

Substitute Bill No. 6665

January Session, 2023



AN ACT CONCERNING THE GOVERNOR'S BUDGET RECOMMENDATIONS FOR HEALTH AND HUMAN SERVICES.

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

- 1 Section 1. Section 38a-1084 of the general statutes is repealed and
- 2 the following is substituted in lieu thereof (*Effective from passage*):
- 3 The exchange shall:
- 4 (1) Administer the exchange for both qualified individuals and qualified employers;
- 6 (2) Commission surveys of individuals, small employers and health 7 care providers on issues related to health care and health care 8 coverage;
- 9 (3) Implement procedures for the certification, recertification and 10 decertification, consistent with guidelines developed by the Secretary
- 11 under Section 1311(c) of the Affordable Care Act, and section 38a-1086,
- 12 of health benefit plans as qualified health plans;
- 13 (4) Provide for the operation of a toll-free telephone hotline to 14 respond to requests for assistance;
- 15 (5) Provide for enrollment periods, as provided under Section 16 1311(c)(6) of the Affordable Care Act;

- (6) Maintain an Internet web site through which enrollees and prospective enrollees of qualified health plans may obtain standardized comparative information on such plans including, but not limited to, the enrollee satisfaction survey information under Section 1311(c)(4) of the Affordable Care Act and any other information or tools to assist enrollees and prospective enrollees evaluate qualified health plans offered through the exchange;
 - (7) Publish the average costs of licensing, regulatory fees and any other payments required by the exchange and the administrative costs of the exchange, including information on moneys lost to waste, fraud and abuse, on an Internet web site to educate individuals on such costs;
- (8) On or before the open enrollment period for plan year 2017, assign a rating to each qualified health plan offered through the exchange in accordance with the criteria developed by the Secretary under Section 1311(c)(3) of the Affordable Care Act, and determine each qualified health plan's level of coverage in accordance with regulations issued by the Secretary under Section 1302(d)(2)(A) of the Affordable Care Act;
 - (9) Use a standardized format for presenting health benefit options in the exchange, including the use of the uniform outline of coverage established under Section 2715 of the Public Health Service Act, 42 USC 300gg-15, as amended from time to time;
 - (10) Inform individuals, in accordance with Section 1413 of the Affordable Care Act, of eligibility requirements for the Medicaid program under Title XIX of the Social Security Act, as amended from time to time, the Children's Health Insurance Program (CHIP) under Title XXI of the Social Security Act, as amended from time to time, or any applicable state or local public program, and enroll an individual in such program if the exchange determines, through screening of the application by the exchange, that such individual is eligible for any such program;

- (11) Collaborate with the Department of Social Services, to the extent possible, to allow an enrollee who loses premium tax credit eligibility under Section 36B of the Internal Revenue Code and is eligible for HUSKY A or any other state or local public program, to remain enrolled in a qualified health plan;
 - (12) Establish and make available by electronic means a calculator to determine the actual cost of coverage after application of any premium tax credit under Section 36B of the Internal Revenue Code and any cost-sharing reduction under Section 1402 of the Affordable Care Act;
 - (13) Establish a program for small employers through which qualified employers may access coverage for their employees and that shall enable any qualified employer to specify a level of coverage so that any of its employees may enroll in any qualified health plan offered through the exchange at the specified level of coverage;
- 63 (14) Offer enrollees and small employers the option of having the 64 exchange collect and administer premiums, including through 65 allocation of premiums among the various insurers and qualified 66 health plans chosen by individual employers;
- 67 (15) Grant a certification, subject to Section 1411 of the Affordable 68 Care Act, attesting that, for purposes of the individual responsibility 69 penalty under Section 5000A of the Internal Revenue Code, an 70 individual is exempt from the individual responsibility requirement or from the penalty imposed by said Section 5000A because:
 - (A) There is no affordable qualified health plan available through the exchange, or the individual's employer, covering the individual; or
 - (B) The individual meets the requirements for any other such exemption from the individual responsibility requirement or penalty;
- 76 (16) Provide to the Secretary of the Treasury of the United States the 77 following:

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78	(A) A list of the individuals granted a certification under
79	subdivision (15) of this section, including the name and taxpayer
80	identification number of each individual;

- (B) The name and taxpayer identification number of each individual who was an employee of an employer but who was determined to be eligible for the premium tax credit under Section 36B of the Internal Revenue Code because:
- 85 (i) The employer did not provide minimum essential health benefits 86 coverage; or
- 87 (ii) The employer provided the minimum essential coverage but it 88 was determined under Section 36B(c)(2)(C) of the Internal Revenue 89 Code to be unaffordable to the employee or not provide the required 90 minimum actuarial value; and
- 91 (C) The name and taxpayer identification number of:
- 92 (i) Each individual who notifies the exchange under Section 93 1411(b)(4) of the Affordable Care Act that such individual has changed 94 employers; and
- 95 (ii) Each individual who ceases coverage under a qualified health 96 plan during a plan year and the effective date of that cessation;
- 97 (17) Provide to each employer the name of each employee, as 98 described in subparagraph (B) of subdivision (16) of this section, of the 99 employer who ceases coverage under a qualified health plan during a 100 plan year and the effective date of the cessation;
 - (18) Perform duties required of, or delegated to, the exchange by the Secretary or the Secretary of the Treasury of the United States related to determining eligibility for premium tax credits, reduced costsharing or individual responsibility requirement exemptions;
- 105 (19) Select entities qualified to serve as Navigators in accordance

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- with Section 1311(i) of the Affordable Care Act and award grants to enable Navigators to:
- 108 (A) Conduct public education activities to raise awareness of the availability of qualified health plans;
- (B) Distribute fair and impartial information concerning enrollment in qualified health plans and the availability of premium tax credits under Section 36B of the Internal Revenue Code and cost-sharing reductions under Section 1402 of the Affordable Care Act;
- 114 (C) Facilitate enrollment in qualified health plans;
- (D) Provide referrals to the Office of the Healthcare Advocate or health insurance ombudsman established under Section 2793 of the Public Health Service Act, 42 USC 300gg-93, as amended from time to time, or any other appropriate state agency or agencies, for any enrollee with a grievance, complaint or question regarding the enrollee's health benefit plan, coverage or a determination under that plan or coverage; and
- 122 (E) Provide information in a manner that is culturally and 123 linguistically appropriate to the needs of the population being served 124 by the exchange;
- 125 (20) Review the rate of premium growth within and outside the 126 exchange and consider such information in developing 127 recommendations on whether to continue limiting qualified employer 128 status to small employers;
- (21) Credit the amount, in accordance with Section 10108 of the Affordable Care Act, of any free choice voucher to the monthly premium of the plan in which a qualified employee is enrolled and collect the amount credited from the offering employer;
- 133 (22) Consult with stakeholders relevant to carrying out the activities 134 required under sections 38a-1080 to 38a-1090, inclusive, including, but

