

LTC at the LOB 6-29-11

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This document is intended to act as a quick reference tool to legislative items of interest and concern to older adults and individuals with disabilities. The bill list is selective and editorial comments concerning the content of the bills represent the opinion of the author.

Budget

Please see pages 29-33 (and blue notes throughout) for a brief summary of the DSS implementer, **Public Act 11-44 (6/13/11 Signed by Governor)**. Please note that the implementer has not yet been signed by the Governor, but is anticipated to be. See also, as applicable, notes in green on **P.A. 11-6**, the budget bill that was signed into law by the Governor on 5/4/11.

Issues of Interest and Concern:

To review the text of any bill noted below: 1) open <http://www.cga.ct.gov/>; 2) type in the bill number next to "Number" at top of screen, then click "GO".

Public Benefits

➤ Access/Eligibility Issues

Program	Bill #	Summary	Status
ConnPACE			
Sections 88-90 of P.A. 11-44 phase out ConnPACE for all participants other than those who do not qualify for Medicare or Medicaid	CB128 Looney	Seeks to restore continuous open enrollment for ConnPACE [enrollment is currently limited to the Medicare D open enrollment period (November 15 – December 31)]	This bill was not acted upon prior to the end of the session.
State-Funded Home Care			
CHCPE	RSB775 Aging	Seeks, effective July 1, 2011, to change the asset eligibility limits for the state-funded tiers of the CHCPE from the current rule, which ties asset eligibility for individuals to 150% of the Community Spouse Protected Amount (CSPA) and for couples to 200% of the CSPA, to \$75,000 for an individual and \$100,000 for a couple	This bill was not acted upon prior to the end of the session.

Program	Bill #	Summary	Status
Statewide Respite Program	RSB774 Aging	Seeks to increase the income eligibility limits for the program from \$41,000 to \$50,000	This bill was not acted upon prior to the committee deadline
Medicaid			
	PSB9 Looney	Seeks to increase the Medicaid income eligibility level by an unspecified amount	This bill was not acted upon prior to the committee deadline
Section 178 of P.A. 11-44 repeals use of the maximum CSPA and reverts to use of the minimum CSPA	PSB670	Seeks to require that the spouse of an institutionalized person who is applying for Medicaid receive, for not less than five years, the maximum Community Spouse Protected Amount	This bill was not acted upon prior to the committee deadline
	RSB973 Aging Senate Amendment Schedule A added a section to the bill seeking to require DSS to make its own determinations of whether an individual is, for purposes of a special needs trust, disabled as opposed to requiring the individual to apply for Social Security disability benefits or disability determination	Seeks to: 1) define "undue hardship" as "when (i) the life or health of an applicant would be endangered by the deprivation of medical care, or the applicant would be deprived of food, clothing, shelter or other necessities of life, (ii) the applicant is otherwise eligible for medical assistance under section 17b-261 but for the imposition of the penalty period, (iii) if the applicant is receiving long-term care [LTC] services at the time of the imposition of a penalty period, the provider of LTC services has notified the applicant that such provider intends to discharge or to discontinue providing LTC services because of nonpayment, (iv) if the applicant is not receiving LTC services and a provider of services has refused to provide such LTC services due to lack of a payment source; and (v) no other person or organization is willing and able to provide LTC services to the applicant." ; 2) mirror language from C.G.S.A. Section 17b-261a(c) regarding situations in which the penalty period can be waived by reason of the applicant's dementia or having been exploited; 3) to require DSS to issue a preliminary notice to the applicant for Title XIX benefits of its intent to deny benefits based on transfer of assets, informing the applicant of his or her right	Aging 6/28/11 P.A. 11-176 6/8/11 House passed as amended by Senate Amendment Schedules A&B 6/3/11 Senate passed as amended by Senate Amendment Schedules A&B

Program	Bill #	Summary	Status
Medicaid (cont.)			
	RSB973 Aging (continued)	to rebut the presumption that the transfer was made for the purposes of qualifying or to claim undue hardship; 4) to give the applicant an initial 15-day period within which to respond, and to mandate that DSS grant one extension upon request (and also, if "reasonable", grant additional extensions); 5) state that failure to claim undue hardship at this stage does not foreclose making a claim by hearing; 6) require DSS to provide an interim notice of determination not later than 10 days after the applicant files the claim; 7) require DSS to provide a final decision along with the determination of Medicaid eligibility; 8) where a provider issues notice of intent to refuse to provide or to discontinue services due to a penalty period, gives the applicant 60 days to file an undue hardship claim; 9) permits a nursing facility to request an extension of time to claim undue hardship if: a) the applicant is receiving long-term care in the nursing facility; b) the applicant has no legal representative; and c) the nursing facility provides certification from a physician that the applicant is according to Connecticut statutory standards for conservatorship of the person and/or of the estate incapable of caring or him or herself or incapable of managing his or her affairs; and 10) if these conditions are satisfied, requires DSS to grant an extension of time to permit a representative to be appointed for purposes of filing an undue hardship claim.	

Program	Bill #	Summary	Status
Medicaid (cont.)			
	RHB6480 Veterans' Affairs	Seeks to 1) require the Commissioners of Veterans' Affairs, DMHAS and DSS to enter into an MOU for information sharing to assess eligibility of veterans for federal VA medical benefits; 2) provide procedural guidelines for making inter-departmental referrals; 3) charge Veterans' Affairs with conducting a study on use of (d)(4) trusts on behalf of veterans; and 4) require DSS to amend its Medicaid application to solicit information on veteran status and on receipt of VA medical benefits	This bill was not acted upon prior to the committee deadline
Single Point of Entry			
See also: Sections 309 and 310 of RSB1059 (GAE)	RHB6611	Seeks to authorize BRS and the DSS Aging Services Division to establish a statewide single point of entry system	This bill was not acted upon prior to the committee deadline
SNAP			
	CB5434 Walker Harp Tercyak Becker	Seeks to require outplacement of DSS workers to various sites in communities to assist in enrolling individuals for SNAP and to maintain sufficient census of DSS employees to timely and accurately process applications	This bill was not acted upon prior to the committee deadline
DDS services			
	PSB542 Kane	Seeks to include autism spectrum disorders within the definition of "developmental disabilities" that is used by DDS	This bill was not acted upon prior to the committee deadline
Rent rebate			
	CHB5591 Megna Looney	Seeks to extend the period during which municipalities can receive rent rebate applications to April 1 to October 1	This bill was not acted upon prior to the end of the session.

