DSS 2015 Legislative Proposals

Minor/Technical Proposals (October 1, 2014):

1. BCSE Adoption of UIFSA
    - Adopt the 2008 amendments to the Uniform Interstate Family Support Act (UIFSA), as recommended by the National Conference of Commissioners on Uniform State Laws and as required by federal law.

2. BCSE Name Change
    - Resubmittal from last year
    - Changes name from Bureau of Child Support Enforcement to Office of Child Support Services

3. RCH Bed Hold Clarification
    - Allows department to pay a different RCH on behalf of a State Supplement recipient in the case where that resident has been displaced due to uninhabitable living conditions at the current facility.

4. Protective Services for the Elderly Statute Cleanup and Clarification
    - Clarifies who the agency can share information with
    - Protects the right of the reporter
    - HIPAA compliance
    - Technical corrections for clarity and consistency

Agency Legislative Proposal - 2015 Session

Document Name: Oct2014-DSS-BCSE-UIFSA2008

State Agency:
Department of Social Services

Liaison: Heather Rossi Phone: 860-424-5646 E-mail: heather.rossi@ct.gov	Liaison: Krista Ostaszewski Phone: 860-424-5612 E-mail:Krista.Ostaszewski@ct.gov

Lead agency division requesting this proposal:
Bureau of Child Support Enforcement

Agency Analyst/Drafter of Proposal:
David Mulligan, Social Services Program Administration Manager

Title of Proposal
An Act Concerning the Adoption of the Uniform Interstate Family Support Act of 2008

Statutory Reference CGS§§: 46b-212 to 46b-213w, inclusive

Proposal Summary
This proposal would amend a series of statutes implementing the Uniform Interstate Family Support Act (UIFSA) in Connecticut. The amendments would make Connecticut law consistent with the 2008 version of the uniform law, as required by or proposed in federal legislation.

PROPOSAL BACKGROUND

- **Reason for Proposal**

Adopt the 2008 amendments to the Uniform Interstate Family Support Act (UIFSA), as recommended by the National Conference of Commissioners on Uniform State Laws and to be required in pending federal legislation, H.R. 4980. At this time H.R. 4980 has passed both the House and the Senate and was presented to the President for review and signature on 9/26/14. Presently, the 2001 version of UIFSA is in effect in Connecticut.

- **Origin of Proposal** **_X_ New Proposal** **___ Resubmission**

Connecticut adopted UIFSA 2001 in Public Act No. 07-247 effective January 1, 2008. UIFSA 2008 includes provisions to incorporate the Hague Convention on International Recovery of Child Support and Other Forms of Family Maintenance. This multilateral treaty, consented to by the Senate in 2010, provides for the structured exchange of information and consistent enforcement of international cases of child support.

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Judicial Branch Support Enforcement Services
Agency Contact Charisse Hutton, Director (860) 569-6233
Date Contacted: on going
Approve of Proposal ___ YES ___NO ___Talks Ongoing

Agency Name: Judicial Branch Family Support Magistrate Division
Agency Contact Chief FSM John Colella
Date Contacted: on going
Approve of Proposal ___ YES ___NO ___Talks Ongoing

Agency Name: Judicial Branch- Court Operations
Agency Contact Johanna Greenfield, Deputy Director, Family and Support Matters (860) 263-2734

Date Contacted: on going
Approve of Proposal ___ YES ___NO __Talks Ongoing-no position

Agency Name: Office of Attorney General
Agency Contact Sean Kehoe-Assistant Attorney General-(860) 808-5150
Date Contacted: on going
Approve of Proposal ___ YES ___NO ___Talks Ongoing

Summary of Affected Agency's Comments
The IV-D partners named above discussed and commented on the agency proposal, but lack authority at their level to officially "approve" or "oppose" the proposal.

Will there need to be further negotiation? __YES ___NO
Perhaps with the Chief Court Administrator and Attorney General or their authorized representatives.

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)
None.

State
Within existing resources.

Federal
None.

Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Adoption of the uniform act should tend to improve the processing of international child support cases, both on behalf of Connecticut citizens as well as foreign residents seeking to enforce child support and maintenance orders in Connecticut. When required by federal law, the state must adopt the uniform act to remain compliant with federal requirements for the Title IV-D child support program. If legislation is required and is not adopted, the state stands to lose all federal funding for administrative costs of the program, which the federal government reimburses at 66%. Without the federal funding, child support services to Connecticut citizens would suffer drastically. The cost of the program in federal fiscal year 2013 was over $73 million, and is projected to increase by about $4 million per year over the next few years.

AN ACT CONCERNING THE ADOPTION OF THE UNIFORM INTERSTATE FAMILY SUPPORT ACT OF 2008

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

Section 1. Section 46b-212 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

Sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, may be cited as the Uniform Interstate Family Support Act.

Sec. 2. Section 46b-212a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

As used in sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive:

(1) "Child" means an individual, whether over or under the age of majority, who is or is alleged to be owed a duty of support by the individual's parent or who is or is alleged to be the beneficiary of a support order directed to the parent.

(2) "Child support order" means a support order for a child, including a child who has attained the age of majority under the law of the issuing state or foreign country.

(3) "Convention" means the Convention on the International Recovery of Child Support and Other Forms of Family Maintenance, concluded at The Hague on November 23, 2007.

[(3)] (4) "Duty of support" means an obligation imposed or imposable by law to provide support for a child, spouse, or former spouse, including an unsatisfied obligation to provide support.

(5) "Foreign country" means a country, including a political subdivision thereof, other than the United States, that authorizes the issuance of support orders and: (A) which has been declared under the law of the United States to be a foreign reciprocating country; (B) which has established a reciprocal arrangement for child support with this state as provided in section 46b-212t(c); (C) which has enacted a law or established procedures for the issuance and enforcement of support orders which are substantially similar to the procedures under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive; or (D) in which the Convention is in force with respect to the United States.

(6) "Foreign support order" means a support order of a foreign tribunal.

(7) "Foreign tribunal" means a court, administrative agency, or quasi-judicial entity of a foreign country which is authorized to establish, enforce, or modify support orders or to determine parentage of a child. The term includes a competent authority under the Convention.

[(4)] (8) "Governor" means an individual performing the functions of [Governor] governor or the executive authority of a state covered by sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive.

[(5)] (9) "Home state" means the state or foreign country in which a child lived with a parent or a person acting as parent for at least six consecutive months immediately preceding the time of filing of a petition or comparable pleading for support and, if such child is less than six months old, the state or foreign country in which such child lived from birth with [such parent or person acting as parent] any of them. A period of temporary absence of [such parent or person acting as parent] any of them is counted as part of the six-month or other period.

[(6)] (10) "Income" includes earnings or other periodic entitlements to money from any source and any other property subject to withholding for support under the [laws] law of this state.

[(7)] (11) "Income withholding order" means an order or other legal process directed to an obligor's employer or other payer of income, as defined in section 52-362, to withhold support from the income of the obligor.

[(8) "Initiating state" means a state from which a proceeding is forwarded or in which a proceeding is filed for forwarding to a responding state under sections 46b-212 to 46b-213w, inclusive, or a law or procedure substantially similar to said sections.

(9)] (12) "Initiating tribunal" means the [authorized] tribunal [in an initiating state] of a state or foreign country from which a petition or comparable pleading is forwarded or in which a petition or comparable pleading is filed for forwarding to another state or foreign country.

(13) "Issuing foreign country" means the foreign country in which a tribunal issues a support order or a judgment determining parentage of a child.

[(10)] (14) "Issuing state" means the state in which a tribunal issues a support order or [renders] a judgment determining [paternity] parentage of a child.

[(11)] (15) "Issuing tribunal" means the tribunal of a state or foreign country that issues a support order or [renders] a judgment determining [paternity] parentage of a child.

[(12)] (16) "Law" includes decisional and statutory law and rules and regulations having the force of law.

[(13)] (17) "Obligee" means: (A) An individual to whom a duty of support is or is alleged to be owed or in whose favor a support order [has been issued] or a judgment determining [paternity] parentage of a child has been [rendered] issued; (B) a foreign country, state, or political subdivision of a state to which the rights under a duty of support or support order have been assigned or which has independent claims based on financial assistance provided to an individual obligee in place of child support; [or] (C) an individual seeking a judgment determining [paternity] parentage of the individual's child; or (D) a person that is a creditor in a proceeding under sections 50 to 62, inclusive, of this act.

[(14)] (18) "Obligor" means an individual, or the estate of a decedent that: (A) [Who] owes or is alleged to owe a duty of support; (B) [who] is alleged but has not been adjudicated to be a parent of a child; [or] (C) [who] is liable under a support order; or (D) is a debtor in a proceeding under sections 50 to 62, inclusive, of this act.

(19) "Outside this state" means a location in another state or a country other than the United States, whether or not the country is a foreign country.

[(15)] (20) "Person" means an individual, corporation, business trust, estate, trust, partnership, limited liability company, association, joint venture, public corporation, government[,] or governmental subdivision, agency, or instrumentality, [public corporation,] or any other legal or commercial entity.

[(16)] (21) "Record" means information that is inscribed on a tangible medium or that is stored in an electronic or other medium and is retrievable in perceivable form.

[(17)] (22) "Register" means to file in a tribunal of this state a support order or judgment determining [paternity in the registry of support orders of the Family Support Magistrate Division of the Superior Court. Such a support order or judgment shall be filed by delivery of the order or judgment for filing to Support Enforcement Services of the Superior Court which shall maintain the registry on behalf of the Family Support Magistrate Division] parentage of a child issued in another state or a foreign country.

[(18)] (23) "Registering tribunal" means a tribunal in which a support order or judgment determining parentage of a child is registered.

[(19)] (24) "Responding state" means a state in which a [proceeding] petition or comparable pleading for support or to determine parentage of a child is filed or to which a [proceeding] petition or comparable pleading is forwarded for filing from [an initiating] another state [under sections 46b-212 to 46b-213w, inclusive, or a law or procedure substantially similar to said sections.] or a foreign country.

[(20)] (25) "Responding tribunal" means the authorized tribunal in a responding state or foreign country.

[(21)] (26) "Spousal support order" means a support order for a spouse or former spouse of the obligor.

[(22)] (27) "State" means a state of the United States, the District of Columbia, Puerto Rico, the [U.S.] United States Virgin Islands, or any territory or insular possession [subject to] under the jurisdiction of the United States. ["State"] The term includes[: (A) An] an Indian nation or tribe[, and (B) a foreign country or political subdivision that: (i) Has been declared to be a foreign reciprocating country or political subdivision under federal law; (ii) has established a reciprocal arrangement for child support with this state; or (iii) has enacted a law or established procedures for issuance and enforcement of support orders which are substantially similar to the procedure under sections 46b-212 to 46b-213w, inclusive].

[(23)] (28) "Support enforcement agency" means a public official, governmental entity, or private agency authorized to [seek]: (A) [Enforcement] seek enforcement of support orders or laws relating to the duty of support; (B) seek establishment or modification of child support; (C) request determination of [paternity] parentage of a child; (D) [the location of] attempt to locate obligors or their assets; or (E) request determination of the controlling child support order.

[(24)] (29) "Support order" means a judgment, decree, order, decision, or directive, whether temporary, final, or subject to modification, issued [by a tribunal] in a state or foreign country for the benefit of a child, a spouse, or a former spouse, which provides for monetary support, health care, arrearages, retroactive support, or reimbursement[, and] for financial assistance provided to an individual obligee in place of child support. The term may include related costs and fees, interest, income withholding, automatic adjustment, reasonable attorney's fees and other relief.

[(25)] (30) "Tribunal" means a court, administrative agency, or quasi-judicial entity authorized to establish, enforce, or modify support orders or to determine [paternity] parentage of a child.

Sec. 3. Section 46b-212b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) The Superior Court and the Family Support Magistrate Division of the Superior Court are the tribunals of this state. The Family Support Magistrate Division is the tribunal for the filing of petitions under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive[,]. [provided clerical,] Clerical, administrative and other nonjudicial functions in proceedings before the Family Support Magistrate Division [may] shall be performed by Support Enforcement Services of the Superior Court.

(b) The Bureau of Child Support Enforcement within the Department of Social Services and Support Enforcement Services of the Superior Court are the support enforcement agencies of this state.

Sec. 4. Section 46b-212c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) Remedies provided by sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, are cumulative and do not affect the availability of remedies under [any] other law[, including] or the recognition of a foreign support order [of a foreign country or political subdivision] on the basis of comity.

(b) Sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, do not: (1) [Provide] provide the exclusive method of establishing or enforcing a support order under the [laws] law of this state; or (2) grant a tribunal of this state jurisdiction to render judgment or issue an order relating to child custody or visitation in a proceeding under sections 46b-212 to 46b-213w, inclusive.

(c) A tribunal of this state shall apply sections 46b-212 to 46b-213w, inclusive, and, as applicable, sections 50 to 62, inclusive, of this act, to a support proceeding involving: (1) a

foreign support order; (2) a foreign tribunal; or (3) an obligee, obligor, or child residing in a foreign country.

(d) A tribunal of this state that is requested to recognize and enforce a support order on the basis of comity may apply the procedural and substantive provisions of sections 46b-212 to 46b-213w, inclusive.

(e) Sections 50 to 62, inclusive, of this act apply only to a support proceeding under the Convention. In such a proceeding, if a provision of sections 50 to 62, inclusive, of this act is inconsistent with sections 46b-212 to 46b-213w, inclusive, sections 50 to 62, inclusive, of this act control.

Sec. 5. Section 46b-212d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) [Subject to the provisions of subsection (b) of section 46b-46, in] In a proceeding to establish or enforce a support order or to determine [paternity] parentage of a child, a tribunal of this state may exercise personal jurisdiction over a nonresident individual if: (1) [The] the individual is personally served with process within this state; (2) the individual submits to the jurisdiction of this state by consent in a record, by entering a general appearance, [and failing to object to jurisdiction in a timely manner,] or by filing a responsive document having the effect of waiving any contest to personal jurisdiction; (3) the individual resided with the child in this state; (4) the individual resided in this state and provided prenatal expenses or support for the child; (5) the child resides in this state as a result of the acts or directives of the individual; (6) the individual engaged in sexual intercourse in this state and the child may have been conceived by that act of intercourse; or (7) there is any other basis consistent with the Constitutions of this state and the United States for the exercise of personal jurisdiction.

(b) The bases of personal jurisdiction set forth in subsection (a) of this section or in any other law of this state may not be used to acquire personal jurisdiction for a tribunal of [the] this state to modify a child support order of another state unless the requirements of section 46b-213q [or subsection (b) of section 46b-213r] are met, or, in the case of a foreign support order, unless the requirements of subsection (b) of section 46b-213r are met.

(c) Personal jurisdiction acquired by [the Family Support Magistrate Division] a tribunal of this state in a proceeding under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, or other law of this state relating to a support order continues as long as the [the Family Support Magistrate Division] a tribunal of this state has continuing, exclusive jurisdiction to modify its order or continuing jurisdiction to enforce its order as provided by sections 46b-212h and 46b-212i.

Sec. 6. Section 46b-212e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

[The Family Support Magistrate Division] A tribunal of this state exercising personal jurisdiction over a nonresident in a proceeding under sections 46b-212 to 46b-213w and sections

50 to 63 of this act, inclusive, under other law of this state relating to a support order, or recognizing a foreign support order [of a foreign country or political subdivision on the basis of comity] may receive evidence from [another] outside this state pursuant to section 46b-213a, communicate with a tribunal [of another] outside this state pursuant to section 46b-213b, and obtain discovery through a tribunal [of another] outside this state pursuant to section 46b-213c. In all other respects, sections 46b-212m to [46b-213s] 46b-213r, inclusive, and section 46b-213w do not apply and the [Family Support Magistrate Division] tribunal shall apply the procedural and substantive law of this state.

Sec. 7. Section 46b-212f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

Under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, [the Family Support Magistrate Division] a tribunal of this state may serve as an initiating tribunal to forward proceedings to a tribunal of another state, and as a responding tribunal for proceedings initiated in another state or a foreign country.

Sec. 8. Section 46b-212g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) [If a] A tribunal of this state may exercise jurisdiction to establish a support order if the petition or comparable pleading is filed [in this state] after a [petition or comparable] pleading is filed in another state or a foreign country[, the Family Support Magistrate Division may exercise jurisdiction to establish a support order] only if: (1) [The] the petition or comparable pleading in this state is filed before the expiration of the time allowed in the other state or the foreign country for filing a responsive pleading challenging the exercise of jurisdiction by the other state or the foreign country; (2) the contesting party timely challenges the exercise of jurisdiction in the other state or the foreign country; and (3) if relevant, this state is the home state of the child.

(b) [The Family Support Magistrate Division] A tribunal of this state may not exercise jurisdiction to establish a support order if the petition or comparable pleading is filed before a petition or comparable pleading is filed in another state or a foreign country if: (1) [The] the petition or comparable pleading in the other state or foreign country is filed before the expiration of the time allowed in this state for filing a responsive pleading challenging the exercise of jurisdiction by this state; (2) the contesting party timely challenges the exercise of jurisdiction in this state; and (3) [provided it is] if relevant, the other state or foreign country is the home state of the child.

Sec. 9. Section 46b-212h of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) [The Family Support Magistrate Division or the Superior Court] A tribunal of this state that has issued a child support order consistent with the law of this state has and shall exercise continuing, exclusive jurisdiction to modify its child support order if [such] the order is the controlling [support] order and: (1) [At] at the time of the filing of a request for modification this state is the residence of the obligor, the individual obligee, or the child for whose benefit the

support order is issued; or (2) even if this state is not the residence of the obligor, the individual obligee, or the child for whose benefit the support order is issued, the parties consent in a record or in open court that the [Family Support Magistrate Division or the Superior Court] tribunal of this state may continue to exercise jurisdiction to modify its order.

(b) [The Family Support Magistrate Division or the Superior Court] A tribunal of this state that has issued a child support order consistent with the law of this state may not exercise continuing, exclusive jurisdiction to modify the order if:

(1) [All] all of the parties who are individuals file consent in a record with the [Family Support Magistrate Division or the Superior Court] tribunal of this state that a tribunal of another state that has jurisdiction over at least one of the parties who is an individual or that is located in the state of residence of the child may modify the order and assume continuing, exclusive jurisdiction; or

(2) [Its] its order is not the controlling order.

(c) If a tribunal of another state has issued a child support order pursuant to the Uniform Interstate Family Support Act or a law substantially similar to [said act,] that Act which modifies a child support order of [the Family Support Magistrate Division or Superior Court] a tribunal of this state, tribunals of this state shall recognize the continuing, exclusive jurisdiction of the tribunal of the other state.

(d) A tribunal of this state that lacks continuing, exclusive jurisdiction to modify a child support order may serve as an initiating tribunal to request a tribunal of another state to modify a support order issued in that state.

(e) A temporary support order issued ex parte or pending resolution of a jurisdictional conflict does not create continuing, exclusive jurisdiction in the issuing tribunal.

(f) (1) [The Family Support Magistrate Division or Superior Court] A tribunal of this state issuing a spousal support order consistent with the law of this state has continuing, exclusive jurisdiction to modify the spousal support order throughout the existence of the support obligation. (2) [The Family Support Magistrate Division and the Superior Court] A tribunal of this state may not modify a spousal support order issued by a tribunal of another state or a foreign country having continuing, exclusive jurisdiction over that order under the law of that state or foreign country. (3) [The Family Support Magistrate Division or Superior Court] A tribunal of this state that has continuing, exclusive jurisdiction over a spousal support order may serve as: (A) [An] an initiating tribunal to request a tribunal of another state to enforce the spousal support order issued in this state; or (B) a responding tribunal to enforce or modify its own spousal support order.

Sec. 10. Section 46b-212i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) [The Family Support Magistrate Division] A tribunal of this state that has issued a child support order consistent with the law of this state may serve as an initiating tribunal to request a

tribunal of another state to enforce: (1) [The] the order if the order is the controlling order and has not been modified by a tribunal of another state that assumed jurisdiction pursuant to the Uniform Interstate Family Support Act; or (2) a money judgment for arrears of support and interest on the order accrued before a determination that an order of a tribunal of another state is the controlling order.

(b) [The Family Support Magistrate Division] A tribunal of this state having continuing jurisdiction over a support order may act as a responding tribunal to enforce the order.

Sec. 11. Section 46b-212j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) If a proceeding is brought under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, and only one tribunal has issued a child support order, the order of that tribunal controls and [shall] must be recognized.

(b) If a proceeding is brought under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, and two or more child support orders have been issued by tribunals of this state, [or] another state, or a foreign country with regard to the same obligor and same child, [the family support magistrate] a tribunal of this state having personal jurisdiction over both the obligor and [the] individual obligee shall apply the following rules and by order shall determine which order controls and must be recognized:

(1) If only one of the tribunals would have continuing, exclusive jurisdiction under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, the order of that tribunal controls. [and shall be recognized.]

(2) If more than one of the tribunals would have continuing, exclusive jurisdiction under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive: (A) [An] an order issued by a tribunal in the current home state of the child controls; [but,] or (B) if an order has not been issued in the current home state of the child, the order most recently issued controls.

(3) If none of the tribunals would have continuing, exclusive jurisdiction under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, the [family support magistrate] tribunal of this state shall issue a child support order, which controls.

(c) If two or more child support orders have been issued for the same obligor and same child, upon request of a party who is an individual or that is a support enforcement agency, a [family support magistrate] tribunal of this state having personal jurisdiction over both the obligor and the obligee who is an individual shall determine which order controls under subsection (b) of this section. The request may be filed with a registration for enforcement or registration for modification pursuant to sections 46b-213g to 46b-213r, inclusive, or may be filed as a separate proceeding.

(d) A request to determine which is the controlling order [shall] must be accompanied by a copy of every child support order in effect and the applicable record of payments. The requesting

party shall give notice of the request to each party whose rights may be affected by the determination.

(e) The tribunal that issued the controlling order under subsection (a), (b), or (c) of this section has continuing jurisdiction to the extent provided in section 46b-212h or 46b-212i.

(f) [The family support magistrate] A tribunal of this state that determines by order which is the controlling order under subdivision (1) or (2) of subsection (b) or subsection (c) of this section, or that issues a new controlling order under subdivision (3) of subsection (b) of this section, shall state in the order: (1) [The] the basis upon which the tribunal made its determination; (2) the amount of prospective support, if any; and (3) the total amount of consolidated arrears and accrued interest, if any, under all of the orders after all payments made are credited as provided by section 46b-212*l*.

(g) [The family support magistrate shall order the party obtaining the order determining which is the controlling order to file, within] Within thirty days after issuance of [the] an order determining which is the controlling order, the party obtaining the order shall file a certified copy of [such order with] it in each tribunal that issued or registered an earlier order of child support. A party or support enforcement agency obtaining the order that fails to file a certified copy is subject to appropriate sanctions by a tribunal in which the issue of failure to file arises. The failure to file [such order pursuant to this subsection shall] does not affect the validity or enforceability of the controlling order.

(h) An order that has been determined to be the controlling order, or a judgment for consolidated arrears of support and interest, if any, made pursuant to this section [shall] must be recognized in proceedings under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive.

Sec. 12. Section 46b-212k of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

In responding to registrations or petitions for enforcement of two or more child support orders in effect at the same time with regard to the same obligor and different individual obligees, at least one of which was issued by a tribunal of another state or a foreign country, [the Family Support Magistrate Division] a tribunal of this state shall enforce those orders in the same manner as if the orders had been issued by [the Family Support Magistrate Division] a tribunal of this state.

Sec. 13. Section 46b-212*l* of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

[The Family Support Magistrate Division] A tribunal of this state shall credit amounts collected for a particular period pursuant to any child support order against the amounts owed for the same period under any other child support order for support of the same child issued by a tribunal of this state, [or] another state, or a foreign country.

Sec. 14. Section 46b-212m of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) Except as otherwise provided in sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, sections 46b-212m to 46b-213d, inclusive, apply to all proceedings under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive.

(b) An individual petitioner or a support enforcement agency may initiate a proceeding authorized under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, by filing a petition in an initiating tribunal for forwarding to a responding tribunal or by filing a petition or a comparable pleading directly in a tribunal of another state or a foreign country which has or can obtain personal jurisdiction over the respondent.

Sec. 15. Section 46b-212o of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

Except as otherwise provided in sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, a responding tribunal of this state shall: (1) [Apply] apply the procedural and substantive law generally applicable to similar proceedings originating in this state and may exercise all powers and provide all remedies available in those proceedings; and (2) determine the duty of support and the amount payable in accordance with the law and support guidelines of this state.

Sec. 16. Section 46b-212p of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) [Except with respect to the initial petition in a IV-D support case, upon] Upon the filing of a petition authorized by sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, an initiating tribunal of this state shall forward the petition and its accompanying documents: (1) [To] to the responding tribunal or appropriate support enforcement agency in the responding state; or (2) if the identity of the responding tribunal is unknown, to the state information agency of the responding state with a request that they be forwarded to the appropriate tribunal and that receipt be acknowledged. [If a petition is the initial petition in a IV-D support case, the initiating tribunal shall forward the petition and its accompanying documents to the interstate central registry in the responding state.]

(b) If requested by the responding tribunal, [the family support magistrate] a tribunal of this state shall issue a certificate or other document and make findings required by the law of the responding state. If the responding [state] tribunal is in a foreign country, [or political subdivision,] upon request[,] the [family support magistrate] tribunal of this state shall specify the amount of support sought, convert that amount into the equivalent amount in the foreign currency under [the] applicable official or market exchange rate as publicly reported, and provide any other documents necessary to satisfy the requirements of the responding [state] foreign tribunal.

