



General Assembly

February Session, 2020

***Raised Bill No. 5447***

LCO No. 2293



Referred to Committee on HUMAN SERVICES

Introduced by:  
(HS)

***AN ACT CONCERNING TECHNICAL AND CLARIFYING REVISIONS  
TO THE HUMAN SERVICES STATUTES.***

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

1 Section 1. Subsection (d) of section 19a-132 of the 2020 supplement to  
2 the general statutes is repealed and the following is substituted in lieu  
3 thereof (*Effective July 1, 2020*):

4 (d) [Members shall serve at the will of the speaker of the House of  
5 Representatives and the president pro tempore of the Senate, who may  
6 each appoint additional members and set term limits for each member.]  
7 Appointments to the network shall be made not later than sixty days  
8 after the effective date of this section. Members shall choose  
9 chairpersons [. Any vacancy shall be filled by the speaker of the House  
10 of Representatives, acting in consultation with the president pro  
11 tempore of the Senate] from among the network's members.

12 Sec. 2. Subsection (a) of section 17a-217a of the 2020 supplement to  
13 the general statutes is repealed and the following is substituted in lieu  
14 thereof (*Effective July 1, 2020*):

15 (a) There shall be a Camp Harkness Advisory Committee to advise  
16 the Commissioner of Developmental Services with respect to issues  
17 concerning the health and safety of persons who attend and utilize the  
18 facilities at Camp Harkness. The advisory committee shall be composed  
19 of twelve members as follows: (1) Six members appointed by the  
20 Governor, one of whom shall be the director of Camp Harkness, who  
21 shall serve ex officio, one of whom shall represent the Southeastern  
22 Connecticut Association for Developmental Disabilities, one of whom  
23 shall represent the Southbury Training School, one of whom shall  
24 represent the Arc of New London County, one of whom shall be a  
25 person who uses the camp on a residential basis and one of whom shall  
26 be a relative or guardian of a person who uses the camp; and (2) six  
27 members appointed by the General Assembly, one of whom shall be a  
28 relative or guardian of a person who uses the camp, who shall be  
29 appointed by the president pro tempore of the Senate; one of whom  
30 shall be a member of the Family Support Council, established pursuant  
31 to section 17a-219c<sub>2</sub> and represent persons who use the camp on a day  
32 basis, who shall be appointed by the speaker of the House of  
33 Representatives; one of whom shall represent the board of selectmen of  
34 the town of Waterford, who shall be appointed by the majority leader of  
35 the House of Representatives; one of whom shall represent a private  
36 nonprofit corporation that is: (A) Tax exempt under Section 501(c)(3) of  
37 the Internal Revenue Code of 1986, or any subsequent internal revenue  
38 code of the United States, as amended from time to time, and (B)  
39 established to promote and support Camp Harkness and its camping  
40 programs, who shall be appointed by the majority leader of the Senate;  
41 one of whom shall represent the Connecticut Institute for the Blind and  
42 the Oak Hill School, who shall be appointed by the minority leader of  
43 the House of Representatives; and one of whom shall represent the  
44 United Cerebral Palsy Association, who shall be appointed by the  
45 minority leader of the Senate.

46 Sec. 3. Subsection (c) of section 17a-314 of the 2020 supplement to the  
47 general statutes is repealed and the following is substituted in lieu  
48 thereof (*Effective July 1, 2020*):

49 (c) The program shall provide: (1) Toll-free telephone access for  
50 consumers to obtain advice and information on Medicare benefits,  
51 including prescription drug benefits available through the Medicare  
52 Part D program, the Medicare appeals process, health insurance matters  
53 applicable to Medicare beneficiaries and long-term care options  
54 available in the state at least five days per week during normal business  
55 hours; (2) information, advice and representation, where appropriate,  
56 concerning the Medicare appeals process, by a qualified attorney or  
57 paralegal at least five days per week during normal business hours; (3)  
58 information through appropriate means and format, including written  
59 materials, to Medicare beneficiaries, their families, senior citizens and  
60 organizations regarding Medicare benefits, including prescription drug  
61 benefits available through Medicare Part D and other pharmaceutical  
62 drug company programs and long-term care options available in the  
63 state; (4) information concerning Medicare plans and services, private  
64 insurance policies and federal and state-funded programs that are  
65 available to beneficiaries to supplement Medicare coverage; (5)  
66 information permitting Medicare beneficiaries to compare and evaluate  
67 their options for delivery of Medicare and supplemental insurance  
68 services; (6) information concerning the procedure to appeal a denial of  
69 care and the procedure to request an expedited appeal of a denial of  
70 care; and (7) any other information the program or the Commissioner of  
71 [Rehabilitation] Aging and Disability Services deems relevant to  
72 Medicare beneficiaries.

