



General Assembly

January Session, 2025

Committee Bill No. 985

LCO No. 4940



Referred to Committee on HUMAN SERVICES

Introduced by:

(HS)

AN ACT CONCERNING LEGISLATIVE APPROVAL FOR CHANGES TO THE HUSKY HEALTH PROGRAM REIMBURSEMENT AND CARE DELIVERY MODEL.

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

1 Section 1. (NEW) (*Effective July 1, 2025*) (a) The Commissioner of
2 Social Services shall submit any proposal to change the fee-for-service
3 Medicaid payment model to a managed care payment model to the joint
4 standing committees of the General Assembly having cognizance of
5 matters relating to human services and appropriations and the budgets
6 of state agencies for approval, denial or modification before
7 implementing such change or seeking any necessary federal approval to
8 implement such change. Not later than sixty days after the date of their
9 receipt of such proposal, said joint standing committees shall hold a
10 public hearing on the proposal. Not later than thirty days before such
11 hearing, said joint standing committees shall inform the commissioner,
12 in writing, of the date and time of such hearing and invite the
13 commissioner to testify on the reasons for such proposal, including, but
14 not limited to, (1) any costs or benefits to the state, (2) the expected
15 impact on care provided to Medicaid recipients, and (3) the expected
16 impact on Medicaid reimbursements to providers of such care. At the

17 conclusion of such hearing, said joint standing committees shall advise
18 the commissioner of their approval, denial or modifications, if any, of
19 the commissioner's proposal. If said joint standing committees advise
20 the commissioner of their denial, the commissioner shall not implement
21 the proposal or seek any necessary federal approval to implement the
22 proposal.

23 (b) If said joint standing committees do not concur, the committee
24 chairpersons shall appoint a committee of conference, which shall be
25 composed of three members from each joint standing committee. At
26 least one member appointed from each joint standing committee shall
27 be a member of the minority party. The report of the committee of
28 conference shall be made to each joint standing committee, which shall
29 vote to accept or reject the report. The report of the committee of
30 conference may not be amended. If one joint standing committee rejects
31 the report of the committee of conference, the proposal shall be deemed
32 denied. If said joint standing committees accept the report, the
33 committee having cognizance of matters relating to appropriations and
34 the budgets of state agencies shall advise the commissioner of their
35 approval, denial or modifications, if any, of the commissioner's
36 proposal. If said joint standing committees do not so advise the
37 commissioner during the thirty-day period, the proposal shall be
38 deemed denied.

39 (c) Any application for a federal waiver, waiver renewal or proposed
40 Medicaid state plan amendment submitted to the federal government
41 by the commissioner to implement a proposal under subsection (a) of
42 this section shall be in accordance with the approval or modifications, if
43 any, of the joint standing committees of the General Assembly having
44 cognizance of matters relating to human services and appropriations
45 and the budgets of state agencies.

46 (d) Thirty days prior to submission of such proposal to said joint
47 standing committees pursuant to subsection (a) of this section, the
48 Commissioner of Social Services shall post a notice that the

49 commissioner intends to seek approval for such proposal on the
50 Department of Social Services' Internet web site, along with a summary
51 of the provisions of such proposal and the manner in which individuals
52 may submit comments. The commissioner shall allow thirty days for
53 written comments on such proposal and shall include all written
54 comments with the submission of such proposal to said joint standing
55 committees.

56 (e) The commissioner shall include with any application for federal
57 approval of such proposal: (1) Any written comments received pursuant
58 to subsection (d) of this section; and (2) any additional written
59 comments submitted to said joint standing committees at such
60 proceedings. Said joint standing committees shall transmit any such
61 materials to the commissioner for inclusion with any such application
62 for federal approval.

63 Sec. 2. Subsection (a) of section 17a-460c of the general statutes is
64 repealed and the following is substituted in lieu thereof (*Effective July 1,*
65 *2025*):

66 (a) The center, when authorized by the commissioner, may enter into
67 provider agreements and other contractual arrangements with the
68 Medicaid fee-for-service program and Medicare managed care plans,
69 governmental health plans, health maintenance organizations, health
70 insurance plans, employer and union health plans, preferred provider
71 organizations, physician-hospital organizations, managed care plans,
72 networks and other similar arrangements or plans offered by insurers,
73 third-party payers or other entities offering health care plans to their
74 members or employees and their dependents.