Sec. 17. Section 46b-212q of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) When [the Family Support Magistrate Division] a responding tribunal of this state receives a petition or comparable pleading from an initiating tribunal or directly pursuant to subsection (b) of section 46b-212m, [the Family Support Magistrate Division, or Support Enforcement Services acting on its behalf] it shall [promptly] cause the petition or pleading to be filed and notify the petitioner where and when it was filed.

(b) [In matters arising under this section, family support magistrates shall have the same powers and authority as provided by law for IV-D support cases.] A responding tribunal of this state, to the extent not prohibited by other law, may do one or more of the following: (1) establish or enforce a support order, modify a child support order, determine the controlling child support order, or determine parentage of a child; (2) order an obligor to comply with a support order, specifying the amount and the manner of compliance; (3) order income withholding; (4) determine the amount of any arrearages, and specify a method of payment; (5) enforce orders by civil or criminal contempt, or both; (6) set aside property for satisfaction of the support order; (7) place liens and order execution on the obligor's property; (8) order an obligor to keep the tribunal informed of the obligor's current residential address, electronic-mail address, telephone number, employer, address of employment, and telephone number at the place of employment; (9) issue a capias mittimus for an obligor who has failed after proper notice to appear at a hearing ordered by the tribunal and enter the capias mittimus in any local and state computer systems for criminal warrants; (10) order the obligor to seek appropriate employment by specified methods; (11) award reasonable attorney's fees and other fees and costs; and (12) grant any other available remedy.

(c) [The family support magistrate] A responding tribunal of this state shall include in a support order issued under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, or in the documents accompanying the order, the calculations on which the support order is based.

(d) [The family support magistrate] A responding tribunal of this state may not condition the payment of a support order issued under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, upon compliance by a party with provisions for visitation.

(e) If [the Family Support Magistrate Division] a responding tribunal of this state issues an order under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, the [Family Support Magistrate Division, or Support Enforcement Services acting on its behalf,] tribunal shall send a copy of the order to the petitioner and the respondent and to the initiating tribunal, if any.

(f) If requested to enforce a support order, arrears, or judgment or modify a support order stated in a foreign currency, [the Family Support Magistrate Division, or Support Enforcement Services acting on its behalf,] a responding tribunal of this state shall convert the amount stated in the foreign currency to the equivalent amount in dollars under the applicable official or market exchange rate as publicly reported.

Sec. 18. Section 46b-212r of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

If a petition or comparable pleading is received by an inappropriate tribunal of this state, the tribunal shall [promptly] forward the pleading and accompanying documents to an appropriate tribunal [in] of this state or another state and notify the petitioner where and when the pleading was sent.

Sec. 19. Section 46b-212s of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) A support enforcement agency of this state, upon request, shall provide services to a petitioner in a proceeding under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive.

(b) A support enforcement agency of this state that is providing services to the petitioner shall: (1) Take all steps necessary to enable an appropriate tribunal [in this state or another state] of this state, another state, or a foreign country to obtain jurisdiction over the respondent; (2) request an appropriate tribunal to set a date, time, and place for a hearing; (3) make a reasonable effort to obtain all relevant information, including information as to income and property of the parties; (4) within five days, exclusive of Saturdays, Sundays, and legal holidays, after receipt of notice in a record from an initiating, responding, or registering tribunal, send a copy of the notice to the petitioner; (5) within five days, exclusive of Saturdays, Sundays, and legal holidays, after receipt of communication in a record from the respondent or the respondent's attorney, send a copy of the communication to the petitioner; and (6) notify the petitioner if jurisdiction over the respondent cannot be obtained.

(c) A support enforcement agency of this state that requests registration of a child support order in this state for enforcement or modification [of such order] shall make reasonable efforts: (1) [To] to ensure that the order to be registered is the controlling order; or (2) if two or more child support orders exist and the identity of the controlling order has not been determined, to ensure that a request for such a determination is made in a tribunal having jurisdiction to do so.

(d) A support enforcement agency of this state that requests registration and enforcement of a support order, arrears, or judgment stated in a foreign currency shall convert the amounts stated in the foreign currency into the equivalent amounts in dollars under the applicable official or market exchange rate as publicly reported.

(e) A support enforcement agency of this state shall issue[,] or request a [family support magistrate] tribunal of this state to issue[,] a child support order and an income withholding order that redirect payment of current support, arrears, and interest if requested to do so by a support enforcement agency of another state pursuant to section 46b-213d.

(f) [The provisions of sections] Sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, do not create or negate a relationship of attorney and client or other fiduciary

relationship between a support enforcement agency or the attorney for the agency and the individual being assisted by the agency.

Sec. 20. Section 46b-212t of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) The Attorney General shall provide necessary legal services on behalf of the support enforcement agency in providing services to a petitioner under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive.

(b) An individual may employ private counsel to represent the individual in proceedings authorized by sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive.

(c) The Attorney General may determine that a foreign country [or political subdivision] has established a reciprocal arrangement for child support with this state and take appropriate action [to notify the support enforcement agency of this state, the Family Support Magistrate Division, and such other entity as the Attorney General deems appropriate,] for notification of the determination.

Sec. 21. Section 46b-212u of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

If the Commissioner of Social Services determines [the support enforcement agency] that the Bureau of Child Support Enforcement is neglecting or refusing to provide services to an individual, or if the Chief Court Administrator determines that Support Enforcement Services is neglecting or refusing to provide services to an individual, the commissioner or Chief Court Administrator may order their respective agencies to perform their duties under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, or may provide those services directly to the individual.

Sec. 22. Section 46b-212v of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) Support Enforcement Services of the Superior Court is the state information agency under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive.

(b) The state information agency shall: (1) [Compile] compile and maintain a current list, including addresses, of the tribunals in this state which have jurisdiction under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, and any support enforcement agencies in this state and transmit a copy to the state information agency of every other state; (2) maintain a [registry] register of [the] names and addresses of tribunals and support enforcement agencies received from other states; (3) forward to the appropriate tribunal in this state in which the obligee who is an individual or the obligor resides, or in which the obligor's property is believed to be located, all documents concerning a proceeding under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, received from [an initiating tribunal or the state information agency of the initiating state] another state or a foreign country; and (4) obtain information concerning the location of the obligor and the obligor's property within this state not

exempt from execution, by such means as postal verification and federal or state locator services, examination of telephone directories, requests for the obligor's address from employers, and examination of governmental records, including, to the extent not prohibited by other law, those relating to real property, vital statistics, law enforcement, taxation, motor vehicles, driver's licenses, and social security.

(c) In addition to its duties as the state information agency Support Enforcement Services of the Superior Court shall maintain a registry of support orders and judgments in the Family Support Magistrate Division of the Superior Court and shall perform such clerical, administrative and other nonjudicial functions on behalf of the Family Support Magistrate Division as may be required, or as are otherwise agreed upon, pursuant to sections 46b-62, 46b-69, 46b-179a, 46b-179b, 46b-207, 46b-208, 46b-212 to 46b-213w, inclusive, 46b-231, 52-362 and 52-362f.

Sec. 23. Section 46b-212w of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) In a proceeding under sections 46b-212 to 46b-213w, inclusive, a petitioner seeking to[: Establish] establish a support order, determine [paternity] parentage of a child, or to register and modify a support order of a tribunal of another state or a foreign country must file a petition. Unless otherwise ordered under section 46b-212x, the petition or accompanying documents [shall] must provide, so far as known, the name, residential address, and [Social Security] social security numbers of the obligor and the obligee[,] or the parent and alleged parent, and the name, sex, residential address, [Social Security] social security number, and date of birth of each child for whose benefit support is sought or whose [paternity] parentage is to be determined. Unless filed at the time of registration, the petition [shall] must be accompanied by a copy of any support order known to have been issued by another tribunal. The petition may include any other information that may assist in locating or identifying the respondent.

(b) The petition [shall] must specify the relief sought. The petition and accompanying documents must conform substantially with the requirements imposed by the forms mandated by federal law for use in cases filed by a support enforcement agency.

Sec. 24. Section 46b-212x of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

If a party alleges in an affidavit or a pleading under oath that the health, safety, or liberty of a party or child would be jeopardized by disclosure of specific identifying information, [such identifying] that information [shall] must be sealed and may not be disclosed to the other party or the public. [unless ordered by a tribunal.] After a hearing in which a tribunal takes into consideration the health, safety, or liberty of the party or child, the tribunal may order disclosure of [any] information that the tribunal determines to be in the interest of justice.

Sec. 25. Section 46b-212y of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) The petitioner may not be required to pay a filing fee or other costs.

(b) If an obligee prevails, a responding tribunal of this state may assess against an obligor filing fees, reasonable attorney's fees, other costs, and necessary travel and other reasonable expenses incurred by the obligee and the obligee's witnesses. The tribunal may not assess fees, costs, or expenses against the obligee or the support enforcement agency of either the initiating or [the] responding state or foreign country, except as provided by other law. Attorney's fees may be taxed as costs, and may be ordered paid directly to the attorney, who may enforce the order in the attorney's own name. Payment of support owed to the obligee has priority over fees, costs, and expenses.

(c) The tribunal shall order the payment of costs and reasonable attorney's fees if it determines that a hearing was requested primarily for delay. In a proceeding under sections 46b-213g to 46b-213r, inclusive, a hearing is presumed to have been requested primarily for delay if a registered support order is confirmed or enforced without change.

Sec. 26. Section 46b-212z of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) Participation by a petitioner in a proceeding under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, before a responding tribunal, whether in person, by private attorney, or through services provided by the support enforcement agency, does not confer personal jurisdiction over the petitioner in another proceeding.

(b) A petitioner is not amenable to service of civil process while physically present in this state to participate in a proceeding under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive.

(c) The immunity granted by this section does not extend to civil litigation based on acts unrelated to a proceeding under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, committed by a party while physically present in this state to participate in the proceeding.

Sec. 27. Section 46b-213 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

A party whose [paternity] parentage of a child has been previously determined by or pursuant to law may not plead [nonpaternity] nonparentage as a defense to a proceeding under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive.

Sec. 28. Section 46b-213a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) The physical presence of a nonresident party who is an individual in a tribunal of this state is not required for the establishment, enforcement, or modification of a support order or the rendition of a judgment determining [paternity] parentage of a child.

(b) An affidavit, a document substantially complying with [federally-mandated] federally mandated forms, or a document incorporated by reference in any of them, which would not be

excluded under the hearsay rule if given in person, is admissible in evidence if given under penalty of perjury by a party or witness residing [in another] outside this state.

(c) A copy of the record of child support payments certified as a true copy of the original by the custodian of the record may be forwarded to a responding tribunal. The copy is evidence of facts asserted in it and is admissible to show whether payments were made.

(d) Copies of bills for testing for [paternity] parentage of a child, and for prenatal and postnatal health care of the mother and child, furnished to the adverse party at least ten days before trial, are admissible in evidence to prove the amount of the charges billed and that the charges were reasonable, necessary, and customary.

(e) Documentary evidence transmitted from [another] outside this state to a tribunal of this state by telephone, telecopier, or other electronic means that do not provide an original record may not be excluded from evidence on an objection based on the means of transmission.

(f) In a proceeding under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, [the family support magistrate] a tribunal of this state shall permit a party or witness residing [in another] outside this state to be deposed or to testify under penalty of perjury by telephone, audiovisual means, or other electronic means at a designated tribunal or other location. [in that state.] A tribunal of this state shall cooperate with other tribunals [of other states] in designating an appropriate location for the deposition or testimony.

(g) If a party called to testify at a civil hearing refuses to answer on the ground that the testimony may be self-incriminating, the trier of fact may draw an adverse inference from the refusal.

(h) A privilege against disclosure of communications between spouses does not apply in a proceeding under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive.

(i) The defense of immunity based on the relationship of husband and wife or parent and child does not apply in a proceeding under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive.

(j) A voluntary acknowledgment of paternity, certified as a true copy, is admissible to establish [paternity] parentage of the child.

Sec. 29. Section 46b-213b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

A [family support magistrate] tribunal of this state may communicate with a tribunal [of another] outside this state [or foreign country or political subdivision] in a record[,] or by telephone, electronic mail, or other means, to obtain information concerning the laws, the legal effect of a judgment, decree, or order of that tribunal, and the status of a proceeding. [in the other state or foreign country or political subdivision.] A [family support magistrate] tribunal of this state may furnish similar information by similar means to a tribunal [of another state or foreign country or political subdivision] outside this state.

Sec. 30. Section 46b-213c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

A [family support magistrate] tribunal of this state may: (1) [Request] request a tribunal [of another] outside this state to assist in obtaining discovery; and (2) upon request, compel a person over [whom] which it has jurisdiction to respond to a discovery order issued by a tribunal [of another] outside this state.

Sec. 31. Section 46b-213d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) [The Bureau of Child Support Enforcement of the Department of Social Services or its designated collection agent, and any] A support enforcement agency or tribunal of this state shall disburse promptly any amounts received pursuant to a support order, as directed by the order. The [bureau, agent] agency or tribunal shall furnish to a requesting party or tribunal of another state or a foreign country a certified statement by the custodian of the record of the amounts and dates of all payments received.

(b) If neither the obligor, nor an obligee who is an individual, nor the child resides in this state, upon request from the support enforcement agency of this state or another state, the support enforcement agency of this state or a tribunal of this state shall: (1) [Direct] direct that the support payment be made to the support enforcement agency in the state in which the obligee is receiving services; and (2) issue and send to the obligor's employer a conforming income withholding order or an administrative notice of change of payee, reflecting the redirected payments.

(c) The support enforcement agency of this state[,] receiving redirected payments from another state pursuant to a law similar to subsection (b) [of this section,] shall furnish to a requesting party or tribunal of the other state a certified statement by the custodian of the record of the amount and dates of all payments received.

Sec. 32. Section 46b-213e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) If a support order entitled to recognition under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, has not been issued, a [family support magistrate] responding tribunal of this state with personal jurisdiction over the parties may issue a support order if: (1) [The] the individual seeking the order resides [in another] outside this state; or (2) the support enforcement agency seeking the order is located [in another] outside this state.

(b) The [family support magistrate] tribunal may issue a temporary child support order if the [family support magistrate] tribunal determines that such an order is appropriate and the individual ordered to pay is: (1) [A] a presumed father of the child; (2) petitioning to have his paternity adjudicated; (3) identified as the father of the child through genetic testing; (4) an alleged father who has declined to submit to genetic testing; (5) shown by clear and convincing evidence to be the father of the child; (6) an acknowledged father as provided by section 46b-

172; (7) the mother of the child; or (8) an individual who has been ordered to pay child support in a previous proceeding and the order has not been reversed or vacated.

(c) Upon finding, after notice and opportunity to be heard, that an obligor owes a duty of support, the tribunal shall issue a support order directed to the obligor and may issue other orders pursuant to section 46b-212q.

(d) A tribunal of this state authorized to determine parentage of a child may serve as a responding tribunal in a proceeding to determine parentage of a child brought under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, or a law or procedure substantially similar to sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive.

Sec. 33. Section 46b-213f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) A party or support enforcement agency seeking to enforce a support order or an income withholding order, or both, issued [by a tribunal of] in another state or a foreign support order may send the documents required for registering the order to [Support Enforcement Services] a support enforcement agency of this state.

(b) Upon receipt of the documents, [Support Enforcement Services, with the assistance of the Bureau of Child Support Enforcement within the Department of Social Services, as appropriate] the support enforcement agency, without initially seeking to register the order, shall consider and, if appropriate, use any administrative procedure authorized by the law of this state to enforce a support order or an income withholding order, or both. If the obligor does not contest administrative enforcement, the order need not be registered. If the obligor contests the validity or administrative enforcement of the order, the support enforcement agency shall [file the order with Support Enforcement Services of the Superior Court to be recorded in the registry of support orders of the Family Support Magistrate Division] register the order pursuant to sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive.

Sec. 34. Section 46b-213g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

A support order or income withholding order issued [by a tribunal of] in another state or a foreign support order may be registered in this state for enforcement. [with the registry of support orders of the Family Support Magistrate Division maintained by Support Enforcement Services of the Superior Court.]

Sec. 35. Section 46b-213h of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) [A] Except as otherwise provided in section 55 of this act, a support order or income withholding order of another state or a foreign support order may be registered in this state by sending the following records [and information] to Support Enforcement Services for filing in the registry of support orders of the Family Support Magistrate Division: (1) [A] a letter of transmittal to [Support Enforcement Services] the tribunal requesting registration and

enforcement; (2) two copies, including one certified copy, of the order to be registered, including any modification of the order; (3) a sworn statement by the person requesting registration or a certified statement by the custodian of the records showing the amount of any arrearage; (4) the name of the obligor and, if known: (A) [The] the obligor's address and [Social Security] social security number; (B) the name and address of the obligor's employer and any other source of income of the obligor; and (C) a description and the location of property of the obligor in this state not exempt from execution; and (5) except as otherwise provided in section 46b-212x, the name and address of the obligee and, if applicable, the person to whom support payments are to be remitted[; and (6) a statement disclosing whether or not any other action or proceeding is currently pending concerning the support of the child who is the subject of such support order].

(b) On receipt of a request for registration, [Support Enforcement Services] the registering tribunal shall cause the order to be filed as [a foreign judgment in the registry of support orders of the Family Support Magistrate Division] an order of a tribunal of another state or a foreign support order, together with one copy of the documents and information, regardless of their form.

(c) A petition or comparable pleading seeking a remedy that [is required to] must be affirmatively sought under other law of this state may be filed at the same time as the request for registration or later. The pleading [shall] must specify the grounds for the remedy sought.

(d) If two or more orders are in effect, the person requesting registration shall: (1) [Furnish] furnish to [Support Enforcement Services] the tribunal a copy of every support order asserted to be in effect in addition to the documents specified in this section; (2) specify the order alleged to be the controlling order, if any; and (3) specify the amount of consolidated arrears, if any.

(e) A request for a determination of which is the controlling order may be filed separately or with a request for registration and enforcement or for registration and modification. The person requesting registration shall give notice of the request to each party whose rights may be affected by the determination.

Sec. 36. Section 46b-213i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) A support order or income withholding order issued in another state or a foreign support order is registered when the order is filed [with Support Enforcement Services for registration in the registry of support orders] in the registering tribunal of this state.

(b) A registered support order issued in another state or a foreign country is enforceable in the same manner and is subject to the same procedures as an order issued by a tribunal of this state.

(c) Except as otherwise provided in sections [46b-213g to 46b-213r] 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, a tribunal of this state shall recognize and enforce, but may not modify, a registered support order if the issuing tribunal had jurisdiction.

Sec. 37. Section 46b-213j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) Except as provided in subsection (d) of this section, the law of the issuing state or foreign country governs: (1) [The] the nature, extent, amount, and duration of current payments under a registered support order; (2) the computation and payment of arrearages and accrual of interest on the arrearages under the support order; and (3) the existence and satisfaction of other obligations under the support order.

(b) In a proceeding for arrears under a registered support order, the statute of limitations of this state, or of the issuing state or foreign country, whichever is longer, applies.

(c) A responding tribunal of this state shall apply the procedures and remedies of this state to enforce current support and collect arrears and interest due on a support order of another state or a foreign country registered in this state.

(d) After a tribunal of this state or another state determines which is the controlling order and issues an order consolidating arrears, if any, a tribunal of this state shall prospectively apply the law of the state or foreign country issuing the controlling order, including its law on interest[,] on arrears, on current and future support, and on consolidated arrears.

Sec. 38. Section 46b-213k of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) When a support order or income withholding order issued in another state or a foreign support order is registered, the [Family Support Magistrate Division or Support Enforcement Services acting on its behalf,] registering tribunal of this state shall notify the nonregistering party. The notice [shall] must be accompanied by a copy of the registered order and the documents and relevant information accompanying the order.

(b) A notice [shall] must inform the nonregistering party: (1) [That] that a registered support order is enforceable as of the date of registration in the same manner as an order issued by a tribunal of this state; (2) that a hearing [before the Family Support Magistrate Division] to contest the validity or enforcement of the registered order must be requested [not later than] within twenty days after [a] notice unless the registered order is under section 56 of this act; (3) that failure to contest the validity or enforcement of the registered order in a timely manner will result in confirmation of the order and enforcement of the order and the alleged arrearages; [and precludes further contest of that order with respect to any matter that could have been asserted;] and (4) of the amount of any alleged arrearages.

(c) If the registering party asserts that two or more orders are in effect, a notice [shall] must also: (1) [Identify] identify the two or more orders and the order alleged by the registering [person] party to be the controlling order and the consolidated arrears, if any; (2) notify the nonregistering party of the right to a determination of which is the controlling order; (3) state that the procedures provided in subsection (b) of this section apply to the determination of which is the controlling order; and (4) state that failure to contest the validity or enforcement of the order

alleged to be the controlling order in a timely manner may result in confirmation that the order is the controlling order.

(d) Upon registration of an income withholding order for enforcement, the [Family Support Magistrate Division, or Support Enforcement Services acting on its behalf,] support enforcement agency or the registering tribunal shall notify the obligor's employer pursuant to section 52-362.

Sec. 39. Section 46b-213*l* of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) A nonregistering party seeking to contest the validity or enforcement of a registered support order in this state shall request a hearing [before the Family Support Magistrate Division] within [twenty days after notice of the registration] the time required by section 46b-213k. The nonregistering party may seek to vacate the registration, to assert any defense to an allegation of noncompliance with the registered order, or to contest the remedies being sought or the amount of any alleged arrearages pursuant to section 46b-213m.

(b) If the nonregistering party fails to contest the validity or enforcement of the registered support order in a timely manner, the order is confirmed by operation of law.

(c) If a nonregistering party requests a hearing to contest the validity or enforcement of the registered order, the [Family Support Magistrate Division] registering tribunal shall schedule the matter for hearing and give notice to the parties of the date, time, and place of the hearing.

Sec. 40. Section 46b-213m of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) A party contesting the validity or enforcement of a registered support order or seeking to vacate the registration has the burden of proving one or more of the following defenses: (1) [The] the issuing tribunal lacked personal jurisdiction over the contesting party; (2) the order was obtained by fraud; (3) the order has been vacated, suspended, or modified by a later order; (4) the issuing tribunal has stayed the order pending appeal; (5) there is a defense under the law of this state to the remedy sought; (6) full or partial payment has been made; (7) the statute of [limitations] limitation under section 46b-213j precludes enforcement of some or all of the alleged arrearages; or (8) the alleged controlling order is not the controlling order.

(b) If a party presents evidence establishing a full or partial defense under subsection (a) of this section, a tribunal may stay enforcement of [the] a registered support order, continue the proceeding to permit production of additional relevant evidence, and issue other appropriate orders. An uncontested portion of the registered support order may be enforced by all remedies available under the law of this state.

(c) If the contesting party does not establish a defense under subsection (a) of this section to the validity or enforcement of [the] a registered support order, the registering tribunal shall issue an order confirming the order.

Sec. 41. Section 46b-213n of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

Confirmation of a registered support order, whether by operation of law or after notice and hearing, precludes further contest of the order with respect to any matter that could have been asserted at the time of registration.

Sec. 42. Section 46b-213o of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

A party or support enforcement agency seeking to modify, or to modify and enforce, a child support order issued in another state shall register that order in this state in the same manner provided in sections 46b-213g to [46b-213j] 46b-213n, inclusive, if the order has not been registered. A petition for modification may be filed at the same time as a request for registration, or later. The pleading must specify the grounds for modification.

Sec. 43. Section 46b-213p of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

A [family support magistrate] tribunal of this state may enforce a child support order of another state registered for purposes of modification, in the same manner as if the order had been issued by a [family support magistrate] tribunal of this state, but the registered support order may be modified only if the requirements of section 46b-213q [or subsection (b) of section 46b-213r] have been met.

Sec. 44. Section 46b-213q of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) [Except as provided in subsection (b) of section 46b-213r, in any matter where the Family Support Magistrate Division does not have jurisdiction pursuant to] If subsection (f) of this section does not apply, upon petition a [family support magistrate] tribunal of this state may modify a child support order issued in another state which is registered in this state if, after notice and hearing, [such magistrate] the tribunal finds that: (1) [The] the following requirements are met: (A) [Neither] neither the child, nor the obligee who is an individual, nor the obligor resides in the issuing state; (B) a petitioner who is a nonresident of this state seeks modification; and (C) the respondent is subject to the personal jurisdiction of the [Family Support Magistrate Division] tribunal of this state; or (2) this state is the [state of] residence of the child, or a party who is an individual is subject to the personal jurisdiction of the [Family Support Magistrate Division] tribunal of this state, and all of the parties who are individuals have filed consents in a record in the issuing tribunal for a [family support magistrate] tribunal of this state to modify the support order and assume continuing, exclusive jurisdiction.

(b) Modification of a registered child support order is subject to the same requirements, procedures, and defenses that apply to the modification of an order issued by [the Family Support Magistrate Division] a tribunal of this state and the order may be enforced and satisfied in the same manner.

(c) [Except as provided in subsection (b) of section 46b-213r, a family support magistrate] A tribunal of this state may not modify any aspect of a child support order that may not be modified under the law of the issuing state, including the duration of the obligation of support. If two or more tribunals have issued child support orders for the same obligor and same child, the order that controls and [shall] must be so recognized under section 46b-212j establishes the aspects of the support order which are nonmodifiable.

