



# House of Representatives

General Assembly

**File No. 54**

February Session, 2022

Substitute House Bill No. 5040

*House of Representatives, March 21, 2022*

The Committee on Human Services reported through REP. ABERCROMBIE of the 83rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

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

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

1 Section 1. Section 19a-7d of the 2022 supplement to the general  
2 statutes is repealed and the following is substituted in lieu thereof  
3 (*Effective from passage*):

4 (a) [Not later than January 1, 2022, the] The Commissioner of Public  
5 Health shall establish, within available resources, a program to provide  
6 three-year grants to community-based providers of primary care  
7 services in order to expand access to health care for the uninsured. The  
8 grants may be awarded to community-based providers of primary care  
9 for (1) funding for direct services, (2) recruitment and retention of  
10 primary care clinicians and registered nurses through subsidizing of  
11 salaries or through a loan repayment program, and (3) capital  
12 expenditures. The community-based providers of primary care under  
13 the direct service program shall provide, or arrange access to, primary

14 and preventive services, behavioral health services, referrals to specialty  
15 services, including rehabilitative and mental health services, inpatient  
16 care, prescription drugs, basic diagnostic laboratory services, health  
17 education and outreach to alert people to the availability of services.  
18 Primary care clinicians and registered nurses participating in the state  
19 loan repayment program or receiving subsidies shall provide services  
20 to the uninsured based on a sliding fee schedule, provide free care if  
21 necessary, accept Medicare assignment and participate as Medicaid  
22 providers, or provide nursing services in school-based health centers  
23 and expanded school health sites, as such terms are defined in section  
24 19a-6r. The commissioner may adopt regulations, in accordance with  
25 the provisions of chapter 54, to establish eligibility criteria, services to  
26 be provided by participants, the sliding fee schedule, reporting  
27 requirements and the loan repayment program. For the purposes of this  
28 section, "primary care clinicians" includes family practice physicians,  
29 general practice osteopaths, obstetricians and gynecologists, internal  
30 medicine physicians, pediatricians, dentists, certified nurse midwives,  
31 advanced practice registered nurses, physician assistants, [and] dental  
32 hygienists, psychiatrists, psychologists, licensed clinical social workers,  
33 licensed marriage and family therapists and licensed professional  
34 counselors.

35 (b) Funds appropriated for the state loan repayment program shall  
36 not lapse until fifteen months following the end of the fiscal year for  
37 which such funds were appropriated.

38 Sec. 2. Section 36 of public act 21-2 of the June special session is  
39 repealed and the following is substituted in lieu thereof (*Effective from*  
40 *passage*):

41 (a) As used in this section:

42 (1) "Community action agency" means a public or private nonprofit  
43 agency which has previously been designated by and authorized to  
44 accept funds from the federal Community Services Administration for  
45 community action agencies under the Economic Opportunity Act of  
46 1964, or a successor agency established pursuant to section 17b-892 of

47 the general statutes;

48 (2) "Community health worker" means a public health outreach  
49 professional with an in-depth understanding of the experience,  
50 language, culture and socioeconomic needs of the community and who  
51 provides a range of services, including, but not limited to, outreach,  
52 engagement, education, coaching, informal counseling, social support,  
53 advocacy, care coordination, research related to social determinants of  
54 health and basic screenings and assessments of any risks associated with  
55 social determinants of health; and

56 (3) "COVID-19" means the respiratory disease designated by the  
57 World Health Organization on February 11, 2020, as coronavirus 2019,  
58 and any related mutation thereof recognized by said organization as a  
59 communicable respiratory disease.

60 (b) The Department of [Public Health] Social Services shall establish  
61 a community health worker grant program. The purpose of such  
62 program shall be to provide grants to community action agencies that  
63 employ community health workers who provide a range of services to  
64 persons adversely affected by the COVID-19 pandemic. The department  
65 may enter into an agreement, pursuant to chapter 55a of the general  
66 statutes, with a person, firm, corporation or other entity to operate such  
67 program.

68 (c) The Department of [Public Health] Social Services shall publish on  
69 its Internet web site a notice of grant availability for the period  
70 beginning on [the effective date of this section] June 23, 2021, and ending  
71 on June 30, [2023] 2024.

72 (d) Each community action agency applying for a grant under this  
73 section shall submit an application in such form and manner as  
74 prescribed by the Commissioner of [Public Health] Social Services. Each  
75 application shall include the following information: (1) The location of  
76 the principal place of business of the applicant; (2) the number of  
77 community health workers employed by the applicant [or that] and the  
78 number of community health workers the applicant seeks to employ

79 under the grant and the range of services provided or to be provided by  
80 such community health workers; (3) an explanation of the intended use  
81 of the grant being applied for; (4) strategies for integrating community  
82 health workers into an individual's care delivery team, including, but  
83 not limited to, the capacity to address health care and social services  
84 needs; and [(4)] (5) such other information that the commissioner deems  
85 necessary.

86 (e) The Department of [Public Health] Social Services shall review all  
87 grant applications received under the program and determine which  
88 applications are eligible for funding. Criteria for such determinations  
89 shall be established by the department and included in the notice of  
90 grant availability described in subsection (c) of this section.

91 (f) The amount of any grant issued to a community action agency  
92 pursuant to this section shall not exceed thirty thousand dollars  
93 annually per community health worker employed by such agency and  
94 the total amount of grants issued to community action agencies in the  
95 aggregate shall not exceed six million dollars. No grant shall be issued  
96 pursuant to this section after June 30, [2023] 2024.

