



General Assembly

**Amendment**

January Session, 2023

LCO No. 10117



Offered by:

REP. GILCHREST, 18<sup>th</sup> Dist.

REP. CASE, 63<sup>rd</sup> 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 and the Office of Early Childhood.

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