(d) In a proceeding to modify a child support order, the law of the state that is determined to have issued the initial controlling order governs the duration of the obligation of support. The obligor's fulfillment of the duty of support established by that order precludes imposition of a further obligation of support by a tribunal of this state.

(e) On the issuance of an order by [the Family Support Magistrate Division] a tribunal of this state modifying a child support order issued in another state, the [Family Support Magistrate Division] tribunal of this state becomes the tribunal having continuing, exclusive jurisdiction.

(f) Notwithstanding subsections (a) through (e) of this section and section 46b-212d(b), a tribunal of this state retains jurisdiction to modify an order issued by a tribunal of this state if: (1) one party resides in another state; and (2) the other party resides outside the United States.

[(f)] (g) (1) If all of the parties who are individuals reside in this state and the child does not reside in the issuing state, [the Family Support Magistrate Division] a tribunal of this state has jurisdiction to enforce and to modify the issuing state's child support order in a proceeding to register that order.

(2) [The Family Support Magistrate Division] A tribunal of this state exercising jurisdiction under this subsection shall apply the provisions of sections 46b-212a to 46b-212*l*, inclusive, [and] sections 46b-213g to 46b-213r, inclusive, and the procedural and substantive law of this state to the proceeding for enforcement or modification. Sections 46b-212m to 46b-213f, inclusive, [46b-213s] sections 46b-213t to 46b-213u, inclusive, and section 46b-213w [shall] do not apply. [to such proceeding.]

[(g)] (h) [The family support magistrate shall order the party obtaining the modification of a child support order to file, within] Within thirty days after issuance of [such modification] a modified child support order, the party obtaining the modification shall file a certified copy of [such] the order with [each tribunal that issued or registered an earlier order of child support] the issuing tribunal that had continuing, exclusive jurisdiction over the earlier order, and in each tribunal in which the party knows the earlier order has been registered. A party who obtains the order and fails to file a certified copy is subject to appropriate sanctions by a tribunal in which the issue of failure to file arises. The failure to file [such orders pursuant to this subsection shall] does not affect the validity or enforceability of the modified order of the new tribunal having continuing, exclusive jurisdiction.

Sec. 45. Section 46b-213r of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) If a child support order issued by [the Family Support Magistrate Division or Superior Court] a tribunal of this state is modified by a tribunal of another state which assumed jurisdiction pursuant to the Uniform Interstate Family Support Act, a tribunal of this state: (1) [May] may enforce its order that was modified only as to arrears and interest accruing before the modification; (2) may provide appropriate relief for violations of its order which occurred before the effective date of the modification; and (3) shall recognize the modifying order of the other state, upon registration, for the purpose of enforcement.

(b) (1) [If] Except as otherwise provided in section 60 of this act, if a foreign country [or political subdivision that is a state will not or may not modify its order] lacks or refuses to exercise jurisdiction to modify its child support order pursuant to its laws, a tribunal of this state may assume jurisdiction to modify the child support order and bind all individuals subject to the personal jurisdiction of the tribunal whether [or not] the consent to modification of a child support order otherwise required of the individual pursuant to subsection (a) of section 46b-213q has been given or whether the individual seeking modification is a resident of this state or of the foreign country. [or political subdivision.] (2) An order issued by a tribunal of this state modifying a foreign child support order pursuant to this subsection is the controlling order.

Sec. 46. Section 46b-213t of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) The [Governor] governor of this state may: (1) Demand that the governor of another state surrender an individual found in the other state who is charged criminally in this state with having failed to provide for the support of an obligee; or (2) on the demand of the governor of another state, surrender an individual found in this state who is charged criminally in the other state with having failed to provide for the support of an obligee.

(b) A provision for extradition of individuals not inconsistent with sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, applies to the demand even if the individual whose surrender is demanded was not in the demanding state when the crime was allegedly committed and has not fled therefrom.

Sec. 47. Section 46b-213u of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) Before making a demand that the governor of another state surrender an individual charged criminally in this state with having failed to provide for the support of an obligee, the [Governor] governor of this state may require a state's attorney or assistant state's attorney to demonstrate that at least sixty days previously the obligee had initiated proceedings for support pursuant to sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, or that the proceeding would be of no avail.

(b) If, under sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, or a law substantially similar to [said] sections 46b-212 to 46b-213w and sections 50 to 63 of this act, inclusive, the governor of another state makes a demand that the [Governor] governor of this state surrender an individual charged criminally in that state with having failed to provide for the

support of a child or other individual to whom a duty of support is owed, the [Governor] governor may require a [state's attorney or assistant state's attorney] prosecutor to investigate the demand and report whether a proceeding for support has been initiated or would be effective. If it appears that a proceeding would be effective[,] but has not been initiated, the [Governor] governor may delay honoring the demand for a reasonable time to permit the initiation of a proceeding.

(c) If a proceeding for support has been initiated and the individual whose rendition is demanded prevails, the [Governor] governor may decline to honor the demand. If the petitioner prevails and the individual whose rendition is demanded is subject to a support order, the [Governor] governor may decline to honor the demand if the individual is complying with the support order.

Sec. 48. Section 46b-213v of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

In applying and construing [the Uniform Interstate Family Support Act under this part] this uniform act, consideration [shall] must be given to the need to promote uniformity of the law with respect to its subject matter among states that enact [said uniform act] it.

Sec. 49. Section 46b-213w of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) An income withholding order issued in another state may be sent by or on behalf of the obligee, or by the support enforcement agency, to the person defined as the obligor's employer under section 52-362 without first filing a petition or comparable pleading or registering the order [in the registry of support orders of the Family Support Magistrate Division] with a tribunal of this state.

(b) Upon receipt of an income withholding order issued in another state, the obligor's employer shall immediately provide to the obligor (1) a copy of the order, and (2) a copy of the notice and claim form provided by the Department of Social Services pursuant to subsection (c) of this section.

(c) The Department of Social Services shall make available to all employers in this state a standard notice and claim form, written in clear and simple language, which shall include:

(1) Notice that money will be withheld from the employee's wages for child support and health insurance;

(2) Notice of the amount of disposable earnings that are exempt from the income withholding order;

(3) Notice that the amount of the income withholding order may not exceed the maximum permitted by federal law under Section 1673 of Title 15 of the United States Code, together with a statement of the obligor's right to claim any other applicable state or federal exemptions;

(4) Notice of the right to object to the validity or enforcement of such income withholding order in a court in this state and of the right to seek modification of the underlying support order in the court of continuing exclusive jurisdiction;

(5) Notice of the right to seek the assistance of the Bureau of Child Support Enforcement of the Department of Social Services and the toll-free telephone number at which the bureau can be contacted;

(6) A claim form which shall include (A) a list of the most common defenses and exemptions to such income withholding order in a manner which allows the obligor to check any of the defenses and exemptions which apply; (B) a space where the obligor may briefly explain the obligor's claim or defense; (C) a space where the obligor may initiate a request for services to modify the support order, and the address of the Bureau of Child Support Enforcement of the Department of Social Services to which such request may be sent; (D) a space for the obligor to provide the obligor's address and the name of the town in which the obligor principally conducts the obligor's work for the employer; (E) a space for the obligor to sign the obligor's name; (F) the address of Support Enforcement Services to which the claim form is to be sent in order to contest the validity or enforcement of the income withholding order; and (G) space for the employer to state the date upon which the form was actually delivered to the obligor.

(d) The employer shall treat an income withholding order issued in another state which appears regular on its face as if it had been issued by a tribunal of this state.

(e) Except as otherwise provided in subsections (f), (g) and (l) of this section, the employer shall withhold and distribute the funds as directed in the withholding order by complying with terms of the order which specify: (1) [The] the duration and amount of periodic payments of current child support, stated as a sum certain; (2) the person designated to receive payments and the address to which the payments are to be forwarded; (3) medical support, whether in the form of periodic cash payment, stated as a sum certain, or ordering the obligor to provide health insurance coverage for the child under a policy available through the obligor's employment, subject to the provisions of subsection (e) of section 38a-497a; (4) the amount of periodic payments of fees and costs for a support enforcement agency, the issuing tribunal, and the obligee's attorney, stated as sums certain; and (5) the amount of periodic payments of arrearages and interest on arrearages, stated as sums certain.

(f) [The] An employer shall comply with the law of [this state] the state of the obligor's principle place of employment for withholding from income with respect to: (1) [The prohibition against an] the employer's fee for processing an income withholding order; (2) the maximum amount permitted to be withheld from the obligor's income; and (3) the [time period] times within which the employer must implement the withholding order and forward the child support payment.

(g) If an obligor's employer receives two or more income withholding orders with respect to the earnings of the same obligor, the employer satisfies the terms of [such] the orders if the employer complies with the law of [this state] the state of the obligor's principal place of

employment to establish the priorities for withholding and allocating income withheld for two or more child support obligees.

(h) An employer [who] that complies with an income withholding order issued in another state in accordance with this section [shall be immune from] is not subject to civil liability with regard to the employer's withholding of child support from the obligor's income.

(i) An employer [who] that wilfully fails to comply with an income withholding order issued [by] in another state and received for enforcement is subject to the same penalties that may be imposed for noncompliance with an order issued by a tribunal of this state.

(j) An obligor may contest the validity or enforcement of an income withholding order issued in another state and received directly by an employer in this state by: (1) Registering the order in accordance with section 46b-213h and filing a contest to that order as provided in section 46b-213*l* notwithstanding the obligor is the registering party; (2) otherwise contesting the order in the same manner as if the order had been issued by a tribunal of this state; or (3) mailing to Support Enforcement Services the claim form delivered to the obligor pursuant to subsection (b) of this section, signed by the obligor and containing the obligor's address and a copy of the income withholding order.

(k) Upon receipt of a claim form contesting the validity or enforcement of an income withholding order, Support Enforcement Services shall: (1) [Give] give notice of the contest to (A) the support enforcement agency providing services to the obligee; (B) each employer that has directly received an income withholding order relating to the obligor; (C) the person designated to receive payments in the income withholding order; and (D) if the obligee's address is known, the obligee; (2) file the claim form and a copy of the income withholding order on behalf of the obligor with the Family Support Magistrate Division; and (3) notify the person or agency that sent the income withholding order to file not less than ten days before the scheduled hearing: (A) [Two] two copies, including one certified copy of the underlying support order, including any modification of such order; and (B) a sworn statement showing the amount of any arrearage together with the last court determination of an arrearage and an accounting of the arrearage since such determination.

(l) Upon receipt of a claim form filed by Support Enforcement Services on behalf of the obligor in accordance with subsection (k) of this section, the clerk shall promptly enter the appearance of the obligor, schedule a hearing, and give notice of the hearing to the obligor, Support Enforcement Services, the party initiating the income withholding order, and, if the obligee's address is known, the obligee. The family support magistrate shall promptly hear and determine the claim and enter the family support magistrate's determination within forty-five days from the date of the filing of the claim form. The family support magistrate shall utilize the procedures set forth in sections 46b-213a to 46b-213c, inclusive, to obtain additional evidence and information as needed for a prompt determination on the claim. If the person or agency that sent the income withholding order fails to file the documents described in subdivision (3) of subsection (k) of this section or fails to comply with a reasonable request for information or documents made under section 46b-213b or 46b-213c, the family support magistrate may: (1) [Continue] continue the hearing for a period of not more than an additional forty-five days and

direct Support Enforcement Services to provide such notice as may be appropriate; (2) order a temporary or partial stay of income withholding for a period not to exceed forty-five days; or (3) sustain the obligor's objection to the validity or enforcement of the income withholding order and enjoin the employer from complying with such order. In addition to any notice given by the clerk, upon entry of the decision of the family support magistrate on the claim, Support Enforcement Services shall give notice of the decision to each employer that has directly received an income withholding order related to the obligor, the party initiating the income withholding order, the obligor and, if the obligee's address is known, the obligee.

(m) If the claim form requests services to modify the support order, the Bureau of Child Support Enforcement shall assist the obligor to file a motion for modification with the appropriate tribunal of the state of continuing, exclusive jurisdiction in accordance with the law of that jurisdiction. The receipt of the request for modification shall constitute a request for Title IV-D services, but the bureau may require the making of a formal application. Such assistance shall include, but is not limited to, providing the obligor with information about how such a motion is filed, contacting the state of continuing, exclusive jurisdiction on behalf of the obligor to obtain appropriate forms, and transmitting such forms and applicable information to the appropriate tribunal in such state.

(n) Venue for contested claims under this section shall be the [family support magistrate division] Family Support Magistrate Division of the [superior court] Superior Court in the judicial district in which the obligor resides, provided (1) if the obligor does not reside in this state, venue shall be in the judicial district in which the obligor principally conducts his work for the employer who is subject to the income withholding order, and (2) if there is an existing action concerning support of the child or children who are the subject of the income withholding order, the claim shall be filed in that action.

Sec. 50. (NEW) (*Effective July 1, 2015*) As used in sections 50 to 62, inclusive, of this act:

(1) "Application" means a request under the Convention by an obligee or obligor, or on behalf of a child, made through a central authority for assistance from another central authority.

(2) "Central authority" means the entity designated by the United States or a foreign country described in section 46b-212a(5)(D) to perform the functions specified in the Convention.

(3) "Convention support order" means a support order of a tribunal of a foreign country described in section 46b-212a(5)(D).

(4) "Direct request" means a petition filed by an individual in a tribunal of this state in a proceeding involving an obligee, obligor, or child residing outside the United States.

(5) "Foreign central authority" means the entity designated by a foreign country described in section 46b-212a (5)(D) to perform the functions specified in the Convention.

(6) "Foreign support agreement": (A) means an agreement for support in a record that: (i) is enforceable as a support order in the country of origin; (ii) has been: (I) formally drawn up or registered as an authentic instrument by a foreign tribunal; or (II) authenticated by, or concluded,

registered, or filed with a foreign tribunal; and (iii) may be reviewed and modified by a foreign tribunal; and (B) includes a maintenance arrangement or authentic instrument under the Convention.

(7) "United States central authority" means the Secretary of the United States Department of Health and Human Services.

Sec. 51. (NEW) (*Effective July 1, 2015*) Sections 50 to 62, inclusive, of this act apply only to a support proceeding under the Convention. In such a proceeding, if a provision of sections 50 to 62, inclusive, of this act is inconsistent with sections 46b-212 to 46b-213w, inclusive, sections 50 to 62, inclusive, of this act control.

Sec. 52. (NEW) (*Effective July 1, 2015*) The Bureau of Child Support Enforcement within the Department of Social Services of this state and Support Enforcement Services of the Superior Court, where authorized under cooperative agreement with the Bureau of Child Support Enforcement, are recognized as the agency designated by the United States central authority to perform specific functions under the Convention.

Sec. 53. (NEW) (*Effective July 1, 2015*) (a) In a support proceeding under sections 50 to 62, inclusive, of this act, the Bureau of Child Support Enforcement within the Department of Social Services of this state and Support Enforcement Services of the Superior Court, where authorized under cooperative agreement with the Bureau of Child Support Enforcement, shall: (1) transmit and receive applications; and (2) initiate or facilitate the institution of a proceeding regarding an application in a tribunal of this state.

(b) The following support proceedings are available to an obligee under the Convention: (1) recognition or recognition and enforcement of a foreign support order; (2) enforcement of a support order issued or recognized in this state; (3) establishment of a support order if there is no existing order, including, if necessary, determination of parentage of a child; (4) establishment of a support order if recognition of a foreign support order is refused under subdivisions (2), (4), or (9) of subsection (b) of section 57 of this act; (5) modification of a support order of a tribunal of this state; and (6) modification of a support order of a tribunal of another state or a foreign country.

(c) The following support proceedings are available under the Convention to an obligor against which there is an existing support order: (1) recognition of an order suspending or limiting enforcement of an existing support order of a tribunal of this state; (2) modification of a support order of a tribunal of this state; and (3) modification of a support order of a tribunal of another state or a foreign country.

(d) A tribunal of this state may not require security, bond, or deposit, however described, to guarantee the payment of costs and expenses in proceedings under the Convention.

Sec. 54. (NEW) (*Effective July 1, 2015*) (a) A petitioner may file a direct request seeking establishment or modification of a support order or determination of parentage of a child. In the proceeding, the law of this state applies.

(b) A petitioner may file a direct request seeking recognition and enforcement of a support order or support agreement. In the proceeding, sections 55 to 62, inclusive, of this act apply.

(c) In a direct request for recognition and enforcement of a Convention support order or foreign support agreement: (1) a security, bond, or deposit is not required to guarantee the payment of costs and expenses; and (2) an obligee or obligor that in the issuing country has benefited from free legal assistance is entitled to benefit, at least to the same extent, from any free legal assistance provided for by the law of this state under the same circumstances.

(d) A petitioner filing a direct request is not entitled to assistance from the Bureau of Child Support Enforcement within the Department of Social Services or Support Enforcement Services of the Superior Court.

(e) Sections 50 to 62, inclusive, of this act do not prevent the application of laws of this state that provide simplified, more expeditious rules regarding a direct request for recognition and enforcement of a foreign support order or foreign support agreement.

Sec. 55. (NEW) (*Effective July 1, 2015*) (a) Except as otherwise provided in sections 50 to 62, inclusive, of this act, a party who is an individual or a support enforcement agency seeking recognition of a Convention support order shall register the order in this state as provided in sections 46b-213g to 46b-213r, inclusive.

(b) Notwithstanding section 46b-212w and subsection (a) of section 46b-213h, a request for registration of a Convention support order must be accompanied by: (1) a complete text of the support order or an abstract or extract of the support order drawn up by the issuing foreign tribunal, which may be in the form recommended by the Hague Conference on Private International Law; (2) a record stating that the support order is enforceable in the issuing country; (3) if the respondent did not appear and was not represented in the proceedings in the issuing country, a record attesting, as appropriate, either that the respondent had proper notice of the proceedings and an opportunity to be heard or that the respondent had proper notice of the support order and an opportunity to be heard in a challenge or appeal on fact or law before a tribunal; (4) a record showing the amount of arrears, if any, and the date the amount was calculated; (5) a record showing a requirement for automatic adjustment of the amount of support, if any, and the information necessary to make the appropriate calculations; and (6) if necessary, a record showing the extent to which the applicant received free legal assistance in the issuing country.

(c) A request for registration of a Convention support order may seek recognition and partial enforcement of the order.

(d) A tribunal of this state may vacate the registration of a Convention support order without the filing of a contest under section 56 of this act only if, acting on its own motion, the tribunal finds that recognition and enforcement of the order would be manifestly incompatible with public policy.

(e) The tribunal shall promptly notify the parties of the registration or the order vacating the registration of a Convention support order.

Sec. 56. (NEW) (*Effective July 1, 2015*) (a) Except as otherwise provided in sections 50 to 62, inclusive, of this act, sections 46b-213k to 46b-213n, inclusive, apply to a contest of a registered Convention support order.

(b) A party contesting a registered Convention support order shall file a contest not later than thirty days after notice of the registration, but if the contesting party does not reside in the United States, the contest must be filed not later than sixty days after notice of the registration.

(c) If the nonregistering party fails to contest the registered Convention support order by the time specified in subsection (b) of this section, the order is enforceable.

(d) A contest of a registered Convention support order may be based only on grounds set forth in section 57 of this act. The contesting party bears the burden of proof.

(e) In a contest of a registered Convention support order, a tribunal of this state: (1) is bound by the findings of fact on which the foreign tribunal based its jurisdiction; and (2) may not review the merits of the order.

(f) A tribunal of this state deciding a contest of a registered Convention support order shall promptly notify the parties of its decision.

(g) A challenge or appeal, if any, does not stay the enforcement of a Convention support order unless there are exceptional circumstances.

Sec. 57. (NEW) (*Effective July 1, 2015*) (a) Except as otherwise provided in subsection (b) of this section, a tribunal of this state shall recognize and enforce a registered Convention support order.

(b) The following grounds are the only grounds on which a tribunal of this state may refuse recognition and enforcement of a registered Convention support order: (1) recognition and enforcement of the order is manifestly incompatible with public policy, including the failure of the issuing tribunal to observe minimum standards of due process, which include notice and an opportunity to be heard; (2) the issuing tribunal lacked personal jurisdiction consistent with section 46b-212d; (3) the order is not enforceable in the issuing country; (4) the order was obtained by fraud in connection with a matter of procedure; (5) a record transmitted in accordance with section 55 of this act lacks authenticity or integrity; (6) a proceeding between the same parties and having the same purpose is pending before a tribunal of this state and that proceeding was the first to be filed; (7) the order is incompatible with a more recent support order involving the same parties and having the same purpose if the more recent support order is entitled to recognition and enforcement under sections 46b-212 to 46b-213w, inclusive, in this state; (8) payment, to the extent alleged arrears have been paid in whole or in part; (9) in a case in which the respondent neither appeared nor was represented in the proceeding in the issuing foreign country: (A) if the law of that country provides for prior notice of proceedings, the respondent did not have proper notice of the proceedings and an opportunity to be heard; or (B)

if the law of that country does not provide for prior notice of the proceedings, the respondent did not have proper notice of the order and an opportunity to be heard in a challenge or appeal on fact or law before a tribunal; or (10) the order was made in violation of section 60 of this act.

(c) If a tribunal of this state does not recognize a Convention support order under subdivisions (2), (4), or (9) of subsection (b) of this section: (1) the tribunal may not dismiss the proceeding without allowing a reasonable time for a party to request the establishment of a new Convention support order; and (2) the Bureau of Child Support Enforcement within the Department of Social Services or Support Enforcement Services of the Superior Court, where authorized under cooperative agreement with the Bureau of Child Support Enforcement, shall take all appropriate measures to request a child support order for the obligee if the application for recognition and enforcement was received under section 53 of this act.

Sec. 58. (NEW) (*Effective July 1, 2015*) If a tribunal of this state does not recognize and enforce a Convention support order in its entirety, it shall enforce any severable part of the order. An application or direct request may seek recognition and partial enforcement of a Convention support order.

Sec. 59. (NEW) (*Effective July 1, 2015*) (a) Except as otherwise provided in subsections (c) and (d) of this section, a tribunal of this state shall recognize and enforce a foreign support agreement registered in this state.

(b) An application or direct request for recognition and enforcement of a foreign support agreement must be accompanied by: (1) a complete text of the foreign support agreement; and (2) a record stating that the foreign support agreement is enforceable as an order of support in the issuing country.

(c) A tribunal of this state may vacate the registration of a foreign support agreement only if, acting on its own motion, the tribunal finds that recognition and enforcement would be manifestly incompatible with public policy.

(d) In a contest of a foreign support agreement, a tribunal of this state may refuse recognition and enforcement of the agreement if it finds: (1) recognition and enforcement of the agreement is manifestly incompatible with public policy; (2) the agreement was obtained by fraud or falsification; (3) the agreement is incompatible with a support order involving the same parties and having the same purpose in this state, another state, or a foreign country if the support order is entitled to recognition and enforcement under sections 46b-212 to 46b-213w, inclusive, in this state; or (4) the record submitted under subsection (b) of this section lacks authenticity or integrity.

(e) A proceeding for recognition and enforcement of a foreign support agreement must be suspended during the pendency of a challenge to or appeal of the agreement before a tribunal of another state or a foreign country.

Sec. 60. (NEW) (*Effective July 1, 2015*) (a) A tribunal of this state may not modify a Convention child support order if the obligee remains a resident of the foreign country where the

support order was issued unless: (1) the obligee submits to the jurisdiction of a tribunal of this state, either expressly or by defending on the merits of the case without objecting to the jurisdiction at the first available opportunity; or (2) the foreign tribunal lacks or refuses to exercise jurisdiction to modify its support order or issue a new support order.

(b) If a tribunal of this state does not modify a Convention child support order because the order is not recognized in this state, subsection (c) of section 57 of this act applies.

Sec. 61. (NEW) (*Effective July 1, 2015*) Personal information gathered or transmitted under sections 50 to 62, inclusive, of this act may be used only for the purposes for which it was gathered or transmitted.

Sec. 62. (NEW) (*Effective July 1, 2015*) A record filed with a tribunal of this state under sections 50 to 62, inclusive, of this act must be in the original language and, if not in English, must be accompanied by an English translation.

Sec. 63. (NEW) (*Effective July 1, 2015*) This act applies to proceedings begun on or after its effective date to establish a support order or determine parentage of a child or to register, recognize, enforce, or modify a prior support order, determination, or agreement, whenever issued or entered.

Sec. 64. Section 46b-213s of the general statutes is repealed. (*Effective July 1, 2015*)

Statement of Purpose:

To adopt the 2008 revisions to the Uniform Interstate Family Support Act, as recommended by the National Conference of Commissioners on Uniform State Laws.

Agency Legislative Proposal - 2015 Session

Document Name Oct2014-DSS-BCSE-Name change

State Agency: **Department of Social Services**	
Liaison: Heather Rossi Phone: 860-424-5646 E-mail: heather.rossi@ct.gov	Liaison: Krista Ostaszewski Phone: 860-424-5612 E-mail:Krista.Ostaszewski@ct.gov
Lead agency division requesting this proposal: Bureau of Child Support Enforcement	
Agency Analyst/Drafter of Proposal: David Mulligan, Social Services Program Administration Manager	

Title of Proposal

An Act Concerning Renaming the Bureau of Child Support Enforcement to Office of Child Support Services

Statutory Reference CGS§§: 1-24; 4a-12; 17b-93; 17b-179; 29-1g; 46b-88; 46b-130; 46b-172; 46b-213d; 46b-213f; 46b-213w; 46b-218; 46b-231; 52-362; 52-362f; 52-362i

Proposal Summary

This proposal would amend all references throughout the general statutes to the lead IV-D agency's present name "Bureau of Child Support Enforcement". The proposal is to change the name to "Office of Child Support Services".

