



General Assembly

January Session, 2023

**Governor's Bill No. 6665**

LCO No. 4037



Referred to Committee on HUMAN SERVICES

Introduced by:

Request of the Governor Pursuant  
to Joint Rule 9

**AN ACT CONCERNING THE GOVERNOR'S BUDGET  
RECOMMENDATIONS FOR HEALTH AND HUMAN SERVICES.**

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

1 Section 1. (NEW) (*Effective July 1, 2023*) (a) The Office of Policy and  
2 Management shall serve as the lead agency to coordinate, where  
3 possible, with the state agencies that have responsibility for providing  
4 services to persons diagnosed with autism spectrum disorder.

5 (b) The Office of Policy and Management may examine and make  
6 recommendations regarding the delivery of appropriate and necessary  
7 services and programs for all residents of the state with autism spectrum  
8 disorder. Such services and programs may include, but are not limited to:  
9 to: (1) Autism-specific early intervention services for any child under  
10 the age of three diagnosed with autism spectrum disorder; (2)  
11 education, recreation, habilitation, vocational and transition services for  
12 individuals age three to twenty-one, inclusive, diagnosed with autism  
13 spectrum disorder; (3) services for adults over the age of twenty-one  
14 diagnosed with autism spectrum disorder; (4) housing assistance for

15 individuals diagnosed with autism spectrum disorder; (5) services that  
16 address the intersection of autism services and the criminal justice  
17 system; (6) coverage of autism services under commercial insurance and  
18 by other payors; (7) workforce training specific to autism spectrum  
19 disorder; and (8) related autism spectrum disorder services deemed  
20 necessary by the Secretary of the Office of Policy and Management.

21 (c) The Office of Policy and Management shall serve as the lead state  
22 agency for the purpose of the federal Combating Autism Act, P.L. 109-  
23 416, as amended from time to time, and for applying for and receiving  
24 funds and performing any related responsibilities concerning autism  
25 spectrum disorder that are authorized pursuant to any state or federal  
26 law.

27 (d) The Office of Policy and Management may make  
28 recommendations to the Governor and the joint standing committees of  
29 the General Assembly having cognizance of matters relating to human  
30 services, public health and appropriations and the budgets of state  
31 agencies concerning legislation and funding required to provide  
32 necessary services to persons diagnosed with autism spectrum disorder.

33 (e) The Office of Policy and Management shall research and locate  
34 possible funding streams for the continued development and  
35 implementation of services for persons diagnosed with autism spectrum  
36 disorder.

37 Sec. 2. (NEW) (*Effective July 1, 2023*) (a) There shall be an Autism  
38 Spectrum Disorder Advisory Council which shall consist of the  
39 following members: (1) The Commissioner of Social Services, or the  
40 commissioner's designee; (2) the Commissioner of Children and  
41 Families, or the commissioner's designee; (3) the Commissioner of  
42 Education, or the commissioner's designee; (4) the Commissioner of  
43 Mental Health and Addiction Services, or the commissioner's designee;  
44 (5) the Commissioner of Public Health, or the commissioner's designee;  
45 (6) the Commissioner of Aging and Disability Services, or the  
46 commissioner's designee; (7) the Commissioner of Developmental

47 Services, or the commissioner's designee; (8) the Commissioner of Early  
48 Childhood, or the commissioner's designee; (9) the Secretary of the  
49 Office of Policy and Management, or the Secretary's designee; (10) two  
50 persons with autism spectrum disorder, one each appointed by the  
51 Governor and the speaker of the House of Representatives; (11) two  
52 persons who are parents or guardians of a child with autism spectrum  
53 disorder, one each appointed by the Governor and the minority leader  
54 of the Senate; (12) two persons who are parents or guardians of an adult  
55 with autism spectrum disorder, one each appointed by the president pro  
56 tempore of the Senate and the majority leader of the House of  
57 Representatives; (13) two persons who are advocates for persons with  
58 autism spectrum disorder, one each appointed by the Governor and the  
59 speaker of the House of Representatives; (14) two persons who are  
60 licensed professionals working in the field of autism spectrum disorder,  
61 one each appointed by the Governor and the majority leader of the  
62 Senate; (15) two persons who provide services for persons with autism  
63 spectrum disorder, one each appointed by the Governor and the  
64 minority leader of the House of Representatives; (16) two persons who  
65 shall be representatives of an institution of higher education in the state  
66 with experience in the field of autism spectrum disorder, one each  
67 appointed by the Governor and the president pro tempore of the Senate;  
68 (17) the executive director of the nonprofit entity designated by the  
69 Governor in accordance with section 46a-10b of the general statutes to  
70 serve as the Connecticut protection and advocacy system for persons  
71 with disabilities, or the executive director's designee; and (18) one  
72 person who is a physician who treats or diagnoses persons with autism  
73 spectrum disorder, appointed by the Governor.

74 (b) The council shall have three chairpersons who shall be elected by  
75 the members of the council, provided not less than two of the persons  
76 elected as chairpersons by the members of the council shall be: (1) A  
77 person with autism spectrum disorder appointed pursuant to  
78 subdivision (10) of subsection (a) of this section, (2) a parent or guardian  
79 of a child with autism spectrum disorder appointed pursuant to  
80 subdivision (11) of subsection (a) of this section, or (3) a parent or

81 guardian of an adult with autism spectrum disorder appointed  
82 pursuant to subdivision (12) of subsection (a) of this section. The council  
83 shall make rules for the conduct of its affairs. The council shall meet not  
84 less than four times per year and at such other times as requested by the  
85 chairpersons. Council members shall serve without compensation.

86 (c) The council shall be within the Office of Policy and Management  
87 for administrative purposes only.

88 (d) The council shall make rules for the conduct of its affairs. The  
89 council shall meet not less than four times per year and at such other  
90 times as requested by the chairpersons. Council members shall serve  
91 without compensation.

92 (e) The council shall advise the Secretary of the Office of Policy and  
93 Management concerning policies and programs for persons with autism  
94 spectrum disorder and recommendations to improve coordination and  
95 address gaps in autism services.

96 Sec. 3. Section 17a-215c of the general statutes is repealed and the  
97 following is substituted in lieu thereof (*Effective July 1, 2023*):

98 (a) There is established a Division of Autism Spectrum Disorder  
99 Services within the Department of Social Services to oversee the  
100 operation of Medicaid state plan services and the autism waiver.

101 (b) The Department of Social Services may adopt regulations, in  
102 accordance with chapter 54, to define the term "autism spectrum  
103 disorder", establish eligibility standards and criteria for the receipt of  
104 services by any resident of the state diagnosed with autism spectrum  
105 disorder, regardless of age, and data collection, maintenance and  
106 reporting processes. The Commissioner of Social Services may  
107 implement policies and procedures necessary to administer the  
108 provisions of this section prior to adoption of such regulations,  
109 provided the commissioner shall publish notice of intent to adopt such  
110 regulations not later than twenty days after implementation of such  
111 policies and procedures. Any such policies and procedures shall be

112 valid until such regulations are adopted.

113 [(c) The Division of Autism Spectrum Disorder Services may, within  
114 available appropriations, research, design and implement the delivery  
115 of appropriate and necessary services and programs for all residents of  
116 the state with autism spectrum disorder. Such services and programs  
117 may include the creation of: (1) Autism-specific early intervention  
118 services for any child under the age of three diagnosed with autism  
119 spectrum disorder; (2) education, recreation, habilitation, vocational  
120 and transition services for individuals age three to twenty-one,  
121 inclusive, diagnosed with autism spectrum disorder; (3) services for  
122 adults over the age of twenty-one diagnosed with autism spectrum  
123 disorder; and (4) related autism spectrum disorder services deemed  
124 necessary by the Commissioner of Social Services.

125 (d) The Department of Social Services shall serve as the lead state  
126 agency for the purpose of the federal Combating Autism Act, P.L. 109-  
127 416, as amended from time to time, and for applying for and receiving  
128 funds and performing any related responsibilities concerning autism  
129 spectrum disorder which are authorized pursuant to any state or federal  
130 law.

131 (e) The Department of Social Services may make recommendations to  
132 the Governor and the joint standing committee of the General Assembly  
133 having cognizance of matters relating to human services concerning  
134 legislation and funding required to provide necessary services to  
135 persons diagnosed with autism spectrum disorder.

136 (f) The Division of Autism Spectrum Disorder Services shall research  
137 and locate possible funding streams for the continued development and  
138 implementation of services for persons diagnosed with autism spectrum  
139 disorder but not with intellectual disability. The division shall take all  
140 necessary action to secure Medicaid reimbursement for home and  
141 community-based individualized support services for adults diagnosed  
142 with autism spectrum disorder but not with intellectual disability. Such  
143 action may include applying for a Medicaid waiver pursuant to Section

144 1915(c) of the Social Security Act, as amended from time to time, in order  
145 to secure the funding for such services.

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

151 [(h)] (c) The case records of the Division of Autism Spectrum Disorder  
152 Services maintained by the division for any purpose authorized  
153 pursuant to [subsections (b) to (g), inclusive, of] this section shall be  
154 subject to the same confidentiality requirements, under state and federal  
155 law, that govern all client records maintained by the Department of  
156 Social Services.

157 [(i)] (d) The Commissioner of Social Services may seek approval of an  
158 amendment to the [state] Medicaid state plan or a waiver from federal  
159 law, whichever is sufficient and most expeditious, to establish and  
160 implement a Medicaid-financed home and community-based program  
161 to provide community-based services and, if necessary, housing  
162 assistance, to adults diagnosed with autism spectrum disorder but not  
163 with intellectual disability.

164 [(j)] On or before January 1, 2008, and annually thereafter, the  
165 Commissioner of Social Services, in accordance with the provisions of  
166 section 11-4a, shall submit a report to the joint standing committee of  
167 the General Assembly having cognizance of matters relating to human  
168 services, on the status of any amendment to the state Medicaid plan or  
169 waiver from federal law as described in subsection (i) of this section and  
170 on the establishment and implementation of the program authorized  
171 pursuant to subsection (i) of this section.

172 (k) The Autism Spectrum Disorder Advisory Council, established  
173 pursuant to section 17a-215d, shall advise the Commissioner of Social  
174 Services on all matters relating to autism.]

175 [(1)] (e) The Commissioner of Social Services, in consultation with the  
176 Autism Spectrum Disorder Advisory Council, shall designate services  
177 and interventions that demonstrate, in accordance with medically  
178 established and research-based best practices, empirical effectiveness  
179 for the treatment of autism spectrum disorder. The commissioner shall  
180 update such designations periodically and whenever the commissioner  
181 deems it necessary to conform to changes generally recognized by the  
182 relevant medical community in evidence-based practices or research.