➤ **Scope of Coverage**

Program	Bill #	Summary	Status
State-Funded Home Care			
	PSB618 Kelly	Seeks to increase funding for home care and providers of service to older adults and those with Alzheimer's disease	Aging This bill was not acted upon prior to the committee deadline

Program	Bill #	Summary	Status
State-Funded Home Care (cont.)			
	CB620 Kelly	Seeks to establish a task force to examine "aging in place", to include developing recommendations for 1) infrastructure and transportation; 2) zoning changes; 3) enhanced nutrition programs; 4) improved protections against fraud and abuse; 5) expansion of home medical care options; 6) tax incentives; and 7) incentives for purchase of private insurance	This bill was not acted upon prior to the end of the session.
Medicaid			
Section 85 of P.A. 11-44 restores podiatry service	CB103 Human Services	Seeks to require DSS to amend the Medicaid state plan to cover podiatry not later than 10/1/11	This bill was not acted upon prior to the committee deadline
See Section 47(b) of SB 1230 and Sections 106-107 of P.A. 11-44 for details of coverage	RHB6550 Human Services	Seeks to provide Medicaid coverage of smoking cessation (Rx and counseling), not to exceed 2x/year, effective 7/1/11	This bill was not acted upon prior to the committee deadline
	PSB292 Kane	Seeks to require DSS to apply for a Medicaid waiver to support screening, diagnosis and treatment of developmental disabilities for indivs with autism	This bill was not acted upon prior to the committee deadline
	CHB5893 Bacchiochi	Seeks to require that DSS amend the ABI waiver to permit serving individuals who have been waitlisted for two years or longer	This bill was not acted upon prior to the end of the session.
	RHB6359 Human Services	Seeks to permit individuals age 21-25 who were in foster care under the supervision of DCF on or after their 18 th birthdays to continue to receive Medicaid	This bill was not acted upon prior to the committee deadline
Money Follows the Person (MFP)			
But see also: Section 110 of P.A. 11-4, which permits DSS to pursue various ACA initiatives including State Balancing Incentives Program	CB297 Musto	Substitute language removes sections that sought to universalize the waivers and leaves only 1) authorization to file a 1915(i) CHCPE state plan amendment; and 2) a requirement that DSS submit a State Balancing Incentives Program application	This bill was not acted upon prior to the end of the session.
	PHB6230 O'Neill	Seeks to 1) require DSS by July 1, 2011 to submit a plan for implementation of MFP II to Human Services and Approps	This bill was not acted upon prior to the committee deadline

Program	Bill #	Summary	Status
Assisted Living Pilot			
	RHB5499 Aging	Seeks to increase the participation cap for the assisted living pilot, which assists individuals who have spent down resources while residing in a managed residential community (MRC), from 75 to 150	This bill was not acted upon prior to the committee deadline
Nutrition			
	PSB194 Kelly	Seeks to identify General Fund accounts that may be reduced or eliminated to increase funding for nutrition assistance and other services for older adults	This bill was not acted upon prior to the committee deadline
Transportation			
	CB5945 Carter	Seeks to give older adults who donate their cars to qualified non-profits a voucher for a year of free service on state-owned mass transit	This bill was not acted upon prior to the committee deadline
	CB713 Witkos	Seeks to waive the fee for state ID cards for older adults who have given up their drivers' licenses	This bill was not acted upon prior to the committee deadline
Nursing Facilities			
	PHB5638 Sayers	Seeks to establish a pilot program through which additional supports may be provided to residents of residential care homes to permit them to remain in place	This bill was not acted upon prior to the committee deadline
	P.A. 11-40	Permits qualified infusion nurses to initiate and terminate peripherally-inserted central catheter line procedures for residents of LTC facilities	Public Health 6/3/11 Signed by Governor Effective 10/1/11
Insurance Coverage			
	CB20 Insurance	Seeks to require insurance policies to cover hearing aids as DME subject to a benefit limit of \$1,000 each 24-month period for individuals age 55 – 64	This bill was not acted upon prior to the committee deadline

➤ **Terms of Participation**

Program	Bill #	Summary	Status
CHCPE			
Section 86 of P.A. 11-44 increases the cost share that is required by participants of Levels 1 & 2 of the CHCPE from 6% to 7% of their monthly care plans	PHB6155	To reduce the cost-sharing requirement for participants of the state-funded tiers (Levels 1 & 2) of the CHCPE from 6 to 4%	This bill was not acted upon prior to the committee deadline
Medicaid			
	RHB6356 Human Services	Seeks to clarify that DSS must notify any person who may be liable for re-payment of benefits either within 30 days after an individual is determined to be eligible, or within 30 days after DSS identifies such person as potentially liable	Human Services 6/24/11 Transmitted to Secretary of State 6/21/11 Public Act 11-122 6/7/11 Senate passed 5/17/11 House passed
	PHB6168 Baram	Seeks to expand the state's right of recovery for medical assistance benefits paid to include claims against life uses	This bill was not acted upon prior to the committee deadline
	CB5436 Sayers	Seeks to require nursing facilities to return expired or unused prescription drugs to a central repository for re-dispensing	This bill was not acted upon prior to the committee deadline
	RHB6360 Human Services	Seeks to require written notice to 1) the participant within 24 hours where there is an electronic denial of all or part of a prescription drug fill, identifying a) the drug; b) the reason for denial; c) the regulatory basis; d) right to hearing; and e) contingency options for filling the drug; and 2) the provider within 2 days, if relevant, describing prior authorization requirements	This bill was not acted upon prior to the end of the session.
Note that OLR states that this would potentially be in violation of 42 USC 1395ss(d)(3)(B)(iii)(III)	CB5429 Luxenberg	Seeks to permit persons eligible for QMB to purchase or switch Medigap policies	This bill was not acted upon prior to the end of the session.
Insurance			
	RHB6349 Aging	Seeks to prohibit insurers from limiting Rx re-fills when a clinician is synchronizing multiple fills for persons with chronic illness	This bill was not acted upon prior to the end of the session.

➤ **Funding**

Program	Bill #	Summary	Status
ConnPACE/ Medicare Savings Programs			
Sections 88-90 of P.A. 11-44 phase out ConnPACE for all participants other than those who do not qualify for Medicare or Medicaid	PSB617 Kelly	Seeks to maintain or increase funding levels for ConnPACE in SFY'11 (the current year)	This bill was not acted upon prior to the committee deadline
	PSB667 Kelly	Seeks to maintain or increase funding for the Medicare Savings Programs (MSP) and ConnPACE Plus (the enhanced income eligibility levels for the MSP)	This bill was not acted upon prior to the committee deadline
Transportation			
	PSB619 Kelly	Seeks to maintain or increase funding for Dial-a-Ride in SFY'11 (the current year)	This bill was not acted upon prior to the committee deadline
	CB700 Kelly	Seeks to restore \$5 m. in funding for the state matching grant program for municipal and dial-a-ride programs	This bill was not acted upon prior to the committee deadline
Re-Balancing			
Please note that the Connecticut Long-Term Care Plan already establishes benchmarks for re-balancing	PSB669 Kelly	Seeks to require DSS to develop and implement a plan to shift resources toward home care services for older adults	This bill was not acted upon prior to the committee deadline
Re-Balancing			
Please note that the Connecticut Long-Term Care Plan already establishes benchmarks for re-balancing See also: Section 311 of RSB1059	PSB680 Kelly	Seeks to require DPH, in consultation with DSS, to develop a plan to increase the percentage of older adults receiving care at home, with an ultimate goal of serving 75% of such individuals at home by 2015	This bill was not acted upon prior to the committee deadline

