



General Assembly

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Governor's Bill No. 6846

LCO No. 4003



Referred to Committee on HUMAN SERVICES

Introduced by:

REP. SHARKEY, 88th Dist.
REP. ARESIMOWICZ, 30th Dist.
SEN. LOONEY, 11th Dist.
SEN. DUFF, 25th Dist.

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

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

1 Section 1. Subdivision (14) of subsection (b) of section 17a-408 of the
2 general statutes is repealed and the following is substituted in lieu
3 thereof (*Effective July 1, 2015*):

4 (14) Implement and administer, [on and after July 1, 2014] within
5 available appropriations, a pilot program that serves home and
6 community-based care recipients in Hartford County; and

7 Sec. 2. Subdivision (3) of subsection (b) of section 10-295 of the
8 general statutes is repealed and the following is substituted in lieu
9 thereof (*Effective July 1, 2015*):

10 (3) The Commissioner of Rehabilitation Services may, within
11 available appropriations, employ certified teachers of the visually
12 impaired in sufficient numbers to meet the requests for services

13 received from school districts. In responding to such requests, the
14 commissioner shall utilize a formula for determining the number of
15 teachers needed to serve the school districts, crediting six points for
16 each Braille-learning child and one point for each other child, with one
17 full-time certified teacher of the visually impaired assigned for every
18 twenty-five points credited. The commissioner shall exercise due
19 diligence to employ the needed number of certified teachers of the
20 visually impaired, but shall not be liable for lack of resources. Funds
21 appropriated to said account may also be utilized to employ
22 [rehabilitation teachers, rehabilitation technologists and orientation
23 and mobility teachers] additional staff in numbers sufficient to provide
24 compensatory skills evaluations and training to blind and visually
25 impaired children [. In addition, up to five per cent of such
26 appropriation may also be utilized to employ] and special assistants to
27 the blind and other support staff necessary to ensure the efficient
28 operation of service delivery. Not later than October first of each year,
29 the Commissioner of Rehabilitation Services shall determine the
30 number of teachers needed based on the formula provided in this
31 subdivision. Based on such determination, the Commissioner of
32 Rehabilitation Services shall estimate the funding needed to pay such
33 teachers' salaries [, benefits] and related expenses.

34 Sec. 3. Subsection (a) of section 17b-261 of the general statutes is
35 repealed and the following is substituted in lieu thereof (*Effective July*
36 *1, 2015*):

37 (a) Medical assistance shall be provided for any otherwise eligible
38 person whose income, including any available support from legally
39 liable relatives and the income of the person's spouse or dependent
40 child, is not more than one hundred forty-three per cent, pending
41 approval of a federal waiver applied for pursuant to subsection (e) of
42 this section, of the benefit amount paid to a person with no income
43 under the temporary family assistance program in the appropriate
44 region of residence and if such person is an institutionalized
45 individual as defined in Section 1917 of the Social Security Act, 42 USC

46 1396p(h)(3), and has not made an assignment or transfer or other
47 disposition of property for less than fair market value for the purpose
48 of establishing eligibility for benefits or assistance under this section.
49 Any such disposition shall be treated in accordance with Section
50 1917(c) of the Social Security Act, 42 USC 1396p(c). Any disposition of
51 property made on behalf of an applicant or recipient or the spouse of
52 an applicant or recipient by a guardian, conservator, person
53 authorized to make such disposition pursuant to a power of attorney
54 or other person so authorized by law shall be attributed to such
55 applicant, recipient or spouse. A disposition of property ordered by a
56 court shall be evaluated in accordance with the standards applied to
57 any other such disposition for the purpose of determining eligibility.
58 The commissioner shall establish the standards for eligibility for
59 medical assistance at one hundred forty-three per cent of the benefit
60 amount paid to a [family unit] household of equal size with no income
61 under the temporary family assistance program in the appropriate
62 region of residence. In determining eligibility, the commissioner shall
63 not consider as income Aid and Attendance pension benefits granted
64 to a veteran, as defined in section 27-103, or the surviving spouse of
65 such veteran. Except as provided in section 17b-277, as amended by
66 this act, and section 17b-292, as amended by this act, the medical
67 assistance program shall provide coverage to persons under the age of
68 nineteen with [family] household income up to one hundred [eighty-
69 five] ninety-six per cent of the federal poverty level without an asset
70 limit and to persons under the age of nineteen who qualify for
71 coverage under Section 1931 of the Social Security Act, with household
72 income not exceeding one hundred ninety-six per cent of the federal
73 poverty level without an asset limit, and their parents and needy
74 caretaker relatives, who qualify for coverage under Section 1931 of the
75 Social Security Act, with [family] household income [up to] not
76 exceeding one hundred [eighty-five] thirty-three per cent of the federal
77 poverty level without an asset limit. Such levels shall be based on the
78 regional differences in such benefit amount, if applicable, unless such
79 levels based on regional differences are not in conformance with

80 federal law. Any income in excess of the applicable amounts shall be
81 applied as may be required by said federal law, and assistance shall be
82 granted for the balance of the cost of authorized medical assistance.
83 The Commissioner of Social Services shall provide applicants for
84 assistance under this section, at the time of application, with a written
85 statement advising them of (1) the effect of an assignment or transfer
86 or other disposition of property on eligibility for benefits or assistance,
87 (2) the effect that having income that exceeds the limits prescribed in
88 this subsection will have with respect to program eligibility, and (3)
89 the availability of, and eligibility for, services provided by the
90 Nurturing Families Network established pursuant to section 17b-751b.
91 For coverage dates on or after January 1, 2014, the department will use
92 the modified adjusted gross income financial eligibility rules set forth
93 in Section 1902(e)(14) of the Social Security Act and the implementing
94 regulations to determine eligibility for HUSKY A, HUSKY B and
95 HUSKY D applicants, as defined in section 17b-290, as amended by
96 this act. Persons who are determined ineligible for assistance pursuant
97 to this section shall be provided a written statement notifying such
98 persons of their ineligibility and advising such persons of [the
99 availability of HUSKY Plan, Part B health insurance benefits] their
100 eligibility for one of the other insurance affordability programs as
101 defined in 42 CFR 435.4.

102 Sec. 4. Subsection (f) of section 17b-261 of the general statutes is
103 repealed and the following is substituted in lieu thereof (*Effective July*
104 *1, 2015*):

105 (f) To the extent [permitted] required by federal law, Medicaid
106 eligibility shall be extended [for one year] to a family that becomes
107 ineligible for medical assistance under Section 1931 of the Social
108 Security Act due to income from employment by one of its members
109 who is a caretaker relative, [or due to receipt of child support income.
110 A family receiving extended benefits on July 1, 2005, shall receive the
111 balance of such extended benefits, provided no such family shall
112 receive more than twelve additional months of such benefits.]

113 Sec. 5. Section 17b-277 of the general statutes is repealed and the
114 following is substituted in lieu thereof (*Effective July 1, 2015*):

115 (a) The Commissioner of Social Services shall provide, in accordance
116 with federal law and regulations, medical assistance under the
117 Medicaid program to needy pregnant women whose families have an
118 income not exceeding [two hundred fifty] one hundred thirty-three per
119 cent of the federal poverty level.

120 (b) The commissioner shall implement presumptive eligibility for
121 appropriate pregnant women applicants for the Medicaid program in
122 accordance with Section 1920 of the Social Security Act. The
123 commissioner shall designate qualified entities to receive and
124 determine presumptive eligibility under this section consistent with
125 the provisions of federal law and regulations.

126 [(c) On or before September 30, 2007, the Commissioner of Social
127 Services shall submit a state plan amendment or, if required by the
128 federal government, seek a waiver under federal law to provide health
129 insurance coverage to pregnant women, who do not otherwise have
130 creditable coverage, as defined in 42 USC 300gg(c), and who have
131 income above one hundred eighty-five per cent of the federal poverty
132 level but not in excess of two hundred fifty per cent of the federal
133 poverty level. Following approval of such state plan amendment or
134 approval of such waiver application, the commissioner, on or before
135 January 1, 2008, shall implement the provisions of subsections (a) and
136 (b) of this section.]

137 [(d)] (c) Presumptive eligibility for medical assistance shall be
138 implemented for any uninsured newborn child born in a hospital in
139 this state or a border state hospital, provided (1) the parent or
140 caretaker relative of such child resides in this state, and (2) the parent
141 or caretaker relative of such child authorizes enrollment in the
142 program.

143 Sec. 6. Section 17b-290 of the general statutes is repealed and the

144 following is substituted in lieu thereof (*Effective July 1, 2015*):

145 As used in sections [17b-289] 17b-290 to 17b-303, inclusive, as
146 amended by this act: [and section 16 of public act 97-1 of the October
147 29 special session:]

148 (1) "Applicant" means an individual over the age of eighteen years
149 who is a natural or adoptive parent or a legal guardian; a caretaker
150 relative, foster parent or stepparent with whom the child resides; [or a
151 noncustodial parent under order of a court or family support
152 magistrate to provide health insurance, who applies for coverage
153 under the HUSKY Plan, Part B on behalf of a child] and shall include a
154 child who is eighteen years of age or emancipated in accordance with
155 the provisions of sections 46b-150 to 46b-150e, inclusive, and who is
156 applying on his own behalf or on behalf of a minor dependent for
157 coverage under such plan;

158 (2) "Child" means an individual under nineteen years of age;

159 (3) "Coinsurance" means the sharing of health care expenses by the
160 insured and an insurer in a specified ratio;

161 (4) "Commissioner" means the Commissioner of Social Services;

162 (5) "Copayment" means a payment made on behalf of [an enrollee] a
163 member for a specified service under [the HUSKY Plan, Part B]
164 HUSKY B;

165 (6) "Cost sharing" means arrangements made on behalf of [an
166 enrollee] a member whereby an applicant pays a portion of the cost of
167 health services, sharing costs with the state and includes copayments,
168 premiums, deductibles and coinsurance;

169 (7) "Deductible" means the amount of out-of-pocket expenses that
170 would be paid for health services on behalf of [an enrollee] a member
171 before becoming payable by the insurer;

172 (8) "Department" means the Department of Social Services;

173 (9) "Durable medical equipment" or "DME" means [durable medical
174 equipment, as defined in Section 1395x(n) of the Social Security Act]
175 equipment that meets all of the following requirements:

176 (A) Can withstand repeated use;

177 (B) Is primarily and customarily used to serve a medical purpose;

178 (C) Generally is not useful to a person in the absence of an illness or
179 injury; and

180 (D) Is nondisposable;

181 (10) "Eligible beneficiary" means a child who meets the
182 requirements [specified] in section 17b-292, as amended by this act,
183 [except a child excluded under the provisions of Subtitle J of Public
184 Law 105-33 or a child of any municipal employee eligible for
185 employer-sponsored insurance on or after October 30, 1997, provided a
186 child of such a municipal employee may be eligible for coverage under
187 the HUSKY Plan, Part B if dependent coverage was terminated due to
188 an extreme economic hardship on the part of the employee, as
189 determined by the commissioner] and the requirements specified in
190 section 2110(b)(2)(B) of the Social Security Act as amended by section
191 10203(b)(2)(D) of the Affordable Care Act;

192 [(11) "Enrollee" means an eligible beneficiary who receives services
193 under the HUSKY Plan, Part B;

194 (12) "Family" means any combination of the following: (A) An
195 individual; (B) the individual's spouse; (C) any child of the individual
196 or such spouse; or (D) the legal guardian of any such child if the
197 guardian resides with the child;]

198 (11) "Household" has the same meaning as provided in 42 CFR
199 435.603;

200 (12) "Household income" has the same meaning as provided in 42
201 CFR 435.603;

202 (13) ["HUSKY Plan, Part A"] "HUSKY A" means [assistance]
203 Medicaid provided to children, caretaker relatives and pregnant and
204 postpartum women pursuant to section 17b-261, as amended by this
205 act, or 17b-277, as amended by this act;

206 (14) ["HUSKY Plan, Part B"] "HUSKY B" means the health [insurance
207 plan] coverage for children established pursuant to the provisions of
208 sections [17b-289] 17b-290 to 17b-303, inclusive, as amended by this
209 act; [and section 16 of public act 97-1 of the October 29 special session;]

210 (15) "HUSKY C" means Medicaid provided to individuals who are
211 sixty-five years of age or older or who are blind or have a disability;

212 (16) "HUSKY D" or "Medicaid Coverage for the Lowest Income
213 Populations program" means Medicaid provided to nonpregnant low-
214 income adults who are age eighteen to sixty-four, as authorized
215 pursuant to section 17b-8a;

216 (17) "HUSKY Health" means the combined HUSKY A, HUSKY B,
217 HUSKY C and HUSKY D programs, that provide medical coverage to
218 eligible children, parents, relative caregivers, persons age sixty-five or
219 older, individuals with disabilities, low-income adults, and pregnant
220 women;

221 [(15) "HUSKY Plus programs"]

