof (*Effective July 1, 2021*):

(d) The commissioner shall include with any waiver application or proposed amendment submitted to the federal government pursuant to this section: (1) Any written comments received pursuant to subsection (c) of this section; and (2) [a complete transcript of the joint standing committee proceedings held pursuant to subsection (a) of this section, including] any additional written comments submitted to the joint standing committees at such proceedings. The joint standing committees shall transmit any such materials to the commissioner for inclusion with any such waiver application or proposed amendment.

Sec. 3. Subsection (b) of section 17b-59a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2021*):

(b) The Commissioner of Social Services, in consultation with the executive director of the Office of Health Strategy, established under section 19a-754a, shall (1) develop, throughout the Departments of Developmental Services, Public Health, Correction, Children and Families, Veterans Affairs and Mental Health and Addiction Services, uniform management information, uniform statistical information, uniform terminology for similar facilities, and uniform electronic health information technology standards, [and uniform regulations for the licensing of human services facilities,] (2) plan for increased participation of the private sector in the delivery of human services, (3) provide direction and coordination to federally funded programs in the human services agencies and recommend uniform system improvements and reallocation of physical resources and designation of a single responsibility across human services agencies lines to facilitate shared services and eliminate duplication.

Sec. 4. Section 17b-306a of the general statutes is repealed and the

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following is substituted in lieu thereof (*Effective July 1, 2021*):

(a) The Commissioner of Social Services, in collaboration with the Commissioners of Public Health and Children and Families, shall establish a child health quality improvement program for the purpose of promoting the implementation of evidence-based strategies by providers participating in the HUSKY Health program to improve the delivery of and access to children's health services. Such strategies shall focus on physical, dental and mental health services and shall include, but need not be limited to: (1) Methods for early identification of children with special health care needs; (2) integration of care coordination and care planning into children's health services; (3) implementation of standardized data collection to measure performance improvement; and (4) implementation of family-centered services in patient care, including, but not limited to, the development of parent-provider partnerships. The Commissioner of Social Services shall seek the participation of public and private entities that are dedicated to improving the delivery of health services, including medical, dental and mental health providers, academic professionals with experience in health services research and performance measurement and improvement, and any other entity deemed appropriate by the Commissioner of Social Services, to promote such strategies. The commissioner shall ensure that such strategies reflect new developments and best practices in the field of children's health services. As used in this section, "evidence-based strategies" means policies, procedures and tools that are informed by research and supported by empirical evidence, including, but not limited to, research developed by organizations such as the American Academy of Pediatrics, the American Academy of Family Physicians, the National Association of Pediatric Nurse Practitioners and the Institute of Medicine.

(b) Not later than July 1, 2008, and annually thereafter, the

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Commissioner of Social Services shall report, in accordance with section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to human services, public health and appropriations, and to the Council on Medical Assistance Program Oversight on (1) the implementation of any strategies developed pursuant to subsection (a) of this section, and (2) the efficacy of such strategies in improving the delivery of and access to health services for children enrolled in the HUSKY Health program.

[(c) The Commissioner of Social Services, in collaboration with the Council on Medical Assistance Program Oversight, shall, subject to available appropriations, prepare, annually, a report concerning health care choices under HUSKY A. Such report shall include, but not be limited to, a comparison of the performance of each managed care organization, the primary care case management program and other member service delivery choices. The commissioner shall provide a copy of each report to all HUSKY A members.]

Sec. 5. Subsection (a) of section 17b-349 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2021*):

(a) The rates paid by the state to community health centers [and freestanding medical clinics] participating in the Medicaid program may be adjusted annually on the basis of the cost reports submitted to the Commissioner of Social Services. [except that rates effective July 1, 1989, shall remain in effect through June 30, 1990.] The Department of Social Services may develop an alternative payment methodology to replace the encounter-based reimbursement system. Such methodology shall be approved by the joint standing committees of the General Assembly having cognizance of matters relating to human services and appropriations and the budgets of state agencies. Until such methodology is implemented, the Department of Social Services shall distribute supplemental funding, within available appropriations, to

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federally qualified health centers based on cost, volume and quality measures as determined by the Commissioner of Social Services. (1) Beginning with the one-year rate period commencing on October 1, 2012, and annually thereafter, the Commissioner of Social Services may add to a community health center's rates, if applicable, a capital cost rate adjustment that is equivalent to the center's actual or projected year-to-year increase in total allowable depreciation and interest expenses associated with major capital projects divided by the projected service visit volume. For the purposes of this subsection, "capital costs" means expenditures for land or building purchases, fixed assets, movable equipment, capitalized financing fees and capitalized construction period interest and "major capital projects" means projects with costs exceeding two million dollars. The commissioner may revise such capital cost rate adjustment retroactively based on actual allowable depreciation and interest expenses or actual service visit volume for the rate period. (2) The commissioner shall establish separate capital cost rate adjustments for each Medicaid service provided by a center. (3) The commissioner shall not grant a capital cost rate adjustment to a community health center for any depreciation or interest expenses associated with capital costs that were disapproved by the federal Department of Health and Human Services or another federal or state government agency with capital expenditure approval authority related to health care services. (4) The commissioner may allow actual debt service in lieu of allowable depreciation and interest expenses associated with capital items funded with a debt obligation, provided debt service amounts are deemed reasonable in consideration of the interest rate and other loan terms. (5) The commissioner shall implement policies and procedures necessary to carry out the provisions of this subsection while in the process of adopting such policies and procedures in regulation form, provided notice of intent to adopt such regulations is [published in the Connecticut Law Journal not later than twenty days after implementation] posted on the eRegulations System prior to adopting the policies and procedures.