Consumer Protections

Setting	Bill #	Summary	Status
Community			
Rx	PHB5012 Rose	Seeks to require pharmacies 1) to properly dispose of unusable prescriptions; and 2) to educate consumers on proper disposal	This bill was not acted upon prior to the committee deadline

Setting	Bill #	Summary	Status
Community (cont.)			
Kin Caregivers	RB6281 Children	Seeks, where a Superior Court is being asked by a grandparent to grant visitation rights with a minor child, to require that the court grant an order if the grandparent establishes by clear and convincing evidence that 1) visitation is in the best interest of the child; 2) the parent of the child is deceased; 3) the grandparent's relationship with the child has been parental and 4) the child will suffer harm if visitation is not granted	This bill was not acted upon prior to the committee deadline
	RHB6453 Aging	A strike-all amendment replaced the original language and establishes a task force to study visitation rights for grandparents	6/28/11 Special Act 11-12 6/8/11 Senate passed as amended by House Amendment Schedule A 6/1/11 House passed as amended by House Amendment Schedule A
	RHB6336 Children	Seeks to 1) require DCF to report to a Superior Court regarding the appropriateness of a placement with a relative; 2) convene a working group to determine how to maximize such placements; and 3) permit DCF to waive the standard concerning separate bedrooms in placing children with relatives	Children 6/24/11 Transmitted to Secretary of State of CT 6/21/11 Public Act 11-116 6/8/11 Senate passed 5/25/11 House passed
	RSB844 Children	Seeks to adopt a foster parent bill of rights, addressing notice, referrals to services, timeliness, and information sharing	This bill was not acted upon prior to the end of the session.
	RHB6442	Seeks to amend the procedures by which guardians are appointed	This bill was not acted upon prior to the end of the session.

Setting	Bill #	Summary	Status
Community (cont.)			
Kin Caregivers (cont.)			
	CB5120 Children	Seeks to establish a working group to study options for postsecondary education assistance for children adopted through or placed with relative caregivers by DCF	This bill was not acted upon prior to the end of the session.
	RHB6348 Aging	Seeks to grant nonparent caretaker relatives who are legal guardians a TFA benefit equal to 75% of the prevailing DCF rate	This bill was not acted upon prior to the committee deadline
	RHB6227 Children	Proposes, among other amendments, to remove the requirement that a related child have been in foster care for at least 18 months before a relative caregiver who is receiving a guardianship subsidy for a child can also receive a subsidy for a related child	Children 6/24/11 Transmitted to Secretary of State 6/21/11 Public Act 11-105 6/7/11 Senate passed 5/19/11 House passed
Housing			
	PSB683 Kelly <i>See also: PHB6106 Lesser</i>	Seeks to authorize municipal zoning commissions to amend regulations to facilitate construction of accessory apartments and home modifications	This bill was not acted upon prior to the committee deadline
	PHB5031 D'Amelio	Seeks to amend the statutes to increase the maximum security deposit that a landlord can charge from 2 to 3 months' rent	This bill was not acted upon prior to the committee deadline
	PHB5892 Giuliano	Seeks to require landlords to pay interest on security deposits at the standard savings interest rate for Connecticut banks	This bill was not acted upon prior to the committee deadline
	PHB5080 D'Amelio	Seeks to amend the summary process for eviction to expedite the process where there has been a continuous breach of an occupancy limit	This bill was not acted upon prior to the committee deadline
	RHB6361 Human Services	Seeks to require 1) that court clerks append to notices of eviction a description of DSS and private sources of housing assistance; and 2) DSS to produce such notice	This bill was not acted upon prior to the committee deadline

Setting	Bill #	Summary	Status
Housing (cont.)			
	CB139 Gugliemo	Seeks to 1) establish a "senior citizen bill of rights" (addressing rights to respect, communication, participation, exercise of liberties, association, and grievance) in elderly housing and senior centers; 2) to require elderly housing and congregate sites, where feasible, to permit gardening	This bill was not acted upon prior to the end of the session.
	RSB1047 Planning & Development	Seeks to make amendments to various statutes concerning housing, including, among others, provisions that would 1) expand the list of entities that are authorized to hire residential service coordinators to include housing partnerships; and 2) permit DECD to include in its registry of accessible housing information dates on which wait lists are expected to open	Planning & Development 6/28/11 Public Act 11-168 6/8/11 House passed 5/12/11 Senate passed
See also: Section 55 of SB1239 (supportive housing for 160 individuals/families)	CB6052 Ayala	Seeks to permit DECD with CHFA to establish a program to require any project built or rehabbed on or after October 1, 2011 to set aside up to 15% of units as affordable housing for homeless individuals	This bill was not acted upon prior to the end of the session.
	RSB852 Public Health	Seeks to clarify the role of DMHAS with respect to issuing RFP's for and offering supportive housing to individuals with special needs and those at risk homelessness	Public Health 6/16/11 Transmitted to Secretary of State 6/14 Public Act 11-64 6/7/11 House passed 5/20/11 Senate passed
	PHB5029 Miller	To require that not less than 10% of affordable housing units comply with the ADA	This bill was not acted upon prior to the committee deadline
Accessibility	PSB389 Bye	Seeks to require all state-owned buildings to comply with the ADA no later than July 1, 2018	This bill was not acted upon prior to the committee deadline
	RHB6259 Veterans	Seeks to waive the fee that is charged for a state identification card for individuals who are both veterans and blind	Veterans 6/28/11 Public Act 11-197 6/8/11 Senate passed 5/24/11 House passed
	PHB5952 Lavielle	Seeks to require that parking permits for individuals with disabilities feature a photograph of the permit holder	This bill was not acted upon prior to the committee deadline

