
OLR Bill Analysis

sHB 5040

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

SUMMARY

This bill makes unrelated changes in provisions on the Department of Public Health's (DPH) Student Loan Repayment Program (§ 1), the Community Health Worker Grant Program (§§ 2 & 3), temporary relief to nursing homes (§ 4), and minimum per diem rates for intermediate care facilities for individuals with intellectual disabilities (ICF-ID) (§ 5).

The bill broadens DPH's Student Loan Repayment Program (see BACKGROUND) to (1) require community-based providers to provide, or arrange access to, behavioral health services, in addition to other services currently required (e.g., primary and preventative health services) and (2) expand the types of primary care clinicians that may be recruited through the program to include psychiatrists, psychologists, licensed clinical social workers, licensed marriage and family therapists, and licensed professional counselors (§ 1).

The bill also transfers the Community Health Worker Grant Program from DPH to the Department of Social Services (DSS), and makes conforming changes. It extends the deadline to issue grants by one year, to June 30, 2024. It also specifies that the current \$30,000 annual maximum grant issued to a Community Action Agency (CAA) is the maximum grant per community health worker the CAA employs (i.e., \$30,000 per worker). (The bill retains the \$6 million total cap for the program.) It requires DPH to transfer funds to DSS for this purpose. The bill also expands the information CAAs must provide on their grant applications (§§ 2 & 3).

By law, DSS must provide temporary financial relief for nursing homes from the \$10 million in federal funds allocated to DSS under the

American Rescue Plan Act of 2021 (P.L. 117-2). The bill eliminates provisions requiring DSS to (1) allocate grants based on the difference between the issued and calculated medical assistance reimbursement rate and (2) issue one-time grants adjusted proportionally based on available funding (§ 4).

Last year's budget required DSS to increase the minimum per diem, per bed rate for ICF-IDs to \$501. Under the bill, this rate increase is to provide pandemic-related support (§ 5). (According to DSS, this change corresponds with funding the increase through Coronavirus State Fiscal Recovery Funds rather than Medicaid.)

EFFECTIVE DATE: Upon passage

§§ 2 & 3 — COMMUNITY HEALTH WORKER GRANT PROGRAM

The bill transfers the Community Health Worker Grant Program established in last year's budget from DPH to DSS (PA 21-2, June Special Session, §§ 36 & 37). In doing so, it requires DSS to review program applications and allows the department to enter into agreements with people, firms, corporations, or other entities to operate the program. The program provides grants to CAAs that employ community health workers who provide services to people adversely affected by the COVID-19 pandemic.

Current law caps the amount of any grant issued under the program at \$30,000 annually. The bill specifies that this is the amount of funding that a CAA may receive per year for each health care worker it employs. The bill retains a \$6 million cap on the total amount of grants issued under the program and specifies that this cap is in the aggregate. The bill requires DPH to transfer to DSS \$3,000,000 allocated for each year in FYs 22 and 23 in last year's budget (PA 21-2, June Special Session, § 306).

The bill expands the information that CAAs must include in a grant application to include strategies for integrating community health workers into a person's care delivery team, including the capacity to address health care and social services needs. Under the bill, the

application must include both the number of health workers the CAA employs and the number it seeks to employ, rather than one or the other as under current law.

Current law prohibits the department from issuing grants after June 30, 2023. The bill delays this deadline by one year to June 30, 2024, and correspondingly extends the period for grant availability as posted on the department's website.

The bill eliminates a requirement that the DPH commissioner report to the Human Services and Public Health committees on the program's progress and any legislative proposals. The bill retains a second reporting requirement for the program, due January 1, 2024, and makes a conforming change to require DSS, rather than DPH, to make the report.

BACKGROUND

Student Loan Repayment Program

By law, the program provides three-year grants to community-based primary care providers to expand health care access to the uninsured by (1) funding direct services, (2) recruiting and retaining primary care clinicians and registered nurses by subsidizing salaries or loan repayment programs, and (3) funding capital expenditures. In practice, the program has been inactive since 2012, but generally repays education loans in exchange for a specified period of employment in federally designated health professional shortage areas.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 15 Nay 5 (03/08/2022)