PROPOSAL BACKGROUND

- **Reason for Proposal**

There is no federal or state requirement mandating this name change; however, clearly the mission of the lead IV-D agency, located within the Department of Social Services, has expanded to include many more services than "enforcement". In fact, although the agency still engages in administrative enforcement, employing many advanced techniques to collect tens of millions of dollars every year on behalf of Connecticut's children, court-based enforcement is primarily the responsibility of the agency's cooperative partner in the Judicial Branch, Support Enforcement Services within the Court Operations Division. Also, the agency's federal oversight agency within the Administration for Children and Families, the Office of Child Support Enforcement, has emphasized in recent years the benefits to children and families of expanding the vision of the child support program to include assisting fathers and noncustodial parents in general to participate more fully in their children's lives, which tends to go hand in hand with increased support payments.

- **Origin of Proposal** **___ New Proposal** **_X_ Resubmission**

Proposed last year and became SB 252, which failed to pass due to lack of time in the legislative session.

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name**: Judicial Branch, Court Operations, Support Enforcement Services, Family Support Magistrates**
Agency Contact (name, title, phone): **Johanna Greenfield**, Deputy **Director, Family and Support Matters 860/263-3056; Charisse Hutton, Director, Support Enforcement Services, 860/569-6233 x 3361; John Colella, Chief Family Support Magistrate**

Date Contacted: Ongoing – Proposal discussed at 7/23/14 meeting with all IV-D partners

Approve of Proposal ___ YES ___NO _Talks Ongoing

Agency Name: **Office of the Attorney General, Collections/Child Support Unit** Agency Contact (name, title, phone): **Sean Kehoe, Assistant Attorney General, Department Head of the Collections and Child Support Unit, 860/808-5150.** Date Contacted: Ongoing – Proposal discussed at 7/23/14 meeting with all IV-D partners Approve of Proposal ___ YES ___NO _Talks Ongoing
Summary of Affected Agency's Comments The IV-D partners named above discussed and commented on the agency proposal, but lack authority at their level to officially "approve" or "oppose" the proposal.

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation) **None**
State Some printed and electronic media will require revision within existing resources.
Federal **None**
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

The focus on "Enforcement" in the IV-D agency name is not adequate to fully describe the services the lead IV-D agency provides to the public and our internal and external partners, both state and federal. In addition, the designation "Bureau" is antiquated and not used elsewhere within the Department of Social Services. The services provided by the IV-D agency include those offered within the John S. Martinez Fatherhood Initiative of Connecticut, which focus on changing the systems that can improve fathers' ability to be fully and positively involved in the lives of their children. They also include case initiation; location of parents; establishment of legal paternity; establishment of financial and medical support orders; collection, distribution and disbursement of child support payments in IV-D and Non-IV-D cases; and administrative functions such as State Plan maintenance, legislative and regulatory program direction, oversight of cooperating agencies, and state and federal audit compliance.

AN ACT CONCERNING RENAMING THE BUREAU OF CHILD SUPPORT ENFORCEMENT TO THE OFFICE OF CHILD SUPPORT SERVICES.

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

Section 1. Section 1-24 of the 2014 supplement to the general statutes, as amended by section 1 of Public Act No. 14-207, is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

The following officers may administer oaths: (1) The clerks of the Senate, the clerks of the House of Representatives and the chairpersons of committees of the General Assembly or of either branch thereof, during its session; (2) state officers, as defined in subsection (t) of section 9-1, judges and clerks of any court, family support magistrates, judge trial referees, justices of the peace, commissioners of the Superior Court, notaries public, town clerks and assistant town clerks, in all cases where an oath may be administered, except in a case where the law otherwise requires; (3) commissioners on insolvent estates, auditors, arbitrators and committees, to parties and witnesses, in all cases tried before them; (4) assessors and boards of assessment appeals, in cases coming before them; (5) commissioners appointed by governors of other states to take the acknowledgment of deeds, in the discharge of their official duty; (6) the moderator of a school district meeting, in such meeting, to the clerk of such district, as required by law; (7) the first selectman, in any matter before the board of selectmen; (8) the Chief Medical Examiner, Deputy Medical Examiner and assistant medical examiners of the Office of the Medical Examiner, in any matter before them; (9) registrars of vital statistics, in any matter before them; (10) any chief inspector or inspector appointed pursuant to section 51-286; (11) registrars of voters, deputy registrars, assistant registrars, and moderators, in any matter before them; (12) special assistant registrars, in matters provided for in subsections (b) and (c) of section 9-19b and section 9-19c; (13) the Commissioner of Emergency Services and Public Protection and any sworn member of any local police department or the Division of State Police within the Department of Emergency Services and Public Protection, in all affidavits, statements, depositions, complaints or reports made to or by any member of any local police department or said Division of State Police or any constable who is under the supervision of said commissioner or any of such officers of said Division of State Police and who is certified under the provisions of sections 7-294a to 7-294e, inclusive, and performs criminal law enforcement duties; (14) judge advocates of the United States Army, Navy, Air Force and Marine Corps, law specialists of the United States Coast Guard, adjutants, assistant adjutants, acting adjutants and personnel adjutants, commanding officers, executive officers and officers whose rank is lieutenant commander or major, or above, of the armed forces, as defined in section 27-103, to persons serving with or in the armed forces, as defined in said section, or their spouses; (15) investigators, deputy investigators, investigative aides, secretaries, clerical assistants, social workers, social worker trainees, paralegals and certified legal interns employed by or assigned to the Public Defender Services Commission in the performance of their assigned duties; (16) bail commissioners, intake, assessment and referral specialists, family relations counselors, support enforcement officers, chief probation officers and supervisory judicial marshals employed by the Judicial Department in the performance of their assigned duties; (17) juvenile matter investigators employed by the Division of Criminal Justice in the performance of their assigned duties; (18) the chairperson of the Connecticut Siting

Council or the chairperson's designee; (19) the presiding officer at an agency hearing under section 4-177b; (20) investigators employed by the Department of Social Services [Bureau of Child Support Enforcement,] Office of Child Support Services in the performance of their assigned duties; (21) the chairperson, vice-chairperson, members and employees of the Board of Pardons and Paroles, in the performance of their assigned duties; (22) the Commissioner of Correction or the commissioner's designee; (23) sworn law enforcement officers, appointed under section 26-5, within the Department of Energy and Environmental Protection, in all affidavits, statements, depositions, complaints or reports made to or by any such sworn law enforcement officer; and (24) sworn motor vehicle inspectors acting under the authority of section 14-8.

Sec. 2. Subsection (c) of section 4a-12 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

(c) For purposes of this section, "liable relative" means the husband or wife of any person receiving public assistance or aided, cared for or treated in a state humane institution, as defined in said section 17b-222, and the father and mother of any such person under the age of eighteen years, but shall not include the parent or parents whose financial liability for a child is determined by the [Bureau of Child Support Enforcement] Office of Child Support Services under subsection (b) of section 17b-179. The Commissioner of Administrative Services, in consultation with the Secretary of the Office of Policy and Management, shall adopt regulations in accordance with the provisions of chapter 54 establishing: (1) A uniform contribution scale for liable relatives based upon ability to pay and the administrative feasibility of collecting such contributions, provided no such liable relative shall contribute an amount in excess of twelve per cent of the remainder, if any, after the state median income, adjusted for family size, has been deducted from such liable relative's taxable income for federal income tax purposes, or if such federal income tax information is unavailable, from such relative's taxable income, as calculated from other sources, including, but not limited to, information pertaining to wages, salaries and commissions as provided by such relative's employer; (2) the manner in which the Department of Administrative Services shall determine and periodically reinvestigate the ability of such liable relatives to pay; and (3) the manner in which the department shall waive such contributions upon determination that such contribution would pose a significant financial hardship upon such liable relatives.

Sec. 3. Subsection (d) of section 17b-93 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

(d) Notwithstanding any provision of the general statutes, whenever funds are collected pursuant to this section or section 17b-94, and the person who otherwise would have been entitled to such funds is subject to a court-ordered current or arrearage child support payment obligation in a IV-D support case, such funds shall first be paid to the state for reimbursement of Medicaid funds granted to such person for medical expenses incurred for injuries related to a legal claim by such person which was the subject of the state's lien and such funds shall then be paid to the [Bureau of Child Support Enforcement] Office of Child Support Services for distribution pursuant to the federally mandated child support distribution system implemented pursuant to subsection (j) of section 17b-179. The remainder, if any, shall be paid to the state for

payment of previously provided assistance through the state supplement program, medical assistance program, aid to families with dependent children program, temporary family assistance program or state-administered general assistance program.

Sec. 4. Subsections (a) to (h), inclusive, of section 17b-179 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

(a) There is created within the Department of Social Services the [Bureau of Child Support Enforcement] Office of Child Support Services. The [bureau] office shall be administered by a director and shall act as the single and separate organizational unit to coordinate, plan and publish the state child support enforcement plan for the implementation of Title IV-D of the Social Security Act, as amended, as required by federal law and regulations. The [bureau] office shall provide for the development and implementation of all child support services, including the administration of withholding of earnings, in accordance with the provisions of Title IV-D of the Social Security Act, as amended.

(b) (1) The Commissioner of Social Services shall investigate the financial condition of the parent or parents of: (A) Any child applying for or receiving assistance under (i) the temporary family assistance program pursuant to section 17b-112, which may be referred to as "TFA" for the purposes of this section, or (ii) the Medicaid program pursuant to section 17b-261, (B) any child seeking IV-D child support enforcement services pursuant to subdivision (1) of subsection (h) of this section, and (C) any child committed to the care of the Commissioner of Children and Families who is receiving payments in the foster care program and for whom a referral to the [Bureau of Child Support Enforcement] Office of Child Support Services is made under section 46b-130, and shall determine the financial liability of such parent or parents for the child.

(2) The [Bureau of Child Support Enforcement] Office of Child Support Services may, upon notice to the obligor and obligee, redirect payments for the support of all such children to either the state of Connecticut or the present custodial party, as their interests may appear, provided neither the obligor nor the obligee objects in writing within ten business days from the mailing date of such notice. Any such notice shall be sent by first class mail to the most recent address of such obligor and obligee, as recorded in the state case registry pursuant to section 46b-218, and a copy of such notice shall be filed with the court or family support magistrate if both the obligor and obligee fail to object to the redirected payments within ten business days from the mailing date of such notice. All payments shall be distributed as required by Title IV-D of the Social Security Act.

(3) Notwithstanding subdivision (2) of this subsection or subparagraph (F) of subdivision (1) of subsection (u) of section 46b-231, the [Bureau of Child Support Enforcement] Office of Child Support Services or a support enforcement agency under cooperative agreement with the[Bureau of Child Support Enforcement] Office of Child Support Services shall redirect payments for the support of children described in subparagraphs (A)(i) and (C) of subdivision (1) of this subsection to the state of Connecticut effective on the date of the assistance grant. Upon such redirection, the [Bureau of Child Support Enforcement] Office of Child Support Services or support enforcement agency shall notify the obligor and obligee as described in subdivision (2) of this subsection if assistance is being received by a new custodial party on behalf of such child

and, if an objection to redirection is received in accordance with said subdivision (2), shall refund to the obligee of the support order any money retained by the state during the period of redirection that is due such obligee.

(c) The [Bureau of Child Support Enforcement] Office of Child Support Services shall enter into cooperative agreements with appropriate officials of the Judicial Branch and law enforcement officials to assist in administering the child support enforcement plan and with respect to other matters of common concern in the area of child support enforcement. Officers of the Judicial Branch and law enforcement officials authorized and required to enter into cooperative agreements with the [Bureau of Child Support Enforcement] Office of Child Support Services include, but are not limited to, officials of the Superior Court and the office of the Attorney General. Such cooperative agreements shall contain performance standards to address the mandatory provisions of both state and federal laws and federal regulations concerning child support.

(d) The [Bureau of Child Support Enforcement] Office of Child Support Services shall have authority to determine on a periodic basis whether any individuals who owe child support obligations are receiving unemployment compensation. In IV-D cases, the [bureau] such office may authorize the collection of any such obligations owed by an individual receiving unemployment compensation through an agreement with the individual or a court order pursuant to section 52-362, under which a portion of the individual's unemployment compensation is withheld and forwarded to the state acting by and through the IV-D agency. As used in this section, "unemployment compensation" means any compensation payable under chapter 567, including amounts payable by the administrator of the unemployment compensation law pursuant to an agreement under any federal law providing for compensation, assistance or allowances with respect to unemployment.

(e) The [Bureau of Child Support Enforcement] Office of Child Support Services shall enter into purchase of service agreements with other state officials, departments and agencies which do not have judicial or law enforcement authority, including, but not limited to, the Commissioner of Administrative Services, to assist in administering the child support enforcement plan. The [Bureau of Child Support Enforcement] Office of Child Support Services shall have authority to enter into such agreements with the Labor Commissioner and to withhold unemployment compensation pursuant to subsection (d) of this section and section 31-227.

(f) The [Bureau of Child Support Enforcement] Office of Child Support Services shall have the sole responsibility to make referrals to the federal Parent Locator Service established pursuant to 88 Stat. 2353 (1975), 42 USC 653, as amended, for the purpose of locating deserting parents.

(g) The [Bureau of Child Support Enforcement] Office of Child Support Services shall have the sole responsibility to make recommendations to the Governor and the General Assembly for needed program legislation to ensure implementation of Title IV-D of the Social Security Act, as amended.

(h) (1) The [Bureau of Child Support Enforcement] Office of Child Support Services shall provide, or arrange to provide through one or more of the state officials, departments and agencies, the same services for obtaining and enforcing child support orders in cases in which children are not beneficiaries of TFA, Medicaid or foster care as in cases where children are the beneficiaries of TFA, Medicaid or foster care. Such services shall also be made available to residents of other states on the same terms as to residents of this state. Support services in cases other than TFA, Medicaid or foster care will be provided upon application to the [Bureau of Child Support Enforcement] Office of Child Support Services by the person seeking to enforce a child support obligation and the payment of an application fee, pursuant to the provisions of subsection (i) of this section.

(2) In addition to the application fee, the [Bureau of Child Support Enforcement] Office of Child Support Services may assess costs incurred for the establishment, enforcement or modification of a support order in cases other than TFA, Medicaid or foster care. Such assessment shall be based on a fee schedule adopted by the Department of Social Services pursuant to chapter 54. The fee schedule to be charged in such cases shall be made available to any individual upon request. The [Bureau of Child Support Enforcement] Office of Child Support Services shall adopt procedures for the notification of Superior Court judges and family support magistrates when a fee has been assessed upon an obligee for support services and a Superior Court judge or a family support magistrate shall order the obligor to pay any such assessment to the [Bureau of Child Support Enforcement] Office of Child Support Services. In cases where such order is not entered, the obligee shall pay an amount based on a sliding scale not to exceed the obligee's ability to pay. The Department of Social Services shall adopt such sliding scale pursuant to chapter 54.

(3) The [Bureau of Child Support Enforcement] Office of Child Support Services shall also, in the case of an individual who never received temporary assistance for needy families and for whom the state has collected at least five hundred dollars of support in a one-year period, impose an annual fee of twenty-five dollars for each case in which services are furnished.

Sec. 5. Subsection (l) of section 17b-179 of the general statutes, as amended by Public Act 14-177, is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

(l) The [Bureau of Child Support Enforcement] Office of Child Support Services shall arrange to provide a single centralized automated system for the reporting of collections on all accounts established for the collection of all IV-D support orders. Such reporting shall be made available to the Family Support Magistrate Division and to all state agencies which have a cooperative agreement with the IV-D agency. Such automated system shall include a state case registry which complies with federal law and regulations. The state case registry shall contain information on each support order established or modified in this state. The [Bureau of Child Support Enforcement] Office of Child Support Services, utilizing information contained in the state case registry, shall establish, maintain and periodically update a list of all delinquent child support obligors. The list shall, at a minimum, contain the name, residential address and amount of the delinquent child support owed by a child support obligor, exclusive of any amount of child support owed for which an appeal is pending. The [Bureau of Child Support Enforcement] Office of Child Support Services shall publish on the Department of Social

Services' Internet web site, the names, residential addresses and amounts of delinquent child support owed by the one hundred individuals having the highest delinquent child support obligations. For purposes of this subsection, "delinquent child support obligor" means an obligor who (1) owes overdue child support, accruing after the entry of a court order, in an amount which exceeds ninety days of periodic payments on a current child support or arrearage payment order, or (2) has failed to make court ordered medical or dental insurance coverage available within ninety days of the issuance of a court order or fails to maintain such coverage pursuant to a court order for a period of ninety days.

Sec. 6. Section 29-1g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

The Commissioner of Emergency Services and Public Protection may appoint not more than six persons nominated by the Commissioner of Social Services as special policemen in the [Bureau of Child Support Enforcement] Office of Child Support Services of the Department of Social Services for the service of any warrant or capias mittimus issued by the courts on child support matters. Such appointees, having been sworn, shall serve at the pleasure of the Commissioner of Emergency Services and Public Protection and, during such tenure, shall have all the powers conferred on state policemen and state marshals.

Sec. 7. Subdivision (1) of subsection (a) of section 46b-88 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

(1)"Issuing agency" means an agency providing child support enforcement services, as defined in subsection (b) of section 46b-231, and includes the [Bureau of Child Support Enforcement] Office of Child Support Services within the Department of Social Services and Support Enforcement Services within Judicial Branch Court Operations; and

Sec. 8. Section 46b-130 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

The parents of a minor child for whom care or support of any kind has been provided under the provisions of this chapter shall be liable to reimburse the state for such care or support to the same extent, and under the same terms and conditions, as are the parents of recipients of public assistance. Upon receipt of foster care maintenance payments under Title IV-E of the Social Security Act by a minor child, the right of support, past, present and future, from a parent of such child shall, by this section, be assigned to the Commissioner of Children and Families, and the parents shall assist the commissioner in pursuing such support. On and after October 1, 2008, such assignment shall apply only to such support rights as accrue during the period of assistance, not to exceed the total amount of assistance provided to the child under Title IV-E. Referral by the commissioner shall promptly be made to the [Bureau of Child Support Enforcement] Office of Child Support Services of the Department of Social Services for pursuit of support for such minor child in accordance with the provisions of section 17b-179. Any child who reimburses the state under the provisions of subsection (l) of section 46b-129 for any care or support such child received shall have a right of action to recover such payments from such child's parents.

Sec. 9. Subdivision (3) of subsection (b) of section 46b-172 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

(3) Payments under such agreement shall be made to the petitioner, except that in IV-D support cases, as defined in subsection (b) of section 46b-231, payments shall be made to the [Bureau of Child Support Enforcement] Office of Child Support Services or its designated agency and distributed as required by Title IV-D of the Social Security Act. In IV-D support cases, the IV-D agency or a support enforcement agency under cooperative agreement with the IV-D agency may, upon notice to the obligor and obligee, redirect payments for the support of any child receiving child support enforcement services either to the state of Connecticut or to the present custodial party, as their interests may appear, provided neither the obligor nor the obligee objects in writing within ten business days from the mailing date of such notice. Any such notice shall be sent by first class mail to the most recent address of such obligor and obligee, as recorded in the state case registry pursuant to section 46b-218, and a copy of such notice shall be filed with the court or family support magistrate if both the obligor and obligee fail to object to the redirected payments within ten business days from the mailing date of such notice.

Sec. 10. Subsection (a) of section 46b-213d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

(a) The [Bureau of Child Support Enforcement] Office of Child Support Services of the Department of Social Services or its designated collection agent, and any tribunal shall disburse promptly any amounts received pursuant to a support order, as directed by the order. The [bureau] office, agent or tribunal shall furnish to a requesting party or tribunal of another state a certified statement by the custodian of the record of the amounts and dates of all payments received.

Sec. 11. Subsection (b) of section 46b-213f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

(b) Upon receipt of the documents, Support Enforcement Services, with the assistance of the [Bureau of Child Support Enforcement] Office of Child Support Services within the Department of Social Services, as appropriate, without initially seeking to register the order, shall consider and, if appropriate, use any administrative procedure authorized by the law of this state to enforce a support order or an income withholding order, or both. If the obligor does not contest administrative enforcement, the order need not be registered. If the obligor contests the validity or administrative enforcement of the order, the support enforcement agency shall file the order with Support Enforcement Services of the Superior Court to be recorded in the registry of support orders of the Family Support Magistrate Division.

Section 12. Subdivisions (5) and (6) of subsection (c) of section 46b-213w of the general statutes are repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

(5) Notice of the right to seek the assistance of the [Bureau of Child Support Enforcement] Office of Child Support Services of the Department of Social Services and the toll-free telephone number at which [the bureau] such office can be contacted;

(6) A claim form which shall include (A) a list of the most common defenses and exemptions to such income withholding order in a manner which allows the obligor to check any of the defenses and exemptions which apply; (B) a space where the obligor may briefly explain the obligor's claim or defense; (C) a space where the obligor may initiate a request for services to modify the support order, and the address of the [Bureau of Child Support Enforcement] Office of Child Support Services of the Department of Social Services to which such request may be sent; (D) a space for the obligor to provide the obligor's address and the name of the town in which the obligor principally conducts the obligor's work for the employer; (E) a space for the obligor to sign the obligor's name; (F) the address of Support Enforcement Services to which the claim form is to be sent in order to contest the validity or enforcement of the income withholding order; and (G) space for the employer to state the date upon which the form was actually delivered to the obligor.

Section 13. Subsection (m) of section 46b-213w of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

(m) If the claim form requests services to modify the support order, the [Bureau of Child Support Enforcement] Office of Child Support Services shall assist the obligor to file a motion for modification with the appropriate tribunal of the state of continuing exclusive jurisdiction in accordance with the law of that jurisdiction. The receipt of the request for modification shall constitute a request for Title IV-D services, but [the bureau] such office may require the making of a formal application. Such assistance shall include, but is not limited to, providing the obligor with information about how such a motion is filed, contacting the state of continuing exclusive jurisdiction on behalf of the obligor to obtain appropriate forms, and transmitting such forms and applicable information to the appropriate tribunal in such state.

Sec. 14. Subsection (3) of subsection (a) of section 46b-218 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

(3) "State case registry" means the database included in the automated system established and maintained by the [Bureau of Child Support Enforcement] Office of Child Support Services under subsection (l) of section 17b-179 which database shall contain information on each support order established or modified in the state.

Sec. 15. Subdivision (4) of subsection (b) of section 46b-231 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

(4) ["Bureau of Child Support Enforcement"] "Office of Child Support Services" means a division within the Department of Social Services established pursuant to section 17b-179;

Sec. 16. Subdivision (12) of subsection (b) of section 46b-231 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

(12) "IV-D agency" means the [Bureau of Child Support Enforcement] Office of Child Support Services within the Department of Social Services, established pursuant to section 17b-

179 and authorized to administer the child support program mandated by Title IV-D of the Social Security Act;

Sec. 17. Subdivision (4) of subsection (s) of section 46b-231 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

(4) Review child support orders (A) in non-TFA IV-D support cases (i) at the request of either parent or custodial party subject to a support order, or (ii) upon receipt of information indicating a substantial change in circumstances of any party to the support order, (B) in TFA cases, at the request of the [Bureau of Child Support Enforcement] Office of Child Support Services, or (C) as necessary to comply with federal requirements for the child support enforcement program mandated by Title IV-D of the Social Security Act, and initiate an action before a family support magistrate to modify such support order if it is determined upon such review that the order substantially deviates from the child support guidelines established pursuant to section 46b-215a. A requesting party under subparagraph (A)(i) or (B) of this subdivision shall have a right to such review every three years without proving a substantial change in circumstances, but more frequent reviews shall be made only if such requesting party demonstrates a substantial change in circumstances. There shall be a rebuttable presumption that any deviation of less than fifteen per cent from the child support guidelines is not substantial and any deviation of fifteen per cent or more from the guidelines is substantial. Modification may be made of such support order without regard to whether the order was issued before, on or after May 9, 1991. In determining whether to modify a child support order based on a substantial deviation from such child support guidelines, consideration shall be given to the division of real and personal property between the parties set forth in any final decree entered pursuant to chapter 815j and the benefits accruing to the child as the result of such division. No order for periodic payment of support may be subject to retroactive modification, except that the family support magistrate may order modification with respect to any period during which there is a pending motion for modification of a support order from the date of service of notice of such pending motion to the opposing party pursuant to section 52-50.

