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## OLR Bill Analysis

sSB 955 (File 515, as amended by Senate "A")\*

### ***AN ACT CONCERNING REVISIONS TO OBSOLETE PROVISIONS OF THE GENERAL STATUTES AFFECTING THE DEPARTMENT OF SOCIAL SERVICES.***

#### **SUMMARY**

This bill limits participation in the Connecticut Home Care Program for Persons with Disabilities to those who are ineligible for Medicaid or Medicaid waivers (§ 501, see BACKGROUND). It also expands the Statewide Health Information Exchange board of directors to include the Department of Social Services (DSS) commissioner or her designee as an ex-officio voting member (§ 502, see BACKGROUND).

The bill requires the DSS commissioner, in collaboration with the Mental Health and Addiction Services and Housing commissioners, to:

1. study whether state-contracted human services providers receive disparate payment rates under programs they administer in different regions of the state and
2. report by November 1, 2021, on the rate study and any rate adjustment recommendations to the Appropriations, Housing, Human Services, and Public Health committees.

For the study, "human services" includes (1) physical and behavioral health services and (2) housing and shelter services provided to homeless persons.

The bill makes other various changes to the laws governing DSS. Specifically, it eliminates:

1. references to the state's Weatherization Assistance Program from the annual Low-Income Home Energy Assistance Program reporting requirements (the Department of Energy and Environmental Protection now administers the program in

- partnership with community action agencies) (§ 1);
2. the requirement that DSS include a copy of the transcript of the cognizance committees' review proceeding when submitting to the Centers for Medicare & Medicaid Services (a) a Medicaid waiver application or renewal or (b) certain proposed amendments to the Medicaid state plan (§ 2);
  3. the requirement that DSS develop uniform regulations for licensing human services facilities, which the state auditors interpreted as requiring DSS to promulgate for these facilities regardless of whether they are within its purview (§ 3);
  4. an outdated requirement that DSS, in collaboration with the Council on Medical Assistance Program Oversight, annually prepare a report, within available appropriations, that includes a comparison of the performance of each Medicaid managed care organization and other member service delivery choices (managed care is no longer used by the state Medicaid program) (§ 4);
  5. references to freestanding medical clinics from a provision on Medicaid rate adjustments based on cost reporting (these clinics are not paid via this method and were always paid according to a fee schedule) (§ 5);
  6. the requirement that DSS adopt regulations to certify federally qualified health centers (this aspect of Medicaid managed care is no longer used by the state Medicaid plan) (§ 6);
  7. three obsolete statutes regarding an inactive Temporary Family Assistance client advisory board (CGS § 17b-184), a formulary for certain generic prescription drug costs that are now reimbursed according to federal regulations (CGS § 17b-274a), and a reporting requirement on employment opportunities and training for persons with disabilities (CGS § 17b-610) (§ 8); and
  8. the requirement that the Office of Child Support Services within

DSS (a) establish, maintain, and periodically update a list of delinquent child support obligors and (b) publish, on the DSS website, a list of the 100 individuals with the highest delinquent child support obligations, which in practice, DSS has never published (§ 503).

The bill additionally (1) replaces a reference to the Connecticut Law Journal, instead requiring DSS to post notices of its intent to adopt regulations regarding community health centers on its website and the eRegulations system, and (2) makes technical and conforming changes.

\*Senate Amendment "A" (1) limits participation in the Connecticut Home Care Program for Persons with Disabilities, (2) expands the Statewide Health Information Exchange board of directors, (3) requires a study of state-contracted human services provider payment rates, and (4) repeals the requirements concerning lists of delinquent child support obligors.

EFFECTIVE DATE: July 1, 2021, except that the provisions concerning the Connecticut Home Care Program for Persons with Disabilities, Statewide Health Information Exchange board of directors, and human service provider rate study are effective upon passage.

## **BACKGROUND**

### ***Connecticut Home Care Program for Persons with Disabilities***

Under existing law, this state-funded pilot serves up to 100 people with disabilities who (1) are age 18 to 64, (2) are inappropriately institutionalized or at risk of becoming so, and (3) meet certain asset limits.

### ***Statewide Health Information Exchange Board of Directors***

Under existing law, the board's general purpose is to implement a program to expedite the development of the Statewide Health Information Exchange.

Under current law, the board includes the following eight members, who serve two-year terms:

1. an advocate for health care consumers, appointed by the governor;
2. a clinical medical doctor, appointed by the Senate president pro tempore;
3. a hospital administration expert, appointed by the House speaker;
4. a corporate law or finance expert, appointed by the Senate minority leader;
5. a group health insurance expert, appointed by the House minority leader;
6. the state's chief information officer, or his designee;
7. the Office of Policy and Management secretary, or her designee;  
and
8. the state's health information technology officer.

**COMMITTEE ACTION**

Human Services Committee

Joint Favorable Substitute

Yea 19 Nay 0 (03/31/2021)