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- 136 (A) Individuals who are knowledgeable about the health care
- 137 system, have background or experience in making informed decisions
- 138 regarding health, medical and scientific matters and are enrollees in
- 139 qualified health plans;
- 140 (B) Individuals and entities with experience in facilitating
- 141 enrollment in qualified health plans;
- 142 (C) Representatives of small employers and self-employed
- 143 individuals;
- 144 (D) The Department of Social Services; and
- 145 (E) Advocates for enrolling hard-to-reach populations;
- 146 (23) Meet the following financial integrity requirements:
- 147 (A) Keep an accurate accounting of all activities, receipts and
- 148 expenditures and annually submit to the Secretary, the Governor, the
- 149 Insurance Commissioner and the General Assembly a report
- 150 concerning such accountings;
- 151 (B) Fully cooperate with any investigation conducted by the
- 152 Secretary pursuant to the Secretary's authority under the Affordable
- 153 Care Act and allow the Secretary, in coordination with the Inspector
- 154 General of the United States Department of Health and Human
- 155 Services, to:
- (i) Investigate the affairs of the exchange;
- (ii) Examine the properties and records of the exchange; and
- 158 (iii) Require periodic reports in relation to the activities undertaken
- 159 by the exchange; and
- 160 (C) Not use any funds in carrying out its activities under sections

- 38a-1080 to 38a-1089, inclusive, that are intended for the administrative and operational expenses of the exchange, for staff retreats, promotional giveaways, excessive executive compensation or promotion of federal or state legislative and regulatory modifications;
 - (24) (A) Seek to include the most comprehensive health benefit plans that offer high quality benefits at the most affordable price in the exchange, (B) encourage health carriers to offer tiered health care provider network plans that have different cost-sharing rates for different health care provider tiers and reward enrollees for choosing low-cost, high-quality health care providers by offering lower copayments, deductibles or other out-of-pocket expenses, and (C) offer any such tiered health care provider network plans through the exchange;
- (25) Report at least annually to the General Assembly on the effect of adverse selection on the operations of the exchange and make legislative recommendations, if necessary, to reduce the negative impact from any such adverse selection on the sustainability of the exchange, including recommendations to ensure that regulation of insurers and health benefit plans are similar for qualified health plans offered through the exchange and health benefit plans offered outside the exchange. The exchange shall evaluate whether adverse selection is occurring with respect to health benefit plans that are grandfathered under the Affordable Care Act, self-insured plans, plans sold through the exchange and plans sold outside the exchange; [and]
- (26) Consult with the Commissioner of Social Services, Insurance
 Commissioner and Office of Health Strategy, established under section
 19a-754a for the purposes set forth in section 19a-754c; and
- 188 (27) (A) Notwithstanding the provisions of section 12-15, the
 189 exchange shall make a written request to the Commissioner of
 190 Revenue Services, for return or return information, as such terms are
 191 defined in section 12-15, for use in conducting targeted outreach to
 192 uninsured residents of this state. If the Commissioner of Revenue

- 193 Services deems such return or return information to be relevant to the 194 targeted outreach to uninsured residents, said commissioner may 195 disclose such information to the exchange. To effectuate the disclosure 196 of such information, the Commissioner of Revenue Services and the 197 exchange shall enter into a memorandum of understanding that sets 198 forth the specific information to be disclosed and contains the terms 199 and conditions under which said commissioner will disclose such information to the exchange. Any return or return information 200 201 disclosed by the Commissioner of Revenue Services shall not be 202 redisclosed by the recipient to a third party without permission from 203 the commissioner and shall only be used by the exchange in the 204 manner prescribed in the memorandum of understanding. Any person 205 who violates the provisions of this subparagraph shall be fined not 206 more than five thousand dollars.
- 207 (B) To assist the exchange in conducting targeted outreach to 208 uninsured residents of this state, the Commissioner of Revenue 209 Services shall revise the tax return form prescribed under chapter 229 to include space on the tax return for residents to authorize the 210 211 exchange to contact such residents regarding enrollment through the 212 exchange. The Commissioner of Revenue Services and the exchange 213 shall develop language to be included on the tax return form and shall 214 include in the instructions accompanying the tax return a description 215 of how the authorization provided will be relayed to the exchange.
- Sec. 2. Section 17b-112 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):
 - (a) The Department of Social Services shall administer a temporary family assistance program under which cash assistance shall be provided to eligible families in accordance with the temporary assistance for needy families program, established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The Commissioner of Social Services may operate portions of the temporary family assistance program as a solely state-funded program, separate from the federal temporary assistance for needy

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families program, if the commissioner determines that doing so will enable the state to avoid fiscal penalties under the temporary assistance for needy families program. Families receiving assistance under the solely state-funded portion of the temporary family assistance program shall be subject to the same conditions of eligibility as those receiving assistance under the federal temporary assistance for needy families program. Under the temporary family assistance program, benefits shall be provided to a family for not longer than twenty-one months, except as provided in subsections (b) and (c) of this section. For the purpose of calculating said twenty-one-month time limit, months of assistance received on and after January 1, 1996, pursuant to time limits under the aid to families with dependent children program, shall be included. For purposes of this section, "family" means one or more individuals who apply for or receive assistance together under the temporary family assistance program. If the commissioner determines that federal law allows individuals not otherwise in an eligible covered group for the temporary family assistance program to become covered, such family may also, at the discretion of the commissioner, be composed of (1) a pregnant woman, or (2) a parent, both parents or other caretaker relative and at least one child who is under the age of eighteen, or who is under the age of nineteen and a full-time student in a secondary school or its equivalent. A caretaker relative shall be related to the child or children by blood, marriage or adoption or shall be the legal guardian of such a child or pursuing legal proceedings necessary to achieve guardianship. If the commissioner elects to allow state eligibility consistent with any change in federal law, the commissioner may administratively transfer any qualifying family cases under the cash assistance portion of the state-administered general assistance program to the temporary family assistance program without regard to usual eligibility and enrollment procedures. If such families become an ineligible coverage group under the federal law, the commissioner shall administratively transfer such families back to the cash assistance portion of the stateadministered general assistance program without regard to usual eligibility and enrollment procedures to the degree that such families