75 Sec. 3. Section 17b-28 of the general statutes is repealed and the
76 following is substituted in lieu thereof (*Effective July 1, 2025*):

77 (a) There is established a Council on Medical Assistance Program
78 Oversight which shall advise the Commissioner of Social Services on the
79 planning and implementation of the health care delivery system for the

80 HUSKY Health program. The council shall monitor planning and
81 implementation of matters related to Medicaid care management
82 initiatives including, but not limited to, (1) eligibility standards, (2)
83 benefits, (3) access, (4) quality assurance, (5) outcome measures, and (6)
84 the issuance of any request for proposal by the Department of Social
85 Services for utilization of an administrative services organization in
86 connection with such initiatives.

87 [(b) On or before June 30, 2011, the council shall be composed of the
88 chairpersons and ranking members of the joint standing committees of
89 the General Assembly having cognizance of matters relating to human
90 services, public health and appropriations and the budgets of state
91 agencies, or their designees; two members of the General Assembly, one
92 to be appointed by the president pro tempore of the Senate and one to
93 be appointed by the speaker of the House of Representatives; the
94 director of the Commission on Aging, or a designee; the director of the
95 Commission on Children, or a designee; a representative of each
96 organization that has been selected by the state to provide managed care
97 and a representative of a primary care case management provider, to be
98 appointed by the president pro tempore of the Senate; two
99 representatives of the insurance industry, to be appointed by the
100 speaker of the House of Representatives; two advocates for persons
101 receiving Medicaid, one to be appointed by the majority leader of the
102 Senate and one to be appointed by the minority leader of the Senate; one
103 advocate for persons with substance use disorders, to be appointed by
104 the majority leader of the House of Representatives; one advocate for
105 persons with psychiatric disabilities, to be appointed by the minority
106 leader of the House of Representatives; two advocates for the
107 Department of Children and Families foster families, one to be
108 appointed by the president pro tempore of the Senate and one to be
109 appointed by the speaker of the House of Representatives; two members
110 of the public who are currently recipients of Medicaid, one to be
111 appointed by the majority leader of the House of Representatives and
112 one to be appointed by the minority leader of the House of
113 Representatives; two representatives of the Department of Social

114 Services, to be appointed by the Commissioner of Social Services; two
115 representatives of the Department of Public Health, to be appointed by
116 the Commissioner of Public Health; two representatives of the
117 Department of Mental Health and Addiction Services, to be appointed
118 by the Commissioner of Mental Health and Addiction Services; two
119 representatives of the Department of Children and Families, to be
120 appointed by the Commissioner of Children and Families; two
121 representatives of the Office of Policy and Management, to be appointed
122 by the Secretary of the Office of Policy and Management; and one
123 representative of the office of the State Comptroller, to be appointed by
124 the State Comptroller.

125 (c) On and after October 31, 2017, the]

126 (b) The council shall be composed of the following members:

127 (1) The chairpersons and ranking members of the joint standing
128 committees of the General Assembly having cognizance of matters
129 relating to aging, human services, public health and appropriations and
130 the budgets of state agencies, or their designees;

131 (2) Five appointed by the speaker of the House of Representatives,
132 one of whom shall be a member of the General Assembly, one of whom
133 shall be a community provider of adult Medicaid health services, one of
134 whom shall be a recipient of Medicaid benefits for the aged, blind and
135 disabled or an advocate for such a recipient, one of whom shall be a
136 representative of the state's federally qualified health clinics and one of
137 whom shall be a member of the Connecticut Hospital Association;

138 (3) Five appointed by the president pro tempore of the Senate, one of
139 whom shall be a member of the General Assembly, one of whom shall
140 be a representative of the home health care industry, one of whom shall
141 be a primary care medical home provider, one of whom shall be an
142 advocate for Department of Children and Families foster families and
143 one of whom shall be a representative of the business community with
144 experience in cost efficiency management;