183 Sec. 4. Section 38a-1084 of the general statutes is repealed and the  
184 following is substituted in lieu thereof (*Effective from passage*):

185 The exchange shall:

186 (1) Administer the exchange for both qualified individuals and  
187 qualified employers;

188 (2) Commission surveys of individuals, small employers and health  
189 care providers on issues related to health care and health care coverage;

190 (3) Implement procedures for the certification, recertification and  
191 decertification, consistent with guidelines developed by the Secretary  
192 under Section 1311(c) of the Affordable Care Act, and section 38a-1086,  
193 of health benefit plans as qualified health plans;

194 (4) Provide for the operation of a toll-free telephone hotline to  
195 respond to requests for assistance;

196 (5) Provide for enrollment periods, as provided under Section  
197 1311(c)(6) of the Affordable Care Act;

198 (6) Maintain an Internet web site through which enrollees and  
199 prospective enrollees of qualified health plans may obtain standardized  
200 comparative information on such plans including, but not limited to, the  
201 enrollee satisfaction survey information under Section 1311(c)(4) of the  
202 Affordable Care Act and any other information or tools to assist  
203 enrollees and prospective enrollees evaluate qualified health plans  
204 offered through the exchange;

205 (7) Publish the average costs of licensing, regulatory fees and any  
206 other payments required by the exchange and the administrative costs  
207 of the exchange, including information on moneys lost to waste, fraud  
208 and abuse, on an Internet web site to educate individuals on such costs;

209 (8) On or before the open enrollment period for plan year 2017, assign  
210 a rating to each qualified health plan offered through the exchange in  
211 accordance with the criteria developed by the Secretary under Section  
212 1311(c)(3) of the Affordable Care Act, and determine each qualified  
213 health plan's level of coverage in accordance with regulations issued by  
214 the Secretary under Section 1302(d)(2)(A) of the Affordable Care Act;

215 (9) Use a standardized format for presenting health benefit options in  
216 the exchange, including the use of the uniform outline of coverage  
217 established under Section 2715 of the Public Health Service Act, 42 USC  
218 300gg-15, as amended from time to time;

219 (10) Inform individuals, in accordance with Section 1413 of the  
220 Affordable Care Act, of eligibility requirements for the Medicaid  
221 program under Title XIX of the Social Security Act, as amended from  
222 time to time, the Children's Health Insurance Program (CHIP) under  
223 Title XXI of the Social Security Act, as amended from time to time, or  
224 any applicable state or local public program, and enroll an individual in  
225 such program if the exchange determines, through screening of the  
226 application by the exchange, that such individual is eligible for any such  
227 program;

228 (11) Collaborate with the Department of Social Services, to the extent  
229 possible, to allow an enrollee who loses premium tax credit eligibility  
230 under Section 36B of the Internal Revenue Code and is eligible for  
231 HUSKY A or any other state or local public program, to remain enrolled  
232 in a qualified health plan;

233 (12) Establish and make available by electronic means a calculator to  
234 determine the actual cost of coverage after application of any premium  
235 tax credit under Section 36B of the Internal Revenue Code and any cost-  
236 sharing reduction under Section 1402 of the Affordable Care Act;



237 (13) Establish a program for small employers through which  
238 qualified employers may access coverage for their employees and that  
239 shall enable any qualified employer to specify a level of coverage so that  
240 any of its employees may enroll in any qualified health plan offered  
241 through the exchange at the specified level of coverage;

242 (14) Offer enrollees and small employers the option of having the  
243 exchange collect and administer premiums, including through  
244 allocation of premiums among the various insurers and qualified health  
245 plans chosen by individual employers;

246 (15) Grant a certification, subject to Section 1411 of the Affordable  
247 Care Act, attesting that, for purposes of the individual responsibility  
248 penalty under Section 5000A of the Internal Revenue Code, an  
249 individual is exempt from the individual responsibility requirement or  
250 from the penalty imposed by said Section 5000A because:

251 (A) There is no affordable qualified health plan available through the  
252 exchange, or the individual's employer, covering the individual; or

253 (B) The individual meets the requirements for any other such  
254 exemption from the individual responsibility requirement or penalty;

255 (16) Provide to the Secretary of the Treasury of the United States the  
256 following:

257 (A) A list of the individuals granted a certification under subdivision  
258 (15) of this section, including the name and taxpayer identification  
259 number of each individual;

260 (B) The name and taxpayer identification number of each individual  
261 who was an employee of an employer but who was determined to be  
262 eligible for the premium tax credit under Section 36B of the Internal  
263 Revenue Code because:

264 (i) The employer did not provide minimum essential health benefits  
265 coverage; or

266 (ii) The employer provided the minimum essential coverage but it  
267 was determined under Section 36B(c)(2)(C) of the Internal Revenue  
268 Code to be unaffordable to the employee or not provide the required  
269 minimum actuarial value; and

270 (C) The name and taxpayer identification number of:

271 (i) Each individual who notifies the exchange under Section  
272 1411(b)(4) of the Affordable Care Act that such individual has changed  
273 employers; and

274 (ii) Each individual who ceases coverage under a qualified health  
275 plan during a plan year and the effective date of that cessation;

276 (17) Provide to each employer the name of each employee, as  
277 described in subparagraph (B) of subdivision (16) of this section, of the  
278 employer who ceases coverage under a qualified health plan during a  
279 plan year and the effective date of the cessation;

280 (18) Perform duties required of, or delegated to, the exchange by the  
281 Secretary or the Secretary of the Treasury of the United States related to  
282 determining eligibility for premium tax credits, reduced cost-sharing or  
283 individual responsibility requirement exemptions;

284 (19) Select entities qualified to serve as Navigators in accordance with  
285 Section 1311(i) of the Affordable Care Act and award grants to enable  
286 Navigators to:

287 (A) Conduct public education activities to raise awareness of the  
288 availability of qualified health plans;

289 (B) Distribute fair and impartial information concerning enrollment  
290 in qualified health plans and the availability of premium tax credits  
291 under Section 36B of the Internal Revenue Code and cost-sharing  
292 reductions under Section 1402 of the Affordable Care Act;

293 (C) Facilitate enrollment in qualified health plans;

294 (D) Provide referrals to the Office of the Healthcare Advocate or  
295 health insurance ombudsman established under Section 2793 of the  
296 Public Health Service Act, 42 USC 300gg-93, as amended from time to  
297 time, or any other appropriate state agency or agencies, for any enrollee  
298 with a grievance, complaint or question regarding the enrollee's health  
299 benefit plan, coverage or a determination under that plan or coverage;  
300 and

301 (E) Provide information in a manner that is culturally and  
302 linguistically appropriate to the needs of the population being served by  
303 the exchange;

304 (20) Review the rate of premium growth within and outside the  
305 exchange and consider such information in developing  
306 recommendations on whether to continue limiting qualified employer  
307 status to small employers;

308 (21) Credit the amount, in accordance with Section 10108 of the  
309 Affordable Care Act, of any free choice voucher to the monthly  
310 premium of the plan in which a qualified employee is enrolled and  
311 collect the amount credited from the offering employer;

312 (22) Consult with stakeholders relevant to carrying out the activities  
313 required under sections 38a-1080 to 38a-1090, inclusive, including, but  
314 not limited to:

315 (A) Individuals who are knowledgeable about the health care system,  
316 have background or experience in making informed decisions regarding  
317 health, medical and scientific matters and are enrollees in qualified  
318 health plans;

319 (B) Individuals and entities with experience in facilitating enrollment  
320 in qualified health plans;

321 (C) Representatives of small employers and self-employed  
322 individuals;

323 (D) The Department of Social Services; and

324 (E) Advocates for enrolling hard-to-reach populations;

325 (23) Meet the following financial integrity requirements:

326 (A) Keep an accurate accounting of all activities, receipts and  
327 expenditures and annually submit to the Secretary, the Governor, the  
328 Insurance Commissioner and the General Assembly a report concerning  
329 such accountings;

330 (B) Fully cooperate with any investigation conducted by the Secretary  
331 pursuant to the Secretary's authority under the Affordable Care Act and  
332 allow the Secretary, in coordination with the Inspector General of the  
333 United States Department of Health and Human Services, to:

334 (i) Investigate the affairs of the exchange;

335 (ii) Examine the properties and records of the exchange; and

336 (iii) Require periodic reports in relation to the activities undertaken  
337 by the exchange; and

338 (C) Not use any funds in carrying out its activities under sections 38a-  
339 1080 to 38a-1089, inclusive, that are intended for the administrative and  
340 operational expenses of the exchange, for staff retreats, promotional  
341 giveaways, excessive executive compensation or promotion of federal  
342 or state legislative and regulatory modifications;

343 (24) (A) Seek to include the most comprehensive health benefit plans  
344 that offer high quality benefits at the most affordable price in the  
345 exchange, (B) encourage health carriers to offer tiered health care  
346 provider network plans that have different cost-sharing rates for  
347 different health care provider tiers and reward enrollees for choosing  
348 low-cost, high-quality health care providers by offering lower  
349 copayments, deductibles or other out-of-pocket expenses, and (C) offer  
350 any such tiered health care provider network plans through the  
351 exchange;

352 (25) Report at least annually to the General Assembly on the effect of

353 adverse selection on the operations of the exchange and make legislative  
354 recommendations, if necessary, to reduce the negative impact from any  
355 such adverse selection on the sustainability of the exchange, including  
356 recommendations to ensure that regulation of insurers and health  
357 benefit plans are similar for qualified health plans offered through the  
358 exchange and health benefit plans offered outside the exchange. The  
359 exchange shall evaluate whether adverse selection is occurring with  
360 respect to health benefit plans that are grandfathered under the  
361 Affordable Care Act, self-insured plans, plans sold through the  
362 exchange and plans sold outside the exchange; [and]

363 (26) Consult with the Commissioner of Social Services, Insurance  
364 Commissioner and Office of Health Strategy, established under section  
365 19a-754a for the purposes set forth in section 19a-754c; and

366 (27) (A) Notwithstanding the provisions of section 12-15, the  
367 exchange shall make a written request to the Commissioner of Revenue  
368 Services, for return or return information, as such terms are defined in  
369 section 12-15, for use in conducting targeted outreach to uninsured  
370 residents of this state. If the Commissioner of Revenue Services deems  
371 such return or return information to be relevant to the targeted outreach  
372 to uninsured residents, said commissioner may disclose such  
373 information to the exchange. To effectuate the disclosure of such  
374 information, the Commissioner of Revenue Services and the exchange  
375 shall enter into a memorandum of understanding that sets forth the  
376 specific information to be disclosed and contains the terms and  
377 conditions under which said commissioner will disclose such  
378 information to the exchange. Any return or return information disclosed  
379 by the Commissioner of Revenue Services shall not be redisclosed by  
380 the recipient to a third party without permission from the commissioner  
381 and shall only be used by the exchange in the manner prescribed in the  
382 memorandum of understanding. Any person who violates the  
383 provisions of this subparagraph shall be fined not more than five  
384 thousand dollars.

385 (B) To assist the exchange in conducting targeted outreach to

386 uninsured residents of this state, the Commissioner of Revenue Services  
387 shall revise the tax return form prescribed under chapter 229 to include  
388 space on the tax return for residents to authorize the exchange to contact  
389 such residents regarding enrollment through the exchange. The  
390 Commissioner of Revenue Services and the exchange shall develop  
391 language to be included on the tax return form and shall include in the  
392 instructions accompanying the tax return a description of how the  
393 authorization provided will be relayed to the exchange.