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- (b) The Commissioner of Social Services shall exempt a family from such time-limited benefits for circumstances including, but not limited to: (1) A family with a needy caretaker relative who is incapacitated or of an advanced age, as defined by the commissioner, if there is no other nonexempt caretaker relative in the household; (2) a family with a needy caretaker relative who is needed in the home because of the incapacity of another member of the household, if there is no other nonexempt caretaker relative in the household; (3) a family with a caretaker relative who is not legally responsible for the dependent children in the household if such relative's needs are not considered in calculating the amount of the benefit and there is no other nonexempt caretaker relative in the household; (4) a family with a caretaker relative caring for a child who is under one year of age if there is no other nonexempt caretaker relative in the household; (5) a family with a pregnant or postpartum caretaker relative if a physician has indicated that such relative is unable to work and there is no other nonexempt caretaker relative in the household; (6) a family with a caretaker relative determined by the commissioner to be unemployable and there is no other nonexempt caretaker relative in the household; and (7) minor parents attending and satisfactorily completing high school or high school equivalency programs.
- (c) [A] On and after April 1, 2024, the Commissioner of Social Services shall automatically grant, to the extent permissible under federal law, two six-month extensions to a family who is subject to time-limited benefits. A family may petition the [Commissioner of Social Services] commissioner for [six-month extensions] an additional one-year extension of such benefits. The commissioner shall grant [not more than two extensions] the one-year extension to such family who has made a good faith effort to comply with the requirements of the program and despite such effort has a total family income at a level below the payment standard, or has encountered circumstances preventing employment including, but not limited to: (1) Domestic

violence or physical harm to such family's children; or (2) other circumstances beyond such family's control. The commissioner shall disregard ninety dollars of earned income in determining applicable family income. The commissioner may grant a subsequent six-month extension if each adult in the family meets one or more of the following criteria: (A) The adult is precluded from engaging in employment activities due to domestic violence or another reason beyond the adult's control; (B) the adult has two or more substantiated barriers to employment including, but not limited to, the lack of available child care, substance abuse or addiction, severe mental or physical health problems, one or more severe learning disabilities, domestic violence or a child who has a serious physical or behavioral health problem; (C) the adult is working thirty-five or more hours per week, is earning at least the minimum wage and continues to earn less than the family's temporary family assistance payment standard; or (D) the adult is employed and works less than thirty-five hours per week due to (i) a documented medical impairment that limits the adult's hours of employment, provided the adult works the maximum number of hours that the medical condition permits, or (ii) the need to care for a disabled member of the adult's household, provided the adult works the maximum number of hours the adult's caregiving responsibilities permit. Families receiving temporary family assistance shall be notified by the department of the right to petition for such extensions. Notwithstanding the provisions of this section, the commissioner shall not provide benefits under the state's temporary family assistance program to a family that is subject to the twenty-one month benefit limit and has received benefits beginning on or after October 1, 1996, if such benefits result in that family's receiving more than sixty months of time-limited benefits unless that family experiences domestic violence, as defined in Section 402(a)(7)(B), P.L. 104-193. For the purpose of calculating said sixty-month limit: (I) A month shall count toward the limit if the family receives assistance for any day of the month, provided any months of temporary family assistance received during the public health emergency declared by Governor Ned Lamont related to the COVID-19 pandemic shall not be

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included, and (II) a month in which a family receives temporary assistance for needy families benefits that are issued from a jurisdiction other than Connecticut shall count toward the limit.

(d) (1) Under said program, no family shall be eligible that has total gross earnings exceeding the federal poverty level, however, in the calculation of the benefit amount for eligible families and previously eligible families that become ineligible temporarily because of receipt of workers' compensation benefits by a family member who subsequently returns to work immediately after the period of receipt of such benefits, earned income shall be disregarded up to the federal poverty level. On and after October 1, 2023, the commissioner shall not deny a family assistance under said program on the basis of such family's assets unless such assets exceed six thousand dollars. Except when determining eligibility for [a six-month extension] extensions of benefits pursuant to subsection (c) of this section, the commissioner shall disregard the first fifty dollars per month of income attributable to current child support that a family receives in determining eligibility and benefit levels for temporary family assistance. Any current child support in excess of fifty dollars per month collected by the department on behalf of an eligible child shall be considered in determining eligibility but shall not be considered when calculating benefits and shall be taken as reimbursement for assistance paid under this section, except that when the current child support collected exceeds the family's monthly award of temporary family assistance benefits plus fifty dollars, the current child support shall be paid to the family and shall be considered when calculating benefits.

(2) Notwithstanding the provisions of subdivision (1) of this subsection, on and after January 1, 2024, in the first month in which a family's total gross earnings exceed the federal poverty level and for a period not to exceed six consecutive months, the department shall disregard, for purposes of eligibility, a family's total gross earnings in an amount not to exceed two hundred thirty per cent of the federal poverty level. If a family's total gross earnings are an amount between

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- one hundred seventy-one per cent and two hundred thirty per cent of
- 363 the federal poverty level, the department shall reduce the household's
- 364 <u>benefit by twenty per cent for the months in which earnings are</u>
- 365 <u>between one hundred seventy-one per cent and two hundred thirty</u>
- 366 per cent of the federal poverty level.

- (e) A family receiving assistance under said program shall cooperate
 with child support enforcement, under title IV-D of the Social Security
 Act. A family shall be ineligible for benefits for failure to cooperate
 with child support enforcement.
 - (f) A family leaving assistance at the end of (1) said twenty-one-month time limit, as extended pursuant to subsection (b) or (c) of this section, including a family with income above the payment standard, or (2) the sixty-month limit shall have an interview for the purpose of being informed of services that may continue to be available to such family, including employment services available through the Labor Department. Such interview shall include (A) a determination of benefits available to the family provided by the Department of Social Services; and (B) a determination of whether such family is eligible for supplemental nutrition assistance or Medicaid. Information and referrals shall be made to such a family for services and benefits including, but not limited to, the earned income tax credit, rental subsidies emergency housing, employment services and energy assistance.
 - (g) Notwithstanding section 17b-104, commencing on July 1, 2023, the Commissioner of Social Services shall provide an annual cost-of-living adjustment in temporary family assistance benefits equal to the most recent percentage increase in the consumer price index for urban consumers whenever funds appropriated for temporary family assistance lapse at the close of any fiscal year and such adjustment has not otherwise been included in the budget for the assistance program, provided the increase would not create a budget deficiency in succeeding years. The commissioner shall provide a prorated benefit increase from such available lapsed funds in any fiscal year when such

- funds are not sufficient to cover a cost-of-living adjustment in accordance with this subsection.
- 397 (h) An applicant or recipient of temporary family assistance who is 398 adversely affected by a decision of the Commissioner of Social Services 399 may request and shall be provided a hearing in accordance with 400 section 17b-60.
- Sec. 3. Subsection (c) of section 17b-191 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective* 403 October 1, 2023):
- 404 (c) To be eligible for cash assistance under the program, a person 405 shall (1) be (A) eighteen years of age or older; (B) a minor found by a 406 court to be emancipated pursuant to section 46b-150; or (C) under 407 eighteen years of age and the commissioner determines good cause for 408 such person's eligibility, and (2) not have assets exceeding [two 409 hundred fifty] five hundred dollars or, if such person is married, such 410 person and his or her spouse shall not have assets exceeding [five 411 hundred] one thousand dollars. In determining eligibility, the 412 commissioner shall not consider as income (A) Aid and Attendance 413 pension benefits granted to a veteran, as defined in section 27-103, or 414 the surviving spouse of such veteran; and (B) any tax refund or 415 advance payment with respect to a refundable credit to the same 416 extent such refund or advance payment would be disregarded under 417 26 USC 6409 in any federal program or state or local program financed 418 in whole or in part with federal funds. No person who is a substance 419 abuser and refuses or fails to enter available, appropriate treatment 420 shall be eligible for cash assistance under the program until such 421 person enters treatment. No person whose benefits from the temporary 422 family assistance program have terminated as a result of time-limited 423 benefits or for failure to comply with a program requirement shall be 424 eligible for cash assistance under the program.
- Sec. 4. Section 17b-601 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