222 (18) "HUSKY Plus" means [two] the supplemental health [insurance
223 programs] program established pursuant to section 17b-294a for
224 medically eligible [enrollees of the HUSKY Plan, Part B] members of
225 HUSKY B whose medical needs cannot be accommodated within the
226 basic benefit package offered to [enrollees. One program] members.
227 HUSKY Plus shall supplement coverage for those medically eligible
228 [enrollees] members with intensive physical health needs; [and the

229 other program shall supplement coverage for those medically eligible
230 enrollees with intensive behavioral health needs;]

231 [(16) "Income" means income as calculated in the same manner as
232 under the Medicaid program pursuant to section 17b-261;]

233 (19) "Member" means an eligible beneficiary who receives services
234 under HUSKY A, B, C or D;

235 [(17)] (20) "Parent" means a natural parent, stepparent, adoptive
236 parent, guardian or custodian of a child;

237 [(18)] (21) "Premium" means any required payment made by an
238 individual to offset [or pay in full] the cost under [the HUSKY Plan,
239 Part B] HUSKY B;

240 [(19)] (22) "Preventive care and services" means: (A) Child
241 preventive care, including periodic and interperiodic well-child visits,
242 routine immunizations, health screenings and routine laboratory tests;
243 (B) prenatal care, including care of all complications of pregnancy; (C)
244 care of newborn infants, including attendance at high-risk deliveries
245 and normal newborn care; (D) WIC evaluations; (E) child abuse
246 assessment required under sections 17a-106a and 46b-129a; (F)
247 preventive dental care for children; and (G) periodicity schedules and
248 reporting based on the standards specified by the American Academy
249 of Pediatrics;

250 [(20)] (23) "Primary and preventive health care services" means the
251 services of licensed physicians, optometrists, nurses, nurse
252 practitioners, midwives and other related health care professionals
253 which are provided on an outpatient basis, including routine well-
254 child visits, diagnosis and treatment of illness and injury, laboratory
255 tests, diagnostic x-rays, prescription drugs, radiation therapy,
256 chemotherapy, hemodialysis, emergency room services, and outpatient
257 alcohol and substance abuse services, as defined by the commissioner;

258 [(21)] (24) "Qualified entity" means any entity: (A) Eligible for
259 payments under a state plan approved under Medicaid and which
260 provides medical services under [the HUSKY Plan, Part A] HUSKY A,
261 or (B) that is a qualified entity, as defined in 42 USC 1396r-1a, as
262 amended by Section 708 of Public Law 106-554, and that is determined
263 by the commissioner to be capable of making the determination of
264 eligibility. The commissioner shall provide qualified entities with such
265 forms [as are] or information on filing an application electronically as
266 is necessary for an application to be made on behalf of a child under
267 [the HUSKY Plan, Part A] HUSKY A and information on how to assist
268 parents, guardians and other persons in completing and filing such
269 forms or electronic application;

270 (25) "Tax dependent" has the same meaning as the term "dependent"
271 under Section 152 of the Internal Revenue Code, as an individual for
272 whom another individual claims a deduction for a personal exemption
273 under Section 151 of the Internal Revenue Code for a taxable year;

274 [(22)] (26) "WIC" means the federal Special Supplemental Food
275 Program for Women, Infants and Children administered by the
276 Department of Public Health pursuant to section 19a-59c.

277 Sec. 7. Section 17b-292 of the general statutes is repealed and the
278 following is substituted in lieu thereof (*Effective July 1, 2015*):

279 (a) A child who resides in a household with [a family] household
280 income which exceeds one hundred [eighty-five] ninety-six per cent of
281 the federal poverty level and does not exceed three hundred eighteen
282 per cent of the federal poverty level may be eligible for [subsidized]
283 benefits under [the HUSKY Plan, Part B] HUSKY B.

284 [(b) A child who resides in a household with a family income over
285 three hundred per cent of the federal poverty level may be eligible for
286 unsubsidized benefits under the HUSKY Plan, Part B.]

287 [(c)] (b) Whenever a court or family support magistrate orders a

288 noncustodial parent to provide health insurance for a child, such
289 parent may provide for coverage under [the HUSKY Plan, Part B]
290 HUSKY B.

291 [(d)] (c) To the extent allowed under federal law, the commissioner
292 shall not pay for services or durable medical equipment under [the
293 HUSKY Plan, Part B] HUSKY B if the [enrollee] member has other
294 insurance coverage for [the] such services or [such] equipment. If a
295 HUSKY B member has limited benefit insurance coverage for services
296 that are also covered under HUSKY B, the commissioner shall require
297 such other coverage to pay for the goods or services prior to any
298 payment under HUSKY B.

299 [(e)] (d) A newborn child who otherwise meets the eligibility criteria
300 for [the HUSKY Plan, Part B] HUSKY B shall be eligible for benefits
301 retroactive to his or her date of birth, provided an application is filed
302 on behalf of the child not later than thirty days after such date. Any
303 uninsured child born in a hospital in this state or in a border state
304 hospital shall be enrolled on an expedited basis in [the HUSKY Plan,
305 Part B] HUSKY B, provided (1) the parent or caretaker relative of such
306 child resides in this state, and (2) the parent or caretaker relative of
307 such child authorizes enrollment in the program. The commissioner
308 shall pay any premium cost such [family] household would otherwise
309 incur for the first four months of coverage.

310 [(f)] (e) The commissioner shall implement presumptive eligibility
311 for children applying for Medicaid and may, if cost effective,
312 implement presumptive eligibility for children in [families] households
313 with income [under] not exceeding three hundred eighteen per cent of
314 the federal poverty level applying for [the HUSKY Plan, Part B]
315 HUSKY B. Such presumptive eligibility determinations shall be in
316 accordance with applicable federal law and regulations. The
317 commissioner shall adopt regulations, in accordance with chapter 54,
318 to establish standards and procedures for the designation of
319 organizations as qualified entities to grant presumptive eligibility.

320 Qualified entities shall, [ensure that,] at the time a presumptive
321 eligibility determination is made, [a completed application for benefits
322 is submitted to the department] provide assistance to applicants with
323 the completion and submission of an application for a full eligibility
324 determination. In establishing such standards and procedures, the
325 commissioner shall ensure the representation of state-wide and local
326 organizations that provide services to children of all ages in each
327 region of the state.

328 [(g) The commissioner shall provide for a single point of entry
329 servicer for applicants and enrollees under the HUSKY Plan, Part A
330 and Part B. The commissioner, in consultation with the servicer, shall
331 establish a centralized unit to be responsible for processing all
332 applications for assistance under the HUSKY Plan, Part A and Part B.
333 The department, through its servicer, shall ensure that a child who is
334 determined to be eligible for benefits under the HUSKY Plan, Part A,
335 or the HUSKY Plan, Part B has uninterrupted health insurance
336 coverage for as long as the parent or guardian elects to enroll or re-
337 enroll such child in the HUSKY Plan, Part A or Part B. The
338 commissioner, in consultation with the servicer, and in accordance
339 with the provisions of section 17b-297, shall jointly market both Part A
340 and Part B together as the HUSKY Plan and shall develop and
341 implement public information and outreach activities with community
342 programs. Such servicer shall electronically transmit data with respect
343 to enrollment and disenrollment in the HUSKY Plan, Part A and Part B
344 to the commissioner.

345 (h) Upon the expiration of any contractual provisions entered into
346 pursuant to subsection (g) of this section, the commissioner shall
347 develop a new contract for single point of entry services. The
348 commissioner may enter into one or more contractual arrangements
349 for such services for a contract period not to exceed seven years. Such
350 contracts shall include performance measures, including, but not
351 limited to, specified time limits for the processing of applications,
352 parameters setting forth the requirements for a completed and

353 reviewable application and the percentage of applications forwarded
354 to the department in a complete and timely fashion. Such contracts
355 shall also include a process for identifying and correcting
356 noncompliance with established performance measures, including
357 sanctions applicable for instances of continued noncompliance with
358 performance measures.

359 (i) The single point of entry servicer shall send all applications and
360 supporting documents to the commissioner for determination of
361 eligibility. The servicer shall enroll eligible beneficiaries in the
362 applicant's choice of an administrative services organization. If there is
363 more than one administrative services organization, upon enrollment
364 in an administrative services organization, an eligible HUSKY Plan,
365 Part A or Part B beneficiary shall remain enrolled in such organization
366 for twelve months from the date of such enrollment unless (1) an
367 eligible beneficiary demonstrates good cause to the satisfaction of the
368 commissioner of the need to enroll in a different organization, or (2)
369 the beneficiary no longer meets program eligibility requirements.

370 (j) Not later than ten months after the determination of eligibility for
371 benefits under the HUSKY Plan, Part A and Part B and annually
372 thereafter, the commissioner or the servicer, as the case may be, shall,
373 within existing budgetary resources, mail or, upon request of a
374 participant, electronically transmit an application form to each
375 participant in the plan for the purposes of obtaining information to
376 make a determination on continued eligibility beyond the twelve
377 months of initial eligibility. To the extent permitted by federal law, in
378 determining eligibility for benefits under the HUSKY Plan, Part A or
379 Part B with respect to family income, the commissioner or the servicer
380 shall rely upon information provided in such form by the participant
381 unless the commissioner or the servicer has reason to believe that such
382 information is inaccurate or incomplete. The Department of Social
383 Services shall annually review a random sample of cases to confirm
384 that, based on the statistical sample, relying on such information is not
385 resulting in ineligible clients receiving benefits under the HUSKY Plan,

386 Part A or Part B. The determination of eligibility shall be coordinated
387 with health plan open enrollment periods.]

388 (f) In accordance with 42 CFR 435.1110, the commissioner shall
389 provide Medicaid during a presumptive eligibility period to
390 individuals who are determined presumptively eligible by a qualified
391 hospital. A hospital making such a presumptive eligibility
392 determination shall provide assistance to individuals in completing
393 and submitting an application for full benefits.

394 ~~[(k)]~~ (g) The commissioner shall implement [the HUSKY Plan, Part
395 B] HUSKY B while in the process of adopting necessary policies and
396 procedures in regulation form in accordance with the provisions of
397 section 17b-10.

398 [(l)] The commissioner shall adopt regulations, in accordance with
399 chapter 54, to establish residency requirements and income eligibility
400 for participation in the HUSKY Plan, Part B and procedures for a
401 simplified mail-in application process. Notwithstanding the provisions
402 of section 17b-257b, such regulations shall provide that any child
403 adopted from another country by an individual who is a citizen of the
404 United States and a resident of this state shall be eligible for benefits
405 under the HUSKY Plan, Part B upon arrival in this state.]

406 Sec. 8. Section 17b-303 of the general statutes is repealed and the
407 following is substituted in lieu thereof (*Effective July 1, 2015*):

408 (a) For purposes of determining eligibility for [the HUSKY Plan,
409 Part B] HUSKY B and to the extent permitted by federal law and to the
410 extent federal financial participation is available, the commissioner
411 may disregard [family] household income. Such disregard of [family]
412 household income shall allow subsidized coverage for an eligible
413 beneficiary who resides in a household with a [family] household
414 income of not more than three hundred eighteen per cent of the federal
415 poverty level. No such income disregard shall have the effect of
416 granting eligibility for a child under [the HUSKY Plan, Part A] HUSKY

417 A.

418 (b) The commissioner may [submit an application for a waiver
419 under Section 1115 of the Social Security Act (1) to] authorize the use
420 of funds received under Title XXI of the Social Security Act to establish
421 a non-Medicaid health [insurance] coverage program for eligible
422 beneficiaries who reside in a household with [a family] household
423 income of more than two hundred [thirty-five] forty-nine per cent of
424 the federal poverty level but [less than] not exceeding three hundred
425 eighteen per cent of the federal poverty level, and (2) to allow
426 [families] households under Section 2105(c)(3) of Title XXI of the Social
427 Security Act to purchase health [insurance under the HUSKY Plan,
428 Part B] coverage under HUSKY B with a sliding fee scale for [families]
429 households with an income up to three hundred eighteen per cent of
430 the federal poverty level. [and at full premium for those uninsured
431 families with an income of over three hundred per cent of the federal
432 poverty level.] The commissioner may submit an application for a
433 waiver of allowable expenditures in excess of ten per cent under the
434 provisions of Section 2105(c)(2) of Subtitle J of Public Law 105-33.

435 (c) The commissioner shall submit any application for a federal
436 waiver or proposed modification of any such waiver in connection
437 with [the HUSKY Plan, Part A and Part B] HUSKY A and B, except the
438 initial waivers specified under subsection (b) of this section, to the joint
439 standing committees of the General Assembly having cognizance of
440 matters relating to human services, public health, insurance and
441 appropriations and the budgets of state agencies prior to the
442 submission of such application or proposed modification to the federal
443 government in accordance with the provisions of section 17b-8.

444 (d) If the waiver specified in subdivision (1) of subsection (b) of this
445 section is denied and the income disregard under subsection (a) of this
446 section is not available, uninsured children who reside in a household
447 with [a family] household income of more than two hundred [thirty-
448 five] forty-nine per cent of the federal poverty level but [less than] not

449 exceeding three hundred eighteen per cent of the federal poverty level
450 shall be eligible for unsubsidized benefits. [under the provisions of
451 subsection (b) of section 17b-292.]