73 Sec. 4. Section 17a-422 of the 2020 supplement to the general statutes  
74 is repealed and the following is substituted in lieu thereof (*Effective July*  
75 *1, 2020*):

76 (a) The Office of the Long-Term Care Ombudsman shall develop and  
77 implement a pilot program, within available appropriations, to provide  
78 assistance and education to residents of managed residential  
79 communities, as defined in section 19a-693, who receive assisted living  
80 services from an assisted living services agency licensed by the  
81 Department of Public Health in accordance with chapter 368v. The  
82 assistance and education provided under such pilot program shall

83 include, but not be limited to: (1) Assistance and education for residents  
84 who are temporarily admitted to a hospital or long-term care facility and  
85 return to a managed residential community; (2) assistance and  
86 education for residents with issues relating to a residency agreement for  
87 a managed residential community; and (3) assistance and education for  
88 residents to assure adequate and appropriate services are being  
89 provided including, but not limited to, adequate and appropriate  
90 services for individuals with cognitive impairments.

91 (b) The Office of the Long-Term Care Ombudsman shall develop and  
92 implement the pilot program in cooperation with managed residential  
93 communities and assisted living services agencies. Priority of assistance  
94 and education shall be given to residents of managed residential  
95 communities who participate in subsidized assisted living programs  
96 authorized under sections 8-206e, 17b-347e, 17b-365, 17b-366 and 19a-  
97 6c. To the extent allowed by available appropriations, the Long-Term  
98 Care Ombudsman shall also provide assistance and education under the  
99 pilot program to residents in managed residential communities who do  
100 not participate in said subsidized assisted living programs.

101 [(c) Not later than June 30, 2005, the Long-Term Care Ombudsman  
102 shall submit a report on the pilot program to the Commissioners of  
103 Aging and Disability Services and Public Health, to the joint standing  
104 committees of the General Assembly having cognizance of matters  
105 relating to human services, public health and appropriations, and to the  
106 select committee of the General Assembly having cognizance of matters  
107 relating to aging. The report shall be submitted in accordance with  
108 section 11-4a.]

109 Sec. 5. Subsection (d) of section 17b-112l of the 2020 supplement to  
110 the general statutes is repealed and the following is substituted in lieu  
111 thereof (*Effective July 1, 2020*):

112 (d) A Two-Generational Advisory Board shall be established as part  
113 of the initiative to advise the state, the legislature and the Secretary of  
114 the Office of Policy and Management on how to foster family economic

115 self-sufficiency in low income households through a comprehensive  
116 two-generational service delivery approach for early child care,  
117 education and workforce readiness. The board shall work in partnership  
118 with philanthropic organizations, as available, to provide support,  
119 technical assistance, guidance and best practices to the participating  
120 communities in the initiative designated pursuant to subsection (c) of  
121 this section. The board shall consist of (1) one member of the General  
122 Assembly appointed by the speaker of the House of Representatives,  
123 who shall serve as a cochairperson; (2) one member of the Senate  
124 appointed by the president pro tempore of the Senate, who shall serve  
125 as a cochairperson; (3) one member representing the interests of  
126 business or trade organizations appointed by the majority leader of the  
127 Senate; (4) one member with expertise on issues concerning physical  
128 and mental health appointed by the majority leader of the House of  
129 Representatives; (5) one member with expertise on issues concerning  
130 children and families appointed by the minority leader of the Senate; (6)  
131 one member of the General Assembly appointed by the minority leader  
132 of the House of Representatives; (7) one member appointed by the  
133 Governor; (8) [representatives] the following members appointed by the  
134 executive director of the Commission on Women, Children, Seniors,  
135 Equity and Opportunity: (A) Representatives of nonprofit and  
136 philanthropic organizations and scholars who are experts in two-  
137 generational programs and policies, including, but not limited to, at  
138 least one such representative and scholar with experience in developing  
139 strategies to achieve racial equity and social justice; ~~[(9)]~~ (B) parent  
140 or family leaders representing low-income households ~~[selected by the~~  
141 ~~Commission on Women, Children, Seniors, Equity and Opportunity,]~~  
142 who shall constitute at least one-fourth of the board; and ~~[(10)]~~ (9) other  
143 business and academic professionals as needed to achieve goals for two-  
144 generational systems planning, evaluations and outcomes selected by  
145 the cochairpersons. The Chief Court Administrator, or the Chief Court  
146 Administrator's designee, shall serve as an ex-officio ~~[members]~~  
147 member of the advisory board. The staff of the Commission on Women,  
148 Children, Seniors, Equity and Opportunity shall serve as the organizing  
149 and administrative staff of the advisory board.