394 Sec. 5. Section 17b-112 of the general statutes is repealed and the  
395 following is substituted in lieu thereof (*Effective from passage*):

396 (a) The Department of Social Services shall administer a temporary  
397 family assistance program under which cash assistance shall be  
398 provided to eligible families in accordance with the temporary  
399 assistance for needy families program, established pursuant to the  
400 Personal Responsibility and Work Opportunity Reconciliation Act of  
401 1996. The Commissioner of Social Services may operate portions of the  
402 temporary family assistance program as a solely state-funded program,  
403 separate from the federal temporary assistance for needy families  
404 program, if the commissioner determines that doing so will enable the  
405 state to avoid fiscal penalties under the temporary assistance for needy  
406 families program. Families receiving assistance under the solely state-  
407 funded portion of the temporary family assistance program shall be  
408 subject to the same conditions of eligibility as those receiving assistance  
409 under the federal temporary assistance for needy families program.  
410 Under the temporary family assistance program, benefits shall be  
411 provided to a family for not longer than twenty-one months, except as  
412 provided in subsections (b) and (c) of this section. For the purpose of  
413 calculating said twenty-one-month time limit, months of assistance  
414 received on and after January 1, 1996, pursuant to time limits under the  
415 aid to families with dependent children program, shall be included. For  
416 purposes of this section, "family" means one or more individuals who  
417 apply for or receive assistance together under the temporary family  
418 assistance program. If the commissioner determines that federal law  
419 allows individuals not otherwise in an eligible covered group for the

420 temporary family assistance program to become covered, such family  
421 may also, at the discretion of the commissioner, be composed of (1) a  
422 pregnant woman, or (2) a parent, both parents or other caretaker relative  
423 and at least one child who is under the age of eighteen, or who is under  
424 the age of nineteen and a full-time student in a secondary school or its  
425 equivalent. A caretaker relative shall be related to the child or children  
426 by blood, marriage or adoption or shall be the legal guardian of such a  
427 child or pursuing legal proceedings necessary to achieve guardianship.  
428 If the commissioner elects to allow state eligibility consistent with any  
429 change in federal law, the commissioner may administratively transfer  
430 any qualifying family cases under the cash assistance portion of the  
431 state-administered general assistance program to the temporary family  
432 assistance program without regard to usual eligibility and enrollment  
433 procedures. If such families become an ineligible coverage group under  
434 the federal law, the commissioner shall administratively transfer such  
435 families back to the cash assistance portion of the state-administered  
436 general assistance program without regard to usual eligibility and  
437 enrollment procedures to the degree that such families are eligible for  
438 the state program.

439 (b) The Commissioner of Social Services shall exempt a family from  
440 such time-limited benefits for circumstances including, but not limited  
441 to: (1) A family with a needy caretaker relative who is incapacitated or  
442 of an advanced age, as defined by the commissioner, if there is no other  
443 nonexempt caretaker relative in the household; (2) a family with a needy  
444 caretaker relative who is needed in the home because of the incapacity  
445 of another member of the household, if there is no other nonexempt  
446 caretaker relative in the household; (3) a family with a caretaker relative  
447 who is not legally responsible for the dependent children in the  
448 household if such relative's needs are not considered in calculating the  
449 amount of the benefit and there is no other nonexempt caretaker relative  
450 in the household; (4) a family with a caretaker relative caring for a child  
451 who is under one year of age if there is no other nonexempt caretaker  
452 relative in the household; (5) a family with a pregnant or postpartum  
453 caretaker relative if a physician has indicated that such relative is unable

454 to work and there is no other nonexempt caretaker relative in the  
455 household; (6) a family with a caretaker relative determined by the  
456 commissioner to be unemployable and there is no other nonexempt  
457 caretaker relative in the household; and (7) minor parents attending and  
458 satisfactorily completing high school or high school equivalency  
459 programs.

460 (c) A family who is subject to time-limited benefits may petition the  
461 Commissioner of Social Services for six-month extensions of such  
462 benefits. The commissioner shall grant not more than two extensions to  
463 such family who has made a good faith effort to comply with the  
464 requirements of the program and despite such effort has a total family  
465 income at a level below the payment standard, or has encountered  
466 circumstances preventing employment including, but not limited to: (1)  
467 Domestic violence or physical harm to such family's children; or (2)  
468 other circumstances beyond such family's control. The commissioner  
469 shall disregard ninety dollars of earned income in determining  
470 applicable family income. The commissioner may grant a subsequent  
471 six-month extension if each adult in the family meets one or more of the  
472 following criteria: (A) The adult is precluded from engaging in  
473 employment activities due to domestic violence or another reason  
474 beyond the adult's control; (B) the adult has two or more substantiated  
475 barriers to employment including, but not limited to, the lack of  
476 available child care, substance abuse or addiction, severe mental or  
477 physical health problems, one or more severe learning disabilities,  
478 domestic violence or a child who has a serious physical or behavioral  
479 health problem; (C) the adult is working thirty-five or more hours per  
480 week, is earning at least the minimum wage and continues to earn less  
481 than the family's temporary family assistance payment standard; or (D)  
482 the adult is employed and works less than thirty-five hours per week  
483 due to (i) a documented medical impairment that limits the adult's  
484 hours of employment, provided the adult works the maximum number  
485 of hours that the medical condition permits, or (ii) the need to care for a  
486 disabled member of the adult's household, provided the adult works the  
487 maximum number of hours the adult's caregiving responsibilities



488 permit. Families receiving temporary family assistance shall be notified  
489 by the department of the right to petition for such extensions.  
490 Notwithstanding the provisions of this section, the commissioner shall  
491 not provide benefits under the state's temporary family assistance  
492 program to a family that is subject to the twenty-one month benefit limit  
493 and has received benefits beginning on or after October 1, 1996, if such  
494 benefits result in that family's receiving more than sixty months of time-  
495 limited benefits unless that family experiences domestic violence, as  
496 defined in Section 402(a)(7)(B), P.L. 104-193. For the purpose of  
497 calculating said sixty-month limit: (I) A month shall count toward the  
498 limit if the family receives assistance for any day of the month, provided  
499 any months of temporary family assistance received during the public  
500 health emergency declared by Governor Ned Lamont related to the  
501 COVID-19 pandemic shall not be included, and (II) a month in which a  
502 family receives temporary assistance for needy families benefits that are  
503 issued from a jurisdiction other than Connecticut shall count toward the  
504 limit.

505 (d) (1) Under said program, no family shall be eligible that has total  
506 gross earnings exceeding the federal poverty level, however, in the  
507 calculation of the benefit amount for eligible families and previously  
508 eligible families that become ineligible temporarily because of receipt of  
509 workers' compensation benefits by a family member who subsequently  
510 returns to work immediately after the period of receipt of such benefits,  
511 earned income shall be disregarded up to the federal poverty level. On  
512 and after October 1, 2023, the commissioner shall not deny a family  
513 assistance under said program on the basis of such family's assets unless  
514 said assets exceed six thousand dollars. Except when determining  
515 eligibility for a six-month extension of benefits pursuant to subsection  
516 (c) of this section, the commissioner shall disregard the first fifty dollars  
517 per month of income attributable to current child support that a family  
518 receives in determining eligibility and benefit levels for temporary  
519 family assistance. Any current child support in excess of fifty dollars per  
520 month collected by the department on behalf of an eligible child shall be  
521 considered in determining eligibility but shall not be considered when

522 calculating benefits and shall be taken as reimbursement for assistance  
523 paid under this section, except that when the current child support  
524 collected exceeds the family's monthly award of temporary family  
525 assistance benefits plus fifty dollars, the current child support shall be  
526 paid to the family and shall be considered when calculating benefits.

527 (2) Notwithstanding the provisions of subdivision (1) of this  
528 subsection, on and after January 1, 2024, in the first month in which a  
529 family's total gross earnings exceed the federal poverty level and for a  
530 period not to exceed six consecutive months, the department shall  
531 disregard, for purposes of eligibility, a family's total gross earnings in  
532 an amount not to exceed two hundred thirty per cent of the federal  
533 poverty level. If a family's total gross earnings are an amount between  
534 one hundred seventy-one per cent and two hundred thirty per cent of  
535 the federal poverty level, the department shall reduce the household's  
536 benefit by twenty per cent for the months in which earnings are between  
537 one hundred seventy-one per cent and two hundred thirty per cent of  
538 the federal poverty level.

539 (e) A family receiving assistance under said program shall cooperate  
540 with child support enforcement, under title IV-D of the Social Security  
541 Act. A family shall be ineligible for benefits for failure to cooperate with  
542 child support enforcement.

543 (f) A family leaving assistance at the end of (1) said twenty-one-  
544 month time limit, including a family with income above the payment  
545 standard, or (2) the sixty-month limit shall have an interview for the  
546 purpose of being informed of services that may continue to be available  
547 to such family, including employment services available through the  
548 Labor Department. Such interview shall include (A) a determination of  
549 benefits available to the family provided by the Department of Social  
550 Services; and (B) a determination of whether such family is eligible for  
551 supplemental nutrition assistance or Medicaid. Information and  
552 referrals shall be made to such a family for services and benefits  
553 including, but not limited to, the earned income tax credit, rental  
554 subsidies emergency housing, employment services and energy

555 assistance.

556 [(g) Notwithstanding section 17b-104, commencing on July 1, 2023,  
557 the Commissioner of Social Services shall provide an annual cost-of-  
558 living adjustment in temporary family assistance benefits equal to the  
559 most recent percentage increase in the consumer price index for urban  
560 consumers whenever funds appropriated for temporary family  
561 assistance lapse at the close of any fiscal year and such adjustment has  
562 not otherwise been included in the budget for the assistance program,  
563 provided the increase would not create a budget deficiency in  
564 succeeding years. The commissioner shall provide a prorated benefit  
565 increase from such available lapsed funds in any fiscal year when such  
566 funds are not sufficient to cover a cost-of-living adjustment in  
567 accordance with this subsection.]

568 [(h)] (g) An applicant or recipient of temporary family assistance who  
569 is adversely affected by a decision of the Commissioner of Social  
570 Services may request and shall be provided a hearing in accordance  
571 with section 17b-60.

572 Sec. 6. Subsection (c) of section 17b-191 of the general statutes is  
573 repealed and the following is substituted in lieu thereof (*Effective October*  
574 *1, 2023*):

575 (c) To be eligible for cash assistance under the program, a person shall  
576 (1) be (A) eighteen years of age or older; (B) a minor found by a court to  
577 be emancipated pursuant to section 46b-150; or (C) under eighteen years  
578 of age and the commissioner determines good cause for such person's  
579 eligibility, and (2) not have assets exceeding [two hundred fifty] five  
580 hundred dollars or, if such person is married, such person and his or her  
581 spouse shall not have assets exceeding [five hundred] one thousand  
582 dollars. In determining eligibility, the commissioner shall not consider  
583 as income (A) Aid and Attendance pension benefits granted to a  
584 veteran, as defined in section 27-103, or the surviving spouse of such  
585 veteran; and (B) any tax refund or advance payment with respect to a  
586 refundable credit to the same extent such refund or advance payment

587 would be disregarded under 26 USC 6409 in any federal program or  
588 state or local program financed in whole or in part with federal funds.  
589 No person who is a substance abuser and refuses or fails to enter  
590 available, appropriate treatment shall be eligible for cash assistance  
591 under the program until such person enters treatment. No person whose  
592 benefits from the temporary family assistance program have terminated  
593 as a result of time-limited benefits or for failure to comply with a  
594 program requirement shall be eligible for cash assistance under the  
595 program.