Setting	Bill #	Summary	Status
Accessibility (cont.)			
	PHB6190 Candelora	Seeks to suspend for two weeks the license of any individual who parks without authorization in an accessible parking space	This bill was not acted upon prior to the committee deadline
	CB720 Bye	Seeks to establish 1) a class of "vulnerable users of a public way" to include various categories of individuals including individuals who use wheelchairs or motorized chairs; and 2) require that drivers who fail to exercise reasonable care and inflict serious physical injury or death to a vulnerable user attend an operator's re-training course, perform community service and pay a fine of not more than \$5,000	This bill was not acted upon prior to the end of the session.
	P.A. 11-3	Effective on or before 7/1/12, requires that the VA post a list of federal, state and veterans' service organization benefits and services that are available to veterans	Veterans 5/9/11 Signed by Governor Effective on or before 7/1/12
	CB5978 Nafis Doyle	Seeks to grant automatic absentee ballot status to individuals who are "permanently disabled"	This bill was not acted upon prior to the committee deadline
Fraud and Abuse	RSB365 Aging	Substitute language seeks 1) to make it a class A misdemeanor to A) wilfully make a fraudulent or malicious elder abuse report, (B) conspire with another person to make such a report, or (C) wilfully testify falsely in any administrative or judicial proceeding; 2) to prohibit DSS from interviewing an elderly victim of alleged abuse alone as part of an investigation if a doctor who has examined the individual within 30 days prior or after the date on which DSS receives the report states in writing that is medically contraindicated; and 3) eliminates an exception from immunity for bad faith and malicious elder abuse reports	Aging 6/28/11 Public Act 11-224 6/8/11 House passed as amended by Senate Amendment Schedule A 6/2/11 Senate passed as amended by Senate Amendment Schedule A

Setting	Bill #	Summary	Status
Fraud and Abuse (cont.)			
	PSB779 Markley	Seeks to make it a class C felony for an employee to assault a person with a disability, and a class D felony for an employee of a group home to bully a resident	This bill was not acted upon prior to the committee deadline
	P.A. 11-26	Expands the circumstances under which DDS releases its abuse and neglect registry to include requests from charitable organizations that recruit volunteers to work with individuals with intellectual disabilities	Public Health 6/3/11 Signed by Governor Effective from passage
	RSB1108 Aging	Amendment language seeks to 1) prohibit individuals on registries from entering senior centers, senior housing and congregate sites except a) where they are residents; b) where they are visiting relatives or c) as approved by parole or probation officers or the local chief of police; but to permit such persons to enter a senior center for purposes of participating in an activity not sponsored by the senior center, such as an election	This bill was not acted upon prior to the end of the session.
Utilities	PHB5207 O'Neill	Seeks to require the DPUC to consider a special electricity rate for individuals age 55 and older who heat with electricity	This bill was not acted upon prior to the committee deadline
	PHB5504 O'Brien See also: PHB5841 Tong	Seeks to prohibit utility companies from terminating service to a residential customer whose household includes either a person age 65 and older or a person under the age of 18	This bill was not acted upon prior to the committee deadline
Probate			
	RSB1055 Judiciary	Seeks to modify the statute section regarding advance disposition of remains to 1) prohibit an individual who has custody and control of another person's remains from knowingly disposing of the body in a manner that is inconsistent with the deceased's wishes unless a) the instructions are not reasonable; or b) carrying out the instructions would cause	This bill was not acted upon prior to the committee deadline

Setting	Bill #	Summary	Status
Probate (cont.)			
	RSB1055 Judiciary (cont.)	economic hardship to the individual; 2) clarify procedures for situations in which there is no written designation and there are multiple members of various classes of next-of-kin (e.g. adult children); 3) disqualify an individual who has been convicted of manslaughter or murder of an individual from having custody and control of that individual's remains; 4) require an individual who signs a cremation authorization to attest to his or her right of custody and control over the body; and 5) hold harmless funeral directors from relying upon representative	
	RSB1057 Judiciary	Seeks to expand the permissible duties of a conservator of person to include authority to draft an advance disposition of remains for the conserved person	This bill was not acted upon prior to the end of the session.
	PHB5575 Altobello	Seeks to require judges presiding over family matters to offer to appoint a guardian ad litem for any minor child or adult with a disability	This bill was not acted upon prior to the committee deadline
See also: RHB6647 (Judiciary)	PHB5573 Altobello	Seeks to require judges to appoint a guardian ad litem for any individual with a disability	This bill was not acted upon prior to the committee deadline
	PSB729 Kelly	Seeks to permit courts to appoint a guardian ad litem for a minor with a beneficial interest in an irrevocable trust, who shall have limited powers	This bill was not acted upon prior to the committee deadline
	PHB5571 Altobello	Seeks to require courts to post notices regarding the rights of individuals with disabilities and to permit individuals to identify a disability on court forms	This bill was not acted upon prior to the committee deadline
See also: HB6278 and HB6279 on p. 27	RHB6440 Judiciary	Seeks to 1) permit an application for guardianship of an individual with an intellectual disability to be filed 180 days prior to his or her 18 th birthday, with an effective date of the birth date; and 2) substitute the term "intellectual disability" throughout various statutes	Judiciary 6/24/11 Transmitted to Secretary of State 6/21/11 P.A. 11-129 6/7/11 Senate passed as amended by House Amendment Schedule A 5/19/11 House passed as amended by House Amendment Schedule

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Setting	Bill #	Summary	Status
Probate (cont.)			
	RHB6439 Judiciary	Seeks to revise the procedures for filing a writ of habeas corpus	This bill was not acted upon prior to the end of the session.
	PHB6092 Sawyer RHB6435	Seeks to require probate court judges to include a specified notice concerning rights of appeal in each written decision that is subject to appeal Unless otherwise provided by law, seeks to require probate courts to provide a required notice of right of appeal to Superior Court with all written orders, denials and decrees	This bill was not acted upon prior to the committee deadline This bill was not acted upon prior to the committee deadline
	RHB6441 Judiciary	Seeks to adopt the UTC	This bill was not acted upon prior to the committee deadline
	RH1053 Judiciary	Seeks to adopt the Connecticut Uniform Adult Protective Proceedings Jurisdiction Act	This bill was not acted upon prior to the end of the session.
Funeral Contracts	RHB6300 General Law	Seeks to 1) include in the definition of "funeral contract", "the partial, collateral, or complete assignment of the ownership of a life insurance policy or naming of a funeral home as beneficiary of an existing life insurance policy"; 2) to permit assignment of a life insurance contract with a cash value in excess of \$5,400 if a) the beneficiary of the contract is a Medicaid beneficiary at the time of death and the amount in excess of \$5,400 is remitted within 30 days of receipt to the State Treasurer; or b) the beneficiary of the contract is not a Medicaid beneficiary at the time of death, and the amount in excess of \$5,400 paid by reason of the death of the beneficiary is remitted within 30 days of receipt to the estate of the beneficiary of the contract; and 3) to permit the individual who is "in charge of" the funeral arrangements for the beneficiary to transfer the contract	This bill was not acted upon prior to the committee deadline