452 Sec. 9. Subsection (b) of section 17b-104 of the general statutes is
453 repealed and the following is substituted in lieu thereof (*Effective July*
454 *1, 2015*):

455 (b) On July 1, 2007, and annually thereafter, the commissioner shall
456 increase the payment standards over those of the previous fiscal year
457 under the temporary family assistance program and the
458 state-administered general assistance program by the percentage
459 increase, if any, in the most recent calendar year average in the
460 consumer price index for urban consumers over the average for the
461 previous calendar year, provided the annual increase, if any, shall not
462 exceed five per cent, except that the payment standards for the fiscal
463 years ending June 30, 2010, June 30, 2011, June 30, 2012, [and] June 30,
464 2013, June 30, 2016, and June 30, 2017, shall not be increased.

465 Sec. 10. Subsection (a) of section 17b-106 of the general statutes is
466 repealed and the following is substituted in lieu thereof (*Effective July*
467 *1, 2015*):

468 (a) [On January 1, 2006, and on each January first thereafter, the
469 Commissioner of Social Services shall increase the unearned income
470 disregard for recipients of the state supplement to the federal
471 Supplemental Security Income Program by an amount equal to the
472 federal cost-of-living adjustment, if any, provided to recipients of
473 federal Supplemental Security Income Program benefits for the
474 corresponding calendar year.] On July 1, 1989, and annually thereafter,
475 the commissioner shall increase the adult payment standards over
476 those of the previous fiscal year for the state supplement to the federal
477 Supplemental Security Income Program by the percentage increase, if
478 any, in the most recent calendar year average in the consumer price
479 index for urban consumers over the average for the previous calendar

480 year, provided the annual increase, if any, shall not exceed five per
481 cent, except that the adult payment standards for the fiscal years
482 ending June 30, 1993, June 30, 1994, June 30, 1995, June 30, 1996, June
483 30, 1997, June 30, 1998, June 30, 1999, June 30, 2000, June 30, 2001, June
484 30, 2002, June 30, 2003, June 30, 2004, June 30, 2005, June 30, 2006, June
485 30, 2007, June 30, 2008, June 30, 2009, June 30, 2010, June 30, 2011, June
486 30, 2012, [and] June 30, 2013, June 30, 2016, and June 30, 2017, shall not
487 be increased. Effective October 1, 1991, the coverage of excess utility
488 costs for recipients of the state supplement to the federal Supplemental
489 Security Income Program is eliminated. Notwithstanding the
490 provisions of this section, the commissioner may increase the personal
491 needs allowance component of the adult payment standard as
492 necessary to meet federal maintenance of effort requirements.

493 Sec. 11. Subdivision (4) of subsection (f) of section 17b-340 of the
494 general statutes is repealed and the following is substituted in lieu
495 thereof (*Effective July 1, 2015*):

496 (4) For the fiscal year ending June 30, 1992, (A) no facility shall
497 receive a rate that is less than the rate it received for the rate year
498 ending June 30, 1991; (B) no facility whose rate, if determined pursuant
499 to this subsection, would exceed one hundred twenty per cent of the
500 state-wide median rate, as determined pursuant to this subsection,
501 shall receive a rate which is five and one-half per cent more than the
502 rate it received for the rate year ending June 30, 1991; and (C) no
503 facility whose rate, if determined pursuant to this subsection, would be
504 less than one hundred twenty per cent of the state-wide median rate,
505 as determined pursuant to this subsection, shall receive a rate which is
506 six and one-half per cent more than the rate it received for the rate year
507 ending June 30, 1991. For the fiscal year ending June 30, 1993, no
508 facility shall receive a rate that is less than the rate it received for the
509 rate year ending June 30, 1992, or six per cent more than the rate it
510 received for the rate year ending June 30, 1992. For the fiscal year
511 ending June 30, 1994, no facility shall receive a rate that is less than the
512 rate it received for the rate year ending June 30, 1993, or six per cent

513 more than the rate it received for the rate year ending June 30, 1993.
514 For the fiscal year ending June 30, 1995, no facility shall receive a rate
515 that is more than five per cent less than the rate it received for the rate
516 year ending June 30, 1994, or six per cent more than the rate it received
517 for the rate year ending June 30, 1994. For the fiscal years ending June
518 30, 1996, and June 30, 1997, no facility shall receive a rate that is more
519 than three per cent more than the rate it received for the prior rate
520 year. For the fiscal year ending June 30, 1998, a facility shall receive a
521 rate increase that is not more than two per cent more than the rate that
522 the facility received in the prior year. For the fiscal year ending June
523 30, 1999, a facility shall receive a rate increase that is not more than
524 three per cent more than the rate that the facility received in the prior
525 year and that is not less than one per cent more than the rate that the
526 facility received in the prior year, exclusive of rate increases associated
527 with a wage, benefit and staffing enhancement rate adjustment added
528 for the period from April 1, 1999, to June 30, 1999, inclusive. For the
529 fiscal year ending June 30, 2000, each facility, except a facility with an
530 interim rate or replaced interim rate for the fiscal year ending June 30,
531 1999, and a facility having a certificate of need or other agreement
532 specifying rate adjustments for the fiscal year ending June 30, 2000,
533 shall receive a rate increase equal to one per cent applied to the rate the
534 facility received for the fiscal year ending June 30, 1999, exclusive of
535 the facility's wage, benefit and staffing enhancement rate adjustment.
536 For the fiscal year ending June 30, 2000, no facility with an interim rate,
537 replaced interim rate or scheduled rate adjustment specified in a
538 certificate of need or other agreement for the fiscal year ending June
539 30, 2000, shall receive a rate increase that is more than one per cent
540 more than the rate the facility received in the fiscal year ending June
541 30, 1999. For the fiscal year ending June 30, 2001, each facility, except a
542 facility with an interim rate or replaced interim rate for the fiscal year
543 ending June 30, 2000, and a facility having a certificate of need or other
544 agreement specifying rate adjustments for the fiscal year ending June
545 30, 2001, shall receive a rate increase equal to two per cent applied to
546 the rate the facility received for the fiscal year ending June 30, 2000,

547 subject to verification of wage enhancement adjustments pursuant to
548 subdivision (14) of this subsection. For the fiscal year ending June 30,
549 2001, no facility with an interim rate, replaced interim rate or
550 scheduled rate adjustment specified in a certificate of need or other
551 agreement for the fiscal year ending June 30, 2001, shall receive a rate
552 increase that is more than two per cent more than the rate the facility
553 received for the fiscal year ending June 30, 2000. For the fiscal year
554 ending June 30, 2002, each facility shall receive a rate that is two and
555 one-half per cent more than the rate the facility received in the prior
556 fiscal year. For the fiscal year ending June 30, 2003, each facility shall
557 receive a rate that is two per cent more than the rate the facility
558 received in the prior fiscal year, except that such increase shall be
559 effective January 1, 2003, and such facility rate in effect for the fiscal
560 year ending June 30, 2002, shall be paid for services provided until
561 December 31, 2002, except any facility that would have been issued a
562 lower rate effective July 1, 2002, than for the fiscal year ending June 30,
563 2002, due to interim rate status or agreement with the department shall
564 be issued such lower rate effective July 1, 2002, and have such rate
565 increased two per cent effective June 1, 2003. For the fiscal year ending
566 June 30, 2004, rates in effect for the period ending June 30, 2003, shall
567 remain in effect, except any facility that would have been issued a
568 lower rate effective July 1, 2003, than for the fiscal year ending June 30,
569 2003, due to interim rate status or agreement with the department shall
570 be issued such lower rate effective July 1, 2003. For the fiscal year
571 ending June 30, 2005, rates in effect for the period ending June 30, 2004,
572 shall remain in effect until December 31, 2004, except any facility that
573 would have been issued a lower rate effective July 1, 2004, than for the
574 fiscal year ending June 30, 2004, due to interim rate status or
575 agreement with the department shall be issued such lower rate
576 effective July 1, 2004. Effective January 1, 2005, each facility shall
577 receive a rate that is one per cent greater than the rate in effect
578 December 31, 2004. Effective upon receipt of all the necessary federal
579 approvals to secure federal financial participation matching funds
580 associated with the rate increase provided in this subdivision, but in

581 no event earlier than July 1, 2005, and provided the user fee imposed
582 under section 17b-320 is required to be collected, for the fiscal year
583 ending June 30, 2006, the department shall compute the rate for each
584 facility based upon its 2003 cost report filing or a subsequent cost year
585 filing for facilities having an interim rate for the period ending June 30,
586 2005, as provided under section 17-311-55 of the regulations of
587 Connecticut state agencies. For each facility not having an interim rate
588 for the period ending June 30, 2005, the rate for the period ending June
589 30, 2006, shall be determined beginning with the higher of the
590 computed rate based upon its 2003 cost report filing or the rate in
591 effect for the period ending June 30, 2005. Such rate shall then be
592 increased by eleven dollars and eighty cents per day except that in no
593 event shall the rate for the period ending June 30, 2006, be thirty-two
594 dollars more than the rate in effect for the period ending June 30, 2005,
595 and for any facility with a rate below one hundred ninety-five dollars
596 per day for the period ending June 30, 2005, such rate for the period
597 ending June 30, 2006, shall not be greater than two hundred seventeen
598 dollars and forty-three cents per day and for any facility with a rate
599 equal to or greater than one hundred ninety-five dollars per day for
600 the period ending June 30, 2005, such rate for the period ending June
601 30, 2006, shall not exceed the rate in effect for the period ending June
602 30, 2005, increased by eleven and one-half per cent. For each facility
603 with an interim rate for the period ending June 30, 2005, the interim
604 replacement rate for the period ending June 30, 2006, shall not exceed
605 the rate in effect for the period ending June 30, 2005, increased by
606 eleven dollars and eighty cents per day plus the per day cost of the
607 user fee payments made pursuant to section 17b-320 divided by
608 annual resident service days, except for any facility with an interim
609 rate below one hundred ninety-five dollars per day for the period
610 ending June 30, 2005, the interim replacement rate for the period
611 ending June 30, 2006, shall not be greater than two hundred seventeen
612 dollars and forty-three cents per day and for any facility with an
613 interim rate equal to or greater than one hundred ninety-five dollars
614 per day for the period ending June 30, 2005, the interim replacement

615 rate for the period ending June 30, 2006, shall not exceed the rate in
616 effect for the period ending June 30, 2005, increased by eleven and one-
617 half per cent. Such July 1, 2005, rate adjustments shall remain in effect
618 unless (i) the federal financial participation matching funds associated
619 with the rate increase are no longer available; or (ii) the user fee
620 created pursuant to section 17b-320 is not in effect. For the fiscal year
621 ending June 30, 2007, each facility shall receive a rate that is three per
622 cent greater than the rate in effect for the period ending June 30, 2006,
623 except any facility that would have been issued a lower rate effective
624 July 1, 2006, than for the rate period ending June 30, 2006, due to
625 interim rate status or agreement with the department, shall be issued
626 such lower rate effective July 1, 2006. For the fiscal year ending June
627 30, 2008, each facility shall receive a rate that is two and nine-tenths
628 per cent greater than the rate in effect for the period ending June 30,
629 2007, except any facility that would have been issued a lower rate
630 effective July 1, 2007, than for the rate period ending June 30, 2007, due
631 to interim rate status or agreement with the department, shall be
632 issued such lower rate effective July 1, 2007. For the fiscal year ending
633 June 30, 2009, rates in effect for the period ending June 30, 2008, shall
634 remain in effect until June 30, 2009, except any facility that would have
635 been issued a lower rate for the fiscal year ending June 30, 2009, due to
636 interim rate status or agreement with the department shall be issued
637 such lower rate. For the fiscal years ending June 30, 2010, and June 30,
638 2011, rates in effect for the period ending June 30, 2009, shall remain in
639 effect until June 30, 2011, except any facility that would have been
640 issued a lower rate for the fiscal year ending June 30, 2010, or the fiscal
641 year ending June 30, 2011, due to interim rate status or agreement with
642 the department, shall be issued such lower rate. For the fiscal years
643 ending June 30, 2012, and June 30, 2013, rates in effect for the period
644 ending June 30, 2011, shall remain in effect until June 30, 2013, except
645 any facility that would have been issued a lower rate for the fiscal year
646 ending June 30, 2012, or the fiscal year ending June 30, 2013, due to
647 interim rate status or agreement with the department, shall be issued
648 such lower rate. For the fiscal year ending June 30, 2014, the