596       Sec. 7. Section 17b-601 of the general statutes is repealed and the  
597 following is substituted in lieu thereof (*Effective October 1, 2023*):

598       The Commissioner of Social Services shall adopt regulations in  
599 accordance with the provisions of chapter 54 establishing the method by  
600 which payments are made for recipients of the state supplement  
601 program who are residents of licensed residential care homes, as  
602 defined in section 19a-490, and a rated housing facility, as defined in  
603 section 17b-82. Such regulations shall provide for the safeguarding of  
604 residents' personal funds with respect to any homes, or rated housing  
605 facilities that handle such funds. Regulations concerning payment for  
606 residents shall provide for payment to the licensed residential care home  
607 or rated housing facility for the period during which the recipient makes  
608 such home or facility his or her residence, without regard to periods  
609 during which the recipient is absent, provided (1) the recipient's bed at  
610 the home or facility would otherwise be available during such absence,  
611 and (2) the recipient can reasonably be expected to return to the home  
612 or facility before the end of the month following the month in which the  
613 recipient leaves the home or facility. If the department determines that  
614 a resident of a home or rated housing facility who applies for state  
615 supplement benefits is eligible for such benefits, the department shall  
616 pay the home or facility at a per diem or monthly rate less any applied  
617 income due from the resident. The start date of eligibility for state  
618 supplement benefits for an individual residing in a home or facility shall  
619 be the date the person became a resident in such home or facility and  
620 met all eligibility criteria for the state supplement program, but in no

621 event shall the start date be more than ninety days prior to the date the  
622 department received the application for assistance. Any retroactive  
623 adjustment to the rate of such a home or facility by the commissioner  
624 that results in money due to such home or facility shall be made to such  
625 home or facility directly, and any such adjustment that results in an  
626 overpayment to the home or facility shall be paid by the home or facility  
627 to the department. If a retroactive adjustment to the rate of such home  
628 or facility results in a current resident becoming eligible for state  
629 supplement benefits, and such resident applies for state supplement  
630 benefits, the department may determine the start date of eligibility for  
631 state supplement benefits to be the later of the resident's admission date  
632 or the date ninety days prior to the date the department receives the  
633 application.

634 Sec. 8. Subsection (a) of section 17b-244 of the general statutes is  
635 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
636 *2023*):

637 (a) The room and board component of the rates to be paid by the state  
638 to private facilities and facilities operated by regional education service  
639 centers which are licensed to provide residential care pursuant to  
640 section 17a-227, but not certified to participate in the Title XIX Medicaid  
641 program as intermediate care facilities for individuals with intellectual  
642 disabilities, shall be determined annually by the Commissioner of Social  
643 Services, except that rates effective April 30, 1989, shall remain in effect  
644 through October 31, 1989. Any facility with real property other than  
645 land placed in service prior to July 1, 1991, shall, for the fiscal year  
646 ending June 30, 1995, receive a rate of return on real property equal to  
647 the average of the rates of return applied to real property other than land  
648 placed in service for the five years preceding July 1, 1993. For the fiscal  
649 year ending June 30, 1996, and any succeeding fiscal year, the rate of  
650 return on real property for property items shall be revised every five  
651 years. The commissioner shall, upon submission of a request by such  
652 facility, allow actual debt service, comprised of principal and interest,  
653 on the loan or loans in lieu of property costs allowed pursuant to section  
654 17-313b-5 of the regulations of Connecticut state agencies, whether

655 actual debt service is higher or lower than such allowed property costs,  
656 provided such debt service terms and amounts are reasonable in  
657 relation to the useful life and the base value of the property. In the case  
658 of facilities financed through the Connecticut Housing Finance  
659 Authority, the commissioner shall allow actual debt service, comprised  
660 of principal, interest and a reasonable repair and replacement reserve  
661 on the loan or loans in lieu of property costs allowed pursuant to section  
662 17-313b-5 of the regulations of Connecticut state agencies, whether  
663 actual debt service is higher or lower than such allowed property costs,  
664 provided such debt service terms and amounts are determined by the  
665 commissioner at the time the loan is entered into to be reasonable in  
666 relation to the useful life and base value of the property. The  
667 commissioner may allow fees associated with mortgage refinancing  
668 provided such refinancing will result in state reimbursement savings,  
669 after comparing costs over the terms of the existing proposed loans. For  
670 the fiscal year ending June 30, 1992, the inflation factor used to  
671 determine rates shall be one-half of the gross national product  
672 percentage increase for the period between the midpoint of the cost year  
673 through the midpoint of the rate year. For fiscal year ending June 30,  
674 1993, the inflation factor used to determine rates shall be two-thirds of  
675 the gross national product percentage increase from the midpoint of the  
676 cost year to the midpoint of the rate year. For the fiscal years ending  
677 June 30, 1996, and June 30, 1997, no inflation factor shall be applied in  
678 determining rates. The Commissioner of Social Services shall prescribe  
679 uniform forms on which such facilities shall report their costs. Such rates  
680 shall be determined on the basis of a reasonable payment for necessary  
681 services. Any increase in grants, gifts, fund-raising or endowment  
682 income used for the payment of operating costs by a private facility in  
683 the fiscal year ending June 30, 1992, shall be excluded by the  
684 commissioner from the income of the facility in determining the rates to  
685 be paid to the facility for the fiscal year ending June 30, 1993, provided  
686 any operating costs funded by such increase shall not obligate the state  
687 to increase expenditures in subsequent fiscal years. Nothing contained  
688 in this section shall authorize a payment by the state to any such facility  
689 in excess of the charges made by the facility for comparable services to

690 the general public. The service component of the rates to be paid by the  
691 state to private facilities and facilities operated by regional education  
692 service centers which are licensed to provide residential care pursuant  
693 to section 17a-227, but not certified to participate in the Title XIX  
694 Medicaid programs as intermediate care facilities for individuals with  
695 intellectual disabilities, shall be determined annually by the  
696 Commissioner of Developmental Services in accordance with section  
697 17b-244a. For the fiscal year ending June 30, 2008, no facility shall receive  
698 a rate that is more than two per cent greater than the rate in effect for  
699 the facility on June 30, 2007, except any facility that would have been  
700 issued a lower rate effective July 1, 2007, due to interim rate status or  
701 agreement with the department, shall be issued such lower rate effective  
702 July 1, 2007. For the fiscal year ending June 30, 2009, no facility shall  
703 receive a rate that is more than two per cent greater than the rate in effect  
704 for the facility on June 30, 2008, except any facility that would have been  
705 issued a lower rate effective July 1, 2008, due to interim rate status or  
706 agreement with the department, shall be issued such lower rate effective  
707 July 1, 2008. For the fiscal years ending June 30, 2010, and June 30, 2011,  
708 rates in effect for the period ending June 30, 2009, shall remain in effect  
709 until June 30, 2011, except that (1) the rate paid to a facility may be higher  
710 than the rate paid to the facility for the period ending June 30, 2009, if a  
711 capital improvement required by the Commissioner of Developmental  
712 Services for the health or safety of the residents was made to the facility  
713 during the fiscal years ending June 30, 2010, or June 30, 2011, and (2) any  
714 facility that would have been issued a lower rate for the fiscal year  
715 ending June 30, 2010, or June 30, 2011, due to interim rate status or  
716 agreement with the department, shall be issued such lower rate. For the  
717 fiscal year ending June 30, 2012, rates in effect for the period ending June  
718 30, 2011, shall remain in effect until June 30, 2012, except that (A) the  
719 rate paid to a facility may be higher than the rate paid to the facility for  
720 the period ending June 30, 2011, if a capital improvement required by  
721 the Commissioner of Developmental Services for the health or safety of  
722 the residents was made to the facility during the fiscal year ending June  
723 30, 2012, and (B) any facility that would have been issued a lower rate  
724 for the fiscal year ending June 30, 2012, due to interim rate status or

725 agreement with the department, shall be issued such lower rate. Any  
726 facility that has a significant decrease in land and building costs shall  
727 receive a reduced rate to reflect such decrease in land and building costs.  
728 The rate paid to a facility may be increased if a capital improvement  
729 approved by the Department of Developmental Services, in consultation  
730 with the Department of Social Services, for the health or safety of the  
731 residents was made to the facility during the fiscal year ending June 30,  
732 2014, or June 30, 2015, only to the extent such increases are within  
733 available appropriations. For the fiscal years ending June 30, 2016, and  
734 June 30, 2017, rates shall not exceed those in effect for the period ending  
735 June 30, 2015, except the rate paid to a facility may be higher than the  
736 rate paid to the facility for the period ending June 30, 2015, if a capital  
737 improvement approved by the Department of Developmental Services,  
738 in consultation with the Department of Social Services, for the health or  
739 safety of the residents was made to the facility during the fiscal year  
740 ending June 30, 2016, or June 30, 2017, to the extent such rate increases  
741 are within available appropriations. For the fiscal years ending June 30,  
742 2016, and June 30, 2017, and each succeeding fiscal year, any facility that  
743 would have been issued a lower rate, due to interim rate status, a change  
744 in allowable fair rent or agreement with the department, shall be issued  
745 such lower rate. For the fiscal years ending June 30, 2018, and June 30,  
746 2019, rates shall not exceed those in effect for the period ending June 30,  
747 2017, except the rate paid to a facility may be higher than the rate paid  
748 to the facility for the period ending June 30, 2017, if a capital  
749 improvement approved by the Department of Developmental Services,  
750 in consultation with the Department of Social Services, for the health or  
751 safety of the residents was made to the facility during the fiscal year  
752 ending June 30, 2018, or June 30, 2019, to the extent such rate increases  
753 are within available appropriations. For the fiscal years ending June 30,  
754 2020, and June 30, 2021, rates shall not exceed those in effect for the fiscal  
755 year ending June 30, 2019, except the rate paid to a facility may be higher  
756 than the rate paid to the facility for the fiscal year ending June 30, 2019,  
757 if a capital improvement approved by the Department of  
758 Developmental Services, in consultation with the Department of Social  
759 Services, for the health or safety of the residents was made to the facility



760 during the fiscal year ending June 30, 2020, or June 30, 2021, to the extent  
761 such rate increases are within available appropriations. For the fiscal  
762 years ending June 30, 2022, and June 30, 2023, rates shall be based upon  
763 rates in effect for the fiscal year ending June 30, 2021, inflated by the  
764 gross domestic product deflator applicable to each rate year, except the  
765 commissioner may, in the commissioner's discretion and within  
766 available appropriations, provide pro rata fair rent increases to facilities  
767 which have documented fair rent additions placed in service in the cost  
768 report years ending September 30, 2020, and September 30, 2021, that  
769 are not otherwise included in rates issued, or if a rate adjustment for a  
770 capital improvement approved by the Department of Developmental  
771 Services, in consultation with the Department of Social Services, for the  
772 health or safety of the residents was made to the facility during the fiscal  
773 year ending June 30, 2022, or June 30, 2023. For the fiscal years ending  
774 June 30, 2024, and June 30, 2025, rates shall not exceed those in effect for  
775 the fiscal year ending June 30, 2023, except the rate paid to a facility may  
776 be higher than the rate paid to the facility for the fiscal year ending June  
777 30, 2023, if a capital improvement approved by the Department of  
778 Developmental Services, in consultation with the Department of Social  
779 Services, for the health or safety of the residents was made to the facility  
780 during the fiscal year ending June 30, 2024, or June 30, 2025, to the extent  
781 such rate increases are within available appropriations.