Setting	Bill #	Summary	Status
Insurance	PSB672 Kelly	Seeks to require that all health insurance policies that are issued out of state and provide specified benefits include coverage for the treatment of autism spectrum disorders	This bill was not acted upon prior to the committee deadline
	RSB877 Insurance	Seeks to require group health insurance policies that provide certain coverage to comply with the federal Mental Health Parity Act	This bill was not acted upon prior to the end of the session.
	CB469 Kelly	Seeks to require clear disclosures at the time of solicitation or application for purchase or sale of long-term care insurance policies of the potential for premium increases and risk of cancellation due to non-payment of premiums	This bill was not acted upon prior to the end of the session.
See also: RSB1153, which seeks to establish a task force on this issue	PSB671 Kelly	Seeks to permit individuals who hold life insurance policies or annuity contracts to convert the same to long-term care policies	This bill was not acted upon prior to the committee deadline
Hospital			
	CB24 Prague	Seeks to require that the DPH study and by 1/1/12 submit a report to the joint standing committees on the admissions procedures used by hospitals that have engaged in care and treatment of a Medicare recipient for more than 24 hours	This bill was not acted upon prior to the committee deadline
	CB5324 Ritter Wright Mikutel	Seeks to prohibit hospitals from including a copy of a patient's driver's license in his or her medical record	This bill was not acted upon prior to the committee deadline
Residential Care Homes			
	PHB5625 Sayers	Seeks to require that operators of RCH's ensure that an RN consultant is on-site for a minimum of five hours per month to monitor and supervise unlicensed personnel in administering medication [unlicensed personnel are currently authorized to administer specified meds]	This bill was not acted upon prior to the committee deadline
See also RHB6551, which seeks to suspend these policies and procedures	PHB5627 Sayers	Seeks to require that DPH adopt regulations governing administration of medications in RCH's, as opposed to the current practice of policies and procedures	This bill was not acted upon prior to the committee deadline

Setting	Bill #	Summary	Status
Nursing Facilities			
	RHB6552 Human Services	Seeks: 1) to re-define the term "transfer" to mean movement from one facility to another facility or institution, including, but not limited to, a hospital, in which facility or institution a resident is either admitted or receives care for 24 hours or more; 2) to define the term "self-pay resident" as an individual who is not receiving state or municipal assistance in payment, and to exclude from such definition an individual who has submitted an application for Medicaid coverage to DSS, is pending eligibility determination, and has timely responded to DSS' information requests; 3) to define the term "emergency" as a situation in which failure to effect an immediate transfer or discharge would endanger the health, safety or welfare of the involved resident or other residents; 4) to replace the term "patient" with "resident" throughout; 5) to require that notices of transfer or discharge make reference to the possibility of exception for good cause to the appeal period; 6) to extend the appeal period to 60 calendar days after the facility issues notice of a proposed transfer or discharge, and to require that an individual appeal within 10 days of receipt of the notice, or show good cause for having failed to do so, in order to stay the transfer or discharge; 7) except in the case of an emergency, to require DSS to hold a hearing on the merits of the proposed transfer or discharge and to issue a written decision on the hearing not later than 30 (decreased from 60) days of the date on which the hearing terminates or not later than 60 days from the hearing request, whichever occurs sooner; 8) in an emergency, to provide that a resident must	Human Services 6/29/11 Public Act 11-236 6/8/11 Senate passed as amended by House Amendment Schedule A 6/4/11 House passed as amended by House Amendment Schedule A
	House Amendment Schedule A appends to the bill a big new section on financial audits of nursing homes		

Setting	Bill #	Summary	Status
Nursing Facilities (cont.)	RHB6552 Human Services (cont.)	<p> appeal not later than 20 days after the transfer or discharge, unless good cause is shown for the delay, and to require that DSS hold a hearing within 15 days of receiving the request and release its decision not later than 30 days after the date on which the hearing record is closed; 9) where DSS finds that a transfer or discharge occurred in violation of the law, to require the nursing facility to readmit the resident to a semi-private, or if medically necessary a private, bed regardless of whether the resident has been placed elsewhere or is waiting for a bed; 10) to require DSS' hearing decision to be copied to the resident and his/her legal representatives; 11) where a resident receives notice from DSS asserting that he or she is no longer in need of nursing home level of care, to provide that he or she may request a hearing and that if the hearing is requested prior to the date on which Medicaid coverage will end, that coverage be stayed pending a hearing; 12) that DSS be required to consolidate hearings where a resident is contesting both termination of Medicaid coverage and a notice of transfer or discharge; 13) to amend bedhold requirements in situations in which the resident has exceeded the reserve period to require that upon notice from a hospital that the resident is medically ready for discharge, the nursing facility provide the resident with the first available semi-private, or if medically necessary private, bed; 14) where DSS finds that a facility refused a resident readmission in violation of the law, to provide that the resident retains the right to be readmitted to the facility </p>	

Setting	Bill #	Summary	Status
Nursing Facilities (cont.)	RHB6552 Human Services (cont.)	regardless of whether he or she has accepted placement in another facility; 15) where a nursing facility has received notice from a hospital that a resident is medically ready for discharge, but the facility has concerns about its ability to meet the resident's care needs or regards the resident as a danger to him or herself or others, to require that the nursing facility consult as soon as is practicable but not later than 3 days after the nursing facility requests with the hospital, the resident and his/her legal representatives to develop a plan of care and readmission date; to require that the resident's wishes and the hospital's recommendations be incorporated into the planning process; to require that the resident's bed be reserved until completion of the consult; and to require the hospital to participate and to disclose medical records in support of the consult; 16) to limit the nursing facility's right to refuse to re-admit a resident to situations in which a) it cannot meet the resident's care needs; b) the resident no longer needs a nursing facility level of care because of improvement in his or her condition; or c) the health or safety of the resident or others would be endangered; 17) in situations in which the nursing facility is refusing to re-admit a resident, to require the facility to notify the resident, his or her legal representatives and the hospital of a) its determination; b) its reasons; c) the right of appeal; d) appeal procedures; e) the 20-day appeal period; f) the possibility of a good cause extension of the appeal period; g) contact information for the Long-Term Care Ombudsman	

Setting	Bill #	Summary	Status
Nursing Facilities (cont.)			
	RHB6552 Human Services (cont.)	<p>Program; h) the right to represent oneself or to be represented by counsel; and i) if the resident has a mental illness or a developmental disability, contact information for the Office of Protection and Advocacy; 18) in situations in which the nursing facility is refusing to re-admit, to require DSS to hold a hearing to determine whether the refusal is in violation of the law not later than 15 days after receiving a request and to issue a decision not later than 30 days after the hearing record is closed; 19) to permit DSS to require the nursing facility to readmit the resident to a semi-private, or if medically necessary a private, room; 20) to require that an appeal to the Superior Court from a DSS hearing decision be treated as a privileged case and heard after the least possible delay; 21) to establish that in situations in which, following the consult process described above, a nursing facility refuses to re-admit the resident, that the resident may file a complaint with DSS; to require that if the resident requests a hearing, investigation of the complaint be stayed until a hearing determination is reached; and to establish a daily civil penalty for refusing to re-admit the resident in violation of the law to be applied in all cases except where the nursing facility acted in good faith in doing so; and 22) in all cases in which a hospital refers patients to a nursing facility, or a hospital patient requests such a referral, to require the hospital to make medical records available to the nursing facility for care planning and consultation on behalf of the resident.</p>	