145 (4) Three appointed by the majority leader of the House of
146 Representatives, one of whom shall be an advocate for persons with
147 substance abuse disabilities, one of whom shall be a Medicaid dental
148 provider and one of whom shall be a representative of the for-profit
149 nursing home industry;

150 (5) Three appointed by the majority leader of the Senate, one of whom
151 shall be a representative of school-based health centers, one of whom
152 shall be a recipient of benefits under the HUSKY Health program and
153 one of whom shall be a physician who serves Medicaid clients;

154 (6) Three appointed by the minority leader of the House of
155 Representatives, one of whom shall be an advocate for persons with
156 disabilities, one of whom shall be a dually eligible Medicaid-Medicare
157 beneficiary or an advocate for such a beneficiary and one of whom shall
158 be a representative of the not-for-profit nursing home industry;

159 (7) Three appointed by the minority leader of the Senate, one of
160 whom shall be a low-income adult recipient of Medicaid benefits or an
161 advocate for such a recipient, one of whom shall be a representative of
162 hospitals and one of whom shall be a representative of the business
163 community with experience in cost efficiency management;

164 (8) The executive director of the Commission on Women, Children,
165 Seniors, Equity and Opportunity, or the executive director's designee;

166 (9) A member of the Commission on Women, Children, Seniors,
167 Equity and Opportunity, designated by the executive director of said
168 commission;

169 (10) A representative of the Long-Term Care Advisory Council;

170 (11) The Commissioners of Social Services, Children and Families,
171 Public Health, Developmental Services, Aging and Disability Services
172 and Mental Health and Addiction Services, or their designees, who shall
173 be ex-officio nonvoting members;

174 (12) The Comptroller, or the Comptroller's designee, who shall be an
175 ex-officio nonvoting member;

176 (13) The Secretary of the Office of Policy and Management, or the
177 secretary's designee, who shall be an ex-officio nonvoting member; and

178 (14) One representative of an administrative services organization
179 which contracts with the Department of Social Services in the
180 administration of the Medicaid program, who shall be a nonvoting
181 member.

182 [(d)] (c) The council shall choose a chairperson from among its
183 members. The Joint Committee on Legislative Management shall
184 provide administrative support to such chairperson.

185 [(e)] (d) The council shall monitor and make recommendations
186 concerning: (1) An enrollment process that ensures access for the
187 HUSKY Health program and effective outreach and client education for
188 said program; (2) available services comparable to those already in the
189 Medicaid state plan, including those guaranteed under the federal Early
190 and Periodic Screening, Diagnostic and Treatment Services Program
191 under 42 USC 1396d; (3) the sufficiency of accessible adult and child
192 primary care providers, specialty providers and hospitals in Medicaid
193 provider networks; (4) the sufficiency of provider rates to maintain the
194 Medicaid network of providers and service access; (5) funding and
195 agency personnel resources to guarantee timely access to services and
196 effective management of the Medicaid program; (6) participation in care
197 management programs including, but not limited to, medical home and
198 health home models by existing community Medicaid providers; (7) the
199 linguistic and cultural competency of providers and other program
200 facilitators and data on the provision of Medicaid linguistic translation
201 services; (8) program quality, including outcome measures and
202 continuous quality improvement initiatives that may include provider
203 quality performance incentives and performance targets for
204 administrative services organizations; (9) timely, accessible and
205 effective client grievance procedures; (10) coordination of the Medicaid

206 care management programs with state and federal health care reforms;
207 (11) eligibility levels for inclusion in the programs; (12) enrollee cost-
208 sharing provisions; (13) a benefit package for the HUSKY Health
209 program; (14) coordination of coverage continuity among Medicaid
210 programs and integration of care, including, but not limited to,
211 behavioral health, dental and pharmacy care provided through
212 programs administered by the Department of Social Services; and (15)
213 the need for program quality studies within the areas identified in this
214 section and the department's application for available grant funds for
215 such studies. The chairperson of the council shall ensure that sufficient
216 members of the council participate in the review of any contract entered
217 into by the Department of Social Services and an administrative services
218 organization.

