



Senate

General Assembly

File No. 515

January Session, 2021

Substitute Senate Bill No. 955

Senate, April 19, 2021

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

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

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

1 Section 1. Subsection (a) of section 16a-41a of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective July 1,*
3 *2021*):

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

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

14 (A) Criteria for determining which households are to receive

15 emergency [and weatherization] assistance;

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

19 (C) A description of outreach efforts;

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

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

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

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

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

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

43 (C) For each state-wide office of each state agency administering the

44 program [,] and each community action agency, [and each Department
45 of Social Services region,] administrative expenses under the program,
46 by line item, and an estimate of outreach expenditures; and

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

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

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

59 [(B) Types of weatherization assistance provided;

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

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

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

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

69 Sec. 2. Subsection (d) of section 17b-8 of the general statutes is
70 repealed and the following is substituted in lieu thereof (*Effective July 1,*
71 *2021*):

72 (d) The commissioner shall include with any waiver application or

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

81 Sec. 3. Subsection (b) of section 17b-59a of the general statutes is
82 repealed and the following is substituted in lieu thereof (*Effective July 1,*
83 *2021*):

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

99 Sec. 4. Section 17b-306a of the general statutes is repealed and the
100 following is substituted in lieu thereof (*Effective July 1, 2021*):

101 (a) The Commissioner of Social Services, in collaboration with the
102 Commissioners of Public Health and Children and Families, shall
103 establish a child health quality improvement program for the purpose
104 of promoting the implementation of evidence-based strategies by
105 providers participating in the HUSKY Health program to improve the

106 delivery of and access to children's health services. Such strategies shall
107 focus on physical, dental and mental health services and shall include,
108 but need not be limited to: (1) Methods for early identification of
109 children with special health care needs; (2) integration of care
110 coordination and care planning into children's health services; (3)
111 implementation of standardized data collection to measure
112 performance improvement; and (4) implementation of family-centered
113 services in patient care, including, but not limited to, the development
114 of parent-provider partnerships. The Commissioner of Social Services
115 shall seek the participation of public and private entities that are
116 dedicated to improving the delivery of health services, including
117 medical, dental and mental health providers, academic professionals
118 with experience in health services research and performance
119 measurement and improvement, and any other entity deemed
120 appropriate by the Commissioner of Social Services, to promote such
121 strategies. The commissioner shall ensure that such strategies reflect
122 new developments and best practices in the field of children's health
123 services. As used in this section, "evidence-based strategies" means
124 policies, procedures and tools that are informed by research and
125 supported by empirical evidence, including, but not limited to, research
126 developed by organizations such as the American Academy of
127 Pediatrics, the American Academy of Family Physicians, the National
128 Association of Pediatric Nurse Practitioners and the Institute of
129 Medicine.

130 (b) Not later than July 1, 2008, and annually thereafter, the
131 Commissioner of Social Services shall report, in accordance with section
132 11-4a, to the joint standing committees of the General Assembly having
133 cognizance of matters relating to human services, public health and
134 appropriations, and to the Council on Medical Assistance Program
135 Oversight on (1) the implementation of any strategies developed
136 pursuant to subsection (a) of this section, and (2) the efficacy of such
137 strategies in improving the delivery of and access to health services for
138 children enrolled in the HUSKY Health program.

139 [(c) The Commissioner of Social Services, in collaboration with the

140 Council on Medical Assistance Program Oversight, shall, subject to
141 available appropriations, prepare, annually, a report concerning health
142 care choices under HUSKY A. Such report shall include, but not be
143 limited to, a comparison of the performance of each managed care
144 organization, the primary care case management program and other
145 member service delivery choices. The commissioner shall provide a
146 copy of each report to all HUSKY A members.]