649 department shall determine facility rates based upon 2011 cost report
650 filings subject to the provisions of this section and applicable
651 regulations except: (I) A ninety per cent minimum occupancy standard
652 shall be applied; (II) no facility shall receive a rate that is higher than
653 the rate in effect on June 30, 2013; and (III) no facility shall receive a
654 rate that is more than four per cent lower than the rate in effect on June
655 30, 2013, except that any facility that would have been issued a lower
656 rate effective July 1, 2013, than for the rate period ending June 30, 2013,
657 due to interim rate status or agreement with the department, shall be
658 issued such lower rate effective July 1, 2013. For the fiscal year ending
659 June 30, 2015, rates in effect for the period ending June 30, 2014, shall
660 remain in effect until June 30, 2015, except any facility that would have
661 been issued a lower rate effective July 1, 2014, than for the rate period
662 ending June 30, 2014, due to interim rate status or agreement with the
663 department, shall be issued such lower rate effective July 1, 2014. For
664 the fiscal years ending June 30, 2016, and June 30, 2017, rates shall not
665 exceed those in effect for the period ending June 30, 2015. For the fiscal
666 years ending June 30, 2016, and June 30, 2017, and each succeeding
667 fiscal year, any facility that would have been issued a lower rate, due
668 to interim rate status or agreement with the department, shall be
669 issued such lower rate. The Commissioner of Social Services shall add
670 fair rent increases to any other rate increases established pursuant to
671 this subdivision for a facility which has undergone a material change
672 in circumstances related to fair rent, except for the fiscal years ending
673 June 30, 2010, June 30, 2011, and June 30, 2012, such fair rent increases
674 shall only be provided to facilities with an approved certificate of need
675 pursuant to section 17b-352, 17b-353, 17b-354, as amended by this act,
676 or 17b-355. For the fiscal year ending June 30, 2013, the commissioner
677 may, within available appropriations, provide pro rata fair rent
678 increases for facilities which have undergone a material change in
679 circumstances related to fair rent additions placed in service in cost
680 report years ending September 30, 2008, to September 30, 2011,
681 inclusive, and not otherwise included in rates issued. For the fiscal
682 years ending June 30, 2014, [and] June 30, 2015, June 30, 2016, and June

683 30, 2017, the commissioner may, within available appropriations,
684 provide pro rata fair rent increases, which may include moveable
685 equipment at the discretion of the commissioner, for facilities which
686 have undergone a material change in circumstances related to fair rent
687 additions or moveable equipment placed in service in cost report years
688 ending September 30, 2012, and September 30, 2013, and not otherwise
689 included in rates issued. The commissioner shall add fair rent increases
690 associated with an approved certificate of need pursuant to section
691 17b-352, 17b-353, 17b-354, as amended by this act, or 17b-355. Interim
692 rates may take into account reasonable costs incurred by a facility,
693 including wages and benefits. Notwithstanding the provisions of this
694 section, the Commissioner of Social Services may, subject to available
695 appropriations, increase or decrease rates issued to licensed chronic
696 and convalescent nursing homes and licensed rest homes with nursing
697 supervision.

698 Sec. 12. Subsection (g) of section 17b-340 of the general statutes is
699 repealed and the following is substituted in lieu thereof (*Effective July*
700 *1, 2015*):

701 (g) For the fiscal year ending June 30, 1993, any intermediate care
702 facility for individuals with intellectual disabilities with an operating
703 cost component of its rate in excess of one hundred forty per cent of
704 the median of operating cost components of rates in effect January 1,
705 1992, shall not receive an operating cost component increase. For the
706 fiscal year ending June 30, 1993, any intermediate care facility for
707 individuals with intellectual disabilities with an operating cost
708 component of its rate that is less than one hundred forty per cent of the
709 median of operating cost components of rates in effect January 1, 1992,
710 shall have an allowance for real wage growth equal to thirty per cent
711 of the increase determined in accordance with subsection (q) of section
712 17-311-52 of the regulations of Connecticut state agencies, provided
713 such operating cost component shall not exceed one hundred forty per
714 cent of the median of operating cost components in effect January 1,
715 1992. Any facility with real property other than land placed in service

716 prior to October 1, 1991, shall, for the fiscal year ending June 30, 1995,
717 receive a rate of return on real property equal to the average of the
718 rates of return applied to real property other than land placed in
719 service for the five years preceding October 1, 1993. For the fiscal year
720 ending June 30, 1996, and any succeeding fiscal year, the rate of return
721 on real property for property items shall be revised every five years.
722 The commissioner shall, upon submission of a request, allow actual
723 debt service, comprised of principal and interest, in excess of property
724 costs allowed pursuant to section 17-311-52 of the regulations of
725 Connecticut state agencies, provided such debt service terms and
726 amounts are reasonable in relation to the useful life and the base value
727 of the property. For the fiscal year ending June 30, 1995, and any
728 succeeding fiscal year, the inflation adjustment made in accordance
729 with subsection (p) of section 17-311-52 of the regulations of
730 Connecticut state agencies shall not be applied to real property costs.
731 For the fiscal year ending June 30, 1996, and any succeeding fiscal year,
732 the allowance for real wage growth, as determined in accordance with
733 subsection (q) of section 17-311-52 of the regulations of Connecticut
734 state agencies, shall not be applied. For the fiscal year ending June 30,
735 1996, and any succeeding fiscal year, no rate shall exceed three
736 hundred seventy-five dollars per day unless the commissioner, in
737 consultation with the Commissioner of Developmental Services,
738 determines after a review of program and management costs, that a
739 rate in excess of this amount is necessary for care and treatment of
740 facility residents. For the fiscal year ending June 30, 2002, rate period,
741 the Commissioner of Social Services shall increase the inflation
742 adjustment for rates made in accordance with subsection (p) of section
743 17-311-52 of the regulations of Connecticut state agencies to update
744 allowable fiscal year 2000 costs to include a three and one-half per cent
745 inflation factor. For the fiscal year ending June 30, 2003, rate period, the
746 commissioner shall increase the inflation adjustment for rates made in
747 accordance with subsection (p) of section 17-311-52 of the regulations
748 of Connecticut state agencies to update allowable fiscal year 2001 costs
749 to include a one and one-half per cent inflation factor, except that such

750 increase shall be effective November 1, 2002, and such facility rate in
751 effect for the fiscal year ending June 30, 2002, shall be paid for services
752 provided until October 31, 2002, except any facility that would have
753 been issued a lower rate effective July 1, 2002, than for the fiscal year
754 ending June 30, 2002, due to interim rate status or agreement with the
755 department shall be issued such lower rate effective July 1, 2002, and
756 have such rate updated effective November 1, 2002, in accordance with
757 applicable statutes and regulations. For the fiscal year ending June 30,
758 2004, rates in effect for the period ending June 30, 2003, shall remain in
759 effect, except any facility that would have been issued a lower rate
760 effective July 1, 2003, than for the fiscal year ending June 30, 2003, due
761 to interim rate status or agreement with the department shall be issued
762 such lower rate effective July 1, 2003. For the fiscal year ending June
763 30, 2005, rates in effect for the period ending June 30, 2004, shall
764 remain in effect until September 30, 2004. Effective October 1, 2004,
765 each facility shall receive a rate that is five per cent greater than the
766 rate in effect September 30, 2004. Effective upon receipt of all the
767 necessary federal approvals to secure federal financial participation
768 matching funds associated with the rate increase provided in
769 subdivision (4) of subsection (f) of this section, but in no event earlier
770 than October 1, 2005, and provided the user fee imposed under section
771 17b-320 is required to be collected, each facility shall receive a rate that
772 is four per cent more than the rate the facility received in the prior
773 fiscal year, except any facility that would have been issued a lower rate
774 effective October 1, 2005, than for the fiscal year ending June 30, 2005,
775 due to interim rate status or agreement with the department, shall be
776 issued such lower rate effective October 1, 2005. Such rate increase
777 shall remain in effect unless: (1) The federal financial participation
778 matching funds associated with the rate increase are no longer
779 available; or (2) the user fee created pursuant to section 17b-320 is not
780 in effect. For the fiscal year ending June 30, 2007, rates in effect for the
781 period ending June 30, 2006, shall remain in effect until September 30,
782 2006, except any facility that would have been issued a lower rate
783 effective July 1, 2006, than for the fiscal year ending June 30, 2006, due

784 to interim rate status or agreement with the department, shall be
785 issued such lower rate effective July 1, 2006. Effective October 1, 2006,
786 no facility shall receive a rate that is more than three per cent greater
787 than the rate in effect for the facility on September 30, 2006, except any
788 facility that would have been issued a lower rate effective October 1,
789 2006, due to interim rate status or agreement with the department,
790 shall be issued such lower rate effective October 1, 2006. For the fiscal
791 year ending June 30, 2008, each facility shall receive a rate that is two
792 and nine-tenths per cent greater than the rate in effect for the period
793 ending June 30, 2007, except any facility that would have been issued a
794 lower rate effective July 1, 2007, than for the rate period ending June
795 30, 2007, due to interim rate status, or agreement with the department,
796 shall be issued such lower rate effective July 1, 2007. For the fiscal year
797 ending June 30, 2009, rates in effect for the period ending June 30, 2008,
798 shall remain in effect until June 30, 2009, except any facility that would
799 have been issued a lower rate for the fiscal year ending June 30, 2009,
800 due to interim rate status or agreement with the department, shall be
801 issued such lower rate. For the fiscal years ending June 30, 2010, and
802 June 30, 2011, rates in effect for the period ending June 30, 2009, shall
803 remain in effect until June 30, 2011, except any facility that would have
804 been issued a lower rate for the fiscal year ending June 30, 2010, or the
805 fiscal year ending June 30, 2011, due to interim rate status or
806 agreement with the department, shall be issued such lower rate. For
807 the fiscal year ending June 30, 2012, rates in effect for the period
808 ending June 30, 2011, shall remain in effect until June 30, 2012, except
809 any facility that would have been issued a lower rate for the fiscal year
810 ending June 30, 2012, due to interim rate status or agreement with the
811 department, shall be issued such lower rate. For the fiscal years ending
812 June 30, 2014, and June 30, 2015, rates shall not exceed those in effect
813 for the period ending June 30, 2013, except the rate paid to a facility
814 may be higher than the rate paid to the facility for the period ending
815 June 30, 2013, if a capital improvement approved by the Department of
816 Developmental Services, in consultation with the Department of Social
817 Services, for the health or safety of the residents was made to the

818 facility during the fiscal year ending June 30, 2014, or June 30, 2015,
819 only to the extent such rate increases are within available
820 appropriations. Any facility that would have been issued a lower rate
821 for the fiscal year ending June 30, 2014, or the fiscal year ending June
822 30, 2015, due to interim rate status or agreement with the department,
823 shall be issued such lower rate. For the fiscal years ending June 30,
824 2016, and June 30, 2017, rates shall not exceed those in effect for the
825 period ending June 30, 2015, except the rate paid to a facility may be
826 higher than the rate paid to the facility for the period ending June 30,
827 2015, if a capital improvement approved by the Department of
828 Developmental Services, in consultation with the Department of Social
829 Services, for the health or safety of the residents was made to the
830 facility during the fiscal year ending June 30, 2016, or June 30, 2017,
831 only to the extent such rate increases are within available
832 appropriations. For the fiscal years ending June 30, 2016, and June 30,
833 2017, and each succeeding fiscal year, any facility that would have
834 been issued a lower rate, due to interim rate status or agreement with
835 the department, shall be issued such lower rate. Any facility that has a
836 significant decrease in land and building costs shall receive a reduced
837 rate to reflect such decrease in land and building costs. For the fiscal
838 years ending June 30, 2012, June 30, 2013, June 30, 2014, [and] June 30,
839 2015, June 30, 2016, and June 30, 2017, the Commissioner of Social
840 Services may provide fair rent increases to any facility that has
841 undergone a material change in circumstances related to fair rent and
842 has an approved certificate of need pursuant to section 17b-352, 17b-
843 353, 17b-354, as amended by this act, or 17b-355. Notwithstanding the
844 provisions of this section, the Commissioner of Social Services may,
845 within available appropriations, increase or decrease rates issued to
846 intermediate care facilities for individuals with intellectual disabilities
847 to reflect a reduction in available appropriations as provided in
848 subsection (a) of this section. For the fiscal years ending June 30, 2014,
849 and June 30, 2015, the commissioner shall not consider rebasing in
850 determining rates.