The Commissioner of Social Services shall adopt regulations in accordance with the provisions of chapter 54 establishing the method by which payments are made for recipients of the state supplement program who are residents of licensed residential care homes, as defined in section 19a-490, and a rated housing facility, as defined in section 17b-82. Such regulations shall provide for the safeguarding of residents' personal funds with respect to any homes, or rated housing facilities that handle such funds. Regulations concerning payment for residents shall provide for payment to the licensed residential care home or rated housing facility for the period during which the recipient makes such home or facility his or her residence, without regard to periods during which the recipient is absent, provided (1) the recipient's bed at the home or facility would otherwise be available during such absence, and (2) the recipient can reasonably be expected to return to the home or facility before the end of the month following the month in which the recipient leaves the home or facility. If the department determines that a resident of a home or rated housing facility who applies for state supplement benefits is eligible for such benefits, the department shall pay the home or facility at a per diem or monthly rate less any applied income due from the resident. The start date of eligibility for state supplement benefits for an individual residing in a home or facility shall be the date the person became a resident in such home or facility and met all eligibility criteria for the state supplement program, but in no event shall the start date be more than ninety days prior to the date the department received the application for assistance. Any retroactive adjustment to the rate of such a home or facility by the commissioner that results in money due to such home or facility shall be made to such home or facility directly, and any such adjustment that results in an overpayment to the home or facility shall be paid by the home or facility to the department. If a retroactive adjustment to the rate of such home or facility results in a current resident becoming eligible for state supplement benefits, and such resident applies for state supplement benefits, the department may determine the start date of eligibility for state supplement benefits to be the later of the resident's admission date or the date ninety days

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- prior to the date the department receives the application.
- Sec. 5. Subsection (a) of section 17b-244 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July* 1, 2023):
 - (a) The room and board component of the rates to be paid by the state to private facilities and facilities operated by regional education service centers which are licensed to provide residential care pursuant to section 17a-227, but not certified to participate in the Title XIX Medicaid program as intermediate care facilities for individuals with intellectual disabilities, shall be determined annually by the Commissioner of Social Services, except that rates effective April 30, 1989, shall remain in effect through October 31, 1989. Any facility with real property other than land placed in service prior to July 1, 1991, shall, for the fiscal year ending June 30, 1995, receive a rate of return on real property equal to the average of the rates of return applied to real property other than land placed in service for the five years preceding July 1, 1993. For the fiscal year ending June 30, 1996, and any succeeding fiscal year, the rate of return on real property for property items shall be revised every five years. The commissioner shall, upon submission of a request by such facility, allow actual debt service, comprised of principal and interest, on the loan or loans in lieu of property costs allowed pursuant to section 17-313b-5 of the regulations of Connecticut state agencies, whether actual debt service is higher or lower than such allowed property costs, provided such debt service terms and amounts are reasonable in relation to the useful life and the base value of the property. In the case of facilities financed through the Connecticut Housing Finance Authority, the commissioner shall allow actual debt service, comprised of principal, interest and a reasonable repair and replacement reserve on the loan or loans in lieu of property costs allowed pursuant to section 17-313b-5 of the regulations of Connecticut state agencies, whether actual debt service is higher or lower than such allowed property costs, provided such debt service terms and amounts are determined by the commissioner at the time

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the loan is entered into to be reasonable in relation to the useful life and base value of the property. The commissioner may allow fees associated with mortgage refinancing provided such refinancing will result in state reimbursement savings, after comparing costs over the terms of the existing proposed loans. For the fiscal year ending June 30, 1992, the inflation factor used to determine rates shall be one-half of the gross national product percentage increase for the period between the midpoint of the cost year through the midpoint of the rate year. For fiscal year ending June 30, 1993, the inflation factor used to determine rates shall be two-thirds of the gross national product percentage increase from the midpoint of the cost year to the midpoint of the rate year. For the fiscal years ending June 30, 1996, and June 30, 1997, no inflation factor shall be applied in determining rates. The Commissioner of Social Services shall prescribe uniform forms on which such facilities shall report their costs. Such rates shall be determined on the basis of a reasonable payment for necessary services. Any increase in grants, gifts, fund-raising or endowment income used for the payment of operating costs by a private facility in the fiscal year ending June 30, 1992, shall be excluded by the commissioner from the income of the facility in determining the rates to be paid to the facility for the fiscal year ending June 30, 1993, provided any operating costs funded by such increase shall not obligate the state to increase expenditures in subsequent fiscal years. Nothing contained in this section shall authorize a payment by the state to any such facility in excess of the charges made by the facility for comparable services to the general public. The service component of the rates to be paid by the state to private facilities and facilities operated by regional education service centers which are licensed to provide residential care pursuant to section 17a-227, but not certified to participate in the Title XIX Medicaid programs as intermediate care facilities for individuals with intellectual disabilities, shall be determined annually by the Commissioner of Developmental Services in accordance with section 17b-244a. For the fiscal year ending June 30, 2008, no facility shall receive a rate that is more than two per cent greater than the rate in effect for the facility on June 30, 2007, except

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any facility that would have been issued a lower rate effective July 1, 2007, due to interim rate status or agreement with the department, shall be issued such lower rate effective July 1, 2007. For the fiscal year ending June 30, 2009, no facility shall receive a rate that is more than two per cent greater than the rate in effect for the facility on June 30, 2008, except any facility that would have been issued a lower rate effective July 1, 2008, due to interim rate status or agreement with the department, shall be issued such lower rate effective July 1, 2008. For the fiscal years ending June 30, 2010, and June 30, 2011, rates in effect for the period ending June 30, 2009, shall remain in effect until June 30, 2011, except that (1) the rate paid to a facility may be higher than the rate paid to the facility for the period ending June 30, 2009, if a capital improvement required by the Commissioner of Developmental Services for the health or safety of the residents was made to the facility during the fiscal years ending June 30, 2010, or June 30, 2011, and (2) any facility that would have been issued a lower rate for the fiscal year ending June 30, 2010, or June 30, 2011, due to interim rate status or agreement with the department, shall be issued such lower rate. For the fiscal year ending June 30, 2012, rates in effect for the period ending June 30, 2011, shall remain in effect until June 30, 2012, except that (A) the rate paid to a facility may be higher than the rate paid to the facility for the period ending June 30, 2011, if a capital improvement required by the Commissioner of Developmental Services for the health or safety of the residents was made to the facility during the fiscal year ending June 30, 2012, and (B) any facility that would have been issued a lower rate for the fiscal year ending June 30, 2012, due to interim rate status or agreement with the department, shall be issued such lower rate. Any facility that has a significant decrease in land and building costs shall receive a reduced rate to reflect such decrease in land and building costs. The rate paid to a facility may be increased if a capital improvement approved by the Department of Developmental Services, in consultation with the Department of Social Services, for the health or safety of the residents was made to the facility during the fiscal year ending June 30, 2014, or June 30, 2015, only to the extent such increases are within available

