



PA 21-148—sSB 955

Human Services Committee

AN ACT CONCERNING REVISIONS TO PROVISIONS OF THE GENERAL STATUTES AFFECTING THE DEPARTMENT OF SOCIAL SERVICES AND A STUDY OF PAYMENT PARITY FOR HUMAN SERVICES PROVIDERS

SUMMARY: This act limits participation in the state-funded Connecticut Home Care Program for Persons with Disabilities (see BACKGROUND) to those who are ineligible for Medicaid or Medicaid waivers (§ 8). It also expands the seven-member Statewide Health Information Exchange board of directors to include the Department of Social Services (DSS) commissioner, or her designee, as an ex-officio voting member (§ 9).

The act requires the DSS commissioner, in collaboration with the Mental Health and Addiction Services and Housing commissioners, to do the following:

1. study whether state-contracted human services providers receive disparate payment rates under programs they administer in different regions of the state and
2. report by November 1, 2021, on the rate study and any rate adjustment recommendations to the Appropriations, Housing, Human Services, and Public Health committees (§ 11).

For the study, “human services” includes (1) physical and behavioral health services and (2) housing and shelter services provided to homeless persons.

The act makes other various changes to the laws governing DSS. Specifically, it eliminates the following:

1. references to the state’s Weatherization Assistance Program from the annual Low-Income Home Energy Assistance Program reporting requirements (the Department of Energy and Environmental Protection now administers the program in partnership with community action agencies) (§ 1);
2. the requirement that DSS include a copy of the transcript of the cognizance committees’ review proceeding when submitting to the Centers for Medicare & Medicaid Services (a) a Medicaid waiver application or renewal or (b) certain proposed amendments to the Medicaid state plan (§ 2);
3. the requirement that DSS develop uniform regulations for licensing human services facilities, which the state auditors interpreted as requiring DSS to promulgate for these facilities regardless of whether they are within its purview (§ 3);
4. an outdated requirement that DSS, in collaboration with the Council on Medical Assistance Program Oversight, annually prepare a report, within available appropriations, that includes a comparison of the performance of

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- each Medicaid managed care organization and other member service delivery choices (managed care is no longer used by the state Medicaid program) (§ 4);
5. references to freestanding medical clinics from a provision on Medicaid rate adjustments based on cost reporting (these clinics are not paid via this method and are instead paid according to a fee schedule) (§ 5);
 6. the requirement that DSS adopt regulations to certify federally qualified health centers (the state Medicaid plan no longer uses this aspect of Medicaid managed care) (§ 6);
 7. the requirement that the Office of Child Support Services within DSS (a) establish, maintain, and periodically update a list of delinquent child support obligors and (b) publish, on the DSS website, a list of the 100 individuals with the highest delinquent child support obligations, which in practice DSS has never published (§ 10); and
 8. three obsolete statutes about an inactive Temporary Family Assistance client advisory board (CGS § 17b-184), a formulary for certain generic prescription drug costs that are now reimbursed according to federal regulations (CGS § 17b-274a), and a reporting requirement on employment opportunities and training for persons with disabilities (CGS § 17b-610) (§ 12).

The act additionally (1) replaces a reference to the Connecticut Law Journal, instead requiring DSS to post notices of its intent to adopt regulations regarding community health centers on its website and the eRegulations system, and (2) makes technical and conforming changes.

EFFECTIVE DATE: July 1, 2021, except the provisions about the Connecticut Home Care Program for Persons with Disabilities, Statewide Health Information Exchange board of directors, and human service provider rate study are effective upon passage.

BACKGROUND

Connecticut Home Care Program for Persons with Disabilities

Under existing law, this state-funded pilot serves up to 100 people with disabilities who are age 18 to 64, are inappropriately institutionalized or at risk of becoming so, and meet certain asset limits.