851 Sec. 13. Subsection (a) of section 17b-244 of the general statutes is
852 repealed and the following is substituted in lieu thereof (*Effective July*
853 *1, 2015*):

854 (a) The room and board component of the rates to be paid by the
855 state to private facilities and facilities operated by regional education
856 service centers which are licensed to provide residential care pursuant
857 to section 17a-227, but not certified to participate in the Title XIX
858 Medicaid program as intermediate care facilities for individuals with
859 intellectual disabilities, shall be determined annually by the
860 Commissioner of Social Services, except that rates effective April 30,
861 1989, shall remain in effect through October 31, 1989. Any facility with
862 real property other than land placed in service prior to July 1, 1991,
863 shall, for the fiscal year ending June 30, 1995, receive a rate of return on
864 real property equal to the average of the rates of return applied to real
865 property other than land placed in service for the five years preceding
866 July 1, 1993. For the fiscal year ending June 30, 1996, and any
867 succeeding fiscal year, the rate of return on real property for property
868 items shall be revised every five years. The commissioner shall, upon
869 submission of a request by such facility, allow actual debt service,
870 comprised of principal and interest, on the loan or loans in lieu of
871 property costs allowed pursuant to section 17-313b-5 of the regulations
872 of Connecticut state agencies, whether actual debt service is higher or
873 lower than such allowed property costs, provided such debt service
874 terms and amounts are reasonable in relation to the useful life and the
875 base value of the property. In the case of facilities financed through the
876 Connecticut Housing Finance Authority, the commissioner shall allow
877 actual debt service, comprised of principal, interest and a reasonable
878 repair and replacement reserve on the loan or loans in lieu of property
879 costs allowed pursuant to section 17-313b-5 of the regulations of
880 Connecticut state agencies, whether actual debt service is higher or
881 lower than such allowed property costs, provided such debt service
882 terms and amounts are determined by the commissioner at the time
883 the loan is entered into to be reasonable in relation to the useful life

884 and base value of the property. The commissioner may allow fees
885 associated with mortgage refinancing provided such refinancing will
886 result in state reimbursement savings, after comparing costs over the
887 terms of the existing proposed loans. For the fiscal year ending June 30,
888 1992, the inflation factor used to determine rates shall be one-half of
889 the gross national product percentage increase for the period between
890 the midpoint of the cost year through the midpoint of the rate year. For
891 fiscal year ending June 30, 1993, the inflation factor used to determine
892 rates shall be two-thirds of the gross national product percentage
893 increase from the midpoint of the cost year to the midpoint of the rate
894 year. For the fiscal years ending June 30, 1996, and June 30, 1997, no
895 inflation factor shall be applied in determining rates. The
896 Commissioner of Social Services shall prescribe uniform forms on
897 which such facilities shall report their costs. Such rates shall be
898 determined on the basis of a reasonable payment for necessary
899 services. Any increase in grants, gifts, fund-raising or endowment
900 income used for the payment of operating costs by a private facility in
901 the fiscal year ending June 30, 1992, shall be excluded by the
902 commissioner from the income of the facility in determining the rates
903 to be paid to the facility for the fiscal year ending June 30, 1993,
904 provided any operating costs funded by such increase shall not
905 obligate the state to increase expenditures in subsequent fiscal years.
906 Nothing contained in this section shall authorize a payment by the
907 state to any such facility in excess of the charges made by the facility
908 for comparable services to the general public. The service component
909 of the rates to be paid by the state to private facilities and facilities
910 operated by regional education service centers which are licensed to
911 provide residential care pursuant to section 17a-227, but not certified
912 to participate in the Title XIX Medicaid programs as intermediate care
913 facilities for individuals with intellectual disabilities, shall be
914 determined annually by the Commissioner of Developmental Services
915 in accordance with section 17b-244a. For the fiscal year ending June 30,
916 2008, no facility shall receive a rate that is more than two per cent
917 greater than the rate in effect for the facility on June 30, 2007, except

918 any facility that would have been issued a lower rate effective July 1,
919 2007, due to interim rate status or agreement with the department,
920 shall be issued such lower rate effective July 1, 2007. For the fiscal year
921 ending June 30, 2009, no facility shall receive a rate that is more than
922 two per cent greater than the rate in effect for the facility on June 30,
923 2008, except any facility that would have been issued a lower rate
924 effective July 1, 2008, due to interim rate status or agreement with the
925 department, shall be issued such lower rate effective July 1, 2008. For
926 the fiscal years ending June 30, 2010, and June 30, 2011, rates in effect
927 for the period ending June 30, 2009, shall remain in effect until June 30,
928 2011, except that (1) the rate paid to a facility may be higher than the
929 rate paid to the facility for the period ending June 30, 2009, if a capital
930 improvement required by the Commissioner of Developmental
931 Services for the health or safety of the residents was made to the
932 facility during the fiscal years ending June 30, 2010, or June 30, 2011,
933 and (2) any facility that would have been issued a lower rate for the
934 fiscal [years] year ending June 30, 2010, or June 30, 2011, due to interim
935 rate status or agreement with the department, shall be issued such
936 lower rate. For the fiscal year ending June 30, 2012, rates in effect for
937 the period ending June 30, 2011, shall remain in effect until June 30,
938 2012, except that (A) the rate paid to a facility may be higher than the
939 rate paid to the facility for the period ending June 30, 2011, if a capital
940 improvement required by the Commissioner of Developmental
941 Services for the health or safety of the residents was made to the
942 facility during the fiscal year ending June 30, 2012, and (B) any facility
943 that would have been issued a lower rate for the fiscal year ending
944 June 30, 2012, due to interim rate status or agreement with the
945 department, shall be issued such lower rate. Any facility that has a
946 significant decrease in land and building costs shall receive a reduced
947 rate to reflect such decrease in land and building costs. The rate paid to
948 a facility may be increased if a capital improvement approved by the
949 Department of Developmental Services, in consultation with the
950 Department of Social Services, for the health or safety of the residents
951 was made to the facility during the fiscal year ending June 30, 2014,

952 [or] June 30, 2015, June 30, 2016, or June 30, 2017, only to the extent
953 such increases are within available appropriations. For the fiscal years
954 ending June 30, 2016, and June 30, 2017, rates shall not exceed those in
955 effect for the period ending June 30, 2015. For the fiscal years ending
956 June 30, 2016, and June 30, 2017, and each succeeding fiscal year, any
957 facility that would have been issued a lower rate, due to interim rate
958 status or agreement with the department, shall be issued such lower
959 rate.

960 Sec. 14. Subdivision (1) of subsection (h) of section 17b-340 of the
961 general statutes is repealed and the following is substituted in lieu
962 thereof (*Effective July 1, 2015*):

963 (h) (1) For the fiscal year ending June 30, 1993, any residential care
964 home with an operating cost component of its rate in excess of one
965 hundred thirty per cent of the median of operating cost components of
966 rates in effect January 1, 1992, shall not receive an operating cost
967 component increase. For the fiscal year ending June 30, 1993, any
968 residential care home with an operating cost component of its rate that
969 is less than one hundred thirty per cent of the median of operating cost
970 components of rates in effect January 1, 1992, shall have an allowance
971 for real wage growth equal to sixty-five per cent of the increase
972 determined in accordance with subsection (q) of section 17-311-52 of
973 the regulations of Connecticut state agencies, provided such operating
974 cost component shall not exceed one hundred thirty per cent of the
975 median of operating cost components in effect January 1, 1992.
976 Beginning with the fiscal year ending June 30, 1993, for the purpose of
977 determining allowable fair rent, a residential care home with allowable
978 fair rent less than the twenty-fifth percentile of the state-wide
979 allowable fair rent shall be reimbursed as having allowable fair rent
980 equal to the twenty-fifth percentile of the state-wide allowable fair
981 rent. Beginning with the fiscal year ending June 30, 1997, a residential
982 care home with allowable fair rent less than three dollars and ten cents
983 per day shall be reimbursed as having allowable fair rent equal to
984 three dollars and ten cents per day. Property additions placed in

985 service during the cost year ending September 30, 1996, or any
986 succeeding cost year shall receive a fair rent allowance for such
987 additions as an addition to three dollars and ten cents per day if the
988 fair rent for the facility for property placed in service prior to
989 September 30, 1995, is less than or equal to three dollars and ten cents
990 per day. For the fiscal year ending June 30, 1996, and any succeeding
991 fiscal year, the allowance for real wage growth, as determined in
992 accordance with subsection (q) of section 17-311-52 of the regulations
993 of Connecticut state agencies, shall not be applied. For the fiscal year
994 ending June 30, 1996, and any succeeding fiscal year, the inflation
995 adjustment made in accordance with subsection (p) of section 17-311-
996 52 of the regulations of Connecticut state agencies shall not be applied
997 to real property costs. Beginning with the fiscal year ending June 30,
998 1997, minimum allowable patient days for rate computation purposes
999 for a residential care home with twenty-five beds or less shall be
1000 eighty-five per cent of licensed capacity. Beginning with the fiscal year
1001 ending June 30, 2002, for the purposes of determining the allowable
1002 salary of an administrator of a residential care home with sixty beds or
1003 less the department shall revise the allowable base salary to thirty-
1004 seven thousand dollars to be annually inflated thereafter in accordance
1005 with section 17-311-52 of the regulations of Connecticut state agencies.
1006 The rates for the fiscal year ending June 30, 2002, shall be based upon
1007 the increased allowable salary of an administrator, regardless of
1008 whether such amount was expended in the 2000 cost report period
1009 upon which the rates are based. Beginning with the fiscal year ending
1010 June 30, 2000, and until the fiscal year ending June 30, 2009, inclusive,
1011 the inflation adjustment for rates made in accordance with subsection
1012 (p) of section 17-311-52 of the regulations of Connecticut state agencies
1013 shall be increased by two per cent, and beginning with the fiscal year
1014 ending June 30, 2002, the inflation adjustment for rates made in
1015 accordance with subsection (c) of said section shall be increased by one
1016 per cent. Beginning with the fiscal year ending June 30, 1999, for the
1017 purpose of determining the allowable salary of a related party, the
1018 department shall revise the maximum salary to twenty-seven

1019 thousand eight hundred fifty-six dollars to be annually inflated
1020 thereafter in accordance with section 17-311-52 of the regulations of
1021 Connecticut state agencies and beginning with the fiscal year ending
1022 June 30, 2001, such allowable salary shall be computed on an hourly
1023 basis and the maximum number of hours allowed for a related party
1024 other than the proprietor shall be increased from forty hours to forty-
1025 eight hours per work week. For the fiscal year ending June 30, 2005,
1026 each facility shall receive a rate that is two and one-quarter per cent
1027 more than the rate the facility received in the prior fiscal year, except
1028 any facility that would have been issued a lower rate effective July 1,
1029 2004, than for the fiscal year ending June 30, 2004, due to interim rate
1030 status or agreement with the department shall be issued such lower
1031 rate effective July 1, 2004. Effective upon receipt of all the necessary
1032 federal approvals to secure federal financial participation matching
1033 funds associated with the rate increase provided in subdivision (4) of
1034 subsection (f) of this section, but in no event earlier than October 1,
1035 2005, and provided the user fee imposed under section 17b-320 is
1036 required to be collected, each facility shall receive a rate that is
1037 determined in accordance with applicable law and subject to
1038 appropriations, except any facility that would have been issued a
1039 lower rate effective October 1, 2005, than for the fiscal year ending June
1040 30, 2005, due to interim rate status or agreement with the department,
1041 shall be issued such lower rate effective October 1, 2005. Such rate
1042 increase shall remain in effect unless: (A) The federal financial
1043 participation matching funds associated with the rate increase are no
1044 longer available; or (B) the user fee created pursuant to section 17b-320
1045 is not in effect. For the fiscal year ending June 30, 2007, rates in effect
1046 for the period ending June 30, 2006, shall remain in effect until
1047 September 30, 2006, except any facility that would have been issued a
1048 lower rate effective July 1, 2006, than for the fiscal year ending June 30,
1049 2006, due to interim rate status or agreement with the department,
1050 shall be issued such lower rate effective July 1, 2006. Effective October
1051 1, 2006, no facility shall receive a rate that is more than four per cent
1052 greater than the rate in effect for the facility on September 30, 2006,

1053 except for any facility that would have been issued a lower rate
1054 effective October 1, 2006, due to interim rate status or agreement with
1055 the department, shall be issued such lower rate effective October 1,
1056 2006. For the fiscal years ending June 30, 2010, and June 30, 2011, rates
1057 in effect for the period ending June 30, 2009, shall remain in effect until
1058 June 30, 2011, except any facility that would have been issued a lower
1059 rate for the fiscal year ending June 30, 2010, or the fiscal year ending
1060 June 30, 2011, due to interim rate status or agreement with the
1061 department, shall be issued such lower rate, except (i) any facility that
1062 would have been issued a lower rate for the fiscal year ending June 30,
1063 2010, or the fiscal year ending June 30, 2011, due to interim rate status
1064 or agreement with the Commissioner of Social Services shall be issued
1065 such lower rate; and (ii) the commissioner may increase a facility's rate
1066 for reasonable costs associated with such facility's compliance with the
1067 provisions of section 19a-495a concerning the administration of
1068 medication by unlicensed personnel. For the fiscal year ending June 30,
1069 2012, rates in effect for the period ending June 30, 2011, shall remain in
1070 effect until June 30, 2012, except that (I) any facility that would have
1071 been issued a lower rate for the fiscal year ending June 30, 2012, due to
1072 interim rate status or agreement with the Commissioner of Social
1073 Services shall be issued such lower rate; and (II) the commissioner may
1074 increase a facility's rate for reasonable costs associated with such
1075 facility's compliance with the provisions of section 19a-495a
1076 concerning the administration of medication by unlicensed personnel.
1077 For the fiscal year ending June 30, 2013, the Commissioner of Social
1078 Services may, within available appropriations, provide a rate increase
1079 to a residential care home. Any facility that would have been issued a
1080 lower rate for the fiscal year ending June 30, 2013, due to interim rate
1081 status or agreement with the Commissioner of Social Services shall be
1082 issued such lower rate. For the fiscal years ending June 30, 2012, and
1083 June 30, 2013, the Commissioner of Social Services may provide fair
1084 rent increases to any facility that has undergone a material change in
1085 circumstances related to fair rent and has an approved certificate of
1086 need pursuant to section 17b-352, 17b-353, 17b-354, as amended by this