Sec. 18. Subdivision (1) of subsection (a) of section 52-362 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

(1) "Dependent" means a spouse, former spouse or child entitled to payments under a support order, provided Support Enforcement Services of the Superior Court or the state acting under an assignment of a dependent's support rights or under an application for child support enforcement services shall, through an officer of Support Enforcement Services or the [Bureau of Child Support Enforcement] Office of Child Support Services within the Department of Social Services or an investigator of the Department of Administrative Services or the Attorney General, take any action which the dependent could take to enforce a support order;

Sec. 19. Subsection (e) of section 52-362 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

(e) A withholding order shall issue in the amount necessary to enforce a support order against only such nonexempt income of the obligor as exceeds the greater of (1) eighty-five per cent of

the first one hundred forty-five dollars per week of disposable income, or (2) the amount exempt under Section 1673 of Title 15 of the United States Code, or against any lesser amount which the court or family support magistrate deems equitable. Subject to subsection (d) of section 46b-88, the withholding order shall secure payment of past and future amounts due under the support order and an additional amount computed in accordance with the child support guidelines established in accordance with section 46b-215a, to be applied toward liquidation of any arrearage accrued under such order, unless contested by the obligor after a notice has been served pursuant to subsection (c) of this section, in which case the court or family support magistrate may determine the amount to be applied toward the liquidation of the arrearage found to have accrued under prior order of the court or family support magistrate. In no event shall such additional amount be applied if there is an existing arrearage order from the court or family support magistrate in a IV-D support case, as defined in subdivision (13) of subsection (b) of section 46b-231. Any investigator or other authorized employee of the [Bureau of Child Support Enforcement] Office of Child Support Services within the Department of Social Services, or any officer of Support Enforcement Services of the Superior Court, may issue a withholding order entered by the Superior Court or a family support magistrate pursuant to subsection (b) of this section, and shall issue a withholding order pursuant to this subsection when the obligor becomes subject to withholding under subsection (c) of this section. On service of the order of withholding on an existing or any future employer or other payer of income, and until the support order is fully satisfied or modified, the order of withholding is a continuing lien and levy on the obligor's income as it becomes due.

Sec. 20. Subsection (h) of section 52-362 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

(h) Service of any process under this section, including any notice, may be made in accordance with section 52-57, or by certified mail, return receipt requested. If service is made on behalf of the state, it may be made by an authorized employee of Support Enforcement Services, by an investigator or other officer of the [Bureau of Child Support Enforcement] Office of Child Support Services within the Department of Social Services, by an investigator of the Department of Administrative Services or by the Attorney General. Service of income withholding orders by Support Enforcement Services or by an investigator or other officer of [said bureau] the Office of Child Support Services upon an employer under this section may be made in accordance with section 52-57, by certified mail, return receipt requested, by first class mail or electronically, provided the employer agrees to accept service made electronically.

Sec. 21. Subsection (p) of section 52-362 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

(p) All withholding orders issued under this section shall be payable to the state disbursement unit established and maintained by the Commissioner of Social Services in accordance with subsection (j) of section 17b-179. The state disbursement unit shall insure distribution of all money collected under this section to the dependent, the state and the support enforcement agencies of other states, as their interests may appear, within two business days. Each dependent who is not receiving child support enforcement services, as defined in subsection (b) of section 46b-231, shall be notified upon the issuance of a withholding order pursuant to this section, that

such services are offered free of charge by the State of Connecticut upon application to the [Bureau of Child Support Enforcement] Office of Child Support Services within the Department of Social Services.

Sec. 22. Subdivision (1) of subsection (a) of section 52-362f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

(1) "Agency" means the [Bureau of Child Support Enforcement] Office of Child Support Services within the Department of Social Services of this state and, when the context requires, means either the court or agency of any other jurisdiction with functions similar to those defined in this section, including the issuance and enforcement of support orders.

Sec. 23. Subsection (g) of section 52-362f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

(g) An income withholding order under this section shall direct payment to the [Bureau of Child Support Enforcement] Office of Child Support Services or its designated collection agent. [The bureau] Such office or its designated agent shall promptly distribute payments received pursuant to an income withholding order or garnishment based on a support order of another jurisdiction entered under this section to the agency or person designated pursuant to subdivision (5) of subsection (a) of section 46b-213h. A support order entered pursuant to subsection (d) of this section does not nullify and is not nullified by a support order made by a court of this state pursuant to any other section of the general statutes or a support order made by a court of any other state. Amounts collected by any withholding of income shall be credited against the amounts accruing or accrued for any period under any support orders issued either by this state or by another jurisdiction.

Sec. 24. Sec. 52-362i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

If the court or family support magistrate finds that (1) an obligor is delinquent on payment of child support, and (2) future support payments are in jeopardy, or (3) the obligor has exhibited or expressed an intention not to pay any such support, the court or family support magistrate may order the obligor to provide a cash deposit not to exceed the amount of four times the current monthly support and arrearage obligation, to be held in escrow by the [Bureau of Child Support Enforcement] Office of Child Support Services or Support Enforcement Services. Any funds from such cash deposit may be disbursed by the [Bureau of Child Support Enforcement] Office of Child Support Services or Support Enforcement Services to the custodial parent upon a determination by [said bureau] the Office of Child Support Services or Support Enforcement Services that the obligor has failed to pay the full amount of the monthly support obligation. Payment shall be in an amount that, when combined with the obligor's payment, would not exceed the monthly support obligation. Payment from such cash deposit shall not preclude a finding of delinquency during the period of time in which the obligor failed to pay current support.

Statement of Purpose:

To change the name of the Bureau of Child Support Enforcement within the Department of Social Services to the Office of Child Support Services to characterize more accurately and completely the mission of the IV-D agency for clients and the public.

Agency Legislative Proposal - 2015 Session

Document Name
003_DSS_BedHolds.doc

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: Department of Social Services	
Liaison: Heather Rossi Phone: 860-424-5646 E-mail:Heather.Rossi@ct.gov	Liaison: Krista Ostaszewski Phone: 860-424-5612 E-mail:Krista.Ostaszewski@ct.gov
Lead agency division requesting this proposal: Office of Legal Counsel, Regulations and Administrative Hearings	
Agency Analyst/Drafter of Proposal: Graham Shaffer	

Title of Proposal: An Act Concerning Payment to Residential Care Homes and Rated Housing Facilities During Bed Holds

Statutory Reference: General Statutes § 17b-601

Proposal Summary

Section 17b-601 of the General Statutes provides for the direct payment of a State Supplement recipient's benefits by the Department of Social Services (DSS) to the licensed residential care home (home) or rated housing facility (facility) in which the recipient resides. Occasionally, the recipient must temporarily leave the home or facility for a short period of time. Generally, a temporary absence is due to the onset of a medical problem that requires a higher level of care at a hospital or nursing home. In those cases, the recipient is expected to be able to return to the home or facility in a relatively short period of time.

Homes and facilities rely heavily on State Supplement payments by DSS on behalf of their residents to cover their operating costs. Without continuing payment from DSS for those periods when recipients are temporarily absent, homes and facilities could not afford to keep the beds open for them upon their return. Facilities would need to admit new recipients to take their places, effectively rendering recipients who needed to temporarily leave the home or facility homeless upon discharge from the hospital or nursing home.

The current statute requires DSS's regulations to provide that DSS will continue to pay the home or facility "without regard to periods during which the recipient is absent, provided the recipient can reasonably be expected to return to the home or facility before the end of the month following the month in which the recipient leaves the home or facility." Recently, DSS was faced with a situation in which a home was no longer habitable due to a catastrophic event. It was impossible for anyone to live at the home during the time that repairs were being made. DSS paid other homes to care for the recipients who were displaced during this time.

Nevertheless, the home that was uninhabitable requested payment on behalf of the State Supplement recipients who could not live there. The home claimed that the provisions of section 17b-601 concerning payment during temporary absences entitled it to continued payment, so long as the recipients were reasonably expected to return before the end of the month following the month the recipients left the home, which the home claimed was true.

DSS does not believe that the provisions of section 17b-601 concerning payment during temporary absences were intended to

cover situations in which a State Supplement recipient is absent from the home or facility due to a catastrophic event or any other event that results in the recipient's bed at the home or facility being unavailable during the absence. To make this clear, DSS proposes adding language to section 17b-601 that would require DSS to pay a State Supplement recipient's benefits to a home or facility during a recipient's temporary absence only if a bed at the home or facility would otherwise be available. DSS believes that adding this clarifying language will ensure that the intent of the provisions of section 17b-601 concerning payment during temporary absences is respected.

Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal** - Explained in detail in the Proposal Summary section above.

Please consider the following, if applicable:

(1) Have there been changes in federal/state/local laws and regulations that make this legislation necessary?
(2) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?
(3) Have certain constituencies called for this action?
(4) What would happen if this was not enacted in law this session?

- **Origin of Proposal** **_x__ New Proposal** **___ Resubmission**

If this is a resubmission, please share:

(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?
(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?
(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?
(4) What was the last action taken during the past legislative session?

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: None
Agency Contact (name, title, phone):
Date Contacted:

Approve of Proposal ___ YES ___NO ___Talks Ongoing

Summary of Affected Agency's Comments

Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)
State
Federal
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

See proposal summary for a comprehensive explanation.

Insert fully drafted bill here

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

Section 1. Section 17b-601 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

"The Commissioner of Social Services shall adopt regulations in accordance with the provisions of chapter 541 establishing the method by which payments are made for recipients of the state supplement program who are residents of licensed residential care homes, as defined in section 19a-490, and a rated housing facility, as defined in section 1 of public act 14-164 of the 2014 February Regular Session. Such regulations shall provide for the safeguarding of residents' personal funds with respect to any homes, or rated housing facilities that handle such funds. Regulations concerning payment for residents shall provide for payment to the licensed residential care home

or rated housing facility for the period during which the recipient makes such home or facility his or her residence, without regard to periods during which the recipient is absent, provided (a) the recipient's bed at the home or facility would otherwise be available during such absence, and (b) the recipient can reasonably be expected to return to the home or facility before the end of the month following the month in which the recipient leaves the home or facility. If the department determines that a resident of a home or rated housing facility who applies for state supplement benefits is eligible for such benefits, the department shall pay the home or facility at a per diem or monthly rate less any applied income due from the resident. Any retroactive adjustment to the rate of such a home or facility by the commissioner that results in money due to such home or facility shall be made to such home or facility directly, and any such adjustment that results in an overpayment to the home or facility shall be paid by the home or facility to the department. If a retroactive adjustment to the rate of such home or facility results in a current resident becoming eligible for state supplement benefits, and such resident applies for state supplement benefits, the department may determine the start date of eligibility for state supplement benefits to be the later of the resident's admission date or the date ninety days prior to the date the department receives the application. The commissioner shall continue to make payments to licensed residential care homes or rated housing facilities in accordance with reserved bed regulations until the effective date of the regulations adopted pursuant to this section."

Agency Legislative Proposal - 2015 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc):
004_DSS_ElderlyProtectiveServices

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: Department of Social Services	
Liaison: Heather Rossi Phone: 860-424-5646 E-mail:Heather.Rossi@ct.gov	Liaison: Krista Ostaszewski Phone: 860-424-5612 E-mail:Krista.Ostaszewski@ct.gov
Lead agency division requesting this proposal: Office of Legal Counsel Regulations and Administrative Hearings and Elderly Protective Services	
Agency Analyst/Drafter of Proposal: Lara Stauning, Staff Attorney	

Title of Proposal
AAC Minor and Technical Revisions to Elderly Protective Services Statutes

Statutory Reference
17b-450, 17b-452 to 17b-456, and 17b-458 to 17b-460 of the Connecticut General Statutes

Proposal Summary

The proposed amendments to the Protective Services for the Elderly Statue clarify the department's policy regarding the disclosure of information regarding reports of elder abuse, neglect, abandonment and exploitation. In addition, the proposal amends the statute to allow for the intervention of law enforcement when a caregiver interferes with the Department's ability to conduct an investigation of reported elder abuse, neglect, abandonment or exploitation. Several technical corrections are also recommended for clarity and consistency with current practice.

Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Sec. 17b-452 (a):

The Department is the agency charged with receiving and investigating reports of elder abuse, neglect, exploitation and abandonment. In order to accurately assess the elder it is necessary for the SW assigned to have the ability to meet the elder in person (face-to-face and preferably alone) to assess their living environment, their physical condition, witness their interaction with family to determine if the report is valid and what, if any actions, need to be taken. The need for this clarification is twofold. First, it is necessary to have this in statute to make it clear that PSE needs to physically access the client in order to fulfill its duties. It is not uncommon for offenders to

refuse SW access to the elder because they do not want the SW to see the living environment, see signs of abuse or neglect, or allow the elder to speak to the SW for fear of what the elder may say about their treatment. This is also particularly important in cases where the elder may have severe dementia or they are not able to communicate their needs.

We very often enlist the assistance of law enforcement in order to encourage reluctant caregivers to permit PSE to speak to the elder and make an assessment of the elders situation without the interference of the caregiver. More and more frequently we are finding that caregivers are unwilling to permit PSE into the home. Getting assistance from law enforcement has proven to be helpful in a majority of situations. It is helpful to be able to tell reluctant caregivers that if they do not let us in to the home to visit the elder, that we will request assistance from law enforcement. This provision is consistent with current practice however in statute makes it unambiguous. We anticipate no opposition to this provision from law enforcement as we are currently making efforts to work more closely with law enforcement on elder abuse cases.

17b-452 (c – f):

Sections (c-f) make the circumstances under which disclosure can be made clearer, brings the law into compliance with HIPAA and conforms to current practice.

Remainder of the changes are purely technical in nature.

- **Origin of Proposal** **__X_ New Proposal** **___ Resubmission**

N/A

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name:
Agency Contact (name, title, phone):
Date Contacted:

Approve of Proposal ___ YES ___NO ___Talks Ongoing

Summary of Affected Agency's Comments

Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)
State
Federal
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Sec. 17b-450. (Formerly Sec. 17a-430). Definitions.

For purposes of sections 17b-450 to 17b-461, inclusive:

[(1) The term "elderly person" means any resident of Connecticut who is sixty years of age or older.

(2) An elderly person shall be deemed to be "in need of protective services" if such person is unable to perform or obtain services which are necessary to maintain physical and mental health.

(3) The term "services which are necessary to maintain physical and mental health" includes, but is not limited to, the provision of medical care for physical and mental health needs, the relocation of an elderly person to a facility or institution able to offer such care, assistance in personal hygiene, food, clothing, adequately heated and ventilated shelter, protection from health and safety hazards, protection from maltreatment the result of which includes, but is not limited to, malnutrition, deprivation of necessities or physical punishment, and transportation necessary to secure any of the above stated needs, except that this term shall not include taking such person into custody without consent except as provided in sections 17b-450 to 17b-461, inclusive.

(4) The term "protective services" means services provided by the state or other governmental or private organizations or individuals which are necessary to prevent abuse, neglect, exploitation or abandonment. Abuse includes, but is not limited to, the wilful infliction of physical pain, injury or mental anguish, or the wilful deprivation by a caretaker of services which are necessary to maintain physical and mental health. Neglect refers to an elderly person who is either living alone and not able to provide for himself or herself the services which are necessary to maintain physical and mental health or is not receiving such necessary services from the responsible caretaker. Exploitation refers to the act or process of taking advantage of an elderly person by another person or caretaker whether for monetary, personal or other benefit, gain or profit. Abandonment refers to the desertion or wilful forsaking of an elderly person by a caretaker or the foregoing of duties or the withdrawal or neglect of duties and obligations owed an elderly person by a caretaker or other person.

(5) The term "caretaker" means a person who has the responsibility for the care of an elderly person as a result of family relationship or who has assumed the responsibility for the care of the elderly voluntarily, by contract or by order of a court of competent jurisdiction.**]**

(1) "Abuse" means, but is not limited to, the willful infliction of physical pain, injury or mental anguish, or the willful deprivation by a caregiver of services which are necessary to maintain physical and mental health;

(2) "Abandonment" means the desertion or willful forsaking of an elderly person by a caregiver or the foregoing of duties or the withdrawal or neglect of duties and obligations owed an elderly person by a caregiver or other person;

(3) "Caregiver" means a person who has the responsibility for the care of an elderly person as a result of family relationship or who has assumed the responsibility for the care of the elderly voluntarily, by contract or by order of a court of competent jurisdiction;

(4) "Department" means the Department of Social Services Elderly Protective Services unit;

(5) "Elderly person" means any resident of Connecticut who is sixty years of age or older;

(6) "Exploitation" means the act or process of taking advantage of an elderly person by another person or caregiver whether for monetary, personal or other benefit, gain or profit;

(7) "In need of protective services" means that the elderly person is unable to perform or obtain services which are necessary to maintain physical and mental health;

(8) "Neglect" means the inability of an elderly person to provide for himself or herself the services which are necessary to maintain physical and mental health or the

unwillingness or inability of a caregiver to provide such necessary services to an elderly person;

(9) "Legal representative" means an attorney, guardian ad litem, conservator or power of attorney appointed to act on the individual's behalf;

(10) "Protective services" means services provided by the state, other governmental or private organizations or individuals that are necessary to prevent abuse, neglect, exploitation or abandonment;

(11) "Services necessary to maintain physical and mental health" means, but is not limited to, the provision of medical care for physical and mental health needs, the relocation of an elderly person to a facility or institution able to offer such care, assistance in personal hygiene, food, clothing, adequately heated and ventilated shelter, protection from health and safety hazards, protection from maltreatment the result of which includes, but is not limited to, malnutrition, deprivation of necessities or physical punishment, and transportation necessary to secure any of the above stated needs, except that this term shall not include taking such person into custody without consent except as provided in sections 17b-450 to 17b-461, inclusive, of the Connecticut General Statutes.

Sec. 17b-451. (Formerly Sec. 17a-431). Report of suspected abuse, neglect, exploitation, or abandonment or need for protective services. Penalty for failure to report. Immunity and protection from retaliation.

(a) Any physician or surgeon licensed under the provisions of chapter 370, any resident physician or intern in any hospital in this state, whether or not so licensed, any registered nurse, any nursing home administrator, nurse's aide or orderly in a nursing home facility or residential care home, any person paid for caring for a patient in a nursing home facility or residential care home, any staff person employed by a nursing home facility or residential care home, any patients' advocate, any licensed practical nurse, medical examiner, dentist, optometrist, chiropractor, podiatrist, social worker, clergyman, police officer, pharmacist, psychologist or physical therapist, and any person paid for caring for an elderly person by any institution, organization, agency or facility. Such persons shall include an employee of a community-based services provider, senior center, home care agency, homemaker and companion agency, adult day care center, village-model community and congregate housing facility, who has reasonable cause to suspect or believe that any elderly person has been abused, neglected, exploited or abandoned, or is in a condition that is the result of such abuse, neglect, exploitation or abandonment, or is in need of protective services, shall, not later than seventy-two hours after such suspicion or belief arose, report such information or cause a report to be made in any reasonable manner to the Commissioner of Social Services or to the person or persons designated by the commissioner to receive such reports. Any person required to report under the provisions of this section who fails to make such report within the prescribed time period shall be fined not more than five hundred dollars, except

that, if such person intentionally fails to make such report within the prescribed time period, such person shall be guilty of a class C misdemeanor for the first offense and a class A misdemeanor for any subsequent offense. Any institution, organization, agency or facility employing individuals to care for persons sixty years of age or older shall provide mandatory training on detecting potential abuse and neglect of such persons and inform such employees of their obligations under this section.

(b) Such report shall contain the name and address of the involved elderly person, information regarding the nature and extent of the abuse, neglect, exploitation or abandonment, and any other information which the reporter believes might be helpful in an investigation of the case and the protection of such elderly person.

(c) Any other person having reasonable cause to suspect or believe that an elderly person is being, or has been, abused, neglected, exploited or abandoned, or who is in need of protective services may report such information in any reasonable manner to the commissioner or the commissioner's designee.

(d) (1) Subject to subdivision (2) of this subsection, any person who makes any report pursuant to sections 17b-450 to 17b-461, inclusive, of the Connecticut General Statutes, or who testifies in any administrative or judicial proceeding arising from such report shall be immune from any civil or criminal liability on account of such report or testimony, except for liability for perjury.

(2) Any person who makes any report pursuant to sections 17b-450 to 17b-461, inclusive, is guilty of making a fraudulent or malicious report or providing false testimony when such person (A) willfully makes a fraudulent or malicious report to the commissioner pursuant to the provisions of this section, (B) conspires with another person to make or cause to be made such report, or (C) willfully testifies falsely in any administrative or judicial proceeding arising from such report as to the abuse, neglect, exploitation or abandonment of, or need of protective services for, an elderly person. Making a fraudulent or malicious report or providing false testimony is a class A misdemeanor.

(e) Any person who is discharged or in any manner discriminated or retaliated against for making, in good faith, a report pursuant to this section shall be entitled to all remedies available under law including, but not limited to, remedies available under sections 19a-532 and 31-51m of the Connecticut General Statutes, as applicable.

(f) For the purposes of sections 17b-450 to 17b-461, inclusive, of the Connecticut General Statutes the treatment of any elderly person by a Christian Science practitioner, in lieu of treatment by a licensed practitioner of the healing arts, or the refusal of treatment by an elderly person for religious reasons shall not of itself constitute grounds for the implementation of protective services.

Sec. 17b-452. (Formerly Sec. 17a-432). Investigation of report. Findings and recommendation. Registry. Confidentiality.

(a) The [commissioner] department upon receiving a report that an elderly person allegedly is being, or has been, abused, neglected, exploited or abandoned, or is in need of protective services shall assign a commissioner designee to investigate the report. The commissioner's designee shall [to] determine the situation relative to the condition of the elderly person and what action and services, if any, are required. The investigation shall include (1) a face-to-face visit to the named elderly person by the commissioner's designee, (2) consultation with those individuals having knowledge of the facts of the particular case, and (3) an interview with the elderly person alone unless (A) the elderly person refuses to consent to such interview, [(B) a physician, having examined the elderly person not more than thirty days prior to or after the date on which the commissioner receives such report, provides a written letter stating that in the opinion of the physician an interview with the elderly person alone is medically contraindicated, or (C) the commissioner] or (B) the commissioner's designee determines that such interview is not in the best interests of the elderly person. If the [commissioner] commissioner's designee determines that a [caretaker] caregiver is interfering with the [commissioner's] their ability to conduct an interview [alone] with the elderly person, the [commissioner] commissioner's designee may contact law enforcement for assistance. If the caregiver refuses the commissioner's designee and law enforcement access to the elderly person, the commissioner may bring an action in the Superior Court or Probate Court seeking an order enjoining such [caretaker] caregiver from interfering with the commissioner's ability to conduct an interview [alone] with the elderly person. In investigating a report under this subsection, the commissioner or the commissioner's designee may subpoena witnesses, take testimony under oath and compel the production of any necessary and relevant documents necessary to investigate the allegations of abuse, neglect, exploitation or abandonment. The commissioner may request the Attorney General to petition the Superior Court for such order as may be appropriate to enforce the provisions of this section. Upon completion of the investigation, written findings shall be prepared which shall include recommended action and a determination of whether protective services are needed. [The person filing the report shall be notified of the findings, upon request.]

(b) The Department of Social Services shall maintain a state-wide registry of the reports received, the investigation [and] findings and the actions taken.

(c) The [client's] elderly person's file, including but not limited to, the original report and the investigation report shall not be deemed a public [records] record nor be subject to the provisions of section 1-210 the Connecticut General Statutes. [The name of the person making the original report or any person mentioned in such report shall not be disclosed unless the person making the original report specifically requests such disclosure or unless a judicial proceeding results therefrom or unless disclosure of the name of the elderly person about whom the report was made is required to fully investigate a report.] The elderly person's file may be disclosed, in whole or in part, to an individual, agency, corporation or organization only with the authorization of the elderly person, the elderly person's legal representative or as provided by this section.

(d) When the commissioner or the commissioner's designee determines it to be in the elderly person's best interest, the commissioner or his designee may disclose the elderly person's records, whether or not created by the department, and not otherwise privileged or confidential communications under state or federal law, without the authorization of the elderly person or the elderly person's legal representative to (1) multidisciplinary teams that may be formed to assist the department in investigation, evaluation or treatment of elderly abuse and neglect cases; or (2) law enforcement officials.

(e) Notwithstanding the provisions of subsections (c) and (d), the name of the person making the report that an elderly person is being, or has been, abused, neglected, exploited or abandoned, or is in need of protective services, shall not be disclosed without that person's written permission except to (1) an employee of the department responsible for maintaining the state-wide registry as described in subsection (b); or (2) a law enforcement official pursuant to a court order that specifically requires the disclosure of the name of the person making the report.

(f) The elderly person or his legal representative or attorney shall have the right of access to records made, maintained or kept on file by the department, in accordance with all applicable state and federal law, when those records pertain to or contain information or material concerning the elderly person, including, but not limited to, records concerning investigations, reports or medical, psychological or psychiatric examinations of the elderly person except (1) if protected health information were obtained by the department from someone other than a health care provider under the promise of confidentiality and the access requested would be

reasonably likely to reveal the source of the information; (2) that information identifying the individual who reported the abuse or neglect of the elderly person shall not be released unless, upon application to the Superior Court by the elderly person and served on the Commissioner of Social Services, a judge determines, after in camera inspection of relevant records and a hearing, that there is reasonable cause to believe the reporter knowingly made a false report or that other interests of justice require such release; (3) if it is determined by a licensed health care professional that the access requested is reasonably likely to endanger the life or physical safety of the elderly person or another person; (4) if the protected health information makes reference to another person, other than a health care provider, and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or (5) the request for access is made by the elderly person's legal representative, and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such legal representative is reasonably likely to cause harm to the elderly person or another person.

Sec. 17b-453. (Formerly Sec. 17a-433). Referral to Department of Social Services. Injunction against interference by caretaker.

(a) If it is determined that an elderly person is in need of protective services, services shall be initiated, provided the elderly person consents. If the elderly person fails to consent and the [protective services staff of the Department of Social Services] commissioner's designee has reason to believe that such elderly person is incapable of managing his personal or financial affairs, the [protective services staff] commissioner's designee shall provide protective services to the extent possible and may apply to Probate Court for the appointment of a conservator of person or estate, as appropriate.