782 Sec. 9. (*Effective July 1, 2023*) Notwithstanding the provisions of  
783 subsection (a) of section 17b-244 of the general statutes, as amended by  
784 this act, and subsections (a) to (i), inclusive, of section 17b-340 of the  
785 general statutes, as amended by this act, or any other provision of the  
786 general statutes or regulation adopted thereunder, the state rates of  
787 payments in effect for the fiscal year ending June 30, 2016, for residential  
788 care homes, community living arrangements and community  
789 companion homes that receive the flat rate for residential services under  
790 section 17-311-54 of the regulations of Connecticut state agencies shall  
791 remain in effect until June 30, 2025.

792 Sec. 10. Subsection (i) of section 17b-340 of the general statutes is  
793 repealed and the following is substituted in lieu thereof (*Effective July 1,*

794 2023):

795 (i) For the fiscal year ending June 30, 1993, any residential care home  
796 with an operating cost component of its rate in excess of one hundred  
797 thirty per cent of the median of operating cost components of rates in  
798 effect January 1, 1992, shall not receive an operating cost component  
799 increase. For the fiscal year ending June 30, 1993, any residential care  
800 home with an operating cost component of its rate that is less than one  
801 hundred thirty per cent of the median of operating cost components of  
802 rates in effect January 1, 1992, shall have an allowance for real wage  
803 growth equal to sixty-five per cent of the increase determined in  
804 accordance with subsection (q) of section 17-311-52 of the regulations of  
805 Connecticut state agencies, provided such operating cost component  
806 shall not exceed one hundred thirty per cent of the median of operating  
807 cost components in effect January 1, 1992. Beginning with the fiscal year  
808 ending June 30, 1993, for the purpose of determining allowable fair rent,  
809 a residential care home with allowable fair rent less than the twenty-  
810 fifth percentile of the state-wide allowable fair rent shall be reimbursed  
811 as having allowable fair rent equal to the twenty-fifth percentile of the  
812 state-wide allowable fair rent. Beginning with the fiscal year ending  
813 June 30, 1997, a residential care home with allowable fair rent less than  
814 three dollars and ten cents per day shall be reimbursed as having  
815 allowable fair rent equal to three dollars and ten cents per day. Property  
816 additions placed in service during the cost year ending September 30,  
817 1996, or any succeeding cost year shall receive a fair rent allowance for  
818 such additions as an addition to three dollars and ten cents per day if  
819 the fair rent for the facility for property placed in service prior to  
820 September 30, 1995, is less than or equal to three dollars and ten cents  
821 per day. Beginning with the fiscal year ending June 30, 2016, a  
822 residential care home shall be reimbursed the greater of the allowable  
823 accumulated fair rent reimbursement associated with real property  
824 additions and land as calculated on a per day basis or three dollars and  
825 ten cents per day if the allowable reimbursement associated with real  
826 property additions and land is less than three dollars and ten cents per  
827 day. For the fiscal year ending June 30, 1996, and any succeeding fiscal

828 year, the allowance for real wage growth, as determined in accordance  
829 with subsection (q) of section 17-311-52 of the regulations of Connecticut  
830 state agencies, shall not be applied. For the fiscal year ending June 30,  
831 1996, and any succeeding fiscal year, the inflation adjustment made in  
832 accordance with subsection (p) of section 17-311-52 of the regulations of  
833 Connecticut state agencies shall not be applied to real property costs.  
834 Beginning with the fiscal year ending June 30, 1997, minimum allowable  
835 patient days for rate computation purposes for a residential care home  
836 with twenty-five beds or less shall be eighty-five per cent of licensed  
837 capacity. Beginning with the fiscal year ending June 30, 2002, for the  
838 purposes of determining the allowable salary of an administrator of a  
839 residential care home with sixty beds or less the department shall revise  
840 the allowable base salary to thirty-seven thousand dollars to be annually  
841 inflated thereafter in accordance with section 17-311-52 of the  
842 regulations of Connecticut state agencies. The rates for the fiscal year  
843 ending June 30, 2002, shall be based upon the increased allowable salary  
844 of an administrator, regardless of whether such amount was expended  
845 in the 2000 cost report period upon which the rates are based. Beginning  
846 with the fiscal year ending June 30, 2000, and until the fiscal year ending  
847 June 30, 2009, inclusive, the inflation adjustment for rates made in  
848 accordance with subsection (p) of section 17-311-52 of the regulations of  
849 Connecticut state agencies shall be increased by two per cent, and  
850 beginning with the fiscal year ending June 30, 2002, the inflation  
851 adjustment for rates made in accordance with subsection (c) of said  
852 section shall be increased by one per cent. Beginning with the fiscal year  
853 ending June 30, 1999, for the purpose of determining the allowable  
854 salary of a related party, the department shall revise the maximum  
855 salary to twenty-seven thousand eight hundred fifty-six dollars to be  
856 annually inflated thereafter in accordance with section 17-311-52 of the  
857 regulations of Connecticut state agencies and beginning with the fiscal  
858 year ending June 30, 2001, such allowable salary shall be computed on  
859 an hourly basis and the maximum number of hours allowed for a related  
860 party other than the proprietor shall be increased from forty hours to  
861 forty-eight hours per work week. For the fiscal year ending June 30,  
862 2005, each facility shall receive a rate that is two and one-quarter per

863 cent more than the rate the facility received in the prior fiscal year,  
864 except any facility that would have been issued a lower rate effective  
865 July 1, 2004, than for the fiscal year ending June 30, 2004, due to interim  
866 rate status or agreement with the department shall be issued such lower  
867 rate effective July 1, 2004. Effective upon receipt of all the necessary  
868 federal approvals to secure federal financial participation matching  
869 funds associated with the rate increase provided in subdivision (4) of  
870 subsection (f) of this section, but in no event earlier than October 1, 2005,  
871 and provided the user fee imposed under section 17b-320 is required to  
872 be collected, each facility shall receive a rate that is determined in  
873 accordance with applicable law and subject to appropriations, except  
874 any facility that would have been issued a lower rate effective October  
875 1, 2005, than for the fiscal year ending June 30, 2005, due to interim rate  
876 status or agreement with the department, shall be issued such lower rate  
877 effective October 1, 2005. Such rate increase shall remain in effect unless:  
878 (1) The federal financial participation matching funds associated with  
879 the rate increase are no longer available; or (2) the user fee created  
880 pursuant to section 17b-320 is not in effect. For the fiscal year ending  
881 June 30, 2007, rates in effect for the period ending June 30, 2006, shall  
882 remain in effect until September 30, 2006, except any facility that would  
883 have been issued a lower rate effective July 1, 2006, than for the fiscal  
884 year ending June 30, 2006, due to interim rate status or agreement with  
885 the department, shall be issued such lower rate effective July 1, 2006.  
886 Effective October 1, 2006, no facility shall receive a rate that is more than  
887 four per cent greater than the rate in effect for the facility on September  
888 30, 2006, except for any facility that would have been issued a lower rate  
889 effective October 1, 2006, due to interim rate status or agreement with  
890 the department, shall be issued such lower rate effective October 1, 2006.  
891 For the fiscal years ending June 30, 2010, and June 30, 2011, rates in effect  
892 for the period ending June 30, 2009, shall remain in effect until June 30,  
893 2011, except any facility that would have been issued a lower rate for  
894 the fiscal year ending June 30, 2010, or the fiscal year ending June 30,  
895 2011, due to interim rate status or agreement with the department, shall  
896 be issued such lower rate, except (A) any facility that would have been  
897 issued a lower rate for the fiscal year ending June 30, 2010, or the fiscal

898 year ending June 30, 2011, due to interim rate status or agreement with  
899 the Commissioner of Social Services shall be issued such lower rate; and  
900 (B) the commissioner may increase a facility's rate for reasonable costs  
901 associated with such facility's compliance with the provisions of section  
902 19a-495a concerning the administration of medication by unlicensed  
903 personnel. For the fiscal year ending June 30, 2012, rates in effect for the  
904 period ending June 30, 2011, shall remain in effect until June 30, 2012,  
905 except that (i) any facility that would have been issued a lower rate for  
906 the fiscal year ending June 30, 2012, due to interim rate status or  
907 agreement with the Commissioner of Social Services shall be issued  
908 such lower rate; and (ii) the commissioner may increase a facility's rate  
909 for reasonable costs associated with such facility's compliance with the  
910 provisions of section 19a-495a concerning the administration of  
911 medication by unlicensed personnel. For the fiscal year ending June 30,  
912 2013, the Commissioner of Social Services may, within available  
913 appropriations, provide a rate increase to a residential care home. Any  
914 facility that would have been issued a lower rate for the fiscal year  
915 ending June 30, 2013, due to interim rate status or agreement with the  
916 Commissioner of Social Services shall be issued such lower rate. For the  
917 fiscal years ending June 30, 2012, and June 30, 2013, the Commissioner  
918 of Social Services may provide fair rent increases to any facility that has  
919 undergone a material change in circumstances related to fair rent and  
920 has an approved certificate of need pursuant to section 17b-352, 17b-353,  
921 17b-354 or 17b-355. For the fiscal years ending June 30, 2014, and June  
922 30, 2015, for those facilities that have a calculated rate greater than the  
923 rate in effect for the fiscal year ending June 30, 2013, the commissioner  
924 may increase facility rates based upon available appropriations up to a  
925 stop gain as determined by the commissioner. No facility shall be issued  
926 a rate that is lower than the rate in effect on June 30, 2013, except that  
927 any facility that would have been issued a lower rate for the fiscal year  
928 ending June 30, 2014, or the fiscal year ending June 30, 2015, due to  
929 interim rate status or agreement with the commissioner, shall be issued  
930 such lower rate. For the fiscal year ending June 30, 2014, and each fiscal  
931 year thereafter, a residential care home shall receive a rate increase for  
932 any capital improvement made during the fiscal year for the health and