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Such policies and procedures shall be valid until the time final regulations are effective.

Sec. 6. Subsection (n) of section 38a-479aa of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2021*):

(n) The requirements of subsections (h) and (i) of this section shall not apply to a consortium of federally qualified health centers funded by the state, providing services only to recipients of programs administered by the Department of Social Services. [The Commissioner of Social Services shall adopt regulations, in accordance with chapter 54, to establish criteria to certify any such federally qualified health center, including, but not limited to, minimum reserve fund requirements.]

Sec. 7. Section 17b-608 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2021*):

For the purposes of [sections 17b-609 and 17b-610] section 17b-609, "persons with disabilities" means persons having disabilities which (1) are attributable to a mental or physical impairment or a combination of mental and physical impairments; (2) are likely to continue indefinitely; (3) result in functional limitations in one or more of the following areas of major life activity: Self care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living or economic self-sufficiency; and (4) reflect the person's need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and individually planned and coordinated.

Sec. 8. Subsection (a) of section 17b-617 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Commissioner of Social Services shall, within available

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appropriations, establish and operate a state-funded pilot program to allow not more than one hundred persons with disabilities (1) who are age eighteen to sixty-four, inclusive, (2) who are inappropriately institutionalized or at risk of inappropriate institutionalization, [and] (3) whose assets do not exceed the asset limits of the state-funded home care program for the elderly, established pursuant to subsection (i) of section 17b-342, and (4) who are not eligible for medical assistance under section 17b-261 or a Medicaid waiver pursuant to 42 USC 1396n, to be eligible to receive the same services that are provided under the state-funded home care program for the elderly. At the discretion of the Commissioner of Social Services, such persons may also be eligible to receive services that are necessary to meet needs attributable to disabilities in order to allow such persons to avoid institutionalization.

Sec. 9. Subsection (c) of section 17b-59g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(c) Any entity established or incorporated pursuant to subsection (b) of this section shall have its powers vested in and exercised by a board of directors. The board of directors shall be comprised of the following members who shall each serve for a term of two years:

(1) One member who shall have expertise as an advocate for consumers of health care, appointed by the Governor;

(2) One member who shall have expertise as a clinical medical doctor, appointed by the president pro tempore of the Senate;

(3) One member who shall have expertise in the area of hospital administration, appointed by the speaker of the House of Representatives;

(4) One member who shall have expertise in the area of corporate law or finance, appointed by the minority leader of the Senate;

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(5) One member who shall have expertise in group health insurance coverage, appointed by the minority leader of the House of Representatives;

(6) The Chief Information Officer and the Secretary of the Office of Policy and Management, or their designees, who shall serve as ex-officio, voting members of the board; [and]

(7) The health information technology officer, designated in accordance with section 19a-754a, who shall serve as chairperson of the board; [.] and

(8) The Commissioner of Social Services, or the commissioner's designee, who shall serve as an ex-officio, voting member of the board.

Sec. 10. Subsection (l) of section 17b-179 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2021*):

(l) The Office of Child Support Services shall arrange to provide a single centralized automated system for the reporting of collections on all accounts established for the collection of all IV-D support orders. Such reporting shall be made available to the Family Support Magistrate Division and to all state agencies which have a cooperative agreement with the IV-D agency. Such automated system shall include a state case registry which complies with federal law and regulations. The state case registry shall contain information on each support order established or modified in this state. [The Office of Child Support Services, utilizing information contained in the state case registry, shall establish, maintain and periodically update a list of all delinquent child support obligors. The list shall, at a minimum, contain the name, residential address and amount of the delinquent child support owed by a child support obligor, exclusive of any amount of child support owed for which an appeal is pending. The Office of Child Support Services shall publish on

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the Department of Social Services' Internet web site, the names, residential addresses and amounts of delinquent child support owed by the one hundred individuals having the highest delinquent child support obligations. For purposes of this subsection, "delinquent child support obligor" means an obligor who (1) owes overdue child support, accruing after the entry of a court order, in an amount which exceeds ninety days of periodic payments on a current child support or arrearage payment order, or (2) has failed to make court ordered medical or dental insurance coverage available within ninety days of the issuance of a court order or fails to maintain such coverage pursuant to a court order for a period of ninety days.]

Sec. 11. (*Effective from passage*) The Commissioner of Social Services, in collaboration with the Commissioners of Mental Health and Addiction Services and Housing, shall study whether state-contracted providers of human services receive disparate payment rates under programs the commissioners administer in different regions of the state. The commissioners shall report, in accordance with the provisions of section 11-4a of the general statutes, on their rate study and any resulting recommendations for rate adjustments not later than November 1, 2021, to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies, housing, human services and public health. For purposes of this section, "human services" includes, but is not limited to: (1) Physical and behavioral health services, and (2) housing and shelter services provided to homeless persons.

Sec. 12. Sections 17b-184, 17b-274a and 17b-610 of the general statutes are repealed. (*Effective July 1, 2021*)

Approved July 7, 2021