(b) If the [caretaker] caregiver of an elderly person who has consented to the receipt of reasonable and necessary protective services refuses to allow the provision of such services to such elderly person, the Commissioner of Social Services may petition the Superior Court or the Probate Court for an order enjoining the [caretaker] caregiver from interfering with the provision of protective services to the elderly person. The petition shall allege specific facts sufficient to show that the elderly person is in need of protective services and consents to their provision and that the caretaker] caregiver refuses to allow the provision of such services. If the judge finds that the elderly person is in need of such services and has been prevented by the [caretaker] caregiver from receiving the same, the judge may issue an order enjoining the [caretaker] caregiver from interfering with the provision of protective services to the elderly person.

Sec. 17b-454. (Formerly Sec. 17a-434). Access to records. Authority of Department of Social Services.

Any person, department, agency or commission authorized to carry out the duties enumerated in sections 17b-450 to 17b-461, inclusive, of the Connecticut General Statutes shall have access to all relevant records, except [that] records [which are confidential to an elderly person] that contain protected health information shall only be [divulged] disclosed to a person, department, agency or commission authorized to carry out the duties with [the written consent] a HIPAA compliant authorization signed by [of] the elderly person or the legal representative of such elderly person. If the [Commissioner of Social Services] commissioner's designee has reasonable cause to believe that the elderly person lacks capacity to give consent to release [confidential records] protected health information or if the [caretaker] caregiver of such elderly person is refusing consent and the [commissioner] commissioner's designee has reasonable cause to believe that such [caretaker] caregiver has abused, neglected, exploited or abandoned the elderly person, the [commissioner] commissioner's designee may issue a subpoena to obtain [confidential records] protected health information necessary to investigate the allegations of abuse, neglect, exploitation or abandonment. The commissioner may request the Attorney General to petition the Superior Court for such order as may be appropriate to enforce the provisions of this section. The authority of the Department of Social Services shall include, but not be limited to, the right to initiate or otherwise take those actions necessary to assure the health, safety and welfare of any elderly person, subject to any specific requirement for individual consent, and the right to authorize the transfer of an elderly person from a nursing home.

Sec. 17b-455. (Formerly Sec. 17a-435). Lack of consent or withdrawal of consent.

If an elderly person does not consent to the receipt of reasonable and necessary protective services, or if such person withdraws the consent, such services shall not be provided or continued, except that if the [Commissioner of Social Services] commissioner's designee has reason to believe that such elderly person lacks capacity to consent, [he] the commissioner's designee may seek court authorization to provide necessary services, as provided in section 17b-456 of the Connecticut General Statutes.

Sec. 17b-456. (Formerly Sec. 17a-436). Appointment of conservator for elderly person lacking capacity to consent to protective services.

(a) If the [Commissioner of Social Services] commissioner's designee finds that an elderly person is being abused, neglected, exploited or abandoned and lacks capacity to consent to reasonable and necessary protective services, [he] the commissioner's designee may petition the Probate Court for appointment of a conservator of the elderly person pursuant

to the provisions of sections 45a-644 to 45a-662, inclusive, of the Connecticut General Statutes in order to obtain such consent.

(b) Such elderly person or the individual, agency or organization designated to be responsible for the personal welfare of the elderly person shall have the right to bring a motion in the cause for review of the Probate Court's determination regarding the elderly person's capacity or an order issued pursuant to sections 17b-450 to 17b-461, inclusive, of the Connecticut General Statutes.

(c) The Probate Court may appoint [, if it deems appropriate,] the Commissioner of Social Services to be the conservator of the person of such elderly person pursuant to the provisions of section 45a-651 of the Connecticut General Statutes.

(d) In any proceeding in Probate Court pursuant to provisions of sections 17b-450 to 17b-461, inclusive, of the Connecticut General Statutes, the Probate Court shall appoint an attorney to represent the elderly person if he is without other legal representation.

Sec. 17b-458. (Formerly Sec. 17a-438). Periodic review of cases in which protective services are provided. Consent to continuation of services.

Subsequent to the authorization for the provision of reasonable and necessary protective services, the Department of Social Services shall initiate a review of each case within ninety days, to determine whether continuation of, or modification in, the services provided is warranted. A decision to continue the provision of such services should be made in concert with appropriate personnel from other involved state and local groups, agencies and departments, and shall comply with the consent provisions of sections 17b-450 to 17b-461, inclusive, of the Connecticut General Statutes. Reevaluations of each such case shall be made every ninety days thereafter.

Sec. 17b-459. (Formerly Sec. 17a-439). Payment for protective services. Procedures when elderly person unable to pay.

Concurrent with the implementation of any protective services, an evaluation shall be undertaken by the Department of Social Services, pursuant to regulations which shall be adopted by the Commissioner of Social Services, in accordance with chapter 54, regarding the elderly person's financial capability for paying for the protective services. If the person is so able, procedures for the reimbursement for the costs of providing the needed protective services shall be initiated. If it is determined that the elderly person is not financially capable of paying for such needed services, the services shall be provided in accordance with policies and procedures established by the Commissioner of Social Services for the provision of welfare benefits under such circumstances.

Sec. 17b-460. (Formerly Sec. 17a-440). Referral for criminal investigation or

proceedings.

If, as a result of any investigation initiated under the provisions of sections 17b-450 to 17b-461, inclusive, of the Connecticut General Statutes a determination is made that a [caretaker] caregiver or other person has abused, neglected, exploited or abandoned an elderly person, such information shall be referred in writing to the Chief State's Attorney or the Chief State's Attorney's designee who shall conduct such further investigation, if any, as deemed necessary and shall determine whether criminal proceedings should be initiated against such [caretaker] caregiver or other person, in accordance with applicable state law.

Agency Legislative Proposal - 2015 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc):
001_121514_DSS_OTC and Medicaid Benefit Cards

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency:
Dept. of Social Services

Liaison: Robert W. Zavoski, MD. MPH, FAAP
Phone: 860-424-5583
E-mail: Robert.zavoski@ct.gov

Lead agency division requesting this proposal:
Division of Health Services

Agency Analyst/Drafter of Proposal:
Robert W. Zavoski, MD. MPH, FAAP

Title of Proposal

AAC the Department of Social Services Payment for Over-the Counter Medications and Information Required on Medicaid Benefits Cards

Statutory Reference
17b-331, Section 2 of PA 14-62

Proposal Summary

- The department is proposing broadening the statutory language to allow the department discretion of choosing which OTCs to cover versus not. P.A. 10-33 restricted coverage of over-the-counter (OTC) medications to diabetes supplies and nutritional supplements for those who require technologic support for enteral nutrition. Many OTCs are as effective or more effective as alternatives available by prescription but at a lesser cost than the prescription medications. For example, many OTC proton pump inhibitors, commonly used for 'heartburn' are the same medications as those available by prescription, but at a lower dosage. Many other OTCs are not available by prescription, such as the Plan B emergency contraceptive. In addition, many nutritional products are life sustaining for those with genetic inborn errors of metabolism, such as phenylketonuria (PKU) are all available only as OTC products, but are enormously expensive for the consumer to buy out of pocket, whereas the complications that arise from inconsistent use of these supplements are enormously costly to treat.

- The department is also proposing to rescind Section 2 of PA 14-62 "Not later than January 1, 2015, the Commissioner of Social Services shall require that state-issued Medicaid benefits cards contain the name and contact information for a Medicaid client's primary care provider, if such client has chosen a primary care provider."

  One of the reasons that the Department adopted attribution under the ASO model is that it recognizes patterns of access to care used by recipients. It is a retrospective assignment of recipient health information to clinicians who the recipient has chosen by seeking their care, which then enables that clinician to best provide that care. In other words, the recipient "votes with their feet" and their clinical data follows them. Assignment, the old managed care methodology that used member cards, hoped that recipient's feet would take them where the plan assigned them, unfortunately more often than not they didn't.

  ID cards are issued by the medical ASO within 15 days of enrollment; however, the member's primary care provider (PCP) information is specifically not included on the card. Were this information on the cared, multiple cards would need to be issued to the member as they change PCPs at considerable expense yielding minimal benefit. Furthermore, including primary care provider's name on the card is often a barrier to care because many other providers refuse to see members not assigned to them for fear of not being paid. Although the Department has never

limited payments this way, many commercial plans do so this fear still persists.

Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Please consider the following, if applicable:

(1) Have there been changes in federal/state/local laws and regulations that make this legislation necessary?
(2) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?
(3) Have certain constituencies called for this action?
(4) What would happen if this was not enacted in law this session?

The reasons for the proposal are two-fold. Many more medically necessary medications are becoming available as OTCs at a lower price (PPIs) or are only available OTC (Plan B); second, the Medicaid program has been forced to pay for nutritionals for those with genetic inborn errors of metabolism using administrative exceptions.

- **Origin of Proposal __X_ New Proposal ___ Resubmission**

If this is a resubmission, please share:

(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?
(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?
(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?
(4) What was the last action taken during the past legislative session?
This seeks to rescind part of PA 14-62

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: DSS
Agency Contact (name, title, phone): Robert Zavoski, Medical Director, 860-424-5583
Date Contacted:

Approve of Proposal ___ YES ___NO ___Talks Ongoing

Summary of Affected Agency's Comments

Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)
State
Federal
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Section 1

Section 17b-280a is amended as follows:

Notwithstanding any provision of the general statutes, no payment shall be made under a medical assistance program administered by the Department of Social Services, except for the medical assistance program established pursuant to section 17b-256, for an over-the-counter drug, except for (1) insulin and insulin syringes, (2) nutritional supplements for individuals who are required to be tube fed or who cannot safely ingest nutrition in any other form, and as may be required by federal law, **[**and**]** (3) effective January 1, 2012, smoking cessation drugs as provided in section 17b-278a **and(4)over-the-counter medications determined by the Commissioner of Social Services to be medically necessary or cost-effective.** [On or before August 1, 2011, the Commissioner of Social Services shall

provide notice to pharmacists who provide services to beneficiaries of a medical assistance program administered by the department that such pharmacists may bill the department for supplies utilized in the treatment of diabetes using the durable medical equipment, medical surgical supply fee schedule. The commissioner shall provide a copy of such notice to the joint standing committees of the General Assembly having cognizance of matters relating to human services and appropriations and the budgets of state agencies.]

Section 2

Section 2 of Public Act 14-62 is repealed.

Agency Legislative Proposal - 2015 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc):
002_121514_DSS_PSE

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency:
Department of Social Services

Liaison: Krista Ostaszewski
Phone: (860) 424-5612
E-mail: Krista.Ostaszeski@ct.gov

Lead agency division requesting this proposal:
Office of Legal Counsel, Regulations and Administrative Hearings

Agency Analyst/Drafter of Proposal:
Phyllis Hyman and Lara Stauning

Title of Proposal
AAC Protective Services for the Elderly

Statutory Reference
17b-450, 17b-452, (NEW) 17b-452a, 17b-453 to 17b-456, inclusive, and 17b-459

Proposal Summary

The Department proposes to (1) update the language of the Protective Services for the Elderly (PSE) statute to require covered entities to disclose protected health information to the Department in order for the Department to properly investigate allegations of abuse, which is a permitted disclosure under HIPAA as long as there is a state law requirement; (2) add a new section that provides the commissioner with the authority to apply to the probate court to obtain an order granting the commissioner access to an elderly person believed to be in need of protective services to investigate a report of elder abuse, neglect, exploitation or abandonment, when the commissioner has reasonable cause to believe that such elderly person is in need of protective services and the commissioner is refused access by such person or other individual; (3) improve and update language relating to access to records, to comport with HIPAA, and to improve operation of the program; (4) remove an exception to the requirement for the requirement to have an interview along with the elderly person who is the subject of the alleged abuse because it is unnecessary and could be a barrier to an investigation; and (4) make several technical changes.

Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Please consider the following, if applicable:

(1) Have there been changes in federal/state/local laws and regulations that make this legislation necessary? The provisions of the PSE statue that set forth the state law regarding the Department's access to and disclosure of information related to PSE cases have not been updated since the passage of HIPAA. Revisions were made to be consistent with HIPAA standards (access) and to require covered entities to disclose protected health information to the Department when it is investigating an allegation of abuse so that covered entities, such as hospitals and other medical providers, may do so without violating HIPAA.

(2) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)? Yes, at least for the new section concerning an order for access when there is a refusal to cooperate with an investigation. Special Visitation Warrants, Access Warrants, and other warrants are utilized by several other states to allow Protective Services workers access to the individuals they are charged with protecting. This tool is not currently available in Connecticut. The proposed language is based upon language adopted in the state of New York as it applies to the state of New York's Adult Protective Services program. This practice allows other states' adult protective services

programs to investigate, in a timely manner, reports of abuse, neglect, exploitation or abandonment when the commissioner is denied access to the alleged abused person. Furthermore, Governor's Executive Order 42 supports state agencies' efforts to take action to protect elders from abuse, neglect, exploitation, and abandonment. The adoption of this provision would enable the Department to have the tools necessary to meets its statutory duty.

(3) Have certain constituencies called for this action? No

(4) What would happen if this was not enacted in law this session? The Department's ability to meet its statutory duty to investigate reports of elder abuse, neglect, exploitation and abandonment would continue to be hindered by such situations where elderly persons or other individuals (often times the alleged abuser) deny the commissioner access to the elderly person for purposes of responding and investigating a report of abuse, neglect, exploitation or abandonment. The inability to access such elder in a timely manner could result in placing the alleged victim at risk for continued, abuse, neglect, exploitation, abandonment and, in some instances, even death.

- **Origin of Proposal _X__ New Proposal ___ Resubmission**

If this is a resubmission, please share:

(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?

(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?

(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?

(4) What was the last action taken during the past legislative session?

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Office of the Chief State's Attorney
Agency Contact (name, title, phone): Lenard Boyle, Deputy Chief State's Attorney (860)258-3320

Date Contacted: 12/5/14, responded 12/9/14

Approve of Proposal __X_ YES ___NO ___Talks Ongoing

Agency Name:
Agency Contact (name, title, phone):

Date Contacted:

Approve of Proposal ___ YES ___NO ___Talks Ongoing

Summary of Affected Agency's Comments

Office of the Chief State's Attorney is in support of the proposal.

Will there need to be further negotiation? ___ YES __X_NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation) No anticipate fiscal impact
State No anticipated fiscal impact
Federal No anticipated fiscal impact
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Sec. 1. Amending Sec. 17b-450. The proposed amendments technical in nature. The definition section is reformatted to make it more readable and the definition of "Commissioner" has been added as it was previously not included.

Sec. 2. Amending Sec. 17b-452. The proposed amendments (1) delete the provision that allows an exception for an interview alone with the elderly person if there is a letter from a physician; (2) clarify the information that shall be maintained by the state-wide registry; (3) clarify the Department's ability to share information with other entities for purposes of investigation of abuse, while protecting the confidentiality of the individual's information and the name of the reporter of the abuse, with certain necessary exceptions ; (4) provide the right of access to records by the elderly person or his or her legal representative, with exceptions consistent with HIPAA; and (5) make minor technical changes.

Sec. 3. Amending Sec. 17b-453. The proposed amendments make minor technical changes.

Sec. 4. Amending Sec. 17b-454. The proposed amendments add and change language to require covered entities to provide protected health information to the Department in order to fully investigate allegations of abuse, neglect, exploitation or abandonment, consistent with federal law authorizing such disclosures in accordance with state law requirements.

Secs. 5-8. Amending Sec. 17b-455, 17b-456, 17b-457, and 17b-460. The proposed amendments are minor technical changes.

Sec. 9. The proposed addition of new language provides the commissioner with the authority to seek an order to gain access to elderly person believed to be in need of protective services when the elderly person or another person refuses to allow the Department to investigate an allegation. This authority will greatly enhance the Department's ability to meet its statutory requirement to investigate all allegations of abuse, neglect, exploitation and abandonment.

Section 1. Section 17b-450 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

For purposes of sections 17b-450 to 17b-461, inclusive:

[(1) The term "elderly person" means any resident of Connecticut who is sixty years of age or older.

(2) An elderly person shall be deemed to be "in need of protective services" if such person is unable to perform or obtain services which are necessary to maintain physical and mental health.

(3) The term "services which are necessary to maintain physical and mental health" includes, but is not limited to, the provision of medical care for physical and mental health needs, the relocation of an elderly person to a facility or institution able to offer such care, assistance in personal hygiene, food, clothing, adequately heated and ventilated shelter, protection from health and safety hazards, protection from maltreatment the result of which includes, but is not limited to, malnutrition, deprivation of necessities or physical punishment, and transportation necessary to secure any of the above stated needs, except that this term shall not include taking such person into custody without consent except as provided in sections 17b-450 to 17b-461, inclusive.

(4) The term "protective services" means services provided by the state or other governmental or private organizations or individuals which are necessary to prevent abuse, neglect, exploitation or abandonment. Abuse includes, but is not limited to, the wilful infliction of physical pain, injury or mental anguish, or the wilful deprivation by a caretaker of services which are necessary to maintain physical and mental health. Neglect refers to an elderly person who is either living alone and not able to provide for himself or herself the services which are necessary to maintain physical and mental health or is not receiving such necessary services from the responsible caretaker. Exploitation refers to the act or process of taking advantage of an elderly person by another person or caretaker whether for monetary, personal or other benefit, gain or profit. Abandonment refers to the desertion or wilful forsaking of an elderly person by a caretaker or the foregoing of duties or the withdrawal or neglect of duties and obligations owed an elderly person by a caretaker or other person.

(5) The term "caretaker" means a person who has the responsibility for the care of an elderly person as a result of family relationship or who has assumed the responsibility for the care of the elderly voluntarily, by contract or by order of a court of competent jurisdiction.**]**

(1) “Abuse” means, but is not limited to, the willful infliction of physical pain, injury or mental anguish, or the willful deprivation by a caregiver of services which are necessary to maintain physical and mental health;

(2) “Abandonment” means the desertion or willful forsaking of an elderly person by a caregiver or the foregoing of duties or the withdrawal or neglect of duties and obligations owed an elderly person by a caregiver or other person;

(3) “Caregiver” means a person who has the responsibility for the care of an elderly person as a result of family relationship or who has assumed the responsibility for the care of the elderly voluntarily, by contract or by order of a court of competent jurisdiction;

(4) “Commissioner” means the Commissioner of Social Services or his or her designee;

(5) “Elderly person” means any resident of Connecticut who is sixty years of age or older;

(6) “Exploitation” means the act or process of taking advantage of an elderly person by another person or caregiver whether for monetary, personal or other benefit, gain or profit;

(7) "In need of protective services" means that the elderly person is unable to perform or obtain services which are necessary to maintain physical and mental health;

(8) "Neglect" means the inability of an elderly person to provide for himself or herself the services which are necessary to maintain physical and mental health or the unwillingness or inability of a caregiver to provide such necessary services to an elderly person;

(9) "Legal representative" means an attorney, guardian ad litem, conservator or power of attorney appointed to act on the elderly person's behalf;

(10) "Protective services" means services provided by the state, other governmental or private organizations or individuals that are necessary to prevent abuse, neglect, exploitation or abandonment;

(11) "Services necessary to maintain physical and mental health" means, but is not limited to, the provision of medical care for physical and mental health needs, the relocation of an elderly person to a facility or institution able to offer such care, assistance in personal hygiene, food, clothing, adequately heated and ventilated shelter, protection from health and safety hazards, protection from maltreatment the result of which includes, but is not limited to, malnutrition, deprivation of necessities or physical punishment, and transportation necessary to secure any of the above stated needs, except that this term shall not include taking such person into custody without consent except as provided in sections 17b-450 to 17b-461, inclusive.

Sec. 2. Section 17b-452 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) The commissioner upon receiving a report that an elderly person allegedly is being, or has been, abused, neglected, exploited or abandoned, or is in need of protective services shall investigate the report to determine the [situation relative to] the condition of the elderly person and what action and services, if any, are required. The investigation shall include (1) [a] an in-person visit to the named elderly person (2) consultation with those individuals having knowledge of the facts of the particular case, and (3) an interview with the elderly person alone unless (A) the elderly person refuses to consent to such interview, [(B) a physician, having examined the elderly person not more than thirty days prior to or after the date on which the commissioner receives such report, provides a written letter stating that in the opinion of the physician an interview with the elderly person alone is medically contraindicated,] or [(C)](B) the commissioner determines that such interview is not in the best interests of the elderly person. If the commissioner determines that a [caretaker] caregiver is interfering with the commissioner's ability to conduct an interview alone with the elderly person, the commissioner may bring an action in the Superior Court or Probate Court seeking an order enjoining such [caretaker] caregiver from interfering with the commissioner's ability to conduct an interview alone with the elderly person. In investigating a report under this subsection, the commissioner

may subpoena witnesses, take testimony under oath and compel the production of any necessary and relevant documents necessary to investigate the allegations of abuse, neglect, exploitation or abandonment. The commissioner may request the Attorney General to petition the Superior Court for such order as may be appropriate to enforce the provisions of this section. Upon completion of the investigation, written findings shall be prepared which shall include recommended action and a determination of whether protective services are needed. [The person filing the report shall be notified of the findings, upon request.]

(b) The Department of Social Services shall maintain a state-wide registry of the number of reports received, the [investigation] allegations and [findings and] the [actions taken] outcomes.

(c) The [client's] elderly person's file, including but not limited to, the original report and the investigation report shall not be deemed a public [records] record nor be subject to the provisions of section 1-210. [The name of the person making the original report or any person mentioned in such report shall not be disclosed unless the person making the original report specifically requests such disclosure or unless a judicial proceeding results therefrom or unless disclosure of the name of the elderly person about whom the report was made is required to fully investigate a report.] The elderly person's file may be disclosed, in whole or in part, to an individual, agency, corporation or organization only with the written authorization of the elderly person, the elderly person's legal representative or as provided by this section.

(d) Notwithstanding the provisions of subsection (c) of this section, when the commissioner determines it to be in the elderly person's best interest, the commissioner may disclose the elderly person's records, whether or not created by the department, and not otherwise privileged or confidential communications under state or federal law, without the authorization of the elderly person or the elderly person's legal representative to (1) multidisciplinary teams that may be formed to assist the department in investigation, evaluation or treatment of elderly abuse and neglect cases; and (2) law enforcement officials.

(e) Notwithstanding the provisions of subsections (c) and (d) of this section, the name of the person making the report that an elderly person is being, or has been, abused, neglected, exploited or abandoned, or is in need of protective services, shall not be disclosed without that person's written permission, except to a law enforcement official pursuant to a court order that specifically requires the disclosure of the name of the person making the report.

(f) The elderly person or his or her legal representative or attorney shall have the right of access to records made, maintained or kept on file by the department, in accordance with all applicable state and federal law, when those records pertain to or contain information or material concerning the elderly person, including, but not limited to, records concerning investigations, reports or medical, psychological or psychiatric examinations of the elderly person except (1) if protected health information were obtained by the department from someone other than a health

care provider under the promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information; (2) that information identifying the individual who reported the abuse, neglect, exploitation or abandonment of the elderly person shall not be released unless, upon application to the Superior Court by the elderly person and served on the Commissioner of Social Services, a judge determines, after in camera inspection of relevant records and a hearing, that there is reasonable cause to believe the reporter knowingly made a false report or that other interests of justice require such release; (3) if it is determined by a licensed health care professional that the access requested is reasonably likely to endanger the life or physical safety of the elderly person or another person; (4) if the protected health information makes reference to another person, other than a health care provider, and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or (5) the request for access is made by the elderly person's legal representative, and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such legal representative is reasonably likely to cause harm to the elderly person or another person.

Sec. 3. Section 17b-453 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) If it is determined that an elderly person is in need of protective services, services shall be initiated, provided the elderly person consents. If the elderly person fails to consent and the [protective services staff of the Department of Social Services] commissioner of social services has reason to believe that such elderly person is incapable of managing his personal or financial affairs, the [protective services staff] commissioner shall provide protective services to the extent possible and may apply to Probate Court for the appointment of a conservator of person or estate, as appropriate.

(b) If the [caretaker] caregiver of an elderly person who has consented to the receipt of reasonable and necessary protective services refuses to allow the provision of such services to such elderly person, the [Commissioner of Social Services] commissioner may petition the Superior Court or the Probate Court for an order enjoining the [caretaker] caregiver from interfering with the provision of protective services to the elderly person. The petition shall allege specific facts sufficient to show that the elderly person is in need of protective services and consents to their provision and that the [caretaker] caregiver refuses to allow the provision of such services. If the judge finds that the elderly person is in need of such services and has been prevented by the [caretaker] caregiver from receiving the same, the judge may issue an order

enjoining the [caretaker] caregiver from interfering with the provision of protective services to the elderly person.

Section 4. Section 17b-454 of the general statutes is repealed and the following is substituted thereof (effective July 1, 2015):

[Any person, department, agency or commission authorized to carry out the duties enumerated in sections 17b-450 to 17b-461, inclusive, shall have access to all relevant records, except that records which are confidential to an elderly person shall only be divulged with the written consent of the elderly person or the representative of such elderly person.] A covered entity, as defined in 45 CFR 160.103, shall disclose to the commissioner all relevant protected health information and other information about an elderly person that is necessary for the commissioner to investigate an allegation of abuse, neglect, abandonment or exploitation. If the Commissioner [of Social Services] has reasonable cause to believe that the elderly person [lacks capacity to give consent to release confidential records or if the caretaker of such elderly person is refusing consent and the commissioner has reasonable cause to believe that such caretaker has] is being abused, neglected, exploited or abandoned [the elderly person], the commissioner may issue a subpoena to obtain [confidential records] protected health information or other information necessary to investigate the allegations of abuse, neglect, exploitation or abandonment. The commissioner may request the Attorney General to petition the Superior Court for such order as may be appropriate to enforce the provisions of this section. The commissioner's authority [of the Department of Social Services] shall [have the authority] include, but not be limited to, the right to initiate or otherwise take those actions necessary to assure the health, safety and welfare of any elderly person. [,subject to any specific requirement for individual consent, and the right to authorize the transfer of an elderly person from a nursing home.]