933 safety of residents and approved by the Department of Social Services,  
934 provided such rate increase is within available appropriations. For the  
935 fiscal year ending June 30, 2015, and each succeeding fiscal year  
936 thereafter, costs of less than ten thousand dollars that are incurred by a  
937 facility and are associated with any land, building or nonmovable  
938 equipment repair or improvement that are reported in the cost year used  
939 to establish the facility's rate shall not be capitalized for a period of more  
940 than five years for rate-setting purposes. For the fiscal year ending June  
941 30, 2015, subject to available appropriations, the commissioner may, at  
942 the commissioner's discretion: Increase the inflation cost limitation  
943 under subsection (c) of section 17-311-52 of the regulations of  
944 Connecticut state agencies, provided such inflation allowance factor  
945 does not exceed a maximum of five per cent; establish a minimum rate  
946 of return applied to real property of five per cent inclusive of assets  
947 placed in service during cost year 2013; waive the standard rate of return  
948 under subsection (f) of section 17-311-52 of the regulations of  
949 Connecticut state agencies for ownership changes or health and safety  
950 improvements that exceed one hundred thousand dollars and that are  
951 required under a consent order from the Department of Public Health;  
952 and waive the rate of return adjustment under subsection (f) of section  
953 17-311-52 of the regulations of Connecticut state agencies to avoid  
954 financial hardship. For the fiscal years ending June 30, 2016, and June  
955 30, 2017, rates shall not exceed those in effect for the period ending June  
956 30, 2015, except the commissioner may, in the commissioner's discretion  
957 and within available appropriations, provide pro rata fair rent increases  
958 to facilities which have documented fair rent additions placed in service  
959 in cost report years ending September 30, 2014, and September 30, 2015,  
960 that are not otherwise included in rates issued. For the fiscal years  
961 ending June 30, 2016, and June 30, 2017, and each succeeding fiscal year,  
962 any facility that would have been issued a lower rate, due to interim rate  
963 status, a change in allowable fair rent or agreement with the department,  
964 shall be issued such lower rate. For the fiscal year ending June 30, 2018,  
965 rates shall not exceed those in effect for the period ending June 30, 2017,  
966 except the commissioner may, in the commissioner's discretion and  
967 within available appropriations, provide pro rata fair rent increases to

968 facilities which have documented fair rent additions placed in service in  
969 the cost report year ending September 30, 2016, that are not otherwise  
970 included in rates issued. For the fiscal year ending June 30, 2019, rates  
971 shall not exceed those in effect for the period ending June 30, 2018,  
972 except the commissioner may, in the commissioner's discretion and  
973 within available appropriations, provide pro rata fair rent increases to  
974 facilities which have documented fair rent additions placed in service in  
975 the cost report year ending September 30, 2017, that are not otherwise  
976 included in rates issued. For the fiscal year ending June 30, 2020, rates  
977 shall not exceed those in effect for the fiscal year ending June 30, 2019,  
978 except the commissioner may, in the commissioner's discretion and  
979 within available appropriations, provide pro rata fair rent increases to  
980 facilities which have documented fair rent additions placed in service in  
981 the cost report year ending September 30, 2018, that are not otherwise  
982 included in rates issued. For the fiscal year ending June 30, 2021, rates  
983 shall not exceed those in effect for the fiscal year ending June 30, 2020,  
984 except the commissioner may, in the commissioner's discretion and  
985 within available appropriations, provide pro rata fair rent increases to  
986 facilities which have documented fair rent additions placed in service in  
987 the cost report year ending September 30, 2019, that are not otherwise  
988 included in rates issued. For the fiscal year ending June 30, 2022, the  
989 commissioner may, in the commissioner's discretion and within  
990 available appropriations, provide pro rata fair rent increases to facilities  
991 that have documented fair rent additions placed in service in the cost  
992 report year ending September 30, 2020, that are not otherwise included  
993 in rates issued. For the fiscal year ending June 30, 2023, the  
994 commissioner may, in the commissioner's discretion and within  
995 available appropriations, provide pro rata fair rent increases to facilities  
996 which have documented fair rent additions placed in service in the cost  
997 report year ending September 30, 2021, that are not otherwise included  
998 in rates issued. For the fiscal years ending June 30, 2022, and June 30,  
999 2023, a facility may receive a rate increase for a capital improvement  
1000 approved by the Department of Social Services, for the health or safety  
1001 of the residents during the fiscal year ending June 30, 2022, or June 30,  
1002 2023, only to the extent such rate increases are within available

1003 appropriations. For the fiscal year ending June 30, 2022, and June 30,  
1004 2023, rates shall be based upon rates in effect for the fiscal year ending  
1005 June 30, 2021, inflated by the gross domestic product deflator applicable  
1006 to each rate year, except the commissioner may, in the commissioner's  
1007 discretion and within available appropriations, provide pro rata fair  
1008 rent increases to facilities which have documented fair rent additions  
1009 placed in service in the cost report years ending September 30, 2020, and  
1010 September 30, 2021, that are not otherwise included in rates issued. For  
1011 the fiscal years ending June 30, 2024, and June 30, 2025, a facility may  
1012 receive a rate increase for a capital improvement approved by the  
1013 Department of Social Services, for the health or safety of the residents  
1014 during the fiscal year ending June 30, 2024, or June 30, 2025, only to the  
1015 extent such rate increases are within available appropriations. For the  
1016 fiscal year ending June 30, 2024, the department shall determine facility  
1017 rates based upon 2022 cost report filings subject to the provisions of this  
1018 section, adjusted to reflect any rate increases provided after cost report  
1019 year ending June 30, 2022. There shall be no increase to rates based on  
1020 any inflationary factor for the fiscal year ending June 30, 2024. For the  
1021 fiscal year ending June 30, 2024, the commissioner may, in the  
1022 commissioner's discretion and within available appropriations, provide  
1023 pro rata fair rent increases to facilities that have documented fair rent  
1024 additions placed in service in the cost report years ending September 30,  
1025 2022, that are not otherwise included in rates issued. For the fiscal year  
1026 ending June 30, 2025, rates shall not exceed those in effect for the fiscal  
1027 year ending June 30, 2024, except the commissioner may, in the  
1028 commissioner's discretion and within available appropriations, provide  
1029 pro rata fair rent increases to facilities that have documented fair rent  
1030 additions placed in service in the cost report year ending September 30,  
1031 2023, that are not otherwise included in rates issued.

1032 Sec. 11. Subsection (h) of section 17b-340 of the general statutes is  
1033 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
1034 *2023*):

1035 (h) For the fiscal year ending June 30, 1993, any intermediate care  
1036 facility for individuals with intellectual disabilities with an operating



1037 cost component of its rate in excess of one hundred forty per cent of the  
1038 median of operating cost components of rates in effect January 1, 1992,  
1039 shall not receive an operating cost component increase. For the fiscal  
1040 year ending June 30, 1993, any intermediate care facility for individuals  
1041 with intellectual disabilities with an operating cost component of its rate  
1042 that is less than one hundred forty per cent of the median of operating  
1043 cost components of rates in effect January 1, 1992, shall have an  
1044 allowance for real wage growth equal to thirty per cent of the increase  
1045 determined in accordance with subsection (q) of section 17-311-52 of the  
1046 regulations of Connecticut state agencies, provided such operating cost  
1047 component shall not exceed one hundred forty per cent of the median  
1048 of operating cost components in effect January 1, 1992. Any facility with  
1049 real property other than land placed in service prior to October 1, 1991,  
1050 shall, for the fiscal year ending June 30, 1995, receive a rate of return on  
1051 real property equal to the average of the rates of return applied to real  
1052 property other than land placed in service for the five years preceding  
1053 October 1, 1993. For the fiscal year ending June 30, 1996, and any  
1054 succeeding fiscal year, the rate of return on real property for property  
1055 items shall be revised every five years. The commissioner shall, upon  
1056 submission of a request, allow actual debt service, comprised of  
1057 principal and interest, in excess of property costs allowed pursuant to  
1058 section 17-311-52 of the regulations of Connecticut state agencies,  
1059 provided such debt service terms and amounts are reasonable in  
1060 relation to the useful life and the base value of the property. For the fiscal  
1061 year ending June 30, 1995, and any succeeding fiscal year, the inflation  
1062 adjustment made in accordance with subsection (p) of section 17-311-52  
1063 of the regulations of Connecticut state agencies shall not be applied to  
1064 real property costs. For the fiscal year ending June 30, 1996, and any  
1065 succeeding fiscal year, the allowance for real wage growth, as  
1066 determined in accordance with subsection (q) of section 17-311-52 of the  
1067 regulations of Connecticut state agencies, shall not be applied. For the  
1068 fiscal year ending June 30, 1996, and any succeeding fiscal year, no rate  
1069 shall exceed three hundred seventy-five dollars per day unless the  
1070 commissioner, in consultation with the Commissioner of  
1071 Developmental Services, determines after a review of program and

1072 management costs, that a rate in excess of this amount is necessary for  
1073 care and treatment of facility residents. For the fiscal year ending June  
1074 30, 2002, rate period, the Commissioner of Social Services shall increase  
1075 the inflation adjustment for rates made in accordance with subsection  
1076 (p) of section 17-311-52 of the regulations of Connecticut state agencies  
1077 to update allowable fiscal year 2000 costs to include a three and one-half  
1078 per cent inflation factor. For the fiscal year ending June 30, 2003, rate  
1079 period, the commissioner shall increase the inflation adjustment for  
1080 rates made in accordance with subsection (p) of section 17-311-52 of the  
1081 regulations of Connecticut state agencies to update allowable fiscal year  
1082 2001 costs to include a one and one-half per cent inflation factor, except  
1083 that such increase shall be effective November 1, 2002, and such facility  
1084 rate in effect for the fiscal year ending June 30, 2002, shall be paid for  
1085 services provided until October 31, 2002, except any facility that would  
1086 have been issued a lower rate effective July 1, 2002, than for the fiscal  
1087 year ending June 30, 2002, due to interim rate status or agreement with  
1088 the department shall be issued such lower rate effective July 1, 2002, and  
1089 have such rate updated effective November 1, 2002, in accordance with  
1090 applicable statutes and regulations. For the fiscal year ending June 30,  
1091 2004, rates in effect for the period ending June 30, 2003, shall remain in  
1092 effect, except any facility that would have been issued a lower rate  
1093 effective July 1, 2003, than for the fiscal year ending June 30, 2003, due  
1094 to interim rate status or agreement with the department shall be issued  
1095 such lower rate effective July 1, 2003. For the fiscal year ending June 30,  
1096 2005, rates in effect for the period ending June 30, 2004, shall remain in  
1097 effect until September 30, 2004. Effective October 1, 2004, each facility  
1098 shall receive a rate that is five per cent greater than the rate in effect  
1099 September 30, 2004. Effective upon receipt of all the necessary federal  
1100 approvals to secure federal financial participation matching funds  
1101 associated with the rate increase provided in subdivision (4) of  
1102 subsection (f) of this section, but in no event earlier than October 1, 2005,  
1103 and provided the user fee imposed under section 17b-320 is required to  
1104 be collected, each facility shall receive a rate that is four per cent more  
1105 than the rate the facility received in the prior fiscal year, except any  
1106 facility that would have been issued a lower rate effective October 1,

