



General Assembly

Amendment

January Session, 2023

LCO No. 10134



Offered by:

REP. GILCHREST, 18th Dist.

REP. CASE, 63rd Dist.

To: Subst. Senate Bill No. 989

File No. 554

Cal. No. 604

(As Amended)

**"AN ACT CONCERNING NURSING HOME AIR CONDITIONING,
COST REPORTING TRANSPARENCY, WAITING LIST
REQUIREMENTS, INVOLUNTARY PATIENT TRANSFER NOTICES
AND TRANSPORTATION FOR RESIDENT SOCIAL VISITS."**

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

3 "Section 1. (*Effective from passage*) (a) Within available appropriations,
4 the Commissioner of Social Services shall conduct a two-part study of
5 Medicaid rates of reimbursement beginning with (1) an examination of
6 such rates for physician specialists, dentists and behavioral health
7 providers followed by (2) a review of the reimbursement system for all
8 other aspects of the Medicaid program, including, but not limited to,
9 ambulance services, the encounter-based reimbursement model for
10 federally qualified health centers and reimbursement rates for specialty
11 hospitals, complex nursing care and methadone maintenance.

12 (b) The rate reimbursement study shall include, but need not be

13 limited to: (1) A comparison of the state's Medicaid rates with Medicaid
14 rates provided by neighboring states; and (2) a comparison of the state's
15 Medicaid rates with Medicare rates and cost-of-living increases
16 provided under Medicare compared to the state Medicaid program.

17 (c) The commissioner shall file interim reports, in accordance with the
18 provisions of section 11-4a of the general statutes, (1) not later than
19 February 1, 2024, on the aspects of the study conducted pursuant to
20 subdivision (1) of subsection (a) of this section; and (2) not later than
21 January 1, 2025, on the aspects of the study conducted pursuant to
22 subdivision (2) of subsection (a) of this section with the joint standing
23 committees of the General Assembly having cognizance of matters
24 relating to appropriations and the budgets of state agencies and human
25 services. Nothing in this section shall be construed to impact Medicaid
26 rates of reimbursement for the fiscal years ending June 30, 2024, and
27 June 30, 2025.

28 Sec. 2. (NEW) (*Effective July 1, 2023*) (a) As used in this section, (1)
29 "private provider organization" and "purchase of service contract" each
30 have the same meanings as provided in section 4-70b of the general
31 statutes; (2) "health and human services" means services provided under
32 contract with a state agency that directly support the health, safety and
33 welfare of residents, including, but not limited to, those residents who
34 may have conditions that include, but are not limited to, behavioral
35 health disorders, intellectual disabilities, developmental disabilities,
36 physical disabilities and autism spectrum disorder; (3) "attempt to
37 recover or otherwise offset" means efforts to recoup savings at the end
38 of each fiscal year; and (4) "state agency" means the Departments of
39 Developmental Services, Mental Health and Addiction Services, Social
40 Services and Children and Families.

41 (b) Subject to the provisions of subsection (c) of this section, each state
42 agency that contracts with a nonprofit private provider organization for
43 health and human services shall allow such nonprofit organization that
44 otherwise meets contractual requirements, including, but not limited to,
45 its contractual obligations regarding services provided and clients

46 served, to retain any savings from a purchase of service contract at the
47 end of each fiscal year. No state agency shall attempt to recover or
48 otherwise offset funds retained by such nonprofit organization from the
49 contracted cost for services.

50 (c) Any nonprofit private provider organization allowed to retain
51 savings under this section shall submit an application to the contracting
52 state agency on how savings are planned to be reinvested and report to
53 the contracting state agency on how savings will be reinvested to
54 strengthen quality, invest in deferred maintenance and make asset
55 improvements. The commissioner of each state agency shall prescribe
56 the form and manner of such application form and the frequency of such
57 reports. The commissioner of each state agency shall review an
58 application submitted pursuant to this subsection and respond to a
59 nonprofit private provider organization not later than ninety days after
60 receiving such application from such provider organization. Retained
61 funds may only be used for the purposes of strengthening quality,
62 investing in deferred maintenance and making asset improvements. The
63 commissioner of each state agency shall approve, disapprove or modify
64 any application for funds in accordance with the allowable uses in this
65 subsection. Nonprofit private provider organizations providing health
66 and human services shall be permitted to expend retained funds on
67 programs that are funded by the same state agency.