Sec. 5. Section 17b-455 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

If an elderly person does not consent to the receipt of reasonable and necessary protective services, or if such person withdraws the consent, such services shall not be provided or continued, except that if the commissioner has reason to believe that such elderly person lacks capacity to consent, [he] the commissioner may seek court authorization to provide necessary services, as provided in section 17b-456.

Sec. 6. Section 17b-456 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) If the Commissioner of Social Services finds that an elderly person is being abused, neglected, exploited or abandoned and lacks capacity to consent to reasonable and necessary protective services, [he] the commissioner may petition the Probate Court for appointment of a conservator of the elderly person pursuant to the provisions of sections 45a-644 to 45a-662, inclusive, in order to obtain such consent.

(b) Such elderly person or the individual, agency or organization designated to be responsible for the personal welfare of the elderly person shall have the right to bring a motion in the cause for review of the Probate Court's determination regarding the elderly person's capacity or an order issued pursuant to sections 17b-450 to 17b-461, inclusive.

(c) The Probate Court may appoint [, if it deems appropriate,] the Commissioner of Social Services to be the conservator of the person of such elderly person pursuant to the provisions of section 45a-651.

(d) In any proceeding in Probate Court pursuant to provisions of sections 17b-450 to 17b-461, inclusive, the Probate Court shall appoint an attorney to represent the elderly person if he is without other legal representation.

Sec. 7. Section 17b-459 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

Concurrent with the implementation of any protective services, an evaluation shall be undertaken by the Department of Social Services, pursuant to regulations which shall be adopted by the Commissioner of Social Services, in accordance with chapter 54, regarding the elderly person's financial capability for paying for the protective services. If the person is so able, procedures for the reimbursement for the costs of providing the needed protective services shall be initiated. If it is determined that the elderly person is not financially capable of paying for such needed services, the services shall be provided in accordance with policies and procedures established by the Commissioner of Social Services for the provision of welfare benefits under such circumstances.

Sec. 8. Section 17b-460 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

If, as a result of any investigation initiated under the provisions of sections 17b-450 to 17b-461, inclusive, a determination is made that a [caretaker] caregiver or other person has abused, neglected, exploited or abandoned an elderly person, such information shall be referred in writing to the Chief State's Attorney or the Chief State's Attorney's designee who shall conduct such further investigation, if any, as deemed necessary and shall determine whether criminal

proceedings should be initiated against such [caretaker] caregiver or other person, in accordance with applicable state law.

Sec. 9 (NEW) (*effective July 1, 2015* (a) The Commissioner may apply to the Probate Court for an order to gain access to an elderly person when the Commissioner has reasonable cause to believe that the elderly person may be in need of protective services and is refused access by such person or another individual.

(b) The Commissioner shall determine whether to apply to the Probate Court for such an order as soon as necessary under the circumstances, but no later than 48 hours after the elderly person, or other individual, has refused access to the Commissioner.

(c) The factors considered when making the decision about whether to apply for an order to gain access shall be documented in the department's investigation file.

(d) The application to the Probate Court for an order to gain access shall state that the Commissioner is seeking an order to gain access solely for the purpose of assessing whether the elderly person is in need for protective services and shall include, to the extent the facts can be ascertained with reasonable diligence, the following information:

(1) the name and address of the elderly person who may be in need of protective services and the premises on which this person may be found, if different;
(2) the reason for the belief that the elderly person may be in need of protective services, which may include information provided by other agencies or individuals who are familiar with the elderly person;
(3) the name and address, if known, of the person or persons who are responsible for preventing access to the elderly person
(4) previous efforts that have been made to gain access to the elderly person who may need protective services;
(5) the names of any individuals, such as the department's social worker, and any other health or mental health professionals, who may participate in the assessment of whether the elderly person needs protective services;
(6) the manner by which the assessment will be conducted; and
(7) whether there has been a prior application to the Probate Court to gain access to the elderly person, or any similar relief, and, if so, the determination of said application, and new facts, if any, that were not in the previous application,

which support submission of another application.

(e) Any allegations of abuse, neglect, exploitation or abandonment that are not based on the Commissioner's personal knowledge shall be based on the personal knowledge of the person reporting the abuse, neglect, exploitation or abandonment. Whenever possible, the allegations that are not based on the commissioner's knowledge shall be supported by an affidavit of the person having such knowledge and shall be attached to the application.

(f) The applications authorized in this section shall have preference over all other causes in the Probate Court, except those with a similar statutory preference.

(g) If the Probate Court is satisfied that there is reasonable cause to believe that an elderly person in need of protective services may be found at the premises described in the application, that such person may be in need of protective services, and that access to such person has been refused, it shall grant the application and issue an order authorizing the Commissioner, accompanied by a police officer or other law enforcement official, and any other person the commissioner determines necessary, to enter the premises to conduct an assessment to determine whether the elderly person named in the application is in need of protective services.

(h) The provisions of this section shall not be construed to authorize the Commissioner to remove any person from the premises described in the application, or to provide any involuntary protective services to any person other than to assess an elderly person's need for protective services. Nothing in this section shall be construed to impair any existing right or remedy.

Agency Legislative Proposal - 2015 Session

Document Name: 003_121514_DSS_BCSE Income Withholding

State Agency:
Department of Social Services

Liaison: Krista Ostaszewski
Phone: 860-424-5612
E-mail: krista.ostaszewski@ct.gov

Lead agency division requesting this proposal:
Bureau of Child Support Enforcement

Agency Analyst/Drafter of Proposal:
David Mulligan, Social Services Program Administration Manager

Title of Proposal
An Act Concerning Improvements to Income Withholding for Child Support

Statutory Reference CGS§§: 3-119, 31-227, 52-362, 52-362i

Proposal Summary

This proposal would:

1. Require the state Comptroller, for state employees and retirees, and the Department of Labor (DOL), for persons receiving unemployment compensation benefits, to ensure that an electronic system is in place to honor support withholdings transmitted electronically by means of the federally sanctioned and supported electronic income withholding (e-IWO) process, which is voluntary for private employers;
2. Amend subsection (k) of section 52-362 to require that an employer include any income withholding for an employee when sending a referral to a worker's compensation (WC) carrier and subject such carrier to the same requirements as apply to the employer with regard to withholding of income and payment of withheld sums.
3. Authorize family support magistrates to enter cash deposit orders under section 52-362i as an enforcement remedy for non-compliant employers and other payers of income.

PROPOSAL BACKGROUND

- **Reason for Proposal**

1. Requiring the state Comptroller and DOL to participate in the e-IWO process will expedite the withholding and payment of child support and benefit families.
2. Requiring that an employer forward income withholding orders (IWOs) to worker's compensation carriers and subjecting such carrier to the same requirements as apply to the employer with regard to withholding of income and payment of withheld sums will prevent delays in the transfer of IWOs and the collection of child support payments.
3. Authorizing family support magistrates (FSMs) to enter cash deposit orders under section 52-362i will add to the remedies available to FSMs when correcting situations in which an employer or other payer of income fail or refuse to honor an IWO for support.

- **Origin of Proposal** **_X_ New Proposal** **___ Resubmission**

1. The provisions requiring the Comptroller and DOL to participate in the e-IWO process originated last year with Secs. 4 and 5 of S.B. 458, a bill to implement the recommendations of the task force to study methods for improving the collections of past-due child support. The task force had recommended these provisions to expedite the withholding and payment of support by electronic means. The bill was JF'd out of Judiciary and Human Services and favorably reported and tabled for the Senate calendar, but failed to pass due to expiration of time in the session following referral to Appropriations. However, this is a new proposal by DSS.
2. The provisions adding additional procedures and remedies to improve the income withholding process were proposed by Support Enforcement Services to enhance its ability to enforce court-ordered support in the most efficient and economical manner. The lead IV-D agency agrees that these provisions will close some loopholes in the existing process and provide better service to families.

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Judicial Branch Support Enforcement Services
Agency Contact Charisse Hutton, Director (860) 569-6233
Date Contacted: on going
Approve of Proposal ___ YES ___NO ___Talks Ongoing

Agency Name: Judicial Branch Family Support Magistrate Division
Agency Contact Chief FSM John Colella
Date Contacted: on going
Approve of Proposal ___ YES ___NO ___Talks Ongoing

Agency Name: Judicial Branch- Court Operations
Agency Contact Johanna Greenfield, Deputy Director, Family and Support Matters (860) 263-2734
Date Contacted: on going
Approve of Proposal ___ YES ___NO __Talks Ongoing-no position

Agency Name: Office of Attorney General
Agency Contact Sean Kehoe-Assistant Attorney General-(860) 808-5150
Date Contacted: on going
Approve of Proposal ___ YES ___NO ___Talks Ongoing

Summary of Affected Agency's Comments
The IV-D partners named above discussed and commented on the agency proposal, but lack authority at their level to officially "approve" or "oppose" the proposal.

Will there need to be further negotiation? __YES _X_NO
Several provisions were proposed by SES, and the IV-D partners did not express opposition. Some employers and/or workers' compensation carriers may balk at the additional requirements.

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation) None.
State There will be no fiscal impact to DSS/BCSE, Comptroller's office or DOL resulting from implementation of e-IWO because there will be no enhancements or changes to their systems to accomplish this. All agencies will utilize the resources and tools they currently possess. In addition, there will be some savings in reduced processing time for the agencies involved. There will be considerable savings in staff time and resources at BCSE and Support Enforcement Services as a result of the other enhancements to the income withholding process.
Federal None.
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Income withholding is the most effective means of enforcing court-ordered child support. In FFY 2013, 70% of the $284 million collected through the Title IV-D program was obtained by means of income withholding directly from employers and other payers of income. This collection method greatly expedites payments to families, and even more so when the withholding is established electronically through the e-IWO process. The additional procedures and remedies proposed herein will close some loopholes in the existing process, expediting payments to families and saving personnel and other resources within the state agencies involved in the child support program.

AN ACT CONCERNING IMPROVEMENTS TO INCOME WITHHOLDING FOR CHILD SUPPORT

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

Section 1. Subsection (a) of section 3-119 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

(a) The Comptroller shall pay all salaries and wages not less than ten calendar days or more than fifteen calendar days after the close of the payroll period in which the services were rendered, except as provided in subsections (b) and (c) of this section, but shall draw no order in payment for any service of which the payroll officer of the state has official knowledge without the signed statement of the latter that all employees listed on the payroll of each agency have been duly appointed to authorized positions and have rendered the services for which payment is to be made. The Comptroller is authorized to develop, install and operate a comprehensive fully documented electronic system for effective personnel data, for payment of compensation to all state employees and officers and for maintenance of a chronological and permanent record of compensation paid to each employee and officer for the state employees retirement system and other purposes. Such electronic system shall also facilitate the electronic processing of an income withholding order entered by a state or federal court, including any such order transmitted to the Comptroller by means of the federal electronic income withholding order process and issued pursuant to section 52-362. The Comptroller is authorized to establish an accounting procedure to implement this section.

Sec. 2. Subsection (h) of section 31-227 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

(h) (1) An individual filing an initial claim for unemployment compensation shall, at the time of filing such claim, disclose whether or not the individual owes child support obligations as defined under subdivision (6) of this subsection. If any such individual discloses that he or she owes child support obligations and has been determined to be eligible for unemployment compensation, the administrator shall notify the state or local child support enforcement agency enforcing such obligation that the individual is eligible for unemployment compensation.

(2) The administrator shall deduct and withhold from any unemployment compensation payable to an individual who owes child support obligations (A) the amount specified by the individual to the administrator to be deducted and withheld under this subsection, if neither subparagraph (B) nor (C) is applicable, or (B) the amount determined pursuant to an agreement submitted to the administrator under Section 654(20)(B)(i) of the Social Security Act by the state or local child support enforcement agency, unless subparagraph (C) is applicable, or (C) any amount otherwise required to be so deducted and withheld from such unemployment compensation pursuant to legal process, as defined in Section 662(e) of the Social Security Act, properly served upon the administrator. For purposes of this subdivision, legal process shall be deemed properly served upon the administrator if such legal process is transmitted to the administrator by means of the federal electronic income withholding order process.

(3) Any amount deducted and withheld under subdivision (2) of this subsection shall be paid by the administrator to the appropriate state or local child support enforcement agency.

(4) Any amount deducted and withheld under subdivision (2) of this subsection shall for all purposes be treated as if it were paid to the individual as unemployment compensation and paid by such individual to the state or local child support enforcement agency in satisfaction of the individual's child support obligations.

(5) This subsection shall be applicable only if appropriate arrangements have been made for reimbursement by the state or local child support enforcement agency for the administrative costs incurred by the administrator under this subsection which are attributable to child support obligations being enforced by such state or local child support enforcement agency.

(6) For purposes of this subsection, the term "unemployment compensation" means any compensation payable under this chapter, including amounts payable by the administrator pursuant to an agreement under any federal law providing for compensation, assistance, or allowances with respect to unemployment; "child support obligations" includes only obligations which are being enforced pursuant to a plan described in Section 654 of the Social Security Act which has been approved by the Secretary of Health and Human Services under Part D of Title IV of the Social Security Act; and "state or local child support enforcement agency" means any agency of this state or a political subdivision thereof operating pursuant to a plan described in Section 654 of the Social Security Act which has been approved by the Secretary of Health and Human Services under Part D of Title IV of the Social Security Act.

Sec. 3. Subsection (k) of section 52-362 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

(k) The employer shall notify promptly the dependent or Support Enforcement Services as directed when the obligor terminates employment, makes a claim for workers' compensation benefits or makes a claim for unemployment compensation benefits and shall provide the obligor's last-known address and the name and address of the obligor's new employer, if known. When the obligor makes a claim for workers' compensation benefits, the employer shall include a copy of any order for withholding received for the obligor with the employer's first report of occupational illness or injury to the employer's workers' compensation benefits carrier, and such benefits carrier shall withhold funds pursuant to the withholding order and pay any sums withheld as required by subsection (f) of this section. Such benefits carrier shall be subject to the same remedies for failure to withhold or pay withheld sums as provided for an employer or other payer of income under subsection (f) of this section.

Sec. 4. Section 52-362i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2016*):

If the court or family support magistrate finds that (1) an obligor is delinquent on payment of child support, or an employer or other payer of income failed to withhold from income due an obligor pursuant to an order for withholding or failed to pay withheld sums as required pursuant to subsection (f) of section 52-362 and (2) future support payments are in jeopardy, or (3) the obligor, employer or other payer of income has exhibited or expressed an intention not to pay any such support, the court or family support magistrate may order the obligor, employer or other payer of income to provide a cash deposit not to exceed the amount of four times the

current monthly support and arrearage obligation, to be held in escrow by the Bureau of Child Support Enforcement or Support Enforcement Services. Any funds from such cash deposit may be disbursed by the Bureau of Child Support Enforcement or Support Enforcement Services to the custodial parent upon a determination by said bureau or Support Enforcement Services that the obligor, employer or other payer of income has failed to pay the full amount of the monthly support obligation. Payment shall be in an amount that, when combined with the obligor's payment, would not exceed the monthly support obligation. Payment from such cash deposit shall not preclude a finding of delinquency during the period of time in which the obligor failed to pay current support.

Statement of Purpose:

To improve income withholding for child support to facilitate payments to families.

Agency Legislative Proposal - 2015 Session

Document Name :004_121514_DSS_Additional protections CCFs

State Agency: Department of Social Services
Liaison: Krista Ostaszewski Phone:860-424-5612 E-mail: Krista.Ostaszewski@ct.gov
Lead agency division requesting this proposal: Reimbursement & CON
Agency Analyst/Drafter of Proposal: Melanie Dillon & Rich Wysocki

Title of Proposal: An Act Concerning Additional Protections for Residents of Continuing Care Facilities
Statutory Reference: 17b-521 through 17b-535
Proposal Summary *The proposed legislation deletes obsolete provisions and makes technical changes. The revised statutes are arranged in a more logical and cohesive format. The proposal requires each continuing care facility to submit at least one disclosure statement to DSS each year, including audited financial statements and cash flow statements, provides for the establishment of Resident Councils at each CCF, and provides the Commissioner of social services the ability to accept the terms or covenants regarding the establishment or maintenance of reserve or escrow funds or financial ratios associated with a mortgage loan, bond indenture or other long term financing as an alternative to the reserve provisions in current statute.*
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Please consider the following, if applicable:

1. *Have there been changes in federal/state/local laws and regulations that make this legislation necessary? No*
2. *Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)? No*
3. *Have certain constituencies called for this action? No*
4. *What would happen if this was not enacted in law this session?*

- **Origin of Proposal __ _ New Proposal _X__ Resubmission**

If this is a resubmission, please share:

(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package? It was included with the CON legislative proposal and there was opposition to sections of that bill. It did not make it out of the Human Services committee.

(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal? Yes, Nursing Industry & 1199 Union

(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation? Nursing industry and 1199.

(4) What was the last action taken during the past legislative session? Bill died in committee.

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name:
Agency Contact (name, title, phone):
Date Contacted:

Approve of Proposal ___ YES ___NO ___Talks Ongoing

Summary of Affected Agency's Comments

Will there need to be further negotiation? ___ YES _X__NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)
None

State
None

Federal
None

Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Sec. 1. Section 17b-521 of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) No provider shall offer or enter into a continuing-care contract in this state or with any resident of this state or regarding any facility in this state and no change in ownership of such a facility shall be completed unless the provider or proposed owner, as the case may be, has registered with the department by filing a current disclosure statement that meets the requirements of section 17b-522, [financial information that meets the requirements of section 17b-527, and a sworn statement of the escrow agent to the effect that the escrows required by sections 17b-524 and 17b-525 have been established,] has received acknowledgment of such filing and has paid an annual filing fee of twenty-four dollars or residential unit operated by such provider. Acknowledgment of filing shall be furnished to the provider by the commissioner within ten business days of the date of filing. The commissioner may waive the requirements of this section if a change of ownership is proposed pursuant to section 17b-532 or a federal bankruptcy proceeding.

(b) Each facility registered with the department pursuant to this section shall permit the residents of a facility to establish a Resident Council to facilitate the communication of resident concerns and issues to the provider.

Sec. 2. Section 17b-522 of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) Before the execution of a contract to provide continuing care, or before the transfer of any money or other property to a provider by or on behalf of a prospective resident, whichever shall occur first, the provider shall deliver to the person with whom the contract is to be entered into, or to that person's legal representative, a conspicuous statement notifying the prospective resident that:

(1) A continuing-care contract is a financial investment and his investment may be at risk;

(2) The provider's ability to meet its contractual obligations under such contract depends on its financial performance;

(3) The prospective contract holder is advised to consult an attorney or other professional experienced in matters relating to investments in continuing-care facilities before he signs a contract for continuing care; and

(4) The department does not guarantee the security of his investment.

(b) Before the execution of a contract to provide continuing care, or before the transfer of any money or other property to a provider by or on behalf of a prospective resident, whichever shall occur first, the provider shall deliver to the person with whom the contract is to be entered into, or to that person's legal representative, a disclosure statement. The text of the disclosure statement shall contain, to the extent not clearly and completely set forth in the contract for continuing care attached as an exhibit thereto, at least the following information:

(1) The name and business address of the provider and a statement of whether the provider is a partnership, corporation or other legal entity;

(2) The names of the officers, directors, trustees, or managing and general partners of the provider, the names of persons having a five per cent or greater ownership interest in the provider, and a description of each such person's occupation with the provider;

(3) A description of the business experience of the provider and of the manager of the facility if the facility will be managed on a day-to-day basis by an organization other than the provider, in the administration of continuing-care contracts or in the administration of similar contractual arrangements;

(4) A description of any matter in which the provider, any of the persons described in subdivision (2) of this subsection, or the manager has been convicted of a felony or pleaded nolo contendere to a felony charge, or held liable or enjoined in a civil action by final judgment, if the felony or civil action involved fraud, embezzlement, fraudulent conversion or misappropriation of property; or is subject to a currently effective injunction or restrictive or remedial order of a court of record, within the past five years has had any state or federal license or permit suspended or revoked as a result of an action brought by a governmental agency or department, rising out of or relating to business activity or health care, including, but not limited to, actions affecting the operation of a foster care facility, nursing home, retirement home, residential care home, or any facility subject to sections 17b-520 to 17b-535, inclusive, or a similar statute in another state or country;

(5) A statement as to whether or not the provider is, or is affiliated with, a religious, charitable, nonprofit, or for-profit organization; the extent of the affiliation, if any; the extent to which the affiliate organization will be responsible for the financial and contractual obligations of the provider; and the provision of the federal Internal Revenue Code, if any, under which the provider or affiliate is exempt from the payment of income tax;

(6) The location and a description of the physical property or properties of the provider, existing or proposed; and, if proposed, the estimated completion date or dates, whether or not construction has begun, and the contingencies subject to which construction may be deferred;

(7) The goods and services provided or proposed to be provided without additional charge under the contract for continuing care including the extent to which medical or nursing care or other health-related benefits are furnished;

(8) The disposition of interest earned on entrance fees or other deposits held in escrow;

(9) A description of the conditions under which the continuing-care contract may be terminated, whether before or after occupancy, by the provider or by the resident. In the case of termination by the provider, a description of the manner and procedures by which a decision to terminate is reached by the provider, including grounds for termination, the participation of a resident's council or other group, if any, in reaching such a decision, and any grievance, appeal or other similar procedures available to a resident whose contract has been terminated by the provider;

(10) A statement setting forth the rights of a surviving spouse who is a resident of the facility and the effect of the continuing-care contract on the rights of a surviving spouse who is not a resident of the facility, in the event of the death of a resident, subject to any limitations imposed upon such rights by statute or common law principles;

(11) A statement of the effect of a resident's marriage or remarriage while in the facility on the terms of such resident's continuing-care contract;

(12) Subject to the provisions of subsection (g) of this section, a statement of the provider's policy regarding disposition of a resident's personal property in the event of death, temporary or permanent transfer to a nursing facility, or termination of the contract by the provider;

(13) A statement that payment of an entrance fee or other transfer of assets pursuant to a continuing-care contract may have significant tax consequences and that any person considering such a payment or transfer may wish to consult a qualified advisor;

(14) The provisions that have been made or will be made by the provider for reserve funding and any other security to enable the provider to perform fully its obligations under continuing-care contracts, including, but not limited to, escrow accounts established in compliance with sections 17b-524 and 17b-525, trusts or reserve funds, together with the manner in which such funds will be invested and the names and experience of the persons making or who will make investment decisions; [Disclosure shall include a summary of the information contained in the five-year financial information filed with the commissioner pursuant to section 17b-527; such summary shall set forth by year any anticipated excess of future liabilities over future revenues and shall describe the manner in which the provider plans to meet such liabilities;]

(15) [Audited and certified financial] The provider's financial statements, including a balance sheet, income statement and statement of cash flow, associated notes or comments to these statements, audited by an independent certified public accounting firm, [including (A) a balance sheet as of the end of the most recent fiscal year, and (B) income statements] for the [three] two most recent fiscal years of the provider or such shorter period of time as the provider shall have been in existence;

(16) Subject to the provisions of subsection (g) of this section, if the operation of the facility has not yet commenced, or if the construction of the facility is to be completed in stages, a statement of the anticipated source and application of the funds used or to be used in the purchase or construction of the facility or each stage of the facility, including:

(A) An estimate of such costs as financing expense, legal expense, land costs, marketing costs, and other similar costs which the provider expects to incur or become obligated for prior to the commencement of operations of each stage of the facility;

(B) A description of any mortgage loan or any other financing intended to be used for the financing of the facility or each stage of the facility, including the anticipated terms and costs of such financing;

(C) An estimate of the total entrance fees to be received from or on behalf of residents at or prior to commencement of operation of each stage of the facility; and

(D) An estimate of the funds, if any, which are anticipated to be necessary to fund start-up losses and provide reserve funds to assure full performance of the obligations of the provider under continuing-care contracts;

(17) Pro forma[annual income] cash flow statements for the facility for the next [five] three fiscal years[;], including a summary of projections used in the assumptions for such pro forma statements, including but not limited to anticipated resident turnover rates, average age of residents, healthcare utilization rates, the number of health care admissions per year, days of care per year and the number of permanent transfers.

(18) The facility's current rate schedules for entrance fees, monthly fees, fees for ancillary services, and current occupancy rates;

[18] (19) A description of all entrance fees and periodic charges, if any, required of residents and a record of past increases in such fees and charges during the previous [seven] five years;

[(19) For each facility operated by the provider, the total actuarial present value of prepaid healthcare obligations assumed by the provider under continuing-care contracts as calculated on an actuarially sound basis using reasonable assumptions for mortality and morbidity;]

(20) A statement that all materials required to be filed with the department are on file, a brief description of such materials, and the address of the department at which such materials may be reviewed;

(21) The cover page of the disclosure statement shall state, in a prominent location and type face, the date of the disclosure statement and that registration does not constitute approval, recommendation, or endorsement by the department or state, nor does such registration evidence the accuracy or completeness of the information set out in the disclosure statement;

(22) If the construction of the facility is to be completed in stages, a statement as to whether all services will be provided at the completion of each stage and, if not, the services that will not be provided listed in bold print.

