



General Assembly

**Substitute Bill No. 6470**

January Session, 2021



**AN ACT CONCERNING HOME HEALTH, TELEHEALTH AND UTILIZATION REVIEW.**

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

1 Section 1. Section 17b-242 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) The Department of Social Services shall determine the rates to be  
4 paid to home health care agencies and home health aide agencies by the  
5 state or any town in the state for persons aided or cared for by the state  
6 or any such town. [For the period from February 1, 1991, to January 31,  
7 1992, inclusive, payment for each service to the state shall be based upon  
8 the rate for such service as determined by the Office of Health Care  
9 Access, except that for those providers whose Medicaid rates for the  
10 year ending January 31, 1991, exceed the median rate, no increase shall  
11 be allowed. For those providers whose rates for the year ending January  
12 31, 1991, are below the median rate, increases shall not exceed the lower  
13 of the prior rate increased by the most recent annual increase in the  
14 consumer price index for urban consumers or the median rate. In no  
15 case shall any such rate exceed the eightieth percentile of rates in effect  
16 January 31, 1991, nor shall any rate exceed the charge to the general  
17 public for similar services. Rates effective February 1, 1992, shall be  
18 based upon rates as determined by the Office of Health Care Access,

19 except that increases shall not exceed the prior year's rate increased by  
20 the most recent annual increase in the consumer price index for urban  
21 consumers and rates effective February 1, 1992, shall remain in effect  
22 through June 30, 1993. Rates effective July 1, 1993, shall be based upon  
23 rates as determined by the Office of Health Care Access except if the  
24 Medicaid rates for any service for the period ending June 30, 1993,  
25 exceed the median rate for such service, the increase effective July 1,  
26 1993, shall not exceed one per cent. If the Medicaid rate for any service  
27 for the period ending June 30, 1993, is below the median rate, the  
28 increase effective July 1, 1993, shall not exceed the lower of the prior rate  
29 increased by one and one-half times the most recent annual increase in  
30 the consumer price index for urban consumers or the median rate plus  
31 one per cent.] The Commissioner of Social Services shall establish a fee  
32 schedule for home health services to be effective on and after July 1,  
33 1994. The commissioner may annually modify such fee schedule if such  
34 modification is needed to ensure that the conversion to an  
35 administrative services organization is cost neutral to home health care  
36 agencies and home health aide agencies in the aggregate and ensures  
37 patient access. Utilization may be a factor in determining cost neutrality.  
38 The commissioner shall increase the fee schedule for home health  
39 services provided under the Connecticut home-care program for the  
40 elderly established under section 17b-342, effective July 1, 2000, by two  
41 per cent over the fee schedule for home health services for the previous  
42 year. The commissioner may increase any fee payable to a home health  
43 care agency or home health aide agency upon the application of such an  
44 agency evidencing extraordinary costs related to (1) serving persons  
45 with AIDS; (2) high-risk maternal and child health care; (3) escort  
46 services; or (4) extended hour services. In no case shall any rate or fee  
47 exceed the charge to the general public for similar services. A home  
48 health care agency or home health aide agency which, due to any  
49 material change in circumstances, is aggrieved by a rate determined  
50 pursuant to this subsection may, within ten days of receipt of written  
51 notice of such rate from the Commissioner of Social Services, request in  
52 writing a hearing on all items of aggrievement. The commissioner shall,  
53 upon the receipt of all documentation necessary to evaluate the request,

54 determine whether there has been such a change in circumstances and  
55 shall conduct a hearing if appropriate. The Commissioner of Social  
56 Services shall adopt regulations, in accordance with chapter 54, to  
57 implement the provisions of this subsection. The commissioner may  
58 implement policies and procedures to carry out the provisions of this  
59 subsection while in the process of adopting regulations, provided notice  
60 of intent to adopt the regulations is published in the Connecticut Law  
61 Journal not later than twenty days after the date of implementing the  
62 policies and procedures. Such policies and procedures shall be valid for  
63 not longer than nine months.

64 (b) The Department of Social Services shall monitor the rates charged  
65 by home health care agencies and home health aide agencies. Such  
66 agencies shall file annual cost reports and service charge information  
67 with the department.