68 (d) Notwithstanding any provisions to the contrary in this section, a
69 state agency shall not allow a nonprofit private provider organization
70 to retain surplus funds from the contracted cost of services under a
71 contract funded in whole, or in part, with federal funds when allowing
72 such organization to retain such funds would jeopardize federal
73 funding or reimbursement for such contract or when such allowance is
74 prohibited by federal law or regulations.

75 (e) The Commissioner of Social Services, in consultation with the
76 Secretary of the Office of Policy and Management and the
77 Commissioners of Children and Families, Mental Health and Addiction
78 Services and Developmental Services, may undertake a study of the

79 contracting and billing practices of such nonprofit private provider
80 organizations to ensure compliance with all Medicaid waivers and
81 Medicaid state plan amendments. Any study started under this
82 subsection shall be completed not later than December 31, 2024.

83 (f) Notwithstanding the provisions of subsections (a) to (e), inclusive,
84 of this section, the Commissioner of Developmental Services, in
85 consultation with the Secretary of the Office of Policy and Management,
86 may extend the provisions of this section to other private provider
87 organizations with which the Department of Developmental Services
88 contracts, provided they meet all of the requirements set forth in this
89 section, including, but not limited to, meeting all terms and conditions
90 of their contracts for services with the Department of Developmental
91 Services.

92 Sec. 3. Section 4-216 of the general statutes is repealed and the
93 following is substituted in lieu thereof (*Effective July 1, 2023*):

94 (a) No state agency may execute a personal service agreement having
95 a cost of more than fifty thousand dollars or a term of more than one
96 year, without the approval of the secretary. A state agency may apply
97 for an approval by submitting the following information to the
98 secretary: (1) A description of the services to be purchased and the need
99 for such services; (2) an estimate of the cost of the services and the term
100 of the agreement; (3) whether the services are to be on-going; (4)
101 whether the state agency has contracted out for such services during the
102 preceding two years and, if so, the name of the contractor, term of the
103 agreement with such contractor and the amount paid to the contractor;
104 (5) whether any other state agency has the resources to provide the
105 services; (6) whether the agency intends to purchase the services by
106 competitive negotiation and, if not, why; and (7) whether it is possible
107 to purchase the services on a cooperative basis with other state agencies.
108 The secretary shall approve or disapprove an application within fifteen
109 business days after receiving it and any necessary supporting
110 information, provided if the secretary does not act within such
111 fifteen-day period the application shall be deemed to have been

112 approved. The secretary shall immediately notify the Auditors of Public
113 Accounts of any application which the secretary receives for approval
114 of a personal services agreement for audit services and give said
115 auditors an opportunity to review the application during such fifteen-
116 day period and advise the secretary as to whether such audit services
117 are necessary and, if so, could be provided by said auditors.

118 (b) Each personal service agreement having a cost of more than fifty
119 thousand dollars or a term of more than one year shall be based on
120 competitive negotiation or competitive quotations, unless the state
121 agency purchasing the personal services applies to the secretary for a
122 waiver from such requirement and the secretary grants the waiver in
123 accordance with the guidelines adopted under section 4-215.

124 [(c) The secretary shall establish an incentive program for nonprofit
125 providers of human services that shall (1) allow providers who
126 otherwise meet contractual requirements to retain any savings realized
127 by the providers from the contracted cost for services, and (2) provide
128 that future contracted amounts from the state for the same types of
129 services are not reduced solely to reflect savings achieved in previous
130 contracts by such providers. For purposes of this subsection, "nonprofit
131 providers of human services" includes, but is not limited to, nonprofit
132 providers of services to persons with intellectual, physical or mental
133 disabilities or autism spectrum disorder. Any nonprofit provider of
134 human services allowed to retain savings under the incentive program
135 shall submit a report to the secretary on how excess funds were
136 reinvested to strengthen quality, invest in deferred maintenance and
137 make asset improvements.]

138 Sec. 4. (NEW) (*Effective from passage*) (a) For purposes of this section,
139 "certified community health worker" has the same meaning as provided
140 in section 20-195ttt of the general statutes. The Commissioner of Social
141 Services shall design and implement a program to provide Medicaid
142 reimbursement to certified community health workers for services
143 provided to HUSKY Health program members, including, but not
144 limited to: (1) Coordination of medical, oral and behavioral health care

145 services and social supports; (2) connection to and navigation of health
146 systems and services; (3) prenatal, birth, lactation and postpartum
147 supports; and (4) health promotion, coaching and self-management
148 education.