Tax Matters

Tax	Bill #	Summary	Status
Income Tax			
Please also see Governor's budget proposal for diverse items relating to taxation	Various	Seek to exempt all or part of Social Security and/or pension income from personal income taxes	These bills were not acted upon prior to the committee deadline
	PSB30 Prague	Seeks to exempt the proceeds of sale of stocks or bonds that are used to pay for nursing care from the personal income tax	This bill was not acted upon prior to the committee deadline
	PSB642 Kelly	Seeks to create a tax credit for individuals and businesses that purchase individual or group long-term care insurance policies that cover home care	This bill was not acted upon prior to the committee deadline
Property Tax			
	CB621	Seeks to create a revolving loan fund for payment of property taxes for elderly homeowners	This bill was not acted upon prior to the end of the session.
Estate Tax			
	PHB5302 Gibbons	Seeks to exempt the first \$5 m. from the tax and adjust the rate such that the highest rate is 10%	This bill was not acted upon prior to the committee deadline
	PSB599 Boucher PHB6035 Lavielle	Seek to phase out the estate tax over a five-year period	These bills were not acted upon prior to the committee deadline
	RHB1056 Judiciary	Seeks to extend the time to make a disclaimer of property given or transferred by someone who died after December 31, 2009 but before December 17, 2010 to within the current time limits set by law or September 17, 2011, whichever is later (this would apply to both testamentary and nontestamentary transfers)	This bill was not acted upon prior to the end of the session.
	P.A. 11-6	Sections 84-87 lower the estate and gift tax threshold from \$3.5 m. to \$2.0 m., and extend the existing 7.2% rate to estates and gifts valued at between \$2.0 m. and \$3.5 m.	5/10/11 P.A. 11-6 5/4/11 Signed by Governor

Tax	Bill #	Summary	Status
Estate Tax (cont.)			
Real Estate Conveyance			
	P.A. 11-6	Sections 102-103 eliminate the sunset of the municipal conveyance tax rate increases, increase the state conveyance tax by 0.25% and require DRS to deposit revenue from the increase to the state tax into the Municipal Revenue Sharing Account	5/10/11 P.A. 11-6 5/4/11 Signed by Governor
State Earned Income Tax Credit			
	P.A. 11-6	Section 110 establishes an Earned Income Tax Credit (EITC) equal to 30% of the Federal level	5/10/11 P.A. 11-6 5/4/11 Signed by Governor

Provider Issues

Issue	Bill #	Summary	Status
Workforce development			
	PSB541 Fasano	Seeks to require DPH to establish a nursing faculty student loan program to be funded by an additional dollar in license fees	This bill was not acted upon prior to the committee deadline
	RB5888 Sayers	Seeks to establish a task force to study the feasibility of direct transfer of LPN students at vo-tech and private occupational schools into the second year of a registered nursing education program at a state college	This bill was not acted upon prior to the end of the session.
	PHB5936 Roldan	Seeks to permit nurses who hold RN or LPN licensure and have practiced and maintained good standing for not less than five years in Puerto Rico to be licensed to practice in CT	This bill was not acted upon prior to the committee deadline

Issue	Bill #	Summary	Status
Reimbursement rates			
	CB296 Fonfara	Seeks to require Medicaid MCO's to reimburse providers at rates that are comparable to those listed in the DSS rate schedule retroactive to 7/10	This bill was not acted upon prior to the end of the session.
Section 166 of P.A. 11-44 increases the daily rate by \$4 per person per day.	RB366 Aging	Seeks to require DSS to increase reimbursement to adult day care centers by \$4 per day Note: it is not clear how to reconcile this with the Approps budget, or whether it applies to half-day as well as full-day payment	This bill was not acted upon prior to the end of the session.
	PSB535 Boucher	Seeks to provide payments to nursing homes that are providing care to residents for which they are not being compensated	This bill was not acted upon prior to the committee deadline
	RSB1185	Among other aspects, seeks to authorize DSS to issue an increased rate to nursing homes implementing plans to develop community-based services	This bill was not acted upon prior to the end of the session.
Screening of employees			
	CB3 Prague Serra Miller	Seeks to 1) require "long-term care facilities", which include nursing homes, home health agencies, homemaker-companion agencies, assisted living services agencies, ICF-MR's, chronic disease hospitals, and hospice agencies on a phased in basis established by DPH to conduct a "criminal history and patient abuse background search" (also referred to as "background search") prior to employing an individual who will have direct access or will provide direct services to a patient or resident of the facility; 2) define searches as including a) a review of the DPH nurse's aide registry; b) any other registry specified by DPH; and c) a state and national criminal history records check; and 3) provide procedure for conducting the checks, utilizing results that reveal "disqualifying offenses", waivers and penalties for failure to conduct checks as required	This bill was not acted upon prior to the end of the session.

Setting	Bill #	Summary	Status
Screening of Employees (cont.)			
	PSB298 Kane	Seeks to require periodic background checks for direct care workers employed by DCF and DDS	This bill was not acted upon prior to the committee deadline
Training			
	RSB1065 Aging	Seeks 1) to require the LTCOP to create and issue a training manual on retaliation; 2) to require each nursing facility to annually provide a minimum of one hour of training to all employees on residents' fear of retaliation, to include information on residents' rights and methods of preventing retaliation; and 3) to enhance penalties for assault of identified individuals, including older adults and individuals with physical or intellectual disabilities age 60 and older, where the perpetrator is an employee of a nursing home or home health agency and is caring for the victim	This bill was not acted upon prior to the end of the session.
Certification/Oversight			
	RSB911 General Law	Seeks to 1) define as a "registries" entities that supply or refer individuals to provide homemaker/companion service on a self-directed basis (either compensated directly by the consumer or considered to be an independent contractor); 2) require issuance of a notice to consumers informing them that they may be considered an employer under law and, if that is the case, may be held responsible for the payment of federal and state taxes and other payments required by law, and may wish to consult a tax professional	General Law 6/28/11 Public Act 11-230 6/8/11 House passed as amended by Senate Amendment Schedule A 4/27/11 Senate passed as amended by Senate Amendment Schedule A