219 [(f)] (e) The Commissioner of Social Services may, in consultation
220 with an educational institution, apply for any available funding,
221 including federal funding, to support Medicaid care management
222 programs.

223 [(g)] (f) The Commissioner of Social Services shall provide monthly
224 reports to the council on the matters described in subsection [(e)] (d) of
225 this section, including, but not limited to, policy changes and proposed
226 regulations that affect Medicaid health services. The commissioner shall
227 also provide the council with quarterly financial reports for each
228 covered Medicaid population which reports shall include a breakdown
229 of sums expended for each covered population.

230 [(h)] (g) The council shall biannually report on its activities and
231 progress to the General Assembly.

232 [(i)] (h) There is established, within the Council on Medical
233 Assistance Program Oversight, a standing subcommittee to study and
234 make recommendations to the council on children and adults who have
235 complex health care needs. The subcommittee shall consist of council
236 members appointed by the chairpersons of the council and other
237 individuals who shall serve for terms prescribed by the cochairpersons

238 to advise the council on specific needs of children and adults with
239 complex health care needs. For the purposes of completing the reports
240 required pursuant to subparagraphs (A) and (B) of this subsection, such
241 individuals shall include, but need not be limited to: (1) The Child
242 Advocate, or the Child Advocate's designee; (2) a family or child
243 advocate; (3) the executive director of the Council on Developmental
244 Disabilities, or the executive director's designee; (4) the executive
245 director of the Connecticut Association of Public School
246 Superintendents, or the executive director's designee; (5) an expert in
247 the diagnosis, evaluation, education and treatment of children and
248 young adults with developmental disabilities; and (6) the Healthcare
249 Advocate, or the Healthcare Advocate's designee. The subcommittee
250 shall submit the following reports, in accordance with section 11-4a to
251 the council, the Governor and the joint standing committees of the
252 General Assembly having cognizance of matters relating to children,
253 human services and public health regarding the efficacy of support
254 systems for children and young adults, not older than twenty-one years
255 of age, with developmental disabilities and with or without co-
256 occurring mental health conditions:

257 (A) Not later than July 1, 2017, recommendations including, but not
258 limited to: (i) Metrics for evaluating the quality of state-funded services
259 to such children and young adults that can be utilized by state agencies
260 that fund such services; (ii) statutory changes needed to promote
261 effective service delivery for such children and young adults and their
262 families; and (iii) any other changes needed to address gaps in services
263 identified by the subcommittee or council with respect to such children,
264 young adults and their families; and

265 (B) Not later than January 1, 2018, an assessment of: (i) Early
266 intervention services available to such children and young adults in this
267 state; (ii) the system of community-based services for such children and
268 young adults; (iii) the treatment provided by congregate care settings
269 that are operated privately or by the state and provide residential
270 supports and services to such children and young adults and how the

271 quality of care is measured; and (iv) how the state Department of
272 Education, local boards of education, the Department of Children and
273 Families, the Department of Developmental Services and other
274 appropriate agencies can work collaboratively to improve educational,
275 developmental, medical and behavioral health outcomes for such
276 children and young adults and reduce the number at risk of entering
277 institutional care. As used in this subsection, "developmental disability"
278 means a severe, chronic disability of an individual, as defined in 42 USC
279 15002, as amended from time to time.

280 Sec. 4. Section 17b-28h of the general statutes is repealed and the
281 following is substituted in lieu thereof (*Effective July 1, 2025*):

282 The Commissioner of Social Services may, to the extent permitted by
283 federal law, amend the Medicaid state plan to establish a pilot program
284 that serves not more than five hundred persons served by Oak Hill - The
285 Connecticut Institute for the Blind, Inc. who are eligible for Medicare
286 and who voluntarily agree to participate in the program. Such program
287 shall be designed to demonstrate the feasibility and cost effectiveness of
288 delivering comprehensive health insurance coverage [in a managed care
289 setting] to such persons. The commissioner may include medical
290 assistance services in the program not covered on October 5, 2009, in the
291 state medical assistance program or other modifications to the state
292 medical assistance program to encourage voluntary participation in the
293 pilot program.

