



General Assembly

Amendment

January Session, 2021

LCO No. 9420



Offered by:
REP. ABERCROMBIE, 83rd Dist.

To: Subst. House Bill No. 6470 File No. 265 Cal. No. 219

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

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

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 Section 17b-242 of the general statutes is repealed and the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

5 (a) The Department of Social Services shall determine the rates to be
6 paid to home health care agencies and home health aide agencies by the
7 state or any town in the state for persons aided or cared for by the state
8 or any such town. [For the period from February 1, 1991, to January 31,
9 1992, inclusive, payment for each service to the state shall be based upon
10 the rate for such service as determined by the Office of Health Care
11 Access, except that for those providers whose Medicaid rates for the
12 year ending January 31, 1991, exceed the median rate, no increase shall
13 be allowed. For those providers whose rates for the year ending January
14 31, 1991, are below the median rate, increases shall not exceed the lower
15 of the prior rate increased by the most recent annual increase in the

16 consumer price index for urban consumers or the median rate. In no
17 case shall any such rate exceed the eightieth percentile of rates in effect
18 January 31, 1991, nor shall any rate exceed the charge to the general
19 public for similar services. Rates effective February 1, 1992, shall be
20 based upon rates as determined by the Office of Health Care Access,
21 except that increases shall not exceed the prior year's rate increased by
22 the most recent annual increase in the consumer price index for urban
23 consumers and rates effective February 1, 1992, shall remain in effect
24 through June 30, 1993. Rates effective July 1, 1993, shall be based upon
25 rates as determined by the Office of Health Care Access except if the
26 Medicaid rates for any service for the period ending June 30, 1993,
27 exceed the median rate for such service, the increase effective July 1,
28 1993, shall not exceed one per cent. If the Medicaid rate for any service
29 for the period ending June 30, 1993, is below the median rate, the
30 increase effective July 1, 1993, shall not exceed the lower of the prior rate
31 increased by one and one-half times the most recent annual increase in
32 the consumer price index for urban consumers or the median rate plus
33 one per cent.] The Commissioner of Social Services shall establish a fee
34 schedule for home health services to be effective on and after July 1,
35 1994. The commissioner may annually modify such fee schedule if such
36 modification is needed to ensure that the conversion to an
37 administrative services organization is cost neutral to home health care
38 agencies and home health aide agencies in the aggregate and ensures
39 patient access. Utilization may be a factor in determining cost neutrality.
40 The commissioner shall increase the fee schedule for home health
41 services provided under the Connecticut home-care program for the
42 elderly established under section 17b-342, effective July 1, 2000, by two
43 per cent over the fee schedule for home health services for the previous
44 year. The commissioner may increase any fee payable to a home health
45 care agency or home health aide agency upon the application of such an
46 agency evidencing extraordinary costs related to (1) serving persons
47 with AIDS; (2) high-risk maternal and child health care; (3) escort
48 services; or (4) extended hour services. In no case shall any rate or fee
49 exceed the charge to the general public for similar services. A home
50 health care agency or home health aide agency which, due to any

51 material change in circumstances, is aggrieved by a rate determined
52 pursuant to this subsection may, within ten days of receipt of written
53 notice of such rate from the Commissioner of Social Services, request in
54 writing a hearing on all items of aggrievement. The commissioner shall,
55 upon the receipt of all documentation necessary to evaluate the request,
56 determine whether there has been such a change in circumstances and
57 shall conduct a hearing if appropriate. The Commissioner of Social
58 Services shall adopt regulations, in accordance with chapter 54, to
59 implement the provisions of this subsection. The commissioner may
60 implement policies and procedures to carry out the provisions of this
61 subsection while in the process of adopting regulations, provided notice
62 of intent to adopt the regulations is published in the Connecticut Law
63 Journal not later than twenty days after the date of implementing the
64 policies and procedures. Such policies and procedures shall be valid for
65 not longer than nine months.

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

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

85 services. The commissioner shall monitor Medicaid home health care
86 savings achieved through the implementation of nurse delegation of
87 medication administration pursuant to section 19a-492e. If, by January
88 1, 2016, the commissioner determines that the rate of savings is not
89 adequate to meet the annualized savings assumed in the budget for the
90 biennium ending June 30, 2017, the department may reduce rates for
91 medication administration as necessary to achieve the savings assumed
92 in the budget. Prior to any rate reduction, the department shall report to
93 the joint standing committees of the General Assembly having
94 cognizance of matters relating to appropriations and the budgets of state
95 agencies and human services provider specific cost and utilization trend
96 data for those patients receiving medication administration. Should the
97 department determine it necessary to reduce medication administration
98 rates under this section, it shall examine the possibility of establishing a
99 separate Medicaid supplemental rate or a pay-for-performance program
100 for those providers, as determined by the commissioner, who have
101 established successful nurse delegation programs.