Issue	Bill #	Summary	Status
Contracting			
	PSB807 Hartley	Seeks to give preference in the state bidding process to non-profit providers who are located in CT and have a minimum of five years of local experience	This bill was not acted upon prior to the committee deadline
Licensure			
	PHB5623 Sayers	Seeks to exclude residential care homes from the statutory definition of "nursing home" or "nursing home facility"	This bill was not acted upon prior to the committee deadline

State Structure/Oversight

Issue	Bill #	Summary	Status
Management of dedicated accounts			
Section 178 of P.A. 11-44 repeals the statutory authorization for the LTC Reinvestment Account	CB5136 O'Neill	Seeks to eliminate the requirement that DSS consult with OPM concerning expenditure of funds in the Long-Term Care Reinvestment Account [the Account, which was enacted in 2008, has not yet been implemented]	This bill was not acted upon prior to the committee deadline
Structure			
	PHB5559 O'Brien	Seeks to create "generalists" employed by reorganized DSS, DCF and other state agencies to provide services to clients on a more efficient and local basis	This bill was not acted upon prior to the committee deadline
	PHB5753 Cafero Candelora Klarides McKinney Fasano PHB5023 Bacchiochi PHB5879 Betts Welch	Seek to consolidate the legislative commissions	This bill was not acted upon prior to the committee deadline
	PSB387 McKinney Fasano Cafero Candelora Klarides PSB603 Boucher	Seek to consolidate various departments of the state	This bill was not acted upon prior to the committee deadline

Issue	Bill #	Summary	Status
Structure (cont.)			
	PHB5889 Kirkley-Bey	Seeks to re-establish a separate Department of Housing	This bill was not acted upon prior to the committee deadline
Sections 145-146 of P.A. 11-44 defer implementation until July 1, 2013	GB6379	Seeks to defer implementation of the Department on Aging until July 1, 2013	This bill was not acted upon prior to the end of the session.
	PHJR 23 Kiner	Seeks to require that probate court judges be appointed by the Governor in the same manner as he or she appoints judges of the Superior Court	Judiciary
	PSB893 Cassano	Seeks to create a state grant-writing office	Appropriations
	PSB343 Kelly RHB1058 Judiciary	Seek to 1) require that state agencies recognize and follow and valid probate court orders; and 2) give state agencies standing to appeal applicable portions of probate court orders	These bills were not acted upon prior to the committee deadline
Purpose/ Terminology			
	P.A. 11-4	Effective from passage, modernizes DDS terminology (ex. to replace references to "autistic persons" with "persons diagnosed with autism spectrum disorders") and to permit DDS with continuing to convene autism spectrum disorder efforts beyond the previously enacted pilot period	5/9/11 Signed by Governor Effective from passage
	P.A. 11-16	Effective from passage, modernizes DDS terminology by replacing reference to "mental retardation" with "intellectual disability" and to insert references to community-based living situations including "community companion homes" and "community living arrangements"	5/24/11 Signed by Governor Effective from passage
Privatization			
	PSB668 Kelly	Seeks to require DSS to request a waiver of SNAP program requirements to permit the program to be administered by private community-based providers	This bill was not acted upon prior to the committee deadline

Issue	Bill #	Summary	Status
Privatization (cont.)			
	CB5560 Nardello Harp Ritter Prague Walker	Seeks to require DSS to 1) enter into a contract with a consultant to evaluate the Connecticut Medicaid program (including strengths, weaknesses, status vis-à-vis other states, recommendations for change); and 2) convey the consultant's findings to the Human Services Committee	This bill was not acted upon prior to the committee deadline
Program review			
	PHB5609 Rowe Hwang	Seeks to establish a commission to examine the quality and cost of DDS-operated group homes as compared with those operated by private providers	This bill was not acted upon prior to the committee deadline
	RHB6218 Human Services	Seeks to establish a task force to study safety net services to improve access to service and ensure the efficacy of support for families	This bill was not acted upon prior to the end of the session.
Access to Information			
	PHB5992 Leone	Seeks, within available appropriations and technology, to require each agency of the state to post its regulations on its web site	This bill was not acted upon prior to the committee deadline
	RSB880 GAE	Substitute language has removed references to what is noted below: Seeks to require agencies to 1) post regulations on their web sites not later than January 1, 2012; and 2) submit regulations that are being posted to the Office of the Secretary of the State for certification prior to posting	GAE 4/14/11 Referred to OLR/OFA 4/1/11 GAE Joint Favorable Substitute

Summary of P.A. 11-44 (6/13/11 Signed by the Governor):

Please see below relevant excerpts for older adults and people with disabilities of SB1240, the DSS implementer. Note that it must be signed by the Governor before its provisions become effective.

Various Sections:

transfer all powers, functions and duties of the Board of Education and Services for the Blind (BESB) and the Commission on the Deaf and Hearing Impaired (CHHI) to a new Bureau of Rehabilitative Services (BRS)

Section 72 - effective July 1, 2011

authorizes the state to recover against proceeds of lawsuits and inheritances received by individuals who have received or are receiving care and support in a "state humane institution" (e.g. DMHAS facility)

Sections 73-75 - effective July 1, 2011

with limited exceptions, freeze Medicaid nursing home rates for the biennium but also authorize DSS to increase rates within available appropriations (presuming that this reflects authority to redistribute the additional revenue that will be generated by the nursing home provider tax)

Section 76 - effective July 1, 2011

reduces both the dispensing fee and the drug reimbursement paid by DSS for Medicaid recipients from \$2.90 to \$2.00 per prescription and Average Wholesale Price (AWP) - 14% to AWP - 16%, respectively

Section 77 - effective July 1, 2011

freezes the TFA and SAGA payment standards at the FY'10 rate for the biennium

Section 78 - effective July 1, 2011

freezes the State Supplement to Aged, Blind and Disabled standards for the biennium

Sections 78-79 - effective July 1, 2011

reduce the Personal Needs Allowance for residents of long-term care facilities from \$69 to \$60 per month and eliminates the cost-of-living indexing provision

Section 80 - effective September 1, 2011

excludes individuals who are eligible for the Pre-Existing Condition Insurance Plan from participating in Charter Oak

with respect to state-funded premium assistance for participants of Charter Oak:

continues to limit assistance to those who were enrolled in the program as of May 31, 2010 (new enrollees must pay the full premium), and increases the proportion of the premium paid by those who continue to qualify for assistance

Section 81 - effective July 1, 2011

limits Medicaid non-emergency adult services for "healthy adults" (those over age 21 for whom there is no evidence that dental disease is an aggravating factor to the individual's overall health condition) to one cleaning, one exam, and one set of x-rays per year (editorial: a tad ironic given that state employees will be asked to commit to two!!)