1107 2005, than for the fiscal year ending June 30, 2005, due to interim rate  
1108 status or agreement with the department, shall be issued such lower rate  
1109 effective October 1, 2005. Such rate increase shall remain in effect unless:  
1110 (1) The federal financial participation matching funds associated with  
1111 the rate increase are no longer available; or (2) the user fee created  
1112 pursuant to section 17b-320 is not in effect. For the fiscal year ending  
1113 June 30, 2007, rates in effect for the period ending June 30, 2006, shall  
1114 remain in effect until September 30, 2006, except any facility that would  
1115 have been issued a lower rate effective July 1, 2006, than for the fiscal  
1116 year ending June 30, 2006, due to interim rate status or agreement with  
1117 the department, shall be issued such lower rate effective July 1, 2006.  
1118 Effective October 1, 2006, no facility shall receive a rate that is more than  
1119 three per cent greater than the rate in effect for the facility on September  
1120 30, 2006, except any facility that would have been issued a lower rate  
1121 effective October 1, 2006, due to interim rate status or agreement with  
1122 the department, shall be issued such lower rate effective October 1, 2006.  
1123 For the fiscal year ending June 30, 2008, each facility shall receive a rate  
1124 that is two and nine-tenths per cent greater than the rate in effect for the  
1125 period ending June 30, 2007, except any facility that would have been  
1126 issued a lower rate effective July 1, 2007, than for the rate period ending  
1127 June 30, 2007, due to interim rate status, or agreement with the  
1128 department, shall be issued such lower rate effective July 1, 2007. For the  
1129 fiscal year ending June 30, 2009, rates in effect for the period ending June  
1130 30, 2008, shall remain in effect until June 30, 2009, except any facility that  
1131 would have been issued a lower rate for the fiscal year ending June 30,  
1132 2009, due to interim rate status or agreement with the department, shall  
1133 be issued such lower rate. For the fiscal years ending June 30, 2010, and  
1134 June 30, 2011, rates in effect for the period ending June 30, 2009, shall  
1135 remain in effect until June 30, 2011, except any facility that would have  
1136 been issued a lower rate for the fiscal year ending June 30, 2010, or the  
1137 fiscal year ending June 30, 2011, due to interim rate status or agreement  
1138 with the department, shall be issued such lower rate. For the fiscal year  
1139 ending June 30, 2012, rates in effect for the period ending June 30, 2011,  
1140 shall remain in effect until June 30, 2012, except any facility that would  
1141 have been issued a lower rate for the fiscal year ending June 30, 2012,

1142 due to interim rate status or agreement with the department, shall be  
1143 issued such lower rate. For the fiscal years ending June 30, 2014, and  
1144 June 30, 2015, rates shall not exceed those in effect for the period ending  
1145 June 30, 2013, except the rate paid to a facility may be higher than the  
1146 rate paid to the facility for the period ending June 30, 2013, if a capital  
1147 improvement approved by the Department of Developmental Services,  
1148 in consultation with the Department of Social Services, for the health or  
1149 safety of the residents was made to the facility during the fiscal year  
1150 ending June 30, 2014, or June 30, 2015, to the extent such rate increases  
1151 are within available appropriations. Any facility that would have been  
1152 issued a lower rate for the fiscal year ending June 30, 2014, or the fiscal  
1153 year ending June 30, 2015, due to interim rate status or agreement with  
1154 the department, shall be issued such lower rate. For the fiscal years  
1155 ending June 30, 2016, and June 30, 2017, rates shall not exceed those in  
1156 effect for the period ending June 30, 2015, except the rate paid to a  
1157 facility may be higher than the rate paid to the facility for the period  
1158 ending June 30, 2015, if a capital improvement approved by the  
1159 Department of Developmental Services, in consultation with the  
1160 Department of Social Services, for the health or safety of the residents  
1161 was made to the facility during the fiscal year ending June 30, 2016, or  
1162 June 30, 2017, to the extent such rate increases are within available  
1163 appropriations. For the fiscal years ending June 30, 2016, and June 30,  
1164 2017, and each succeeding fiscal year, any facility that would have been  
1165 issued a lower rate, due to interim rate status, a change in allowable fair  
1166 rent or agreement with the department, shall be issued such lower rate.  
1167 For the fiscal years ending June 30, 2018, and June 30, 2019, rates shall  
1168 not exceed those in effect for the period ending June 30, 2017, except the  
1169 rate paid to a facility may be higher than the rate paid to the facility for  
1170 the period ending June 30, 2017, if a capital improvement approved by  
1171 the Department of Developmental Services, in consultation with the  
1172 Department of Social Services, for the health or safety of the residents  
1173 was made to the facility during the fiscal year ending June 30, 2018, or  
1174 June 30, 2019, only to the extent such rate increases are within available  
1175 appropriations. For the fiscal years ending June 30, 2020, and June 30,  
1176 2021, rates shall not exceed those in effect for the fiscal year ending June

1177 30, 2019, except the rate paid to a facility may be higher than the rate  
1178 paid to the facility for the fiscal year ending June 30, 2019, if a capital  
1179 improvement approved by the Department of Developmental Services,  
1180 in consultation with the Department of Social Services, for the health or  
1181 safety of the residents was made to the facility during the fiscal year  
1182 ending June 30, 2020, or June 30, 2021, only to the extent such rate  
1183 increases are within available appropriations. For the fiscal year ending  
1184 June 30, 2022, rates shall not exceed those in effect for the fiscal year  
1185 ending June 30, 2021, except the commissioner may, in the  
1186 commissioner's discretion and within available appropriations, provide  
1187 pro rata fair rent increases to facilities that have documented fair rent  
1188 additions placed in service in the cost report year ending September 30,  
1189 2020, that are not otherwise included in rates issued. For the fiscal year  
1190 ending June 30, 2023, rates shall not exceed those in effect for the fiscal  
1191 year ending June 30, 2022, except the commissioner may, in the  
1192 commissioner's discretion and within available appropriations, provide  
1193 pro rata fair rent increases to facilities which have documented fair rent  
1194 additions placed in service in the cost report year ending September 30,  
1195 2021, that are not otherwise included in rates issued. For the fiscal years  
1196 ending June 30, 2022, and June 30, 2023, a facility may receive a rate  
1197 increase for a capital improvement approved by the Department of  
1198 Developmental Services, in consultation with the Department of Social  
1199 Services, for the health or safety of the residents during the fiscal year  
1200 ending June 30, 2022, or June 30, 2023, only to the extent such rate  
1201 increases are within available appropriations. For the fiscal year ending  
1202 June 30, 2024, rates shall not exceed those in effect for the fiscal year  
1203 ending June 30, 2023, except the commissioner may, in the  
1204 commissioner's discretion and within available appropriations, provide  
1205 pro rata fair rent increases to facilities that have documented fair rent  
1206 additions placed in service in the cost report year ending September 30,  
1207 2022, that are not otherwise included in rates issued. For the fiscal year  
1208 ending June 30, 2025, rates shall not exceed those in effect for the fiscal  
1209 year ending June 30, 2024, except the commissioner may, in the  
1210 commissioner's discretion and within available appropriations, provide  
1211 pro rata fair rent increases to facilities that have documented fair rent

1212 additions placed in service in the cost report year ending September 30,  
1213 2023, that are not otherwise included in rates issued. For the fiscal years  
1214 ending June 30, 2024, and June 30, 2025, a facility may receive a rate  
1215 increase for a capital improvement approved by the Department of  
1216 Developmental Services, in consultation with the Department of Social  
1217 Services, for the health or safety of the residents during the fiscal year  
1218 ending June 30, 2024, or June 30, 2025, only to the extent such rate  
1219 increases are within available appropriations. Any facility that has a  
1220 significant decrease in land and building costs shall receive a reduced  
1221 rate to reflect such decrease in land and building costs. For the fiscal  
1222 years ending June 30, 2012, June 30, 2013, June 30, 2014, June 30, 2015,  
1223 June 30, 2016, June 30, 2017, June 30, 2018, June 30, 2019, June 30, 2020,  
1224 June 30, 2021, June 30, 2022, [and] June 30, 2023, June 30, 2024, and June  
1225 30, 2025, the Commissioner of Social Services may provide fair rent  
1226 increases to any facility that has undergone a material change in  
1227 circumstances related to fair rent and has an approved certificate of need  
1228 pursuant to section 17b-352, 17b-353, 17b-354 or 17b-355.  
1229 Notwithstanding the provisions of this section, the Commissioner of  
1230 Social Services may, within available appropriations, increase or  
1231 decrease rates issued to intermediate care facilities for individuals with  
1232 intellectual disabilities to reflect a reduction in available appropriations  
1233 as provided in subsection (a) of this section. For the fiscal years ending  
1234 June 30, 2014, and June 30, 2015, the commissioner shall not consider  
1235 rebasing in determining rates. Notwithstanding the provisions of this  
1236 subsection, effective July 1, 2021, and July 1, 2022, the commissioner  
1237 shall, within available appropriations, increase rates for the purpose of  
1238 wage and benefit enhancements for employees of intermediate care  
1239 facilities. Facilities that receive a rate adjustment for the purpose of wage  
1240 and benefit enhancements but do not provide increases in employee  
1241 salaries as described in this subsection on or before July 31, 2021, and  
1242 July 31, 2022, respectively, may be subject to a rate decrease in the same  
1243 amount as the adjustment by the commissioner.

1244       Sec. 12. Section 17b-340d of the general statutes is repealed and the  
1245 following is substituted in lieu thereof (*Effective July 1, 2023*):

1246 (a) The Commissioner of Social Services shall implement an acuity-  
1247 based methodology for Medicaid reimbursement of nursing home  
1248 services effective July 1, 2022. Notwithstanding section 17b-340, as  
1249 amended by this act, for the fiscal year ending June 30, 2023, and  
1250 annually thereafter, the Commissioner of Social Services shall establish  
1251 Medicaid rates paid to nursing home facilities based on cost years  
1252 ending on September thirtieth in accordance with the following:

1253 (1) Case-mix adjustments to the direct care component, which will be  
1254 based on Minimum Data Set resident assessment data as well as cost  
1255 data reported for the cost year ending September 30, 2019, shall be made  
1256 effective beginning July 1, 2022, and updated every quarter thereafter.  
1257 After modeling such case-mix adjustments, the Commissioner of Social  
1258 Services shall evaluate impact on a facility by facility basis and, not later  
1259 than October 1, 2021, (A) make recommendations to the Secretary of the  
1260 Office of Policy and Management, and (B) submit a report on the  
1261 recommendations, in accordance with the provisions of section 11-4a, to  
1262 the joint standing committees of the General Assembly having  
1263 cognizance of matters relating to appropriations and the budgets of state  
1264 agencies and human services on any adjustments needed to facilitate the  
1265 transition to the new methodology on July 1, 2022. This evaluation may  
1266 include a review of inflationary allowances, case mix and budget  
1267 adjustment factors and stop loss and stop gain corridors and the ability  
1268 to make such adjustments within available appropriations.