150       Sec. 6. Section 17b-236 of the 2020 supplement to the general statutes  
151 is repealed and the following is substituted in lieu thereof (*Effective July*  
152 *1, 2020*):

153       When there is found in any town in this state any child of sound mind  
154 who is physically disabled or who is afflicted with poliomyelitis or  
155 rheumatic fever, or any [uncontagious] noncontagious disabling  
156 disease, and who is unable to pay and whose relatives who are legally  
157 liable for his support are unable to pay the full cost of treating such  
158 disease, if such child and one of such relatives reside in this state, the  
159 selectmen of such town, or the guardian or any relative of such child, or  
160 any public health agency, physician or advanced practice registered  
161 nurse in this state, may make application to The Children's Center,  
162 located at Hamden, for the admission of such child to said center. Said  
163 center shall admit such child if such child is pronounced by a physician  
164 or advanced practice registered nurse on the staff of said center, after  
165 examination, to be fit for admission, and said center shall keep and  
166 support such child for such length of time as it deems proper. Said  
167 center shall not be required to admit any such child unless it can  
168 conveniently receive and care for him at the time such application is  
169 made, and said center may return to the town in which such child  
170 resides any child so taken who is pronounced by a physician or  
171 advanced practice registered nurse on the staff of said center, after  
172 examination, to be unfit for retention, or who, by reason of improvement  
173 in his condition or completion of his treatment or training, ought not to  
174 be further retained. The center may refuse to admit any child who is  
175 pronounced by a physician or advanced practice registered nurse on the  
176 staff of said center, after examination, to be unfit for admission, and may  
177 refuse to admit any such child when the facilities at the center will not,  
178 in the judgment of said physician or advanced practice registered nurse,  
179 permit the center to care for such child adequately and properly.

180       Sec. 7. Subsection (d) of section 17b-245e of the 2020 supplement to  
181 the general statutes is repealed and the following is substituted in lieu  
182 thereof (*Effective July 1, 2020*):

183 (d) Not later than August 1, 2020, the commissioner shall submit a  
184 report, in accordance with the provisions of section 11-4a, to the joint  
185 standing committees of the General Assembly having cognizance of  
186 matters relating to human services and public health on (1) the  
187 categories of health care services in which the department is utilizing  
188 telehealth services, (2) [in what] the cities or regions of the state such  
189 services are being offered, and (3) any cost savings realized by the state  
190 by providing telehealth services.

191 Sec. 8. Subsection (c) of section 17b-260a of the 2020 supplement to  
192 the general statutes is repealed and the following is substituted in lieu  
193 thereof (*Effective July 1, 2020*):

194 (c) There is established an advisory committee for the waiver  
195 program established pursuant to subsection (b) of this section consisting  
196 of the chairpersons and ranking members of the joint standing  
197 committees of the General Assembly having cognizance of matters  
198 relating to human services, public health and appropriations and the  
199 budgets of state agencies, or their designees, provided such designees  
200 shall include consumers and providers of services under said waiver  
201 program. The Commissioners of Social Services and Mental Health and  
202 Addiction Services, or their designees, shall also serve on the advisory  
203 committee. The chairpersons of the advisory committee shall be: (1) A  
204 chairperson of said joint standing committees, or such chairperson's  
205 designee, chosen by the chairpersons of said joint standing committees;  
206 (2) a ranking member of said joint standing committees, or such ranking  
207 member's designee, chosen by the ranking members of said joint  
208 standing committees; and (3) the Commissioner of Social Services or the  
209 Commissioner of Mental Health and Addiction Services, or [such] a  
210 [commissioner's] designee, jointly chosen by [such] said commissioners.  
211 The advisory committee shall meet once annually and shall submit an  
212 initial report, in accordance with the provisions of section 11-4a, not  
213 later than February 1, 2015, to the joint standing committees of the  
214 General Assembly having cognizance of matters relating to human  
215 services, public health and appropriations and the budgets of state  
216 agencies on the impact of the individual cost cap for the waiver program

217 established pursuant to subsection (b) of this section and any other  
218 matters the advisory committee deems appropriate. For purposes of this  
219 subsection, "individual cost cap" means the percentage of the cost of  
220 institutional care for an individual that may be spent on any one waiver  
221 program participant.