NOTE! Section 158 of HB6652 (another budget implementer)(House passed 6/6/11,) reinforces that the above limitations apply to individuals age 21 and older

Section 83 - effective from passage

requires DSS to report on the status of regulations that have been implemented on an interim basis but not yet approved by the Regulations Review Committee (listed examples: regs on adult day care, medical homes and LIA program; also presumably addresses pending DRA regs)

Section 85 - effective July 1, 2011

further delays until July 1, 2013 implementation of Medicaid-funded medical interpreter services

restores podiatry as a Medicaid-service effective October 1, 2011 !

Section 86 - effective July 1, 2011

increases the cost share that is required of participants of Levels 1 & 2 of the CHCPE from 6 to 7% (huge win by AARP, CCCI, Commission on Aging, and the Agencies on Aging! - cheers!!)

Sections 88-90 - effective July 1, 2011

given that the great majority of participants are now eligible for the Medicare Cost Savings Programs (MSP), phase out ConnPACE for all participants other than those who do not qualify for Medicare or Medicaid

eliminate the Medicare D Supplemental Needs Fund (see also Sections 142, 178)

Section 91 - effective July 1, 2011

conforms MSP eligibility with ConnPACE

Section 93 - effective July 1, 2011

reduces the 1915(c) waiver for individuals with HIV/AIDS that has been authorized in statute but not yet implemented from 100 to 50 individuals

Section 94 - effective July 1, 2011

restricts Medicaid coverage for eyeglasses to one replacement pair every other year (as opposed to current restriction of once per year)

NOTE! Section 1 of HB6651 (an implementer concerning "general government")(House passed 5/31/11, Senate passed 6/1/11) ameliorates the above. Under HB6651 coverage is generally limited to one pair every other year, except where "a Medicaid recipient's health care provider determines that such eyeglasses are necessary because of a change in the recipient's medical condition."

Section 95 - effective July 1, 2011

limits the small house nursing home pilot to one home with up to 280 beds

Section 96 - effective July 1, 2011

makes changes to the DSS security deposit program that 1) exclude individuals on whose behalf DSS has at any point in time paid two previous damage claims; 2) subjects certain participants to cost sharing; and 3) limits the period within which landlords can submit damage claims to 45 days after termination of a tenancy

Section 102-103 - effective July 1, 2011

establish a tax on hospital net revenue (see also Section 160-162)

Section 104 - effective from passage

establishes a restrictive Medicaid rule concerning return of transferred assets

Sections 106-107 - effective January 1, 2012, effective July 1, 2011

removes the requirement that Medicaid smoking cessation treatment be ordered by a health care professional, permitting coverage of over-the-counter drugs and counseling in support of smoking cessation

Section 110 - effective from passage

authorizes DSS to establish medical homes for participants of Medicaid (including waivers) who have (as required by ACA) 1) two chronic conditions; 2) one chronic condition and a risk of developing a second; or 3) a serious and persistent mental health or substance abuse condition

provides that medical homes will include comprehensive care management, care coordination and health promotion, comprehensive transitional care, patient and family support, referral to community services and use of HIT

permits DSS to implement ACA initiatives including, but not limited to, an incentive program to prevent chronic diseases, a "mental disease" demonstration program, a dual eligible demonstration program, the Balancing Incentive Payments Program (funds

in support of re-balancing goals), and the Community First (personal care assistant) option

Section 114 - effective July 1, 2011

eliminates DSS discretionary authority to annually increase a home health or homemaker-home health agency's fee schedule for Medicaid services when there is an increase in the cost of services and replaces that provision with annual adjustment of the schedule of rates to ensure that conversion to an administrative services organization is cost neutral

Section 116 - effective July 1, 2011

permits DSS to amend the Medicaid state plan to provide a more restrictive benefit package to individuals eligible for Low-Income Adult (LIA) coverage (including limitations on office visits, therapy, ER services, hospital services, DME, pharmacy, nonemergency transportation and home care)

Section 117 - effective July 1, 2011

permits DOC, DSS and DMHAS to establish a nursing home to serve individuals who are being released from prison and require nursing home level of care and also DMHAS clients

Section 118 - effective from passage

consistent with the Connecticut Supreme Court decision in favor of DSS, permits DSS to eliminate coverage of most medical services to low-income legal immigrants who have lived in the U.S. for less than five years under the State Medical Assistance for Noncitizens (SMANC) program, but retains coverage for older adults who are 1) currently receiving home care services equivalent to those provided under the CHCPE; 2) nursing home care as of June 30, 2011; or 3) receiving care and apply for SMANC prior to June 1, 2011

Section 119 - effective from passage

gives DSS the authority to pay for long-term care services in nursing homes for certain illegal immigrants admitted by July 1, 2011

Sections 120-141 - effective July 1, 2011

in light of authorization by CMS of the LIA group, eliminate sections relating to SAGA medical assistance

Section 143 - effective July 1, 2011

requires DSS to contract with a pharmacy organization to offer Medicaid therapy management services, including 1) review of medical and Rx history of recipients; and 2) development of medication action plans to improve care outcomes

Section 144 - effective July 1, 2011

modifies the terms under which the committees of cognizance review waivers and state plan amendments

Sections 145-146 - effective July 1, 2011

defer establishment of the Department on Aging until July 1, 2013

Section 150-151 - effective October 1, 2011

prohibit pharmacists from substituting meds for individuals filling a prescription for epilepsy

Sections 153-159 - effective from passage

expands the scope of claims under the Connecticut False Claim Act (CFCA), which establishes terms under which civil actions can be brought to recover fraudulently billed medical claims under the state medical assistance programs

Section 166 - effective July 1, 2011

requires DSS to increase adult day care rates effective July 1, 2011 by \$4 per person per day (current rates are \$66.22 per full day for medical model and \$62.18 per full day for social model)

Sections 167-172 - effective July 1, 2011

update, modernize and re-name the Council on Medicaid Care Management Oversight as Council on Medical Assistance Program Oversight, reflecting a broader scope of authority (e.g. conversion to ASO model, capacity of provider networks, sufficiency of reimbursement rates, care management models)

Section 178 - effective July 1, 2011

repeals various statute sections, including, but not limited to those that:

- establish a SAGA medical assistance program (§ 17b-192);
- allow the spouse of someone in a nursing home who is still at home to keep the maximum community spouse protected amount instead of one half of the assets, up to the maximum (§ 17b-261k);
- establish the Medicare Part D Supplemental Needs Fund (§ 17b-265e); and
- authorize a Long-Term Care Reinvestment Account that holds enhanced federal Medicaid matching funds the state receives from the Money Follows the Person Demonstration program (§ 17b-371)

Here is the link to the full text of the bill:

<http://www.cga.ct.gov/2011/TOB/S/2011SB-01240-R00-SB.htm>