1269 (2) Beginning July 1, 2022, facilities will be required to comply with  
1270 collection and reporting of quality metrics as specified by the  
1271 Department of Social Services, after consultation with the nursing home  
1272 industry, consumers, employees and the Department of Public Health.  
1273 Rate adjustments based on performance on quality metrics will be  
1274 phased in, beginning July 1, 2022, with a period of reporting only.

1275 (3) Geographic peer groupings of facilities shall be established by the  
1276 Department of Social Services pursuant to regulations adopted in  
1277 accordance with subsection (b) of this section.

1278 (4) Allowable costs shall be divided into the following five cost  
1279 components: (A) Direct costs, which shall include salaries for nursing  
1280 personnel, related fringe benefits and costs for nursing personnel  
1281 supplied by a temporary nursing services agency; (B) indirect costs,  
1282 which shall include professional fees, dietary expenses, housekeeping  
1283 expenses, laundry expenses, supplies related to patient care, salaries for  
1284 indirect care personnel and related fringe benefits; (C) fair rent, which  
1285 shall be defined in regulations adopted in accordance with subsection  
1286 (b) of this section; (D) capital-related costs, which shall include property  
1287 taxes, insurance expenses, equipment leases and equipment  
1288 depreciation; and (E) administrative and general costs, which shall  
1289 include maintenance and operation of plant expenses, salaries for  
1290 administrative and maintenance personnel and related fringe benefits.  
1291 For (i) direct costs, the maximum cost shall be equal to one hundred  
1292 thirty-five per cent of the median allowable cost of that peer grouping;  
1293 (ii) indirect costs, the maximum cost shall be equal to one hundred  
1294 fifteen per cent of the state-wide median allowable cost; (iii) fair rent,  
1295 the amount shall be calculated utilizing the amount approved pursuant  
1296 to section 17b-353; (iv) capital-related costs, there shall be no maximum;  
1297 and (v) administrative and general costs, the maximum shall be equal to  
1298 the state-wide median allowable cost. For purposes of this subdivision,  
1299 "temporary nursing services agency" and "nursing personnel" have the  
1300 same meaning as provided in section 19a-118.

1301 (5) For the fiscal year ending June 30, 2022, the commissioner may, in  
1302 the commissioner's discretion and within available appropriations,  
1303 provide pro rata fair rent increases to facilities which have documented  
1304 fair rent additions placed in service in the cost report year ending  
1305 September 30, 2020, that are not otherwise included in the rates issued.

1306 (6) There shall be no increase to rates based on inflation or any  
1307 inflationary factor for the fiscal years ending June 30, 2022, and June 30,  
1308 2023, unless otherwise authorized under subdivision (1) of this  
1309 subsection. Notwithstanding section 17-311-52 of the regulations of  
1310 Connecticut state agencies, for the fiscal years ending June 30, 2024, and  
1311 June 30, 2025, there shall be no inflationary increases to rates beyond



1312 those already factored into the model for the transition to an acuity-  
1313 based reimbursement system.

1314 (7) For purposes of computing minimum allowable patient days,  
1315 utilization of a facility's certified beds shall be determined at a minimum  
1316 of ninety per cent of capacity, except for facilities that have undergone  
1317 a change in ownership, new facilities, and facilities which are certified  
1318 for additional beds which may be permitted a lower occupancy rate for  
1319 the first three months of operation after the effective date of licensure.

1320 (8) Rates determined under this section shall comply with federal  
1321 laws and regulations.

1322 (b) The Commissioner of Social Services may implement policies as  
1323 necessary to carry out the provisions of this section while in the process  
1324 of adopting the policies as regulations, provided that prior to  
1325 implementation the policies are posted (1) on the eRegulations System  
1326 established pursuant to section 4-173b, and (2) the Department of Social  
1327 Services' Internet web site.

1328 Sec. 13. Section 17b-2 of the general statutes is repealed and the  
1329 following is substituted in lieu thereof (*Effective July 1, 2023*):

1330 The Department of Social Services is designated as the state agency  
1331 for the administration of (1) the Connecticut energy assistance program  
1332 pursuant to the Low Income Home Energy Assistance Act of 1981; (2)  
1333 the state plan for vocational rehabilitation services for the fiscal year  
1334 ending June 30, 1994; (3) the refugee assistance program pursuant to the  
1335 Refugee Act of 1980; (4) the legalization impact assistance grant  
1336 program pursuant to the Immigration Reform and Control Act of 1986;  
1337 (5) the temporary assistance for needy families program pursuant to the  
1338 Personal Responsibility and Work Opportunity Reconciliation Act of  
1339 1996; (6) the Medicaid program pursuant to Title XIX of the Social  
1340 Security Act; (7) the supplemental nutrition assistance program  
1341 pursuant to the Food and Nutrition Act of 2008; (8) the state supplement  
1342 to the Supplemental Security Income Program pursuant to the Social  
1343 Security Act; (9) the state child support enforcement plan pursuant to

1344 Title IV-D of the Social Security Act; (10) the state social services plan  
1345 for the implementation of the social services block grants and  
1346 community services block grants pursuant to the Social Security Act;  
1347 and (11) services for persons with autism spectrum disorder in  
1348 accordance with [sections 17a-215 and] section 17a-215c, as amended by  
1349 this act.

1350       Sec. 14. Section 17a-215e of the general statutes is repealed and the  
1351 following is substituted in lieu thereof (*Effective July 1, 2023*):

1352       Not later than February 1, 2017, and annually thereafter, the  
1353 Commissioner of Social Services shall report, in accordance with the  
1354 provisions of section 11-4a, to the joint standing committee of the  
1355 General Assembly having cognizance of matters relating to human  
1356 services concerning the activities of the Department of Social Services'  
1357 Division of Autism Spectrum Disorder Services, established pursuant to  
1358 section 17a-215c, as amended by this act, and the Autism Spectrum  
1359 Disorder Advisory Council, established pursuant to section [17a-215d]  
1360 2 of this act. Such report shall include, but not be limited to: (1) The  
1361 number and ages of persons with autism spectrum disorder who are  
1362 served by the Department of Social Services' Division of Autism  
1363 Spectrum Disorder Services and, when practicable to report, the number  
1364 and ages of such persons who are served by other state agencies; (2) the  
1365 number and ages of persons with autism spectrum disorder on said  
1366 division's waiting list for Medicaid waiver services; (3) the type of  
1367 Medicaid waiver services currently provided by the department to  
1368 persons with autism spectrum disorder; (4) a description of the unmet  
1369 needs of persons with autism spectrum disorder on said division's  
1370 waiting list; (5) the projected estimates for a five-year period of the costs  
1371 to the state due to such unmet needs; (6) measurable outcome data for  
1372 persons with autism spectrum disorder who are eligible to receive  
1373 services from said division, including, but not limited to, (A) the number  
1374 of such persons who are enrolled in postsecondary education, (B) the  
1375 employment status of such persons, and (C) a description of such  
1376 persons' living arrangements; and (7) a description of new initiatives  
1377 and proposals for new initiatives that are under consideration.

1378 Sec. 15. Subdivision (4) of subsection (a) of section 38a-488b of the  
1379 general statutes is repealed and the following is substituted in lieu  
1380 thereof (*Effective July 1, 2023*):

1381 (4) "Behavioral therapy" means any interactive behavioral therapies  
1382 derived from evidence-based research and consistent with the services  
1383 and interventions designated by the Commissioner of Social Services  
1384 pursuant to subsection [(1)] (e) of section 17a-215c, as amended by this  
1385 act, including, but not limited to, applied behavior analysis, cognitive  
1386 behavioral therapy, or other therapies supported by empirical evidence  
1387 of the effective treatment of individuals diagnosed with autism  
1388 spectrum disorder, that are: (A) Provided to children less than twenty-  
1389 one years of age; and (B) provided or supervised by (i) a licensed  
1390 behavior analyst, (ii) a licensed physician, or (iii) a licensed  
1391 psychologist. For the purposes of this subdivision, behavioral therapy is  
1392 "supervised by" such licensed behavior analyst, licensed physician or  
1393 licensed psychologist when such supervision entails at least one hour of  
1394 face-to-face supervision of the autism spectrum disorder services  
1395 provider by such licensed behavior analyst, licensed physician or  
1396 licensed psychologist for each ten hours of behavioral therapy provided  
1397 by the supervised provider.

1398 Sec. 16. Subdivision (4) of subsection (a) of section 38a-514b of the  
1399 general statutes is repealed and the following is substituted in lieu  
1400 thereof (*Effective July 1, 2023*):

1401 (4) "Behavioral therapy" means any interactive behavioral therapies  
1402 derived from evidence-based research and consistent with the services  
1403 and interventions designated by the Commissioner of Social Services  
1404 pursuant to subsection [(1)] (e) of section 17a-215c, as amended by this  
1405 act, including, but not limited to, applied behavior analysis, cognitive  
1406 behavioral therapy, or other therapies supported by empirical evidence  
1407 of the effective treatment of individuals diagnosed with autism  
1408 spectrum disorder, that are: (A) Provided to children less than twenty-  
1409 one years of age; and (B) provided or supervised by (i) a licensed  
1410 behavior analyst, (ii) a licensed physician, or (iii) a licensed

1411 psychologist. For the purposes of this subdivision, behavioral therapy is  
 1412 "supervised by" such licensed behavior analyst, licensed physician or  
 1413 licensed psychologist when such supervision entails at least one hour of  
 1414 face-to-face supervision of the autism spectrum disorder services  
 1415 provider by such licensed behavior analyst, licensed physician or  
 1416 licensed psychologist for each ten hours of behavioral therapy provided  
 1417 by the supervised provider.

1418 Sec. 17. Sections 17a-215 and 17a-215d of the general statutes are  
 1419 repealed. (*Effective July 1, 2023*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2023</i>	New section
Sec. 2	<i>July 1, 2023</i>	New section
Sec. 3	<i>July 1, 2023</i>	17a-215c
Sec. 4	<i>from passage</i>	38a-1084
Sec. 5	<i>from passage</i>	17b-112
Sec. 6	<i>October 1, 2023</i>	17b-191(c)
Sec. 7	<i>October 1, 2023</i>	17b-601
Sec. 8	<i>July 1, 2023</i>	17b-244(a)
Sec. 9	<i>July 1, 2023</i>	New section
Sec. 10	<i>July 1, 2023</i>	17b-340(i)
Sec. 11	<i>July 1, 2023</i>	17b-340(h)
Sec. 12	<i>July 1, 2023</i>	17b-340d
Sec. 13	<i>July 1, 2023</i>	17b-2
Sec. 14	<i>July 1, 2023</i>	17a-215e
Sec. 15	<i>July 1, 2023</i>	38a-488b(a)(4)
Sec. 16	<i>July 1, 2023</i>	38a-514b(a)(4)
Sec. 17	<i>July 1, 2023</i>	Repealer section

**Statement of Purpose:**

To implement the Governor's budget recommendations for health and human services.

*[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.]*