

## Substitute House Bill No. 5458 Special Act No. 24-5

## AN ACT CONCERNING HOMELESSNESS.

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

Section 1. (*Effective July 1, 2024*) (a) As used in this section, "Connecticut Housing Engagement and Support Services" or "CHESS" means a home and community-based services program established pursuant to a Medicaid state plan amendment under Section 1915(i) of the Social Security Act and a Medicaid waiver pursuant to Section 1915(b)(4) of the Social Security Act to improve housing stability and health outcomes for persons in accordance with federally approved criteria.

(b) The Commissioner of Social Services, in consultation with the Commissioners of Housing and Mental Health and Addiction Services, shall develop a strategic plan to improve outcomes for participants in the CHESS program and to reduce housing instability state-wide. The plan shall include, but need not be limited to: (1) Any amendments to the state plan or waiver programs established pursuant to Sections 1915(i) and 1915(b)(4) of the Social Security Act necessary to achieve the goals of the strategic plan, (2) streamlining multiagency administrative procedures to ensure timely benefits to persons who have experienced or are at risk of homelessness, and (3) exploring and applying for federal approval for additional Medicaid waiver programs or Medicaid state

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plan amendments to target social determinants of health with support, including, but not limited to, housing, nutritional and health management supports. For purposes of this section, "social determinants of health" means the conditions in which people are born, grow, work and age.

(c) Not later than January 1, 2025, the Commissioner of Social Services, in consultation with the Commissioners of Housing and Mental Health and Addiction Services, shall file a report, in accordance with the provisions of section 11-4a of the general statutes, with the joint standing committees of the General Assembly having cognizance of matters relating to aging, children, housing, human services and public health. The report shall include, but need not be limited to: (1) Metrics related to health, housing and economic stability of participants in the CHESS program, (2) plans and progress regarding streamlining multiagency administrative procedures in such program, (3) identification of additional Medicaid waiver programs or state plan amendments to address social determinants of health, and (4) a timeline for applications for such Medicaid waiver programs or state plan amendments.