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appropriations. For the fiscal years ending June 30, 2016, and June 30, 2017, rates shall not exceed those in effect for the period ending June 30, 2015, except the rate paid to a facility may be higher than the rate paid to the facility for the period ending June 30, 2015, if a capital improvement approved by the Department of Developmental Services, in consultation with the Department of Social Services, for the health or safety of the residents was made to the facility during the fiscal year ending June 30, 2016, or June 30, 2017, to the extent such rate increases are within available appropriations. For the fiscal years ending June 30, 2016, and June 30, 2017, and each succeeding fiscal year, any facility that would have been issued a lower rate, due to interim rate status, a change in allowable fair rent or agreement with the department, shall be issued such lower rate. For the fiscal years ending June 30, 2018, and June 30, 2019, rates shall not exceed those in effect for the period ending June 30, 2017, except the rate paid to a facility may be higher than the rate paid to the facility for the period ending June 30, 2017, if a capital improvement approved by the Department of Developmental Services, in consultation with the Department of Social Services, for the health or safety of the residents was made to the facility during the fiscal year ending June 30, 2018, or June 30, 2019, to the extent such rate increases are within available appropriations. For the fiscal years ending June 30, 2020, and June 30, 2021, rates shall not exceed those in effect for the fiscal year ending June 30, 2019, except the rate paid to a facility may be higher than the rate paid to the facility for the fiscal year ending June 30, 2019, if a capital improvement approved by the Department of Developmental Services, in consultation with the Department of Social Services, for the health or safety of the residents was made to the facility during the fiscal year ending June 30, 2020, or June 30, 2021, to the extent such rate increases are within available appropriations. For the fiscal years ending June 30, 2022, and June 30, 2023, rates shall be based upon rates in effect for the fiscal year ending June 30, 2021, inflated by the gross domestic product deflator applicable to each rate year, except the commissioner may, in the commissioner's discretion and within available appropriations, provide pro rata fair rent increases to facilities which have

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600 documented fair rent additions placed in service in the cost report 601 years ending September 30, 2020, and September 30, 2021, that are not 602 otherwise included in rates issued, or if a rate adjustment for a capital 603 improvement approved by the Department of Developmental Services, 604 in consultation with the Department of Social Services, for the health 605 or safety of the residents was made to the facility during the fiscal year 606 ending June 30, 2022, or June 30, 2023. For the fiscal years ending June 607 30, 2024, and June 30, 2025, the rate paid to a facility may be higher 608 than the rate paid to the facility for the fiscal year ending June 30, 2023, 609 if a capital improvement approved by the Department of 610 Developmental Services, in consultation with the Department of Social 611 Services, for the health or safety of the residents was made to the 612 facility during the fiscal year ending June 30, 2024, or June 30, 2025, to 613 the extent such rate increases are within available appropriations.

- Sec. 6. Subsection (i) of section 17b-340 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July* 1, 2023):
- (i) For the fiscal year ending June 30, 1993, any residential care home with an operating cost component of its rate in excess of one hundred thirty per cent of the median of operating cost components of rates in effect January 1, 1992, shall not receive an operating cost component increase. For the fiscal year ending June 30, 1993, any residential care home with an operating cost component of its rate that is less than one hundred thirty per cent of the median of operating cost components of rates in effect January 1, 1992, shall have an allowance for real wage growth equal to sixty-five per cent of the increase determined in accordance with subsection (q) of section 17-311-52 of the regulations of Connecticut state agencies, provided such operating cost component shall not exceed one hundred thirty per cent of the median of operating cost components in effect January 1, 1992. Beginning with the fiscal year ending June 30, 1993, for the purpose of determining allowable fair rent, a residential care home with allowable fair rent less than the twenty-fifth percentile of the state-wide allowable fair rent

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shall be reimbursed as having allowable fair rent equal to the twentyfifth percentile of the state-wide allowable fair rent. Beginning with the fiscal year ending June 30, 1997, a residential care home with allowable fair rent less than three dollars and ten cents per day shall be reimbursed as having allowable fair rent equal to three dollars and ten cents per day. Property additions placed in service during the cost year ending September 30, 1996, or any succeeding cost year shall receive a fair rent allowance for such additions as an addition to three dollars and ten cents per day if the fair rent for the facility for property placed in service prior to September 30, 1995, is less than or equal to three dollars and ten cents per day. Beginning with the fiscal year ending June 30, 2016, a residential care home shall be reimbursed the greater of the allowable accumulated fair rent reimbursement associated with real property additions and land as calculated on a per day basis or three dollars and ten cents per day if the allowable reimbursement associated with real property additions and land is less than three dollars and ten cents per day. For the fiscal year ending June 30, 1996, and any succeeding fiscal year, the allowance for real wage growth, as determined in accordance with subsection (q) of section 17-311-52 of the regulations of Connecticut state agencies, shall not be applied. For the fiscal year ending June 30, 1996, and any succeeding fiscal year, the inflation adjustment made in accordance with subsection (p) of section 17-311-52 of the regulations of Connecticut state agencies shall not be applied to real property costs. Beginning with the fiscal year ending June 30, 1997, minimum allowable patient days for rate computation purposes for a residential care home with twenty-five beds or less shall be eighty-five per cent of licensed capacity. Beginning with the fiscal year ending June 30, 2002, for the purposes of determining the allowable salary of an administrator of a residential care home with sixty beds or less the department shall revise the allowable base salary to thirty-seven thousand dollars to be annually inflated thereafter in accordance with section 17-311-52 of the regulations of Connecticut state agencies. The rates for the fiscal year ending June 30, 2002, shall be based upon the increased allowable salary of an administrator, regardless of whether such amount was expended in the 2000 cost

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report period upon which the rates are based. Beginning with the fiscal year ending June 30, 2000, and until the fiscal year ending June 30, 2009, inclusive, the inflation adjustment for rates made in accordance with subsection (p) of section 17-311-52 of the regulations of Connecticut state agencies shall be increased by two per cent, and beginning with the fiscal year ending June 30, 2002, the inflation adjustment for rates made in accordance with subsection (c) of said section shall be increased by one per cent. Beginning with the fiscal year ending June 30, 1999, for the purpose of determining the allowable salary of a related party, the department shall revise the maximum salary to twenty-seven thousand eight hundred fifty-six dollars to be annually inflated thereafter in accordance with section 17-311-52 of the regulations of Connecticut state agencies and beginning with the fiscal year ending June 30, 2001, such allowable salary shall be computed on an hourly basis and the maximum number of hours allowed for a related party other than the proprietor shall be increased from forty hours to forty-eight hours per work week. For the fiscal year ending June 30, 2005, each facility shall receive a rate that is two and one-quarter per cent more than the rate the facility received in the prior fiscal year, except any facility that would have been issued a lower rate effective July 1, 2004, than for the fiscal year ending June 30, 2004, due to interim rate status or agreement with the department shall be issued such lower rate effective July 1, 2004. Effective upon receipt of all the necessary federal approvals to secure federal financial participation matching funds associated with the rate increase provided in subdivision (4) of subsection (f) of this section, but in no event earlier than October 1, 2005, and provided the user fee imposed under section 17b-320 is required to be collected, each facility shall receive a rate that is determined in accordance with applicable law and subject to appropriations, except any facility that would have been issued a lower rate effective October 1, 2005, than for the fiscal year ending June 30, 2005, due to interim rate status or agreement with the department, shall be issued such lower rate effective October 1, 2005. Such rate increase shall remain in effect unless: (1) The federal financial participation matching funds associated with the rate increase are no