222 Sec. 9. Subsection (c) of section 17b-352 of the 2020 supplement to the  
223 general statutes is repealed and the following is substituted in lieu  
224 thereof (*Effective July 1, 2020*):

225 (c) A facility may submit a petition for closure to the Department of  
226 Social Services. The Department of Social Services may authorize the  
227 closure of a facility if the facility's management demonstrates to the  
228 satisfaction of the Commissioner of Social Services in the petition for  
229 closure that the facility (1) is not viable based on actual and projected  
230 operating losses; (2) has an occupancy rate of less than seventy per cent  
231 of the facility's licensed bed capacity; (3) closure is consistent with the  
232 strategic rebalancing plan developed in accordance with section 17b-  
233 369, including bed need by geographical region; (4) is in compliance  
234 with the requirements of Sections 1128I(h) and 1819(h)(4) of the Social  
235 Security Act and 42 CFR 483.75; and (5) is not providing special services  
236 that would [go unmet] not be available if the facility closes. The  
237 department shall review a petition for closure to the extent it deems  
238 necessary and the facility shall submit information the department  
239 requests or deems necessary to substantiate that the facility closure is  
240 consistent with the provisions of this subsection. The facility shall  
241 submit information the department requests or deems necessary to  
242 allow the department to provide oversight during this process. The  
243 Office of the Long-Term Care Ombudsman shall be notified by the  
244 facility at the same time as a petition for closure is submitted to the  
245 department. Any facility acting pursuant to this subsection shall  
246 provide written notice, on the same date that the facility submits its  
247 petition for closure, to all patients, guardians or conservators, if any, or  
248 legally liable relatives or other responsible parties, if known, and shall  
249 post such notice in a conspicuous location at the facility. The facility's  
250 written notice shall be accompanied by an informational letter issued



251 jointly from the Office of the Long-Term Care Ombudsman and the  
252 Department of [Rehabilitation] Aging and Disability Services on  
253 patients' rights and services available as they relate to the petition for  
254 closure. The informational letter shall also state the date and time that  
255 the Office of the Long-Term Care Ombudsman and the Department of  
256 Public Health will hold an informational session at the facility for  
257 patients, guardians or conservators, if any, and legally liable relatives or  
258 other responsible parties, if known, about their rights and the process  
259 concerning a petition for closure. The notice shall state: (A) The date the  
260 facility submitted the petition for closure, (B) that only the Department  
261 of Social Services has the authority to either grant or deny the petition  
262 for closure, (C) that the Department of Social Services has up to thirty  
263 days to grant or deny the petition for closure, (D) a brief description of  
264 the reason or reasons for submitting the petition for closure, (E) that no  
265 patient shall be involuntarily transferred or discharged within or from  
266 a facility pursuant to state and federal law because of the filing of a  
267 petition for closure, (F) that all patients have a right to appeal any  
268 proposed transfer or discharge, and (G) the name, mailing address and  
269 telephone number of the Office of the Long-Term Care Ombudsman  
270 and local legal aid office. The commissioner shall grant or deny a  
271 petition for closure [within] not later than thirty days [of] after receiving  
272 such request.

273 Sec. 10. Subsection (e) of section 17b-650a of the 2020 supplement to the  
274 general statutes is repealed and the following is substituted in lieu  
275 thereof (*Effective July 1, 2020*):

276 (e) The Department of Aging and Disability Services shall constitute  
277 a successor department to the former Department on Aging and the  
278 former Department of Rehabilitation Services, in accordance with the  
279 provisions of sections 4-38d, 4-38e and 4-39. Wherever the words  
280 "Commissioner on Aging" or "Commissioner of Rehabilitation Services"  
281 are used in the general statutes, the words "Commissioner of Aging and  
282 Disability Services" shall be substituted in lieu thereof. Wherever the  
283 words "Department on Aging" or "Department of Rehabilitation  
284 Services" are used in the general statutes, the words "Department of

285 Aging and Disability Services" shall be substituted in lieu thereof. Any  
 286 order or regulation of the former Department on Aging or the former  
 287 Department of Rehabilitation Services that is in force on the effective  
 288 date of this section shall continue in force and effect as an order or  
 289 regulation of the Department of Aging and Disability Services until  
 290 amended, repealed or superseded pursuant to law.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2020</i>	19a-132(d)
Sec. 2	<i>July 1, 2020</i>	17a-217a(a)
Sec. 3	<i>July 1, 2020</i>	17a-314(c)
Sec. 4	<i>July 1, 2020</i>	17a-422
Sec. 5	<i>July 1, 2020</i>	17b-112l(d)
Sec. 6	<i>July 1, 2020</i>	17b-236
Sec. 7	<i>July 1, 2020</i>	17b-245e(d)
Sec. 8	<i>July 1, 2020</i>	17b-260a(c)
Sec. 9	<i>July 1, 2020</i>	17b-352(c)
Sec. 10	<i>July 1, 2020</i>	17b-650a(e)

**Statement of Purpose:**

To make technical and clarifying changes to statutes concerning human services.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*