1087 act, or 17b-355. For the fiscal years ending June 30, 2014, and June 30,
1088 2015, for those facilities that have a calculated rate greater than the rate
1089 in effect for the fiscal year ending June 30, 2013, the commissioner may
1090 increase facility rates based upon available appropriations up to a stop
1091 gain as determined by the commissioner. No facility shall be issued a
1092 rate that is lower than the rate in effect on June 30, 2013, except that
1093 any facility that would have been issued a lower rate for the fiscal year
1094 ending June 30, 2014, or the fiscal year ending June 30, 2015, due to
1095 interim rate status or agreement with the commissioner, shall be issued
1096 such lower rate. For the fiscal year ending June 30, 2014, and each fiscal
1097 year thereafter, a residential care home shall receive a rate increase for
1098 any capital improvement made during the fiscal year for the health
1099 and safety of residents and approved by the Department of Social
1100 Services, provided such rate increase is within available
1101 appropriations. For the fiscal year ending June 30, 2015, and each
1102 succeeding fiscal year thereafter, costs of less than ten thousand dollars
1103 that are incurred by a facility and are associated with any land,
1104 building or nonmovable equipment repair or improvement that are
1105 reported in the cost year used to establish the facility's rate shall not be
1106 capitalized for a period of more than five years for rate-setting
1107 purposes. For the fiscal year ending June 30, 2015, subject to available
1108 appropriations, the commissioner may, at the commissioner's
1109 discretion: Increase the inflation cost limitation under subsection (c) of
1110 section 17-311-52 of the regulations of Connecticut state agencies,
1111 provided such inflation allowance factor does not exceed a maximum
1112 of five per cent; establish a minimum rate of return applied to real
1113 property of five per cent inclusive of assets placed in service during
1114 cost year 2013; waive the standard rate of return under subsection (f)
1115 of section 17-311-52 of the regulations of Connecticut state agencies for
1116 ownership changes or health and safety improvements that exceed one
1117 hundred thousand dollars and that are required under a consent order
1118 from the Department of Public Health; and waive the rate of return
1119 adjustment under subsection (f) of section 17-311-52 of the regulations
1120 of Connecticut state agencies to avoid financial hardship. For the fiscal

1121 years ending June 30, 2016, and June 30, 2017, rates shall not exceed
1122 those in effect for the period ending June 30, 2015. For the fiscal years
1123 ending June 30, 2016, and June 30, 2017, and each succeeding fiscal
1124 year, any facility that would have been issued a lower rate, due to
1125 interim rate status or agreement with the department, shall be issued
1126 such lower rate.

1127 Sec. 15. Subsection (a) of section 17b-280 of the general statutes is
1128 repealed and the following is substituted in lieu thereof (*Effective July*
1129 *1, 2015*):

1130 (a) The state shall reimburse for all legend drugs provided under
1131 medical assistance programs administered by the Department of Social
1132 Services at the lower of (1) the rate established by the Centers for
1133 Medicare and Medicaid Services as the federal acquisition cost, (2) the
1134 average wholesale price minus [sixteen] eighteen per cent, or (3) an
1135 equivalent percentage as established under the Medicaid state plan.
1136 The state shall pay a professional fee of one dollar and [seventy] forty
1137 cents to licensed pharmacies for each prescription dispensed to a
1138 recipient of benefits under a medical assistance program administered
1139 by the Department of Social Services in accordance with federal
1140 regulations. On and after September 4, 1991, payment for legend and
1141 nonlegend drugs provided to Medicaid recipients shall be based upon
1142 the actual package size dispensed. Effective October 1, 1991,
1143 reimbursement for over-the-counter drugs for such recipients shall be
1144 limited to those over-the-counter drugs and products published in the
1145 Connecticut Formulary, or the cross reference list, issued by the
1146 commissioner. The cost of all over-the-counter drugs and products
1147 provided to residents of nursing facilities, chronic disease hospitals,
1148 and intermediate care facilities for individuals with intellectual
1149 disabilities shall be included in the facilities' per diem rate.
1150 Notwithstanding the provisions of this subsection, no dispensing fee
1151 shall be issued for a prescription drug dispensed to a Medicaid
1152 recipient who is a Medicare Part D beneficiary when the prescription
1153 drug is a Medicare Part D drug, as defined in Public Law 108-173, the

1154 Medicare Prescription Drug, Improvement, and Modernization Act of
1155 2003.

1156 Sec. 16. Subsection (b) of section 17b-239e of the general statutes is
1157 repealed and the following is substituted in lieu thereof (*Effective July*
1158 *1, 2015*):

1159 (b) The commissioner may establish a blended inpatient hospital
1160 case rate that includes services provided to all Medicaid recipients and
1161 may exclude certain diagnoses, as determined by the commissioner, if
1162 the establishment of such rates is needed to ensure that the conversion
1163 to an administrative services organization is cost neutral to hospitals in
1164 the aggregate and ensures patient access. Utilization may be a factor in
1165 determining cost neutrality. [The Department of Social Services shall
1166 establish, within available appropriations, a supplemental inpatient
1167 pool for low-cost hospitals.]

1168 Sec. 17. Subsection (d) of section 17b-265 of the general statutes is
1169 repealed and the following is substituted in lieu thereof (*Effective July*
1170 *1, 2015*):

1171 (d) When a recipient of medical assistance has personal health
1172 insurance in force covering care or other benefits provided under such
1173 program, payment or part-payment of the premium for such insurance
1174 may be made when deemed appropriate by the Commissioner of
1175 Social Services. Effective January 1, 1992, the commissioner shall limit
1176 reimbursement to medical assistance providers [, except those
1177 providers whose rates are established by the Commissioner of Public
1178 Health pursuant to chapter 368d,] for coinsurance and deductible
1179 payments under Title XVIII of the Social Security Act to assure that the
1180 combined Medicare and Medicaid payment to the provider shall not
1181 exceed the maximum allowable under the Medicaid program fee
1182 schedules.

1183 Sec. 18. Subsection (i) of section 17b-342 of the general statutes is
1184 repealed and the following is substituted in lieu thereof (*Effective July*

1185 1, 2015):

1186 (i) (1) On and after July 1, 1992, the Commissioner of Social Services
1187 shall, within available appropriations, administer a state-funded
1188 portion of the program for persons (A) who are sixty-five years of age
1189 and older; (B) who are inappropriately institutionalized or at risk of
1190 inappropriate institutionalization; (C) whose income is less than or
1191 equal to the amount allowed under subdivision (3) of subsection (a) of
1192 this section; and (D) whose assets, if single, do not exceed the
1193 minimum community spouse protected amount pursuant to Section
1194 4022.05 of the department's uniform policy manual or, if married, the
1195 couple's assets do not exceed one hundred fifty per cent of said
1196 community spouse protected amount and on and after April 1, 2007,
1197 whose assets, if single, do not exceed one hundred fifty per cent of the
1198 minimum community spouse protected amount pursuant to Section
1199 4022.05 of the department's uniform policy manual or, if married, the
1200 couple's assets do not exceed two hundred per cent of said community
1201 spouse protected amount. Notwithstanding any provision of this
1202 section, for program applications received by the Department of Social
1203 Services on or after July 1, 2015, only persons who require the level of
1204 care provided in a nursing home shall be eligible for the state-funded
1205 portion of the program.

1206 (2) Except for persons residing in affordable housing under the
1207 assisted living demonstration project established pursuant to section
1208 17b-347e, as provided in subdivision (3) of this subsection, any person
1209 whose income is at or below two hundred per cent of the federal
1210 poverty level and who is ineligible for Medicaid shall contribute
1211 [seven] fifteen per cent of the cost of his or her care. Any person whose
1212 income exceeds two hundred per cent of the federal poverty level shall
1213 contribute [seven] fifteen per cent of the cost of his or her care in
1214 addition to the amount of applied income determined in accordance
1215 with the methodology established by the Department of Social Services
1216 for recipients of medical assistance. Any person who does not
1217 contribute to the cost of care in accordance with this subdivision shall

1218 be ineligible to receive services under this subsection. Notwithstanding
1219 any provision of [the general statutes] sections 17b-60 and 17b-61, the
1220 department shall not be required to provide an administrative hearing
1221 to a person found ineligible for services under this subsection because
1222 of a failure to contribute to the cost of care.

1223 (3) Any person who resides in affordable housing under the assisted
1224 living demonstration project established pursuant to section 17b-347e
1225 and whose income is at or below two hundred per cent of the federal
1226 poverty level, shall not be required to contribute to the cost of care.
1227 Any person who resides in affordable housing under the assisted
1228 living demonstration project established pursuant to section 17b-347e
1229 and whose income exceeds two hundred per cent of the federal
1230 poverty level, shall contribute to the applied income amount
1231 determined in accordance with the methodology established by the
1232 Department of Social Services for recipients of medical assistance. Any
1233 person whose income exceeds two hundred per cent of the federal
1234 poverty level and who does not contribute to the cost of care in
1235 accordance with this subdivision shall be ineligible to receive services
1236 under this subsection. Notwithstanding any provision of [the general
1237 statutes] sections 17b-60 and 17b-61, the department shall not be
1238 required to provide an administrative hearing to a person found
1239 ineligible for services under this subsection because of a failure to
1240 contribute to the cost of care.

1241 (4) The annualized cost of services provided to an individual under
1242 the state-funded portion of the program shall not exceed fifty per cent
1243 of the weighted average cost of care in nursing homes in the state,
1244 except an individual who received services costing in excess of such
1245 amount under the Department of Social Services in the fiscal year
1246 ending June 30, 1992, may continue to receive such services, provided
1247 the annualized cost of such services does not exceed eighty per cent of
1248 the weighted average cost of such nursing home care. The
1249 commissioner may allow the cost of services provided to an individual
1250 to exceed the maximum cost established pursuant to this subdivision

1251 in a case of extreme hardship, as determined by the commissioner,
1252 provided in no case shall such cost exceed that of the weighted cost of
1253 such nursing home care.

1254 Sec. 19. Section 17b-131 of the general statutes is repealed and the
1255 following is substituted in lieu thereof (*Effective July 1, 2015*):

1256 When a person in any town, or sent from such town to any licensed
1257 institution or state humane institution, dies or is found dead therein
1258 and does not leave sufficient estate or has no legally liable relative able
1259 to pay the cost of a proper funeral and burial, or upon the death of any
1260 beneficiary under the state-administered general assistance program,
1261 the Commissioner of Social Services shall give to such person a proper
1262 funeral and burial, and shall pay a sum not exceeding one thousand
1263 [eight hundred] dollars as an allowance toward the funeral expenses of
1264 such deceased, said sum to be paid, upon submission of a proper bill,
1265 to the funeral director, cemetery or crematory, as the case may be. Such
1266 payment for funeral and burial expenses shall be reduced by (1) the
1267 amount in any revocable or irrevocable funeral fund, (2) any prepaid
1268 funeral contract, (3) the face value of any life insurance policy owned
1269 by the decedent, and (4) contributions in excess of two thousand eight
1270 hundred dollars toward such funeral and burial expenses from all
1271 other sources including friends, relatives and all other persons,
1272 organizations, veterans' and other benefit programs and other
1273 agencies.

1274 Sec. 20. Subsection (b) of section 17b-106 of the general statutes is
1275 repealed and the following is substituted in lieu thereof (*Effective July*
1276 *1, 2015*):

1277 (b) Effective July 1, 2011, the commissioner shall provide a state
1278 supplement payment for recipients of Medicaid and the federal
1279 Supplemental Security Income Program who reside in long-term care
1280 facilities sufficient to increase their personal needs allowance to [sixty]
1281 fifty dollars per month. Such state supplement payment shall be made

1282 to the long-term care facility to be deposited into the personal fund
1283 account of each such recipient. For the purposes of this subsection,
1284 "long-term care facility" means a licensed chronic and convalescent
1285 nursing home, a chronic disease hospital, a rest home with nursing
1286 supervision, an intermediate care facility for individuals with
1287 intellectual disabilities or a state humane institution.

1288 Sec. 21. Section 17b-272 of the general statutes is repealed and the
1289 following is substituted in lieu thereof (*Effective July 1, 2015*):

1290 Effective July 1, 2011, the Commissioner of Social Services shall
1291 permit patients residing in nursing homes, chronic disease hospitals
1292 and state humane institutions who are medical assistance recipients
1293 under sections 17b-260 to 17b-262, inclusive, 17b-264 to 17b-285,
1294 inclusive, and 17b-357 to 17b-361, inclusive, to have a monthly
1295 personal fund allowance of [sixty] fifty dollars.

1296 Sec. 22. Subsection (c) of section 17b-265d of the general statutes is
1297 repealed and the following is substituted in lieu thereof (*Effective July*
1298 *1, 2015*):

1299 (c) A full benefit dually eligible Medicare Part D beneficiary shall be
1300 responsible for any Medicare Part D prescription drug copayments
1301 imposed pursuant to Public Law 108-173, the Medicare Prescription
1302 Drug, Improvement, and Modernization Act of 2003. [, in amounts not
1303 to exceed fifteen dollars per month. The department shall be
1304 responsible for payment, on behalf of such beneficiary, of any
1305 Medicare Part D prescription drug copayments in any month in which
1306 such copayment amounts exceed fifteen dollars in the aggregate.]