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703 longer available; or (2) the user fee created pursuant to section 17b-320 704 is not in effect. For the fiscal year ending June 30, 2007, rates in effect 705 for the period ending June 30, 2006, shall remain in effect until September 30, 2006, except any facility that would have been issued a 706 707 lower rate effective July 1, 2006, than for the fiscal year ending June 30, 708 2006, due to interim rate status or agreement with the department, 709 shall be issued such lower rate effective July 1, 2006. Effective October 710 1, 2006, no facility shall receive a rate that is more than four per cent 711 greater than the rate in effect for the facility on September 30, 2006, 712 except for any facility that would have been issued a lower rate 713 effective October 1, 2006, due to interim rate status or agreement with 714 the department, shall be issued such lower rate effective October 1, 715 2006. For the fiscal years ending June 30, 2010, and June 30, 2011, rates 716 in effect for the period ending June 30, 2009, shall remain in effect until 717 June 30, 2011, except any facility that would have been issued a lower 718 rate for the fiscal year ending June 30, 2010, or the fiscal year ending 719 June 30, 2011, due to interim rate status or agreement with the 720 department, shall be issued such lower rate, except (A) any facility that 721 would have been issued a lower rate for the fiscal year ending June 30, 722 2010, or the fiscal year ending June 30, 2011, due to interim rate status 723 or agreement with the Commissioner of Social Services shall be issued 724 such lower rate; and (B) the commissioner may increase a facility's rate 725 for reasonable costs associated with such facility's compliance with the 726 provisions of section 19a-495a concerning the administration of 727 medication by unlicensed personnel. For the fiscal year ending June 30, 728 2012, rates in effect for the period ending June 30, 2011, shall remain in 729 effect until June 30, 2012, except that (i) any facility that would have 730 been issued a lower rate for the fiscal year ending June 30, 2012, due to 731 interim rate status or agreement with the Commissioner of Social 732 Services shall be issued such lower rate; and (ii) the commissioner may 733 increase a facility's rate for reasonable costs associated with such 734 facility's compliance with the provisions of section 19a-495a 735 concerning the administration of medication by unlicensed personnel. 736 For the fiscal year ending June 30, 2013, the Commissioner of Social 737 Services may, within available appropriations, provide a rate increase

to a residential care home. Any facility that would have been issued a lower rate for the fiscal year ending June 30, 2013, due to interim rate status or agreement with the Commissioner of Social Services shall be issued such lower rate. For the fiscal years ending June 30, 2012, and June 30, 2013, the Commissioner of Social Services may provide fair rent increases to any facility that has undergone a material change in circumstances related to fair rent and has an approved certificate of need pursuant to section 17b-352, 17b-353, 17b-354 or 17b-355. For the fiscal years ending June 30, 2014, and June 30, 2015, for those facilities that have a calculated rate greater than the rate in effect for the fiscal year ending June 30, 2013, the commissioner may increase facility rates based upon available appropriations up to a stop gain as determined by the commissioner. No facility shall be issued a rate that is lower than the rate in effect on June 30, 2013, except that any facility that would have been issued a lower rate for the fiscal year ending June 30, 2014, or the fiscal year ending June 30, 2015, due to interim rate status or agreement with the commissioner, shall be issued such lower rate. For the fiscal year ending June 30, 2014, and each fiscal year thereafter, a residential care home shall receive a rate increase for any capital improvement made during the fiscal year for the health and safety of residents and approved by the Department of Social Services, provided such rate increase is within available appropriations. For the fiscal year ending June 30, 2015, and each succeeding fiscal year thereafter, costs of less than ten thousand dollars that are incurred by a facility and are associated with any land, building or nonmovable equipment repair or improvement that are reported in the cost year used to establish the facility's rate shall not be capitalized for a period of more than five years for rate-setting purposes. For the fiscal year ending June 30, 2015, subject to available appropriations, the commissioner may, at the commissioner's discretion: Increase the inflation cost limitation under subsection (c) of section 17-311-52 of the regulations of Connecticut state agencies, provided such inflation allowance factor does not exceed a maximum of five per cent; establish a minimum rate of return applied to real property of five per cent inclusive of assets placed in service during cost year 2013; waive the

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standard rate of return under subsection (f) of section 17-311-52 of the regulations of Connecticut state agencies for ownership changes or health and safety improvements that exceed one hundred thousand dollars and that are required under a consent order from the Department of Public Health; and waive the rate of return adjustment under subsection (f) of section 17-311-52 of the regulations of Connecticut state agencies to avoid financial hardship. For the fiscal years ending June 30, 2016, and June 30, 2017, rates shall not exceed those in effect for the period ending June 30, 2015, except the commissioner may, in the commissioner's discretion and within available appropriations, provide pro rata fair rent increases to facilities which have documented fair rent additions placed in service in cost report years ending September 30, 2014, and September 30, 2015, that are not otherwise included in rates issued. For the fiscal years ending June 30, 2016, and June 30, 2017, and each succeeding fiscal year, any facility that would have been issued a lower rate, due to interim rate status, a change in allowable fair rent or agreement with the department, shall be issued such lower rate. For the fiscal year ending June 30, 2018, rates shall not exceed those in effect for the period ending June 30, 2017, except the commissioner may, in the commissioner's discretion and within available appropriations, provide pro rata fair rent increases to facilities which have documented fair rent additions placed in service in the cost report year ending September 30, 2016, that are not otherwise included in rates issued. For the fiscal year ending June 30, 2019, rates shall not exceed those in effect for the period ending June 30, 2018, except the commissioner may, in the commissioner's discretion and within available appropriations, provide pro rata fair rent increases to facilities which have documented fair rent additions placed in service in the cost report year ending September 30, 2017, that are not otherwise included in rates issued. For the fiscal year ending June 30, 2020, rates shall not exceed those in effect for the fiscal year ending June 30, 2019, except the commissioner may, in the commissioner's discretion and within available appropriations, provide pro rata fair rent increases to facilities which have documented fair rent additions