68 (c) The home health services fee schedule shall include a fee for the  
69 administration of medication, which shall apply when the purpose of a  
70 nurse's visit is limited to the administration of medication.  
71 Administration of medication may include, but is not limited to, blood  
72 pressure checks, glucometer readings, pulse rate checks and similar  
73 indicators of health status. The fee for medication administration shall  
74 include administration of medications while the nurse is present, the  
75 pre-pouring of additional doses that the client will self-administer at a  
76 later time and the teaching of self-administration. The department shall  
77 not pay for medication administration in addition to any other nursing  
78 service at the same visit. The department may establish prior  
79 authorization requirements for this service. Before implementing such  
80 change, the Commissioner of Social Services shall consult with the  
81 chairpersons of the joint standing committees of the General Assembly  
82 having cognizance of matters relating to public health and human  
83 services. The commissioner shall monitor Medicaid home health care  
84 savings achieved through the implementation of nurse delegation of  
85 medication administration pursuant to section 19a-492e. If, by January  
86 1, 2016, the commissioner determines that the rate of savings is not

87 adequate to meet the annualized savings assumed in the budget for the  
88 biennium ending June 30, 2017, the department may reduce rates for  
89 medication administration as necessary to achieve the savings assumed  
90 in the budget. Prior to any rate reduction, the department shall report to  
91 the joint standing committees of the General Assembly having  
92 cognizance of matters relating to appropriations and the budgets of state  
93 agencies and human services provider specific cost and utilization trend  
94 data for those patients receiving medication administration. Should the  
95 department determine it necessary to reduce medication administration  
96 rates under this section, it shall examine the possibility of establishing a  
97 separate Medicaid supplemental rate or a pay-for-performance program  
98 for those providers, as determined by the commissioner, who have  
99 established successful nurse delegation programs.

100 (d) The home health services fee schedule established pursuant to  
101 subsection (c) of this section shall include rates for psychiatric nurse  
102 visits.

103 (e) The Department of Social Services, when processing or auditing  
104 claims for reimbursement submitted by home health care agencies and  
105 home health aide agencies shall, in accordance with the provisions of  
106 chapter 15, accept electronic records and records bearing the electronic  
107 signature of a licensed physician or licensed practitioner of a healthcare  
108 profession that has been submitted to the home health care agency or  
109 home health aide agency.

110 (f) If the electronic record or signature that has been transmitted to a  
111 home health care agency or home health aide agency is illegible or the  
112 department is unable to determine the validity of such electronic record  
113 or signature, the department shall review additional evidence of the  
114 accuracy or validity of the record or signature, including, but not limited  
115 to, (1) the original of the record or signature, or (2) a written statement,  
116 made under penalty of false statement, from (A) the licensed physician  
117 or licensed practitioner of a health care profession who signed such  
118 record, or (B) if such licensed physician or licensed practitioner of a  
119 health care profession is unavailable, the medical director of the agency

120 verifying the accuracy or validity of such record or signature, and the  
121 department shall make a determination whether the electronic record or  
122 signature is valid.

123 (g) The Department of Social Services, when auditing claims  
124 submitted by home health care agencies and home health aide agencies,  
125 shall consider any signature from a licensed physician or licensed  
126 practitioner of a health care profession that may be required on a plan  
127 of care for home health services, to have been provided in timely fashion  
128 if (1) the document bearing such signature was signed prior to the time  
129 when such agency seeks reimbursement from the department for  
130 services provided, and (2) verbal or telephone orders from the licensed  
131 physician or licensed practitioner of a health care profession were  
132 received prior to the commencement of services covered by the plan of  
133 care and such orders were subsequently documented. Nothing in this  
134 subsection shall be construed as limiting the powers of the  
135 Commissioner of Public Health to enforce the provisions of sections 19-  
136 13-D73 and 19-13-D74 of the regulations of Connecticut state agencies  
137 and 42 CFR 484.18(c).

138 (h) Any order for home health care services covered by the  
139 Department of Social Services may be issued by any licensed  
140 practitioner authorized to issue such an order pursuant to section 19a-  
141 496a, as amended by this act. Any Department of Social Services  
142 regulation, policy or procedure that applies to a physician who orders  
143 home health care services, including related provisions such as review  
144 and approval of care plans for home health care services, shall apply to  
145 any licensed practitioner authorized to order home health care services  
146 pursuant to section 19a-496a, as amended by this act.

147 [(h)] (i) For purposes of this section, "licensed practitioner of a  
148 healthcare profession" has the same meaning as "licensed practitioner"  
149 in section 21a-244a.

150 Sec. 2. Section 19a-496a of the general statutes is repealed and the  
151 following is substituted in lieu thereof (*Effective from passage*):

152     (a) A licensed physician, advanced practice registered nurse or  
153     physician assistant is authorized to order home health care services for  
154     an individual. Any Department of Public Health agency regulation,  
155     policy or procedure that applies to a physician who orders home health  
156     care services, including related provisions such as review and approval  
157     of care plans for home health care services, shall also apply to an  
158     advanced practice registered nurse or physician assistant who orders  
159     home health care services.