294 Sec. 5. Subsection (b) of section 17b-90 of the general statutes is
295 repealed and the following is substituted in lieu thereof (*Effective July 1,*
296 *2025*):

297 (b) No person shall, except for purposes directly connected with the
298 administration of programs of the Department of Social Services and in
299 accordance with the regulations of the commissioner, solicit, disclose,
300 receive or make use of, or authorize, knowingly permit, participate in or
301 acquiesce in the use of, any list of the names of, or any information
302 concerning, persons applying for or receiving assistance from the

303 Department of Social Services or persons participating in a program
304 administered by said department, directly or indirectly derived from
305 the records, papers, files or communications of the state or its
306 subdivisions or agencies, or acquired in the course of the performance
307 of official duties. The Commissioner of Social Services shall disclose (1)
308 to any authorized representative of the Labor Commissioner such
309 information directly related to unemployment compensation,
310 administered pursuant to chapter 567 or information necessary for
311 implementation of sections 17b-112l, 17b-688b, 17b-688c and 17b-688h
312 and section 122 of public act 97-2 of the June 18 special session, (2) to
313 any authorized representative of the Commissioner of Mental Health
314 and Addiction Services any information necessary for the
315 implementation and operation of the basic needs supplement program,
316 (3) to any authorized representative of the Commissioner of
317 Administrative Services or the Commissioner of Emergency Services
318 and Public Protection such information as the Commissioner of Social
319 Services determines is directly related to and necessary for the
320 Department of Administrative Services or the Department of
321 Emergency Services and Public Protection for purposes of performing
322 their functions of collecting social services recoveries and overpayments
323 or amounts due as support in social services cases, investigating social
324 services fraud or locating absent parents of public assistance recipients,
325 (4) to any authorized representative of the Commissioner of Children
326 and Families necessary information concerning a child or the immediate
327 family of a child receiving services from the Department of Social
328 Services, including safety net services, if (A) the Commissioner of
329 Children and Families or the Commissioner of Social Services has
330 determined that imminent danger to such child's health, safety or
331 welfare exists to target the services of the family services programs
332 administered by the Department of Children and Families, or (B) the
333 Commissioner of Children and Families requires access to the federal
334 Parent Locator Service established pursuant to 42 USC 653 in order to
335 identify a parent or putative parent of a child, (5) to a town official or
336 other contractor or authorized representative of the Labor

337 Commissioner such information concerning an applicant for or a
338 recipient of assistance under state-administered general assistance
339 deemed necessary by the Commissioner of Social Services and the Labor
340 Commissioner to carry out their respective responsibilities to serve such
341 persons under the programs administered by the Labor Department
342 that are designed to serve applicants for or recipients of state-
343 administered general assistance, (6) to any authorized representative of
344 the Commissioner of Mental Health and Addiction Services for the
345 purposes of the behavioral health [managed care] program established
346 by section 17a-453, (7) to any authorized representative of the
347 Commissioner of Early Childhood to carry out his or her respective
348 responsibilities under the two-generational academic achievement and
349 workforce readiness initiative established pursuant to section 17b-112/
350 and programs that regulate child care services or youth camps, (8) to a
351 health insurance provider, in IV-D support cases, as defined in
352 subdivision (13) of subsection (b) of section 46b-231, information
353 concerning a child and the custodial parent of such child that is
354 necessary to enroll such child in a health insurance plan available
355 through such provider when the noncustodial parent of such child is
356 under court order to provide health insurance coverage but is unable to
357 provide such information, provided the Commissioner of Social
358 Services determines, after providing prior notice of the disclosure to
359 such custodial parent and an opportunity for such parent to object, that
360 such disclosure is in the best interests of the child, (9) to any authorized
361 representative of the Department of Correction, in IV-D support cases,
362 as defined in subdivision (13) of subsection (b) of section 46b-231,
363 information concerning noncustodial parents that is necessary to
364 identify inmates or parolees with IV-D support cases who may benefit
365 from Department of Correction educational, training, skill building,
366 work or rehabilitation programming that will significantly increase an
367 inmate's or parolee's ability to fulfill such inmate's support obligation,
368 (10) to any authorized representative of the Judicial Branch, in IV-D
369 support cases, as defined in subdivision (13) of subsection (b) of section
370 46b-231, information concerning noncustodial parents that is necessary