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

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

112 (f) If the electronic record or signature that has been transmitted to a
113 home health care agency or home health aide agency is illegible or the
114 department is unable to determine the validity of such electronic record
115 or signature, the department shall review additional evidence of the
116 accuracy or validity of the record or signature, including, but not limited
117 to, (1) the original of the record or signature, or (2) a written statement,

118 made under penalty of false statement, from (A) the licensed physician
119 or licensed practitioner of a health care profession who signed such
120 record, or (B) if such licensed physician or licensed practitioner of a
121 health care profession is unavailable, the medical director of the agency
122 verifying the accuracy or validity of such record or signature, and the
123 department shall make a determination whether the electronic record or
124 signature is valid.

125 (g) The Department of Social Services, when auditing claims
126 submitted by home health care agencies and home health aide agencies,
127 shall consider any signature from a licensed physician or licensed
128 practitioner of a health care profession that may be required on a plan
129 of care for home health services, to have been provided in timely fashion
130 if (1) the document bearing such signature was signed prior to the time
131 when such agency seeks reimbursement from the department for
132 services provided, and (2) verbal or telephone orders from the licensed
133 physician or licensed practitioner of a health care profession were
134 received prior to the commencement of services covered by the plan of
135 care and such orders were subsequently documented. Nothing in this
136 subsection shall be construed as limiting the powers of the
137 Commissioner of Public Health to enforce the provisions of sections 19-
138 13-D73 and 19-13-D74 of the regulations of Connecticut state agencies
139 and 42 CFR 484.18(c).

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

149 [(h)] (i) For purposes of this section, "licensed practitioner of a
150 healthcare profession" has the same meaning as "licensed practitioner"

151 in section 21a-244a.

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

154 (a) Notwithstanding any provision of the regulations of Connecticut
155 state agencies, all home health care agency, hospice home health care
156 agency or home health aide agency services shall be performed upon
157 the order of a physician or physician assistant licensed pursuant to
158 chapter 370 or an advanced practice registered nurse licensed pursuant
159 to chapter 378.

160 (b) All home health care agency, hospice home health care agency
161 and home health aide agency services [which] that are required by law
162 to be performed upon the order of a licensed physician, physician
163 assistant or advanced practice registered nurse may be performed upon
164 the order of a physician, a physician assistant or an advanced practice
165 registered nurse licensed in a state [which] that borders Connecticut.
166 Any Department of Public Health agency regulation, policy or
167 procedure that applies to a physician who orders home health care
168 services, including related provisions such as review and approval of
169 care plans for home health care services, shall also apply to an advanced
170 practice registered nurse or physician assistant who orders home health
171 care services.

172 Sec. 3. Section 6 of public act 21-9 is repealed and the following is
173 substituted in lieu thereof (*Effective from passage*):

174 (a) As used in this section:

175 (1) "Telehealth" means the mode of delivering health care or other
176 health services via information and communication technologies to
177 facilitate the diagnosis, consultation and treatment, education, care
178 management and self-management of a patient's physical, oral and
179 mental health, and includes (A) interaction between the patient at the
180 originating site and the telehealth provider at a distant site, and (B)
181 synchronous interactions, asynchronous store and forward transfers or

182 remote patient monitoring. "Telehealth" does not include the use of
183 facsimile, texting or electronic mail.

184 (2) "Connecticut medical assistance program" means the state's
185 Medicaid program and the Children's Health Insurance Program under
186 Title XXI of the Social Security Act, as amended from time to time.

187 (b) Notwithstanding the provisions of section 17b-245c, 17b-245e or
188 19a-906 of the general statutes, or any other section, regulation, rule,
189 policy or procedure governing the Connecticut medical assistance
190 program, the Commissioner of Social Services [may, in the
191 commissioner's discretion and] shall, to the extent permissible under
192 federal law, provide coverage under the Connecticut medical assistance
193 program for audio-only telehealth services [for the period beginning on
194 the effective date of this section and ending on June 30, 2023] when (1)
195 clinically appropriate, as determined by the commissioner, (2) it is not
196 possible to provide comparable covered audiovisual telehealth services,
197 and (3) provided to individuals who are unable to use or access
198 comparable, covered audiovisual telehealth services.

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

202 Sec. 4. (NEW) (*Effective from passage*) The Commissioner of Social
203 Services may waive or suspend, in whole or in part, to the extent the
204 commissioner deems necessary, any prior authorization or other
205 utilization review criteria and procedures for the Connecticut medical
206 assistance program. The commissioner shall include notice of any such
207 waiver or suspension in a provider bulletin sent to affected providers
208 and posted on the Connecticut Medical Assistance Program web site not
209 later than fourteen days before implementing such waiver or
210 suspension. As used in this section, "Connecticut medical assistance
211 program" means the state's Medicaid program and the Children's
212 Health Insurance Program under Title XXI of the Social Security Act, as
213 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>	PA 21-9, Sec. 6
Sec. 4	<i>from passage</i>	New section