160     (b) All home health care agency services which are required by law  
161     to be performed upon the order of a licensed physician, advanced  
162     practice registered nurse or physician assistant may be performed upon  
163     the order of a physician, advanced practice registered nurse or physician  
164     assistant licensed in a state which borders Connecticut.

165     Sec. 3. Subdivisions (11) and (12) of subsection (a) of section 19a-906  
166     of the general statutes are repealed and the following is substituted in  
167     lieu thereof (*Effective from passage*):

168     (11) "Telehealth" means the mode of delivering health care or other  
169     health services via information and communication technologies to  
170     facilitate the diagnosis, consultation and treatment, education, care  
171     management and self-management of a patient's physical and mental  
172     health, and includes (A) interaction between the patient at the  
173     originating site and the telehealth provider at a distant site, and (B)  
174     synchronous interactions, asynchronous store and forward transfers or  
175     remote patient monitoring. Telehealth does not include the use of  
176     facsimile, [audio-only telephone,] texting or electronic mail.

177     (12) "Telehealth provider" means any physician licensed under  
178     chapter 370, physical therapist licensed under chapter 376, chiropractor  
179     licensed under chapter 372, naturopath licensed under chapter 373,  
180     podiatrist licensed under chapter 375, occupational therapist licensed  
181     under chapter 376a, optometrist licensed under chapter 380, registered  
182     nurse or advanced practice registered nurse licensed under chapter 378,  
183     physician assistant licensed under chapter 370, psychologist licensed

184 under chapter 383, marital and family therapist licensed under chapter  
185 383a, clinical social worker or master social worker licensed under  
186 chapter 383b, alcohol and drug counselor licensed under chapter 376b,  
187 professional counselor licensed under chapter 383c, dietitian-  
188 nutritionist certified under chapter 384b, speech and language  
189 pathologist licensed under chapter 399, respiratory care practitioner  
190 licensed under chapter 381a, audiologist licensed under chapter 397a,  
191 pharmacist licensed under chapter 400j, [or] paramedic licensed  
192 [pursuant to] under chapter 384d, nurse-midwife licensed under  
193 chapter 377 or behavior analyst licensed under chapter 382a, who is  
194 providing health care or other health services through the use of  
195 telehealth within such person's scope of practice and in accordance with  
196 the standard of care applicable to the profession.

197       Sec. 4. (NEW) (*Effective from passage*) (a) As used in this section, (1)  
198 "telehealth" has the same meaning as provided in subsection (a) of  
199 section 19a-906 of the general statutes, as amended by this act, and (2)  
200 "Connecticut medical assistance program" means the state's Medicaid  
201 program and the Children's Health Insurance Program under Title XXI  
202 of the Social Security Act, as amended from time to time.

203       (b) Notwithstanding the provisions of section 17b-245c, 17b-245e or  
204 19a-906 of the general statutes, as amended by this act, or any other  
205 section of the general statutes, regulation, rule, policy or procedure  
206 governing the Connecticut medical assistance program, the  
207 Commissioner of Social Services shall, to the extent permissible under  
208 federal law, provide coverage under the Connecticut medical assistance  
209 program for audio-only telehealth services when (1) clinically  
210 appropriate, as determined by the commissioner, (2) it is not possible to  
211 provide comparable covered audiovisual telehealth services, and (3)  
212 provided to individuals who are unable to use or access comparable,  
213 covered audiovisual telehealth services.

214       (c) To the extent permissible under federal law, the commissioner shall  
215 provide Medicaid reimbursement for services provided by means of  
216 telehealth to the same extent as if the service was provided in person.

217 Sec. 5. (NEW) (Effective from passage) The Commissioner of Social  
218 Services may waive or suspend, in whole or in part, to the extent the  
219 commissioner deems necessary, any prior authorization or other  
220 utilization review criteria and procedures for the Connecticut medical  
221 assistance program. The commissioner shall include notice of any such  
222 waiver or suspension in a provider bulletin sent to affected providers  
223 and posted on the Connecticut Medical Assistance Program web site  
224 not later than fourteen days before implementing such waiver or  
225 suspension. As used in this section, "Connecticut medical assistance  
226 program" means the state's Medicaid program and the Children's  
227 Health Insurance Program under Title XXI of the Social Security Act, as  
228 amended from time to time.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17b-242
Sec. 2	<i>from passage</i>	19a-496a
Sec. 3	<i>from passage</i>	19a-906(a)(11) and (12)
Sec. 4	<i>from passage</i>	New section
Sec. 5	<i>from passage</i>	New section

**Statement of Legislative Commissioners:**

In Section 4(c), "delivered via" was changed to "provided by means of" and "delivered in person" was changed to "provided in person" for consistency, and in Section 5, "(CMAP)" was deleted as the acronym is not otherwise used in the section.

**HS** Joint Favorable Subst.