1307 Sec. 23. Subsection (a) of section 17b-354 of the general statutes is
1308 repealed and the following is substituted in lieu thereof (*Effective July*
1309 *1, 2015*):

1310 (a) [Except for applications deemed complete as of August 9, 1991]
1311 Effective July 1, 2015, the Department of Social Services shall not

1312 accept or approve any requests for additional nursing home beds [or
1313 modify the capital cost of any prior approval for the period from
1314 September 4, 1991, through June 30, 2016,] except (1) beds restricted to
1315 use by patients [with acquired immune deficiency syndrome or
1316 traumatic brain injury] requiring neurological rehabilitation; (2) beds
1317 associated with a continuing care facility which guarantees life care for
1318 its residents; (3) Medicaid certified beds to be relocated from one
1319 licensed nursing facility to another licensed nursing facility [, to a new
1320 facility] to meet a priority need identified in the strategic plan
1321 developed pursuant to subsection (c) of section 17b-369, as amended
1322 by this act; [or to a small house nursing home, as defined in section
1323 17b-372,] and (4) Medicaid beds to be relocated from a licensed facility
1324 or facilities to a new facility, provided at least one current facility is
1325 closed in the transaction, and the new facility bed total is not less than
1326 ten per cent lower than the total number of beds relocated. The
1327 facilities included in the bed relocation and closure must be in
1328 accordance with the strategic plan developed pursuant to subsection
1329 (c) of section 17b-369, as amended by this act, provided (A) the
1330 availability of beds in an area of need will not be adversely affected;
1331 and (B) no such relocation shall result in an increase in state
1332 expenditures. [, and (C) the relocation results in a reduction in the
1333 number of nursing facility beds in the state; (4) a request for no more
1334 than twenty beds submitted by a licensed nursing facility that
1335 participates in neither the Medicaid program nor the Medicare
1336 program, admits residents and provides health care to such residents
1337 without regard to their income or assets and demonstrates its financial
1338 ability to provide lifetime nursing home services to such residents
1339 without participating in the Medicaid program to the satisfaction of
1340 the department, provided the department does not accept or approve
1341 more than one request pursuant to this subdivision; (5) a request for no
1342 more than twenty beds associated with a freestanding facility
1343 dedicated to providing hospice care services for terminally ill persons
1344 operated by an organization previously authorized by the Department
1345 of Public Health to provide hospice services in accordance with section

1346 19a-122b; and (6) new or existing Medicaid certified beds to be
1347 relocated from a licensed nursing facility in a municipality with a 2004
1348 estimated population of one hundred twenty-five thousand to a
1349 location within the same municipality, provided such Medicaid
1350 certified beds do not exceed sixty beds. Notwithstanding the
1351 provisions of this subsection, any provision of the general statutes or
1352 any decision of the Office of Health Care Access, (i) the date by which
1353 construction shall begin for each nursing home certificate of need in
1354 effect August 1, 1991, shall be December 31, 1992, (ii) the date by which
1355 a nursing home shall be licensed under each such certificate of need
1356 shall be October 1, 1995, and (iii) the imposition of such dates shall not
1357 require action by the Commissioner of Social Services. Except as
1358 provided in subsection (c) of this section, a nursing home certificate of
1359 need in effect August 1, 1991, shall expire if construction has not begun
1360 or licensure has not been obtained in compliance with the dates set
1361 forth in subparagraphs (i) and (ii) of this subsection.]

1362 Sec. 24. Subsection (a) of section 17b-340 of the general statutes is
1363 repealed and the following is substituted in lieu thereof (*Effective July*
1364 *1, 2015*):

1365 (a) For purposes of this subsection, (1) a "related party" includes, but
1366 is not limited to, any company related to a chronic and convalescent
1367 nursing home through family association, common ownership, control
1368 or business association with any of the owners, operators or officials of
1369 such nursing home; (2) "company" means any person, partnership,
1370 association, holding company, limited liability company or
1371 corporation; (3) "family association" means a relationship by birth,
1372 marriage or domestic partnership; and (4) "profit and loss statement"
1373 means the most recent annual statement on profits and losses finalized
1374 by a related party before the annual report mandated under this
1375 subsection. The rates to be paid by or for persons aided or cared for by
1376 the state or any town in this state to licensed chronic and convalescent
1377 nursing homes, to chronic disease hospitals associated with chronic
1378 and convalescent nursing homes, to rest homes with nursing

1379 supervision, to licensed residential care homes, as defined by section
1380 19a-490, and to residential facilities for persons with intellectual
1381 disability that are licensed pursuant to section 17a-227 and certified to
1382 participate in the Title XIX Medicaid program as intermediate care
1383 facilities for individuals with intellectual disabilities, for room, board
1384 and services specified in licensing regulations issued by the licensing
1385 agency shall be determined annually, except as otherwise provided in
1386 this subsection, after a public hearing, by the Commissioner of Social
1387 Services, to be effective July first of each year except as otherwise
1388 provided in this subsection. Such rates shall be determined on a basis
1389 of a reasonable payment for such necessary services, which basis shall
1390 take into account as a factor the costs of such services. Cost of such
1391 services shall include reasonable costs mandated by collective
1392 bargaining agreements with certified collective bargaining agents or
1393 other agreements between the employer and employees, provided
1394 "employees" shall not include persons employed as managers or chief
1395 administrators or required to be licensed as nursing home
1396 administrators, and compensation for services rendered by proprietors
1397 at prevailing wage rates, as determined by application of principles of
1398 accounting as prescribed by said commissioner. Cost of such services
1399 shall not include amounts paid by the facilities to employees as salary,
1400 or to attorneys or consultants as fees, where the responsibility of the
1401 employees, attorneys, or consultants is to persuade or seek to persuade
1402 the other employees of the facility to support or oppose unionization.
1403 Nothing in this subsection shall prohibit inclusion of amounts paid for
1404 legal counsel related to the negotiation of collective bargaining
1405 agreements, the settlement of grievances or normal administration of
1406 labor relations. The commissioner may, in the commissioner's
1407 discretion, allow the inclusion of extraordinary and unanticipated
1408 costs of providing services that were incurred to avoid an immediate
1409 negative impact on the health and safety of patients. The commissioner
1410 may, in the commissioner's discretion, based upon review of a facility's
1411 costs, direct care staff to patient ratio and any other related
1412 information, revise a facility's rate for any increases or decreases to

1413 total licensed capacity of more than ten beds or changes to its number
1414 of licensed rest home with nursing supervision beds and chronic and
1415 convalescent nursing home beds. The commissioner may, in the
1416 commissioner's discretion, revise the rate of a facility that is closing
1417 down. An interim rate issued for the period during which a facility is
1418 closing down shall be based on a review of facility costs, the expected
1419 duration of the close-down period, the anticipated impact on Medicaid
1420 costs, available appropriations and the relationship of the rate
1421 requested by the facility to the average Medicaid rate for a close-down
1422 period. The commissioner may so revise a facility's rate established for
1423 the fiscal year ending June 30, 1993, and thereafter for any bed
1424 increases, decreases or changes in licensure effective after October 1,
1425 1989. Effective July 1, 1991, in facilities that have both a chronic and
1426 convalescent nursing home and a rest home with nursing supervision,
1427 the rate for the rest home with nursing supervision shall not exceed
1428 such facility's rate for its chronic and convalescent nursing home. All
1429 such facilities for which rates are determined under this subsection
1430 shall report on a fiscal year basis ending on September thirtieth. Such
1431 report shall be submitted to the commissioner by December thirty-first.
1432 Each for-profit chronic and convalescent nursing home that receives
1433 state funding pursuant to this section shall include in such annual
1434 report a profit and loss statement from each related party that receives
1435 from such chronic and convalescent nursing home fifty thousand
1436 dollars or more per year for goods, fees and services. No cause of
1437 action or liability shall arise against the state, the Department of Social
1438 Services, any state official or agent for failure to take action based on
1439 the information required to be reported under this subsection. The
1440 commissioner may reduce the rate in effect for a facility that fails to
1441 submit a complete and accurate report on or before December thirty-
1442 first by an amount not to exceed ten per cent of such rate. If a licensed
1443 residential care home fails to submit a complete and accurate report,
1444 the department shall notify such home of the failure and the home
1445 shall have thirty days from the date the notice was issued to submit a
1446 complete and accurate report. If a licensed residential care home fails

1447 to submit a complete and accurate report not later than thirty days
1448 after the date of notice, such home may not receive a retroactive rate
1449 increase, in the commissioner's discretion. The commissioner shall,
1450 annually, on or before February fifteenth, report the data contained in
1451 the reports of such facilities to the joint standing committee of the
1452 General Assembly having cognizance of matters relating to
1453 appropriations and the budgets of state agencies. For the cost reporting
1454 year commencing October 1, 1985, and for subsequent cost reporting
1455 years, facilities shall report the cost of using the services of any nursing
1456 pool employee by separating said cost into two categories, the portion
1457 of the cost equal to the salary of the employee for whom the nursing
1458 pool employee is substituting shall be considered a nursing cost and
1459 any cost in excess of such salary shall be further divided so that
1460 seventy-five per cent of the excess cost shall be considered an
1461 administrative or general cost and twenty-five per cent of the excess
1462 cost shall be considered a nursing cost, provided if the total nursing
1463 pool costs of a facility for any cost year are equal to or exceed fifteen
1464 per cent of the total nursing expenditures of the facility for such cost
1465 year, no portion of nursing pool costs in excess of fifteen per cent shall
1466 be classified as administrative or general costs. The commissioner, in
1467 determining such rates, shall also take into account the classification of
1468 patients or boarders according to special care requirements or
1469 classification of the facility according to such factors as facilities and
1470 services and such other factors as the commissioner deems reasonable,
1471 including anticipated fluctuations in the cost of providing such
1472 services. The commissioner may establish a separate rate for a facility
1473 or a portion of a facility for traumatic brain injury patients who require
1474 extensive care but not acute general hospital care. Such separate rate
1475 shall reflect the special care requirements of such patients. If changes
1476 in federal or state laws, regulations or standards adopted subsequent
1477 to June 30, 1985, result in increased costs or expenditures in an amount
1478 exceeding one-half of one per cent of allowable costs for the most
1479 recent cost reporting year, the commissioner shall adjust rates and
1480 provide payment for any such increased reasonable costs or

1481 expenditures within a reasonable period of time retroactive to the date
1482 of enforcement. Nothing in this section shall be construed to require
1483 the Department of Social Services to adjust rates and provide payment
1484 for any increases in costs resulting from an inspection of a facility by
1485 the Department of Public Health. Such assistance as the commissioner
1486 requires from other state agencies or departments in determining rates
1487 shall be made available to the commissioner at the commissioner's
1488 request. Payment of the rates established pursuant to this section shall
1489 be conditioned on the establishment by such facilities of admissions
1490 procedures that conform with this section, section 19a-533 and all other
1491 applicable provisions of the law and the provision of equality of
1492 treatment to all persons in such facilities. The established rates shall be
1493 the maximum amount chargeable by such facilities for care of such
1494 beneficiaries, and the acceptance by or on behalf of any such facility of
1495 any additional compensation for care of any such beneficiary from any
1496 other person or source shall constitute the offense of aiding a
1497 beneficiary to obtain aid to which the beneficiary is not entitled and
1498 shall be punishable in the same manner as is provided in subsection (b)
1499 of section 17b-97. For the fiscal year ending June 30, 1992, rates for
1500 licensed residential care homes and intermediate care facilities for
1501 individuals with intellectual disabilities may receive an increase not to
1502 exceed the most recent annual increase in the Regional Data Resources
1503 Incorporated McGraw-Hill Health Care Costs: Consumer Price Index
1504 (all urban)-All Items. Rates for newly certified intermediate care
1505 facilities for individuals with intellectual disabilities shall not exceed
1506 one hundred fifty per cent of the median rate of rates in effect on
1507 January 31, 1991, for intermediate care facilities for individuals with
1508 intellectual disabilities certified prior to February 1, 1991.
1509 Notwithstanding any provision of this section, the Commissioner of
1510 Social Services may, within available appropriations, provide an
1511 interim rate increase for a licensed chronic and convalescent nursing
1512 home or a rest home with nursing supervision for rate periods no
1513 earlier than April 1, 2004, only if the commissioner determines that the
1514 increase is necessary to avoid the filing of a petition for relief under