371 to: (A) Identify noncustodial parents with IV-D support cases who may
372 benefit from educational, training, skill building, work or rehabilitation
373 programming that will significantly increase such parent's ability to
374 fulfill such parent's support obligation, (B) assist in the administration
375 of the Title IV-D child support program, or (C) assist in the identification
376 of cases involving family violence, (11) to any authorized representative
377 of the State Treasurer, in IV-D support cases, as defined in subdivision
378 (13) of subsection (b) of section 46b-231, information that is necessary to
379 identify child support obligors who owe overdue child support prior to
380 the Treasurer's payment of such obligors' claim for any property
381 unclaimed or presumed abandoned under part III of chapter 32, (12) to
382 any authorized representative of the Secretary of the Office of Policy and
383 Management any information necessary for the implementation and
384 operation of the renters rebate program established by section 12-170d,
385 or (13) to any authorized representative of the Department of Aging and
386 Disability Services, or to an area agency on aging contracting with said
387 department to provide services under the elderly nutrition program,
388 information on persons enrolled in the supplemental nutrition
389 assistance program who have requested or been recommended to
390 receive elderly nutrition program services. No such representative shall
391 disclose any information obtained pursuant to this section, except as
392 specified in this section. Any applicant for assistance provided through
393 the Department of Social Services shall be notified that, if and when such
394 applicant receives benefits, the department will be providing law
395 enforcement officials with the address of such applicant upon the
396 request of any such official pursuant to section 17b-16a.

397 Sec. 6. Section 17b-265c of the general statutes is repealed and the
398 following is substituted in lieu thereof (*Effective July 1, 2025*):

399 The Commissioner of Social Services, to the extent permitted by
400 federal law, shall amend the Medicaid state plan to establish a pilot
401 program serving not more than five hundred elderly or disabled state
402 medical assistance recipients who are also eligible for Medicare and who
403 voluntarily opt to participate in the program. Such program shall

404 demonstrate the feasibility and cost effectiveness of delivering
405 comprehensive health insurance coverage [in a managed care setting] to
406 such recipients. The commissioner may include medical assistance
407 services in the pilot program not presently covered in the state medical
408 assistance program or other modifications to the state medical assistance
409 program to encourage voluntary participation in the pilot program.

410 Sec. 7. Section 17b-10a of the general statutes is repealed and the
411 following is substituted in lieu thereof (*Effective July 1, 2025*):

412 The Commissioner of Social Services, pursuant to section 17b-10, may
413 implement policies and procedures necessary to administer [section
414 17b-197, subsection (d) of section 17b-266, section] sections 17b-197, 17b-
415 280a and subsection (a) of section 17b-295, while in the process of
416 adopting such policies and procedures as regulation, provided the
417 commissioner prints notice of intent to adopt regulations on the
418 department's Internet web site and the eRegulations System not later
419 than twenty days after the date of implementation. Policies and
420 procedures implemented pursuant to this section shall be valid until the
421 time final regulations are adopted.

422 Sec. 8. Sections 17b-28b and 17b-266 of the general statutes are
423 repealed. (*Effective July 1, 2025*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2025</i>	New section
Sec. 2	<i>July 1, 2025</i>	17a-460c(a)
Sec. 3	<i>July 1, 2025</i>	17b-28
Sec. 4	<i>July 1, 2025</i>	17b-28h
Sec. 5	<i>July 1, 2025</i>	17b-90(b)
Sec. 6	<i>July 1, 2025</i>	17b-265c
Sec. 7	<i>July 1, 2025</i>	17b-10a
Sec. 8	<i>July 1, 2025</i>	Repealer section

Statement of Purpose:

To require legislative approval for changes to the HUSKY Health program reimbursement and care delivery model.

[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.]

Co-Sponsors: SEN. LOONEY, 11th Dist.

S.B. 985