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placed in service in the cost report year ending September 30, 2018, that are not otherwise included in rates issued. For the fiscal year ending June 30, 2021, rates shall not exceed those in effect for the fiscal year ending June 30, 2020, except the commissioner may, in the commissioner's discretion and within available appropriations, provide pro rata fair rent increases to facilities which have documented fair rent additions placed in service in the cost report year ending September 30, 2019, that are not otherwise included in rates issued. For the fiscal year ending June 30, 2022, the commissioner may, in the commissioner's discretion and within available appropriations, provide pro rata fair rent increases to facilities that have documented fair rent additions placed in service in the cost report year ending September 30, 2020, that are not otherwise included in rates issued. For the fiscal year ending June 30, 2023, the commissioner may, in the commissioner's discretion and within available appropriations, provide pro rata fair rent increases to facilities which have documented fair rent additions placed in service in the cost report year ending September 30, 2021, that are not otherwise included in rates issued. For the fiscal years ending June 30, 2022, and June 30, 2023, a facility may receive a rate increase for a capital improvement approved by the Department of Social Services, for the health or safety of the residents during the fiscal year ending June 30, 2022, or June 30, 2023, only to the extent such rate increases are within available appropriations. For the fiscal year ending June 30, 2022, and June 30, 2023, rates shall be based upon rates in effect for the fiscal year ending June 30, 2021, inflated by the gross domestic product deflator applicable to each rate year, except the commissioner may, in the commissioner's discretion and within available appropriations, provide pro rata fair rent increases to facilities which have documented fair rent additions placed in service in the cost report years ending September 30, 2020, and September 30, 2021, that are not otherwise included in rates issued. For the fiscal years ending June 30, 2024, and June 30, 2025, a facility may receive a rate increase for a capital improvement approved by the Department of Social Services, for the health or safety of the residents during the fiscal year ending

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- 843 June 30, 2024, or June 30, 2025, only to the extent such rate increases 844 are within available appropriations. For the fiscal year ending June 30, 845 2024, the commissioner may, in the commissioner's discretion and within available appropriations, provide pro rata fair rent increases to 846 847 facilities that have documented fair rent additions placed in service in 848 the cost report year ending September 30, 2022, that are not otherwise 849 included in rates issued. For the fiscal year ending June 30, 2025, the 850 commissioner may, in the commissioner's discretion and within 851 available appropriations, provide pro rata fair rent increases to 852 facilities that have documented fair rent additions placed in service in 853 the cost report year ending September 30, 2023, that are not otherwise 854 included in rates issued.
- Sec. 7. Subsection (h) of section 17b-340 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July* 1, 2023):
 - (h) For the fiscal year ending June 30, 1993, any intermediate care facility for individuals with intellectual disabilities with an operating cost component of its rate in excess of one hundred forty per cent of the median of operating cost components of rates in effect January 1, 1992, shall not receive an operating cost component increase. For the fiscal year ending June 30, 1993, any intermediate care facility for individuals with intellectual disabilities with an operating cost component of its rate that is less than one hundred forty per cent of the median of operating cost components of rates in effect January 1, 1992, shall have an allowance for real wage growth equal to thirty per cent of the increase determined in accordance with subsection (q) of section 17-311-52 of the regulations of Connecticut state agencies, provided such operating cost component shall not exceed one hundred forty per cent of the median of operating cost components in effect January 1, 1992. Any facility with real property other than land placed in service prior to October 1, 1991, shall, for the fiscal year ending June 30, 1995, receive a rate of return on real property equal to the average of the rates of return applied to real property other than land placed in

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service for the five years preceding October 1, 1993. For the fiscal year ending June 30, 1996, and any succeeding fiscal year, the rate of return on real property for property items shall be revised every five years. The commissioner shall, upon submission of a request, allow actual debt service, comprised of principal and interest, in excess of property costs allowed pursuant to section 17-311-52 of the regulations of Connecticut state agencies, provided such debt service terms and amounts are reasonable in relation to the useful life and the base value of the property. For the fiscal year ending June 30, 1995, and any succeeding fiscal year, the inflation adjustment made in accordance with subsection (p) of section 17-311-52 of the regulations of Connecticut state agencies shall not be applied to real property costs. For the fiscal year ending June 30, 1996, and any succeeding fiscal year, the allowance for real wage growth, as determined in accordance with subsection (q) of section 17-311-52 of the regulations of Connecticut state agencies, shall not be applied. For the fiscal year ending June 30, 1996, and any succeeding fiscal year, no rate shall exceed three hundred seventy-five dollars per day unless the commissioner, in consultation with the Commissioner of Developmental Services, determines after a review of program and management costs, that a rate in excess of this amount is necessary for care and treatment of facility residents. For the fiscal year ending June 30, 2002, rate period, the Commissioner of Social Services shall increase the inflation adjustment for rates made in accordance with subsection (p) of section 17-311-52 of the regulations of Connecticut state agencies to update allowable fiscal year 2000 costs to include a three and one-half per cent inflation factor. For the fiscal year ending June 30, 2003, rate period, the commissioner shall increase the inflation adjustment for rates made in accordance with subsection (p) of section 17-311-52 of the regulations of Connecticut state agencies to update allowable fiscal year 2001 costs to include a one and one-half per cent inflation factor, except that such increase shall be effective November 1, 2002, and such facility rate in effect for the fiscal year ending June 30, 2002, shall be paid for services provided until October 31, 2002, except any facility that would have been issued a lower rate effective July 1, 2002, than for the fiscal year

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ending June 30, 2002, due to interim rate status or agreement with the department shall be issued such lower rate effective July 1, 2002, and have such rate updated effective November 1, 2002, in accordance with applicable statutes and regulations. For the fiscal year ending June 30, 2004, rates in effect for the period ending June 30, 2003, shall remain in effect, except any facility that would have been issued a lower rate effective July 1, 2003, than for the fiscal year ending June 30, 2003, due to interim rate status or agreement with the department shall be issued such lower rate effective July 1, 2003. For the fiscal year ending June 30, 2005, rates in effect for the period ending June 30, 2004, shall remain in effect until September 30, 2004. Effective October 1, 2004, each facility shall receive a rate that is five per cent greater than the rate in effect September 30, 2004. Effective upon receipt of all the necessary federal approvals to secure federal financial participation matching funds associated with the rate increase provided in subdivision (4) of subsection (f) of this section, but in no event earlier than October 1, 2005, and provided the user fee imposed under section 17b-320 is required to be collected, each facility shall receive a rate that is four per cent more than the rate the facility received in the prior fiscal year, except any facility that would have been issued a lower rate effective October 1, 2005, than for the fiscal year ending June 30, 2005, due to interim rate status or agreement with the department, shall be issued such lower rate effective October 1, 2005. Such rate increase shall remain in effect unless: (1) The federal financial participation matching funds associated with the rate increase are no longer available; or (2) the user fee created pursuant to section 17b-320 is not in effect. For the fiscal year ending June 30, 2007, rates in effect for the period ending June 30, 2006, shall remain in effect until September 30, 2006, except any facility that would have been issued a lower rate effective July 1, 2006, than for the fiscal year ending June 30, 2006, due to interim rate status or agreement with the department, shall be issued such lower rate effective July 1, 2006. Effective October 1, 2006, no facility shall receive a rate that is more than three per cent greater than the rate in effect for the facility on September 30, 2006, except any facility that would have been issued a lower rate effective October 1,

