



General Assembly

Amendment

January Session, 2023

LCO No. 10126



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.

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

39 (b) Subject to the provisions of subsection (c) of this section, each state
40 agency that contracts with a nonprofit private provider organization for
41 health and human services shall allow such nonprofit organization that
42 otherwise meets contractual requirements, including, but not limited to,
43 its contractual obligations regarding services provided and clients
44 served, to retain any savings from a purchase of service contract at the
45 end of each fiscal year. No state agency shall attempt to recover or

46 otherwise offset funds retained by such nonprofit organization from the
47 contracted cost for services.

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

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

73 (e) The Commissioner of Social Services, in consultation with the
74 Secretary of the Office of Policy and Management and the
75 Commissioners of Children and Families, Mental Health and Addiction
76 Services and Developmental Services, may undertake a study of the
77 contracting and billing practices of such nonprofit private provider
78 organizations to ensure compliance with all Medicaid waivers and

79 Medicaid state plan amendments. Any study started under this
80 subsection shall be completed not later than December 31, 2024.

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

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

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

112 of a personal services agreement for audit services and give said
113 auditors an opportunity to review the application during such fifteen-
114 day period and advise the secretary as to whether such audit services
115 are necessary and, if so, could be provided by said auditors.

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

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

136 Sec. 4. (NEW) (*Effective from passage*) (a) For purposes of this section,
137 "certified community health worker" has the same meaning as provided
138 in section 20-195ttt of the general statutes. The Commissioner of Social
139 Services shall design and implement a program to provide Medicaid
140 reimbursement to certified community health workers for services
141 provided to HUSKY Health program members, including, but not
142 limited to: (1) Coordination of medical, oral and behavioral health care
143 services and social supports; (2) connection to and navigation of health
144 systems and services; (3) prenatal, birth, lactation and postpartum

145 supports; and (4) health promotion, coaching and self-management
146 education.

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

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

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

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

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

210 (b) The State Ombudsman, or the State Ombudsman's designee, and

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