1515 Title 11 of the United States Code; imposition of receivership pursuant
1516 to sections 19a-542 and 19a-543; or substantial deterioration of the
1517 facility's financial condition that may be expected to adversely affect
1518 resident care and the continued operation of the facility, and the
1519 commissioner determines that the continued operation of the facility is
1520 in the best interest of the state. The commissioner shall consider any
1521 requests for interim rate increases on file with the department from
1522 March 30, 2004, and those submitted subsequently for rate periods no
1523 earlier than April 1, 2004. When reviewing an interim rate increase
1524 request the commissioner shall, at a minimum, consider: (A) Existing
1525 chronic and convalescent nursing home or rest home with nursing
1526 supervision utilization in the area and projected bed need; (B) physical
1527 plant long-term viability and the ability of the owner or purchaser to
1528 implement any necessary property improvements; (C) licensure and
1529 certification compliance history; (D) reasonableness of actual and
1530 projected expenses; and (E) the ability of the facility to meet wage and
1531 benefit costs. No interim rate shall be increased pursuant to this
1532 subsection in excess of one hundred fifteen per cent of the median rate
1533 for the facility's peer grouping, established pursuant to subdivision (2)
1534 of subsection (f) of this section, unless recommended by the
1535 commissioner and approved by the Secretary of the Office of Policy
1536 and Management after consultation with the commissioner. Such
1537 median rates shall be published by the Department of Social Services
1538 not later than April first of each year. In the event that a facility
1539 granted an interim rate increase pursuant to this section is sold or
1540 otherwise conveyed for value to an unrelated entity less than five years
1541 after the effective date of such rate increase, the rate increase shall be
1542 deemed rescinded and the department shall recover an amount equal
1543 to the difference between payments made for all affected rate periods
1544 and payments that would have been made if the interim rate increase
1545 was not granted. The commissioner may seek recovery of such
1546 payments from any facility with common ownership. With the
1547 approval of the Secretary of the Office of Policy and Management, the
1548 commissioner may waive recovery and rescission of the interim rate

1549 for good cause shown that is not inconsistent with this section,
1550 including, but not limited to, transfers to family members that were
1551 made for no value. The commissioner shall provide written quarterly
1552 reports to the joint standing committees of the General Assembly
1553 having cognizance of matters relating to aging, human services and
1554 appropriations and the budgets of state agencies, that identify each
1555 facility requesting an interim rate increase, the amount of the
1556 requested rate increase for each facility, the action taken by the
1557 commissioner and the secretary pursuant to this subsection, and
1558 estimates of the additional cost to the state for each approved interim
1559 rate increase. Nothing in this subsection shall prohibit the
1560 commissioner from increasing the rate of a licensed chronic and
1561 convalescent nursing home or a rest home with nursing supervision
1562 for allowable costs associated with facility capital improvements or
1563 increasing the rate in case of a sale of a licensed chronic and
1564 convalescent nursing home or a rest home with nursing supervision,
1565 pursuant to subdivision (15) of subsection (f) of this section, if
1566 receivership has been imposed on such home.

1567 Sec. 25. Subdivision (2) of subsection (a) of section 17b-239 of the
1568 general statutes is repealed and the following is substituted in lieu
1569 thereof (*Effective July 1, 2015*):

1570 (2) On or after July 1, 2013, Medicaid rates paid to [acute care and
1571 children's] hospitals, as defined in section 12-263a, shall be based on
1572 diagnosis-related groups established and periodically rebased by the
1573 Commissioner of Social Services, provided the Department of Social
1574 Services completes a fiscal analysis of the impact of such rate payment
1575 system on each hospital. The commissioner shall, in accordance with
1576 the provisions of section 11-4a, file a report on the results of the fiscal
1577 analysis not later than six months after implementing the rate payment
1578 system with the joint standing committees of the General Assembly
1579 having cognizance of matters relating to human services and
1580 appropriations and the budgets of state agencies. The commissioner
1581 shall annually determine in-patient rates for each hospital by

1582 multiplying [diagnostic-related] diagnosis-related group relative
1583 weights by a base rate. Over a four-year period beginning on and after
1584 January 1, 2016, within available appropriations and at the discretion
1585 of the commissioner, the Department of Social Services shall transition
1586 hospital-specific, diagnosis-related group base rates to a state-wide
1587 diagnosis-related group base rate determined by the commissioner.
1588 Within available appropriations, the commissioner may, in his or her
1589 discretion, make additional payments to hospitals based on criteria to
1590 be determined by the commissioner. Upon the conversion to a hospital
1591 payment methodology based on diagnosis-related groups, the
1592 commissioner shall evaluate payments for all hospital services,
1593 including, but not limited to, a review of pediatric psychiatric inpatient
1594 units within hospitals. The commissioner may, within available
1595 appropriations, implement a pay-for-performance program for
1596 pediatric psychiatric inpatient care. Nothing contained in this section
1597 shall authorize Medicaid payment by the state to any such hospital in
1598 excess of the charges made by such hospital for comparable services to
1599 the general public.

1600 Sec. 26. Section 17b-369 of the general statutes is repealed and the
1601 following is substituted in lieu thereof (*Effective July 1, 2015*):

1602 (a) The Commissioner of Social Services, pursuant to Section 6071 of
1603 the Deficit Reduction Act of 2005, shall submit an application to the
1604 Secretary of Health and Human Services to establish a Money Follows
1605 the Person demonstration project. Such project shall serve not more
1606 than five thousand persons and shall be designed to achieve the
1607 objectives set forth in Section 6071(a) of the Deficit Reduction Act of
1608 2005. Services available under the demonstration project shall include,
1609 but not be limited to, personal care assistance services. The
1610 commissioner may apply for a Medicaid research and demonstration
1611 waiver under Section 1115 of the Social Security Act, if such waiver is
1612 necessary to implement the demonstration project. The commissioner
1613 may, if necessary, modify any existing Medicaid home or community-
1614 based waiver if such modification is required to implement the

1615 demonstration project.

1616 (b) (1) The Commissioner of Social Services shall submit, in
1617 accordance with this subdivision, a copy of any report on the Money
1618 Follows the Person demonstration project that the commissioner is
1619 required to submit to the Secretary of Health and Human Services and
1620 that pertains to (A) the status of the implementation of the Money
1621 Follows the Person demonstration project, (B) the anticipated date that
1622 the first eligible person or persons will be transitioned into the
1623 community, or (C) information concerning when and how the
1624 Department of Social Services will transition additional eligible
1625 persons into the community. The commissioner shall submit such copy
1626 to the joint standing committees of the General Assembly having
1627 cognizance of matters relating to aging and human services, in
1628 accordance with the provisions of section 11-4a. Copies of reports
1629 prepared prior to October 1, 2009, shall be submitted by said date and
1630 copies of reports prepared thereafter shall be submitted semiannually.

1631 (2) After October 1, 2009, if the commissioner has not prepared any
1632 new reports for submission to the Secretary of Health and Human
1633 Services for any six-month submission period under subdivision (1) of
1634 this subsection, the commissioner shall prepare and submit a written
1635 report in accordance with this subdivision to the joint standing
1636 committees of the General Assembly having cognizance of matters
1637 relating to aging and human services, in accordance with the
1638 provisions of section 11-4a. Such report shall include (A) the status of
1639 the implementation of the Money Follows the Person demonstration
1640 project, (B) the anticipated date that the first eligible person or persons
1641 will be transitioned into the community, and (C) information
1642 concerning when and how the Department of Social Services will
1643 transition additional eligible persons into the community.

1644 (c) The Commissioner of Social Services shall develop a strategic
1645 plan, consistent with the long-term care plan established pursuant to
1646 section 17b-337, to rebalance Medicaid long-term care supports and

1647 services, including, but not limited to, those supports and services
1648 provided in home, community-based settings and institutional
1649 settings. The commissioner shall include home, community-based and
1650 institutional providers in the development of the strategic plan. In
1651 developing the strategic plan the commissioner shall consider topics
1652 that include, but are not limited to: (1) Regional trends concerning the
1653 state's aging population; (2) trends in the demand for home,
1654 community-based and institutional services; (3) gaps in the provision
1655 of home and community-based services which prevent community
1656 placements; (4) gaps in the provision of institutional care; (5) the
1657 quality of care provided by home, community-based and institutional
1658 providers; (6) the condition of institutional buildings; (7) the state's
1659 regional supply of institutional beds; (8) the current rate structure
1660 applicable to home, community-based and institutional services; (9)
1661 the methods of implementing adjustments to the bed capacity of
1662 individual nursing facilities; and (10) a review of the provisions of
1663 subsection (a) of section 17b-354, as amended by this act.

1664 (d) The Commissioner of Social Services may contract with nursing
1665 facilities, as defined in section 17b-357, and home and community-
1666 based providers for the purpose of carrying out the strategic plan. In
1667 addition, the commissioner may revise a rate paid to a nursing facility
1668 pursuant to section 17b-340, as amended by this act, in order to
1669 effectuate the strategic plan. The commissioner may fund strategic
1670 plan initiatives with federal grant-in-aid resources available to the state
1671 pursuant to the Money Follows the Person demonstration project
1672 pursuant to Section 6071 of the Deficit Reduction Act, P.L. 109-171, and
1673 the State Balancing Incentive Payments Program under the Patient
1674 Protection and Affordable Care Act, P.L. 111-148.

1675 (e) If a nursing facility has reason to know that a resident is likely to
1676 become financially eligible for Medicaid benefits within one hundred
1677 eighty days, the nursing facility shall notify the resident or the
1678 resident's representative and the department. The department may (1)
1679 assess any such resident to determine if the resident prefers and is able

1680 to live appropriately at home or in some other community-based
1681 setting, and (2) develop a care plan and assist the resident in his or her
1682 transition to the community.

1683 [(e)] (f) The Commissioner of Public Health, or the commissioner's
1684 designee, may waive the requirements of sections 19-13-D8t, 19-13-D6
1685 and 19-13-D105 of the regulations of Connecticut state agencies, if a
1686 provider requires such a waiver for purposes of effectuating the
1687 strategic plan developed pursuant to subsection (c) of this section and
1688 the commissioner, or the commissioner's designee, determines that
1689 such waiver will not endanger the health and safety of the provider's
1690 residents or clients. The commissioner, or the commissioner's designee,
1691 may impose conditions on the granting of any waiver which are
1692 necessary to ensure the health and safety of the provider's residents or
1693 clients. The commissioner, or the commissioner's designee, may revoke
1694 any waiver granted pursuant to this subsection upon a finding that the
1695 health or safety of a resident or client of a provider has been
1696 jeopardized.

1697 Sec. 27. Subsection (b) of section 2c-2h of the general statutes is
1698 repealed and the following is substituted in lieu thereof (*Effective July*
1699 *1, 2015*):

1700 (b) Not later than July 1, 2015, and not later than every ten years
1701 thereafter, the joint standing committee of the General Assembly
1702 having cognizance of any of the following governmental entities or
1703 programs shall conduct a review of the applicable entity or program in
1704 accordance with the provisions of section 2c-3:

1705 (1) Board of Examiners of Embalmers and Funeral Directors,
1706 established under section 20-208;

1707 (2) Board of Examiners in Podiatry, established under section 20-51;

1708 (3) Mobile Manufactured Home Advisory Council, established
1709 under section 21-84a;

1710 [(4) Family support grant program of the Department of Social
1711 Services, established under section 17b-616;]

1712 [(5)] (4) State Commission on Capitol Preservation and Restoration,
1713 established under section 4b-60;

1714 [(6)] (5) Council on Environmental Quality, established under
1715 section 22a-11; and

1716 [(7)] (6) Police Officer Standards and Training Council, established
1717 under section 7-294b.

1718 Sec. 28. Sections 17b-277a, 17b-277b, 17b-278h and 17b-616 of the
1719 general statutes are repealed. (*Effective July 1, 2015*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2015</i>	17a-408(b)(14)
Sec. 2	<i>July 1, 2015</i>	10-295(b)(3)
Sec. 3	<i>July 1, 2015</i>	17b-261(a)
Sec. 4	<i>July 1, 2015</i>	17b-261(f)
Sec. 5	<i>July 1, 2015</i>	17b-277
Sec. 6	<i>July 1, 2015</i>	17b-290
Sec. 7	<i>July 1, 2015</i>	17b-292
Sec. 8	<i>July 1, 2015</i>	17b-303
Sec. 9	<i>July 1, 2015</i>	17b-104(b)
Sec. 10	<i>July 1, 2015</i>	17b-106(a)
Sec. 11	<i>July 1, 2015</i>	17b-340(f)(4)
Sec. 12	<i>July 1, 2015</i>	17b-340(g)
Sec. 13	<i>July 1, 2015</i>	17b-244(a)
Sec. 14	<i>July 1, 2015</i>	17b-340(h)(1)
Sec. 15	<i>July 1, 2015</i>	17b-280(a)
Sec. 16	<i>July 1, 2015</i>	17b-239e(b)
Sec. 17	<i>July 1, 2015</i>	17b-265(d)
Sec. 18	<i>July 1, 2015</i>	17b-342(i)
Sec. 19	<i>July 1, 2015</i>	17b-131
Sec. 20	<i>July 1, 2015</i>	17b-106(b)
Sec. 21	<i>July 1, 2015</i>	17b-272

Sec. 22	<i>July 1, 2015</i>	17b-265d(c)
Sec. 23	<i>July 1, 2015</i>	17b-354(a)
Sec. 24	<i>July 1, 2015</i>	17b-340(a)
Sec. 25	<i>July 1, 2015</i>	17b-239(a)(2)
Sec. 26	<i>July 1, 2015</i>	17b-369
Sec. 27	<i>July 1, 2015</i>	2c-2h(b)
Sec. 28	<i>July 1, 2015</i>	Repealer section

Statement of Purpose:

To implement the Governor's budget recommendations concerning human services programs.

[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.]