149 (b) The Commissioner of Social Services and the commissioner's
150 designees shall consult with certified community health workers,
151 Medicaid beneficiaries and advocates, including, but not limited to,
152 advocates for persons with physical, mental and developmental
153 disabilities, and others throughout the design and implementation of
154 the certified community health worker reimbursement program in a
155 manner that (1) is inclusive of community-based and clinic-based
156 certified community health workers; (2) is representative of medical
157 assistance program member demographics; and (3) helps shape the
158 reimbursement program's design and implementation. The
159 commissioner, in consultation with community health workers,
160 Medicaid beneficiaries and such advocates, shall explore options for the
161 reimbursement program's design that ensures access to such
162 community health workers, encourages workforce growth to support
163 such access and averts the risk of creating financial incentives for other
164 providers to limit access to such community health workers.

165 (c) Not later than January 1, 2024, and annually thereafter until the
166 reimbursement program is fully implemented, the Commissioner of
167 Social Services shall submit a report, in accordance with the provisions
168 of section 11-4a of the general statutes, to the joint standing committee
169 of the General Assembly having cognizance of matters relating to
170 human services and the Council on Medical Assistance Program
171 Oversight. The initial report shall be submitted not less than six months
172 prior to the implementation of the reimbursement program. The reports
173 shall contain an update on the certified community health worker
174 reimbursement program design, including, but not limited to (1) an
175 analysis regarding the program elements designed to ensure access to
176 such services, promote workforce growth and avert the risk of creating
177 financial incentives for other providers to limit access to such
178 community health workers, and (2) an evaluation of any impact of the

179 program on health outcomes and health equity.

180 Sec. 5. (*Effective July 1, 2023*) (a) Any nursing home facility, as defined
181 in section 19a-490 of the general statutes, with available vehicles
182 equipped to transport nonambulatory residents, may provide
183 nonemergency transportation of such residents to the homes of such
184 residents' family members, provided: (1) Such family members live
185 within fifteen miles of the nursing home facility, and (2) such
186 transportation is approved not less than five business days in advance
187 by a physician or physician's assistant, licensed pursuant to chapter 370
188 of the general statutes, or an advanced practice registered nurse licensed
189 pursuant to chapter 378 of the general statutes. Nothing in this section
190 shall be construed to authorize or require any payment or
191 reimbursement to a nursing home facility for such nonemergency
192 transportation services.

193 (b) The Commissioner of Social Services shall evaluate whether the
194 need for such transportation would qualify as a health-related social
195 need and file a report not later than October 1, 2023, with the Council on
196 Medical Assistance Program Oversight on such evaluation and
197 potential federal funding that may be available for such transportation.
198 For purposes of this subsection, "health-related social need" means a
199 health need deriving from an adverse social condition that contributes
200 to poor health and health disparities, including, but not limited to, the
201 need for reliable transportation.

202 Sec. 6. (*Effective from passage*) (a) The State Ombudsman, appointed
203 pursuant to section 17a-870 of the general statutes, and the
204 Commissioners of Public Health and Social Services shall convene a
205 working group concerning any revisions necessary to nursing home
206 waiting list requirements as described in section 19a-533 of the general
207 statutes. The working group shall include, but need not be limited to,
208 the State Ombudsman, or the State Ombudsman's designee; the
209 Commissioners of Public Health and Social Services, or their designees;
210 and not fewer than two representatives of the nursing home industry,
211 appointed by the Commissioner of Social Services.

212 (b) The State Ombudsman, or the State Ombudsman's designee, and
 213 the Commissioner of Social Services, or the commissioner's designee,
 214 shall serve as chairpersons of the working group, which shall meet not
 215 less than once monthly. Not later than January 1, 2024, the State
 216 Ombudsman and the Commissioners of Public Health and Social
 217 Services shall file a report, in accordance with section 11-4a of the
 218 general statutes, with the joint standing committees of the General
 219 Assembly having cognizance of matters relating to human services and
 220 public health with recommendations concerning any changes to the
 221 waiting list requirements, including, but not limited to, authorizing
 222 nursing homes to maintain waiting lists in electronic form."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>July 1, 2023</i>	New section
Sec. 3	<i>July 1, 2023</i>	4-216
Sec. 4	<i>from passage</i>	New section
Sec. 5	<i>July 1, 2023</i>	New section
Sec. 6	<i>from passage</i>	New section