97 [(g) (1) Not later than January 1, 2022, the Commissioner of Public  
98 Health shall report, in accordance with the provisions of section 11-4a  
99 of the general statutes, to the joint standing committee of the General  
100 Assembly having cognizance of matters relating to public health and  
101 human services regarding the progress of the program and including  
102 any requisite legislative proposals to accomplish the goals of the  
103 program.]

104 [(2)] (g) Not later than January 1, 2024, the Commissioner of [Public  
105 Health] Social Services shall report, in accordance with the provisions of  
106 section 11-4a of the general statutes, on the community health worker  
107 grant program to the joint standing committees of the General Assembly  
108 having cognizance of matters relating to public health and human  
109 services. Such report shall include the following data regarding the  
110 program: [(A)] (1) The number of grants provided and the amount of  
111 such grants; [(B)] (2) the identities of the community action agencies that

112 received such grants; [(C)] (3) the intended use of each grant provided,  
113 as described by the community action agency pursuant to subdivision  
114 (3) of subsection (d) of this section; [(D)] (4) the number of community  
115 health workers employed by each community action agency that  
116 received a grant at the time such agency received such grant and  
117 information regarding the services provided by such community health  
118 workers; and [(E)] (5) the number of community health workers  
119 employed by each community action agency that received a grant at the  
120 conclusion of the program and information regarding the services  
121 provided by such community health workers.

122 Sec. 3. Section 37 of public act 21-2 of the June special session is  
123 repealed and the following is substituted in lieu thereof (*Effective from*  
124 *passage*):

125 The sum of \$3,000,000 allocated in section 41 of special act 21-15 and  
126 section 306 of [this act] public act 21-2 of the June special session, to the  
127 Department of Public Health, for Community Health Workers, for each  
128 of the fiscal years ending June 30, 2022, and June 30, 2023, shall be for  
129 the purposes of the program established pursuant to section 36 of [this  
130 act] public act 21-2 of the June special session, as amended by this act.  
131 The Department of Public Health shall transfer such funds to the  
132 Department of Social Services.

133 Sec. 4. Section 321 of public act 21-2 of the June special session is  
134 repealed and the following is substituted in lieu thereof (*Effective from*  
135 *passage*):

136 The Commissioner of Social Services shall, within the ten million  
137 dollars in federal funds allocated to the Department of Social Services  
138 pursuant to section 1 of special act 21-1, in accordance with the  
139 provisions of Subtitle M of Title IX of the American Rescue Plan Act of  
140 2021, P.L. 117-2, as amended from time to time, provide temporary  
141 financial relief to nursing home facilities. [Grant allocations shall be  
142 made based on the per cent difference between the issued and calculated  
143 reimbursement rate. The commissioner, within the available ten million  
144 dollars in federal funding allocated to the department for this purpose,

145 shall issue one-time grants subject to a pro rata adjustment based on  
146 available funding.]

147 Sec. 5. Section 325 of public act 21-2 of the June special session is  
148 repealed and the following is substituted in lieu thereof (*Effective from*  
149 *passage*):

150 Notwithstanding the provisions of section 17b-340 of the general  
151 statutes, for the fiscal years ending June 30, 2022, and June 30, 2023, the  
152 Commissioner of Social Services shall, for the purposes of providing  
153 pandemic-related support, increase the minimum per diem, per bed rate  
154 to five hundred one dollars for a residential facility licensed pursuant to  
155 section 17a-227 of the general statutes and certified to participate in the  
156 Title XIX Medicaid program as an intermediate care facility for  
157 individuals with intellectual disability.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	19a-7d
Sec. 2	<i>from passage</i>	PA 21-2 of the June Sp. Sess., Sec. 36
Sec. 3	<i>from passage</i>	PA 21-2 of the June Sp. Sess., Sec. 37
Sec. 4	<i>from passage</i>	PA 21-2 of the June Sp. Sess., Sec. 321
Sec. 5	<i>from passage</i>	PA 21-2 of the June Sp. Sess., Sec. 325

**HS** Joint Favorable Subst.

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

**OFA Fiscal Note**

**State Impact:**

Agency Affected	Fund-Effect	FY 23 \$	FY 24 \$
Social Services, Dept. / Public Health, Dept.	FF - Transfer to/from	3,000,000	3,000,000
Social Services, Dept.	GF - Potential Savings	See Below	See Below

Note: GF=General Fund; FF=Federal Funds

**Municipal Impact:** None

**Explanation**

**Section 1**, which makes changes to a Department of Public Health (DPH) grant program for community-based providers of primary care services, has no net fiscal impact as it does not change the total funding available to support the program.

**Sections 2-3** transfer the administration of the Community Health Worker Grant Program and associated American Rescue Plan Act (ARPA) funding totaling \$6 million from DPH to the Department of Social Services (DSS). Section 2 also adjusts how the funding can be distributed and extends the date by which grants must be distributed but does not change the total funding allocated to the program.

**Section 4**, which expands how temporary financial relief can be provided to nursing homes using federal ARPA funds, has no net fiscal impact as it does not change the total funding allocation available for such relief.

**Section 5** limits the timeframe in which intermediate care facilities

can receive a minimum per diem, per bed rate of \$501 by specifying the increased minimum rate is for the purposes of providing pandemic-related support. To the extent this requires DSS to make payments utilizing a lower rate than they otherwise would have, the state could experience a General Fund savings. The total cost associated with the increased minimum rate of \$501 is \$2.8 million in FY 23.

### ***The Out Years***

Section 2 extends the timeframe in which grants (using ARPA funds) can be distributed to community health workers, from June 30, 2023 to June 30, 2024.



**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 \$3,000,0000 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)