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2006, due to interim rate status or agreement with the department, shall be issued such lower rate effective October 1, 2006. For the fiscal year ending June 30, 2008, each facility shall receive a rate that is two and nine-tenths per cent greater than the rate in effect for the period ending June 30, 2007, except any facility that would have been issued a lower rate effective July 1, 2007, than for the rate period ending June 30, 2007, due to interim rate status, or agreement with the department, shall be issued such lower rate effective July 1, 2007. For the fiscal year ending June 30, 2009, rates in effect for the period ending June 30, 2008, shall remain in effect until June 30, 2009, except any facility that would have been issued a lower rate for the fiscal year ending June 30, 2009, due to interim rate status or agreement with the department, shall be issued such lower rate. For the fiscal years ending June 30, 2010, and June 30, 2011, rates in effect for the period ending June 30, 2009, shall remain in effect until June 30, 2011, except any facility that would have been issued a lower rate for the fiscal year ending June 30, 2010, or the fiscal year ending June 30, 2011, due to interim rate status or agreement with the department, shall be issued such lower rate. For the fiscal year ending June 30, 2012, rates in effect for the period ending June 30, 2011, shall remain in effect until June 30, 2012, except any facility that would have been issued a lower rate for the fiscal year ending June 30, 2012, due to interim rate status or agreement with the department, shall be issued such lower rate. For the fiscal years ending June 30, 2014, and June 30, 2015, rates shall not exceed those in effect for the period ending June 30, 2013, except the rate paid to a facility may be higher than the rate paid to the facility for the period ending June 30, 2013, if a capital improvement approved by the Department of Developmental Services, in consultation with the Department of Social Services, for the health or safety of the residents was made to the facility during the fiscal year ending June 30, 2014, or June 30, 2015, to the extent such rate increases are within available appropriations. Any facility that would have been issued a lower rate for the fiscal year ending June 30, 2014, or the fiscal year ending June 30, 2015, due to interim rate status or agreement with the department, shall be issued such lower rate. For the fiscal years ending June 30, 2016, and June 30,

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2017, rates shall not exceed those in effect for the period ending June 30, 2015, except the rate paid to a facility may be higher than the rate paid to the facility for the period ending June 30, 2015, if a capital improvement approved by the Department of Developmental Services, in consultation with the Department of Social Services, for the health or safety of the residents was made to the facility during the fiscal year ending June 30, 2016, or June 30, 2017, to the extent such rate increases are within available appropriations. For the fiscal years ending June 30, 2016, and June 30, 2017, and each succeeding fiscal year, any facility that would have been issued a lower rate, due to interim rate status, a change in allowable fair rent or agreement with the department, shall be issued such lower rate. For the fiscal years ending June 30, 2018, and June 30, 2019, rates shall not exceed those in effect for the period ending June 30, 2017, except the rate paid to a facility may be higher than the rate paid to the facility for the period ending June 30, 2017, if a capital improvement approved by the Department of Developmental Services, in consultation with the Department of Social Services, for the health or safety of the residents was made to the facility during the fiscal year ending June 30, 2018, or June 30, 2019, only to the extent such rate increases are within available appropriations. For the fiscal years ending June 30, 2020, and June 30, 2021, rates shall not exceed those in effect for the fiscal year ending June 30, 2019, except the rate paid to a facility may be higher than the rate paid to the facility for the fiscal year ending June 30, 2019, if a capital improvement approved by the Department of Developmental Services, in consultation with the Department of Social Services, for the health or safety of the residents was made to the facility during the fiscal year ending June 30, 2020, or June 30, 2021, only to the extent such rate increases are within available appropriations. For the fiscal year ending June 30, 2022, rates shall not exceed those in effect for the fiscal year ending June 30, 2021, except the commissioner may, in the commissioner's discretion and within available appropriations, provide pro rata fair rent increases to facilities that have documented fair rent additions placed in service in the cost report year ending September 30, 2020, that are not otherwise included in rates issued. For the fiscal year ending June 30, 2023, rates

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1016 shall not exceed those in effect for the fiscal year ending June 30, 2022, 1017 except the commissioner may, in the commissioner's discretion and 1018 within available appropriations, provide pro rata fair rent increases to 1019 facilities which have documented fair rent additions placed in service 1020 in the cost report year ending September 30, 2021, that are not 1021 otherwise included in rates issued. For the fiscal years ending June 30, 1022 2022, and June 30, 2023, a facility may receive a rate increase for a 1023 capital improvement approved by the Department of Developmental 1024 Services, in consultation with the Department of Social Services, for the 1025 health or safety of the residents during the fiscal year ending June 30, 1026 2022, or June 30, 2023, only to the extent such rate increases are within 1027 available appropriations. For the fiscal years ending June 30, 2024, and 1028 June 30, 2025, a facility may receive a rate increase for a capital 1029 improvement approved by the Department of Developmental Services, 1030 in consultation with the Department of Social Services, for the health 1031 or safety of the residents during the fiscal year ending June 30, 2024, or 1032 June 30, 2025, only to the extent such rate increases are within available 1033 appropriations. Any facility that has a significant decrease in land and 1034 building costs shall receive a reduced rate to reflect such decrease in 1035 land and building costs. For the fiscal years ending June 30, 2012, June 1036 30, 2013, June 30, 2014, June 30, 2015, June 30, 2016, June 30, 2017, June 1037 30, 2018, June 30, 2019, June 30, 2020, June 30, 2021, June 30, 2022, [and] 1038 June 30, 2023, June 30, 2024, and June 30, 2025, the Commissioner of 1039 Social Services may provide fair rent increases to any facility that has 1040 undergone a material change in circumstances related to fair rent and 1041 has an approved certificate of need pursuant to section 17b-352, 17b-1042 353, 17b-354 or 17b-355. Notwithstanding the provisions of this section, 1043 Commissioner of Social Services may, within available 1044 appropriations, increase or decrease rates issued to intermediate care 1045 facilities for individuals with intellectual disabilities to reflect a 1046 reduction in available appropriations as provided in subsection (a) of 1047 this section. For the fiscal years ending June 30, 2014, and June 30, 1048 2015, the commissioner shall not consider rebasing in determining 1049 rates. Notwithstanding the provisions of this subsection, effective July 1050 1, 2021, and July 1, 2022, the commissioner shall, within available appropriations, increase rates for the purpose of wage and benefit enhancements for employees of intermediate care facilities. Facilities that receive a rate adjustment for the purpose of wage and benefit enhancements but do not provide increases in employee salaries as described in this subsection on or before July 31, 2021, and July 31, 2022, respectively, may be subject to a rate decrease in the same amount as the adjustment by the commissioner.

This act shall take effect as follows and shall amend the following sections:						
Section 1	from passage	38a-1084				
Sec. 2	from passage	17b-112				
Sec. 3	October 1, 2023	17b-191(c)				
Sec. 4	October 1, 2023	17b-601				
Sec. 5	July 1, 2023	17b-244(a)				
Sec. 6	July 1, 2023	17b-340(i)				
Sec. 7	July 1, 2023	17b-340(h)				

HS Joint Favorable Subst. C/R

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