147 Sec. 5. Subsection (a) of section 17b-349 of the general statutes is
148 repealed and the following is substituted in lieu thereof (*Effective July 1,*
149 *2021*):

150 (a) The rates paid by the state to community health centers [and
151 freestanding medical clinics] participating in the Medicaid program
152 may be adjusted annually on the basis of the cost reports submitted to
153 the Commissioner of Social Services. [, except that rates effective July 1,
154 1989, shall remain in effect through June 30, 1990.] The Department of
155 Social Services may develop an alternative payment methodology to
156 replace the encounter-based reimbursement system. Such methodology
157 shall be approved by the joint standing committees of the General
158 Assembly having cognizance of matters relating to human services and
159 appropriations and the budgets of state agencies. Until such
160 methodology is implemented, the Department of Social Services shall
161 distribute supplemental funding, within available appropriations, to
162 federally qualified health centers based on cost, volume and quality
163 measures as determined by the Commissioner of Social Services. (1)
164 Beginning with the one-year rate period commencing on October 1,
165 2012, and annually thereafter, the Commissioner of Social Services may
166 add to a community health center's rates, if applicable, a capital cost rate
167 adjustment that is equivalent to the center's actual or projected year-to-
168 year increase in total allowable depreciation and interest expenses
169 associated with major capital projects divided by the projected service
170 visit volume. For the purposes of this subsection, "capital costs" means
171 expenditures for land or building purchases, fixed assets, movable
172 equipment, capitalized financing fees and capitalized construction
173 period interest and "major capital projects" means projects with costs

174 exceeding two million dollars. The commissioner may revise such
175 capital cost rate adjustment retroactively based on actual allowable
176 depreciation and interest expenses or actual service visit volume for the
177 rate period. (2) The commissioner shall establish separate capital cost
178 rate adjustments for each Medicaid service provided by a center. (3) The
179 commissioner shall not grant a capital cost rate adjustment to a
180 community health center for any depreciation or interest expenses
181 associated with capital costs that were disapproved by the federal
182 Department of Health and Human Services or another federal or state
183 government agency with capital expenditure approval authority related
184 to health care services. (4) The commissioner may allow actual debt
185 service in lieu of allowable depreciation and interest expenses
186 associated with capital items funded with a debt obligation, provided
187 debt service amounts are deemed reasonable in consideration of the
188 interest rate and other loan terms. (5) The commissioner shall
189 implement policies and procedures necessary to carry out the
190 provisions of this subsection while in the process of adopting such
191 policies and procedures in regulation form, provided notice of intent to
192 adopt such regulations is [published in the Connecticut Law Journal not
193 later than twenty days after implementation] posted on the
194 eRegulations System prior to adopting the policies and procedures.
195 Such policies and procedures shall be valid until the time final
196 regulations are effective.

197 Sec. 6. Subsection (n) of section 38a-479aa of the general statutes is
198 repealed and the following is substituted in lieu thereof (*Effective July 1,*
199 *2021*):

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

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

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

220 Sec. 8. Sections 17b-184, 17b-274a and 17b-610 of the general statutes
221 are repealed. (*Effective July 1, 2021*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2021</i>	16a-41a(a)
Sec. 2	<i>July 1, 2021</i>	17b-8(d)
Sec. 3	<i>July 1, 2021</i>	17b-59a(b)
Sec. 4	<i>July 1, 2021</i>	17b-306a
Sec. 5	<i>July 1, 2021</i>	17b-349(a)
Sec. 6	<i>July 1, 2021</i>	38a-479aa(n)
Sec. 7	<i>July 1, 2021</i>	17b-608
Sec. 8	<i>July 1, 2021</i>	Repealer section

Statement of Legislative Commissioners:

The title of the bill was changed.

HS *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

This bill makes technical, conforming and other changes that are not anticipated to result in a fiscal impact.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sSB 955*****AN ACT CONCERNING REVISIONS TO OBSOLETE PROVISIONS OF THE GENERAL STATUTES AFFECTING THE DEPARTMENT OF SOCIAL SERVICES.*****SUMMARY**

This bill makes various changes to the laws governing the Department of Social Services (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 weatherization 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 the licensing of human services facilities (interpreted by the state auditors as requiring DSS to promulgate uniform regulations for the licensing of these facilities, undefined in statute, 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 concerning Medicaid rate adjustments based on cost reporting (these clinics are not paid using this method and have always been paid according to a fee schedule) (§ 5);
- 6. the requirement that DSS adopt regulations to certify federally qualified health centers (this component 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).

The bill additionally 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. It also makes technical and conforming changes.

EFFECTIVE DATE: July 1, 2021

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 19 Nay 0 (03/31/2021)