(23) Each provider operating a facility in this state shall make the information filed with the department pursuant to this subsection available to each such resident for viewing during regular business hours and, upon request, shall provide such resident with a copy of the most recent filing with the department. Each provider shall notify each resident, at least annually, of the right to view the filings and of the right to a copy of the most recent filing.

(24) a sworn statement of the applicable escrow agents to the effect that the escrows required by sections 17b-524 and 17b-525 have been established and maintained or verification of escrow accounts by an independent certified public accounting firm;

(25) The registration of a facility pursuant to section 17b-521 shall remain effective unless withdrawn by the provider or unless the provider fails to file the documents specified in this section within one hundred and fifty days following the end of the first fiscal year of the provider in which such registration is filed. The provider shall file a revised disclosure statement at least annually with the commissioner. The provider shall also file a narrative describing any material differences between the pro forma income and cash flow statements filed pursuant to this section and the actual results of operations during the most recently concluded fiscal year. A provider, may revise its previously filed disclosure statement at any time if, in the opinion of the provider, revision is necessary to prevent the disclosure statement from containing a material misstatement of fact or from omitting to state a material fact required to be stated therein. Only the most recently filed disclosure statement, as amended from time to time, shall be deemed current for purposes of sections 17b-520 to 17b-535, inclusive.

(26) the facility shall amend the most recently filed disclosure statement prior to undertaking major facility construction, renovation, or expansion or change of ownership to avoid a material misstatement or omission of a material fact.

(c) (1) Not more than sixty nor less than ten days before the execution of a contract to provide continuing care, the provider shall deliver a current disclosure statement to the person with whom the contract is to be entered into or to that person's legal representative.

(2) Not more than sixty nor less than ten days before a person occupies a continuing care facility, the provider shall deliver a revised and up-to-date disclosure statement to the prospective resident or to that person's legal representative, except that if there have been no revisions to the disclosure statement previously delivered pursuant to subdivision (1) of this subsection, the provider shall deliver a statement to the prospective resident or representative that there have been no revisions to the original disclosure statement.

(d) The statement required under subsections (a) and (b) of this section shall be signed and dated by the prospective resident before the execution of a contract to provide continuing care or before the transfer of any money or other property to a provider by or on behalf of the prospective resident. Each such statement shall contain an acknowledgment that such statement and the continuing-care contract

have been reviewed by the prospective resident or his legal representative. Such signed statements shall be kept on file by the provider for a period of not less than the term of the contract.

(e) Each statement required under subsections (a) and (b) of this section and the continuing-care contract shall be in language easily readable and understandable in accordance with the provisions of subsections (a) and (b) of section 42-152.

(f) A copy of the standard form or forms of the continuing-care contract used by the provider shall be attached as an exhibit to each disclosure statement.

(g) The provisions of subdivisions (12) and (16) of subsection (b) of this section shall not apply to a continuing-care contract for the provision of care in a person's home.

(h) The commissioner may adopt regulations in accordance with the provisions of chapter 54 to specify any additional information required in the disclosure statement.

Subsection (a) of section 17b-524 of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) Prior to soliciting or entering into any contract for the provision of continuing care, the provider shall establish with a bank or trust company as an escrow agent, an entrance fee escrow pursuant to which the provider shall deposit with the escrow agent, within seventy-two hours of receipt by the provider, each entrance fee or portion of an entrance fee received by the provider from or on behalf of a resident prior to the date the resident is permitted to occupy a living unit in the facility. [If the prospective resident, as defined in section 17b-520, is a resident of this state at the time the continuing care contract is signed,] [t]The bank or trust company serving as escrow agent for such fees received from such a resident shall have [its principal] a place of business in this state. The entrance fee escrow shall be subject to release as follows:

(1) If the entrance fee applies to a living unit that has been previously occupied in the facility, the entrance fee shall be released to the provider at the time the living unit becomes available for occupancy by the new resident, or shall be returned to the resident or the resident's personal representative under the conditions described in section 17b-523, if the escrow agent has received written demand by registered or certified mail for return of the entrance fee prior to the release thereof to the provider;

(2) If the entrance fee applies to a living unit which has not previously been occupied by any resident, the entrance fee shall be returned to the resident or the resident's legal representative under the conditions described in section 17b-523, if the escrow agent receives written demand by registered or certified mail for return of the entrance fee prior to release thereof to the provider, or the entrance fee shall be released to the provider at the time all of the following conditions have been met:

(A) The sum of the entrance fees received or receivable by the provider pursuant to binding contracts for continuing care, plus the anticipated proceeds of any first mortgage loan or other long-term financing commitment, plus funds from other sources in the actual possession of the provider, equals or

exceeds the sum of seventy-five per cent of the aggregate cost of constructing or purchasing, equipping and furnishing the facility plus seventy-five per cent of the funds estimated in the statement of anticipated source and application of funds submitted by the provider as part of its disclosure statement to be necessary to fund start-up losses of the facility plus seventy-five per cent of the amount of the reserve fund escrow required to be maintained by the provider pursuant to section 17b-525;

(B) A commitment has been received by the provider for any permanent mortgage loan or other long-term financing described in the statement of anticipated source and application of funds included in the current disclosure statement on file pursuant to section 17b-522, and any conditions of the commitment prior to disbursement of funds thereunder, other than completion of the construction or closing of the purchase of the facility, have been substantially satisfied; and

(C) If construction of the facility has not been substantially completed, all governmental permits or approvals necessary prior to the commencement of construction have been obtained; and a maximum price contract has been entered into between the provider and a general contractor responsible for construction of the facility; a bond covering the faithful performance of the construction contract by the general contractor and the payment of all obligations arising thereunder has been issued by an insurer authorized to do business in this state with the provider as obligee; a loan agreement has been entered into by the provider for an interim construction loan in an amount, when combined with the amount of entrance fees then held in escrow under the provisions of this section plus the amount of funds from other sources then in the actual possession of the provider, that will equal or exceed the estimated cost of constructing, equipping and furnishing the facility; not less than ten per cent of the amount of the construction loan has been disbursed by the lender for physical construction or site preparation work completed; and orders at firm prices have been placed by the provider for not less than fifty per cent in value, including installation charges if applicable, of items necessary for equipping and furnishing the facility in accordance with the description set forth in the disclosure statement required by section 17b-522; or if construction or purchase of the facility has been substantially completed, an occupancy permit covering the living unit has been issued by the local government having authority to issue these permits.

Sec. 3. Section 17b-525 of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015)*:

(a) Except as provided in section 17b-534, on and after the date any facility located in this state is first occupied by any resident, the provider shall establish and maintain on a current basis, in escrow with a bank, trust company, or other escrow agent <u>having a</u> [its principal] place of business in this state, a portion of all entrance fees received by the provider in an aggregate amount sufficient to cover: (1) All principal and interest, rental or lease payments due during the next [twelve]-<u>six</u> months on account of any first mortgage loan or any other long-term financing of the facility; and (2) the total cost of operations of the facility for a one-month period, excluding debt service, rental or lease payments as described in subdivision (1) of this subsection and excluding capital expenditures**.** <u>A provider may use funds in an account established by or pursuant to a mortgage loan, bond indenture or other long-term financing in its computation of the reserve amounts required to satisfy this section, provided such funds are available to make payments when operating funds are insufficient for these purposes. To the extent</u>

that a provider is required pursuant to a mortgage loan, bond indenture or other long- term financing to maintain a certain number of days of cash on hand, cash amounts held pursuant to such a requirement may be applied toward the provider's computation of the operating reserve amount required to satisfy this subsection. Notwithstanding and in addition to any other provisions of this subsection, the Commissioner may accept the terms or covenants regarding the establishment or maintenance of reserve or escrow funds or financial ratios associated with a mortgage loan, bond indenture or other long term financing as an alternative to the reserve provisions set forth in this subsection (a).The escrow agent may release up to one-twelfth of the required principal balance of funds held in escrow pursuant to said subdivision not more than once during any calendar month, if the provider so requests in writing. The commissioner may authorize the escrow agent to release additional funds held in escrow pursuant to subdivisions (1) and (2) of this subsection, upon application by the provider setting forth the reasons for the requested release and a plan for replacing these funds within one year; the commissioner shall respond within fifteen business days. If any escrow funds so released are not replaced within one year the escrow agent shall so notify the commissioner. A provider shall promptly notify the commissioner in the event such provider uses funds held in escrow pursuant to subdivisions (1) and (2) of this subsection. Upon written application by a provider, the commissioner may authorize a facility to maintain a reserve escrow or escrows in an amount less than the amounts set forth in this section, if the commissioner finds that the contractual liabilities of the provider and the best interests of the residents may be adequately protected by a reserve escrow or escrows in a lesser amount.

(b)No entrance fee escrows established or maintained under section 17b-524 shall be subordinated to other loans or commitments of any kind. No reserve fund escrows established or maintained under this section shall be subordinated to other loans or commitments, other than first mortgage loans or other long-term financing obligations of the facility. No entrance fee escrows or reserve fund escrows shall be (1) pledged as collateral for any loan or commitment other than a first mortgage loan or other long-term financing obligation of the facility, (2) invested in any building or healthcare facility of any kind, (3) used for capital construction or improvements or for the purchase of real estate, or (4) removed from the state if required to be maintained within this state. Interest on the reserve fund required under this section shall be payable to the provider.

Sec. 4. Section 17b-526 of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) Construction of any facility or, if the construction of the facility is to be completed in stages, construction of any stage of the facility shall not begin until (1) fifty per cent of all the living units within the planned facility, or fifty per cent of any designated part or parts thereof determined by the commissioner [as evidencing financial feasibility in accordance with subdivision (2) of subsection (b) of this section] have been presold, (2) a minimum deposit of [five per cent of the entrance fee per unit for all presold units or] ten thousand dollars per unit for all presold units[, whichever is less,] has been received by the provider, and (3) the thirty-day rescission period set forth in subdivision (1) of subsection (a) of section 17b-523 has expired.

[(b) When the construction of a facility is to be completed in stages, construction of any stage shall not begin until (1) the financial feasibility of the designated part of the project to be constructed, maintained and operated as a facility prior to the construction, maintenance and operation of the remaining planned part or parts has been demonstrated to the commissioner by the filing of proof of committed construction financing or other documentation of financial feasibility deemed sufficient by the commissioner, and (2) the commissioner has issued a written notice stating that proof of committed construction financing or other documentation of financial feasibility deemed sufficient by the commissioner has been filed. The commissioner shall issue a written notice as to whether the proof or other documentation submitted is sufficient within twenty days of the filing of such proof or other documentation.

(c) Upon receipt of a notice of the commissioner stating that proof of committed construction financing or other documentation of financial feasibility filed pursuant to subsection (b) of this section is deemed insufficient, the provider shall have thirty days from the date of the issuance of such notice to file a written request for a hearing in accordance with chapter 54. The final decision of the commissioner after a hearing shall be subject to appeal in accordance with section 4-183. Notwithstanding the provisions of subsection (f) of section 4-183, no stay of the final decision of the commissioner shall be granted pending the outcome of any appeal of such decision.]

Sec. 5. Section 17b-527 of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

[(a) A provider operating a facility located in this state shall file with the department annually, in a form and manner prescribed by the commissioner, financial and actuarial information for each facility located in this state and operated by the provider or by a manager under contract to the provider. The commissioner shall prescribe the information to be filed which shall include but is not limited to the following: Financial statements including certified current balance sheets and certified income statements and pro forma statements for the next five years as provided in section 17b-522 and such information as is necessary to assess the actuarial soundness thereof; the basis for amortization assumptions for the provider's capital costs; the facility's current rate schedule; a statement of source and application of funds for the five-year period beginning the year of initial filing pursuant to section 17b-521 or subsequent filing pursuant to section 17b-529; current and anticipated residential turnover rates; the average age of the residents for the next five years; healthcare utilization rates, including admission rates and days per one hundred residents by level of care; occupancy rates; the number of healthcare admissions per year; the days of care per year; and the number of permanent transfers. Financial and actuarial projections contained in such studies shall be determined on an actuarially sound basis using reasonable assumptions for mortality, morbidity and interest. Each provider operating a facility in this state shall make the information filed with the department pursuant to this subsection available to each such resident for viewing during regular business hours and, upon request, shall provide such resident with a copy of the most recent filing with the department. Each provider shall notify each resident, at least annually, of the right to view the filings and of the right to a copy of the most recent filing. The commissioner may adopt regulations in accordance with chapter 54[1] to prescribe financial and actuarial information to be filed pursuant to this subsection.]

[(b)] (a) A provider operating a facility in this state shall notify the commissioner in writing prior to refinancing its existing indebtedness or making any material change in its business or corporate structure.

[(c)] (b) The commissioner may require a provider operating a facility in this state to submit such information as the commissioner requests if the commissioner has reason to believe that such facility is in financial distress. The commissioner may require a provider constructing a facility in this state to submit such information as the commissioner requests if the commissioner has reason to believe that such facility is at risk of being in financial distress. "Financial distress" means the issuance of a negative going concern opinion, or failure to meet debt service payments, or drawing down on debt service reserve.

[(d)] (c) The commissioner may adopt regulations in accordance with chapter 54 to prescribe additional conditions that constitute financial distress.

Sec. 6. Section 17b-528 of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

[The registration of a facility pursuant to section 17b-521 shall remain effective unless withdrawn by the provider or unless the provider fails to file the documents specified in this section within one hundred and fifty days following the end of the first fiscal year of the provider in which such registration is filed. The provider shall file a revised disclosure statement including financial statements for its most recently ended fiscal year as required in section 17b-527, and its most recent entrance fees, occupancy charges and other charges as required in said section; and verification of the maintenance of escrow accounts as required pursuant to sections 17b-524 and 17b-525. The provider shall also file a narrative describing any material differences between the pro forma income statements filed pursuant to section 17b-522 and the actual results of operations during the most recently concluded fiscal year and describing any material differences between any estimates or projections made in the financial and actuarial information filed pursuant to section 17b-527 and the actual results of operations during the most recently concluded fiscal year. The fee for filings subsequent to an initial filing shall be prescribed by the commissioner in an amount not to exceed one hundred dollars. A provider, may, upon payment of said filing fee, revise its previously filed disclosure statement at any time if, in the opinion of the provider, revision is necessary to prevent the disclosure statement from containing a material misstatement of fact or from omitting to state a material fact required to be stated therein. Only the most recently filed statements shall be deemed current for purposes of sections 17b-520 to 17b-535, inclusive. The provider shall make any revised disclosure statement, whether filed pursuant to the requirements of this section or at the option of the provider, available at the facility for inspection by current residents of the facility during regular business hours.]

A continuing care facility with a chronic and convalescent nursing home established (i) prior to July 1, 2015 through the exception to the moratorium on nursing facility beds, or (ii) after July 1, 2015, for the seven-year period immediately subsequent to becoming operational, may accept nonresidents directly as nursing facility patients on a contractual basis provided any such contract shall include, but not be limited to, requiring the facility (A) to document that placement of the patient in such facility is medically appropriate; or (B) to at least annually screen each nonresident patient to ensure the maintenance of assets, income and insurance sufficient to cover the cost of at least forty-two months of nursing facility care . A facility may transfer or discharge a nonresident patient upon the patient

exhausting assets sufficient to pay the costs of his care or upon the facility determining the patient has intentionally transferred assets in a sum which will render the patient unable to pay the costs of a total of forty-two months of nursing facility care from the date of initial admission to the nursing facility. Any such transfer or discharge shall be conducted in accordance with section 19a-535. The commissioner may grant one or more three-year extensions of the period during which a facility may accept nonresident patients, provided the facility is in compliance with the provisions of this section.

Sec. 7. Section 17b-534 of the General Statutes is repealed

Agency Legislative Proposal - 2015 Session

Document Name: 005_121514_DSS_NameChange

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: Department of Social Services

Liaison: Krista Ostaszewski
Phone: 860-424-5612
E-mail: krista.ostaszewski@ct.gov

Lead agency division requesting this proposal:

Agency Analyst/Drafter of Proposal: Brenda Parrella & Michael Gilbert

Title of Proposal: An Act Renaming the Department of Social Services

Statutory Reference 17b-1

Proposal Summary

To change the department's name from the Department of Social Services to the Department of Health and Human Services.

Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

- *Better reflects and describes the evolved mission of agency, especially with the Department on Aging, Department of Housing, Department of Rehabilitation Services and Office of Early Childhood becoming their own entities with former programs of DSS.*
- *Modernizes identity and aligns with federal makeup (i.e., major Medicaid, SNAP, other services in U.S. DHHS). Addition of 'Health' reference acknowledges medical coverage and innovations as major responsibility, as opposed to 'social' services.*
- *Clarifies distinction between municipal 'social services' departments and broader mission of state agency.*

- **Origin of Proposal** **___ New Proposal** **___ Resubmission**

If this is a resubmission, please share:

(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?
(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?
(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?
(4) What was the last action taken during the past legislative session?

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Agency Contact (name, title, phone): Date Contacted: Approve of Proposal ___ YES ___NO ___Talks Ongoing
Summary of Affected Agency's Comments
Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)
State TBD. The department assumes there will be minimal expenditures needed for signage, letterhead changes etc.
Federal
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

None

AN ACT RENAMING THE DEPARTMENT OF SOCIAL SERVICES

Section 17b-1 of the general statutes is amended as follows:

(a) There is established a Department of [Social]**Health and Human** Services. The department head shall be the Commissioner of [Social] **Health and Human** Services, who shall be appointed by the Governor in accordance with the provisions of sections 4-5 to 4-8, inclusive, with the powers and duties therein prescribed.

(b) The Department of [Social][**Health and Human** Services shall constitute a successor department to the **Department of Social Services, the** Department of Income Maintenance and the Department of Human Resources in accordance with the provisions of sections 4-38d and 4-39.

(c) Wherever the words **"Commissioner of Social Services" or** "Commissioner of Income Maintenance" or "Commissioner of Human Resources" are used in the general statutes, the words "Commissioner of [Social] **Health and Human** Services" shall be substituted in lieu thereof. Wherever the words **"Department of Social Services" or** "Department of Income Maintenance" or "Department of Human Resources" are used in the general statutes, "Department of [Social]**Health and Human** Services" shall be substituted in lieu thereof.

(d) Subject to the provisions of section 17a-317, any order or regulation of the **Department of Social Services, the** Department of Income Maintenance[,]**or** the Department of Human Resources [or the Department on Aging] which is in force on [July 1, 1993,]**the effective date of this act** shall continue in force and effect as an order or regulation of the Department of [Social] **Health and Human** Services until amended, repealed or superseded pursuant to law. [Where any order or regulation of said departments conflict, the Commissioner of Social Services may implement policies and procedures consistent with the provisions of public act 93-262* while in the process of adopting the policy or procedure in regulation form, provided notice of intention to adopt the regulations is printed in the Connecticut Law Journal within twenty days of implementation.

The policy or procedure shall be valid until the time final regulations are effective.]

Agency Legislative Proposal - 2015 Session

Document Name: 006_121514_DSS_RCH ratesetting

State Agency: Department of Social Services
Liaison: Krista Ostaszewski Phone:860-424-5612 E-mail: Krista.Ostaszewski@ct.gov
Lead agency division requesting this proposal: Reimbursement & CON
Agency Analyst/Drafter of Proposal: Melanie Dillon & Rich Wysocki

Title of Proposal: An Act Concerning Technical Changes to RCH Rate-Setting
Statutory Reference: 17b-340 (h)
Proposal Summary *The proposed legislation deletes obsolete provisions and makes technical changes for minimum fair rent reimbursement.*
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Please consider the following, if applicable:

(1) Have there been changes in federal/state/local laws and regulations that make this legislation necessary? No

(2) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)? No

(3) Have certain constituencies called for this action? No

(4) What would happen if this was not enacted in law this session?

- **Origin of Proposal __X_ New Proposal ___ Resubmission**

If this is a resubmission, please share: *(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?* *(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?* *(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?* *(4) What was the last action taken during the past legislative session?*

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Agency Contact (name, title, phone): Date Contacted: Approve of Proposal ___ YES ___NO ___Talks Ongoing
Summary of Affected Agency's Comments
Will there need to be further negotiation? ___ YES _X__NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation) None
State None
Federal None
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Section 17b-340 (h) is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(h) (1) For the fiscal year ending June 30, 1993, any residential care home with an operating cost component of its rate in excess of one hundred thirty per cent of the median of operating cost components of rates in effect January 1, 1992, shall not receive an operating cost component increase. For the fiscal year ending June 30, 1993, any residential care home with an operating cost component of its rate that is less than one hundred thirty per cent of the median of operating cost components of rates in effect January 1, 1992, shall have an allowance for real wage growth equal to sixty-five per cent of the increase determined in accordance with subsection (q) of section 17-311-52 of the regulations of Connecticut state agencies, provided such operating cost component shall not exceed one hundred thirty per cent of the median of operating cost components in effect January 1, 1992. Beginning with the fiscal year ending June 30, 1993, for the purpose of determining allowable fair rent, a residential care home with allowable fair rent less than the twenty-fifth percentile of the state-wide allowable fair rent shall be reimbursed as having allowable fair rent equal to the twenty-fifth percentile of the state-wide allowable fair rent. Beginning with the fiscal year ending June 30, 1997, a residential care home with allowable fair rent less than three dollars and ten cents per day shall be reimbursed as having allowable fair rent equal to three dollars and ten cents per day.~~-~~Beginning with the fiscal year ending June 30, 2016, a residential care home with allowable accumulated fair rent reimbursement associated with real property and land that is less than three dollars and ten cents per day shall be reimbursed as having fair rent equal to three dollars and ten cents per day. ~~Property additions placed in service during the cost year ending September 30, 1996, or any succeeding cost year shall receive a fair~~

~~rent allowance for such additions as an addition to three dollars and ten cents per day if the fair rent for the facility for property placed in service prior to September 30, 1995, is less than or equal to three dollars and ten cents per day.~~ For the fiscal year ending June 30, 1996, and any succeeding fiscal year, the allowance for real wage growth, as determined in accordance with subsection (q) of section 17-311-52 of the regulations of Connecticut state agencies, shall not be applied. For the fiscal year ending June 30, 1996, and any succeeding fiscal year, the inflation adjustment made in accordance with subsection (p) of section 17-311-52 of the regulations of Connecticut state agencies shall not be applied to real property costs. Beginning with the fiscal year ending June 30, 1997, minimum allowable patient days for rate computation purposes for a residential care home with twenty-five beds or less shall be eighty-five per cent of licensed capacity. Beginning with the fiscal year ending June 30, 2002, for the purposes of determining the allowable salary of an administrator of a residential care home with sixty beds or less the department shall revise the allowable base salary to thirty-seven thousand dollars to be annually inflated thereafter in accordance with section 17-311-52 of the regulations of Connecticut state agencies. The rates for the fiscal year ending June 30, 2002, shall be based upon the increased allowable salary of an administrator, regardless of whether such amount was expended in the 2000 cost report period upon which the rates are based. Beginning with the fiscal year ending June 30, 2000, and until the fiscal year ending June 30, 2009, inclusive, the inflation adjustment for rates made in accordance with subsection (p) of section 17-311-52 of the regulations of Connecticut state agencies shall be increased by two per cent, and beginning with the fiscal year ending June 30, 2002, the inflation adjustment for rates made in accordance with subsection (c) of said section shall be increased by one per cent. Beginning with the fiscal year ending June 30, 1999, for the purpose of determining the allowable salary of a related party, the department shall revise the maximum salary to twenty-seven thousand eight hundred fifty-six dollars to be annually inflated thereafter in accordance with section 17-311-52 of the regulations of Connecticut state agencies and beginning with the fiscal year ending June 30, 2001, such allowable salary shall be computed on an hourly basis and the maximum number of hours allowed for a related party other than the proprietor shall be

increased from forty hours to forty-eight hours per work week. For the fiscal year ending June 30, 2005, each facility shall receive a rate that is two and one-quarter per cent more than the rate the facility received in the prior fiscal year, except any facility that would have been issued a lower rate effective July 1, 2004, than for the fiscal year ending June 30, 2004, due to interim rate status or agreement with the department shall be issued such lower rate effective July 1, 2004. Effective upon receipt of all the necessary federal approvals to secure federal financial participation matching funds associated with the rate increase provided in subdivision (4) of subsection (f) of this section, but in no event earlier than October 1, 2005, and provided the user fee imposed under section 17b-320 is required to be collected, each facility shall receive a rate that is determined in accordance with applicable law and subject to appropriations, except any facility that would have been issued a lower rate effective October 1, 2005, than for the fiscal year ending June 30, 2005, due to interim rate status or agreement with the department, shall be issued such lower rate effective October 1, 2005. Such rate increase shall remain in effect unless: (A) The federal financial participation matching funds associated with the rate increase are no longer available; or (B) the user fee created pursuant to section 17b-320 is not in effect. For the fiscal year ending June 30, 2007, rates in effect for the period ending June 30, 2006, shall remain in effect until September 30, 2006, except any facility that would have been issued a lower rate effective July 1, 2006, than for the fiscal year ending June 30, 2006, due to interim rate status or agreement with the department, shall be issued such lower rate effective July 1, 2006. Effective October 1, 2006, no facility shall receive a rate that is more than four per cent greater than the rate in effect for the facility on September 30, 2006, except for any facility that would have been issued a lower rate effective October 1, 2006, due to interim rate status or agreement with the department, shall be issued such lower rate effective October 1, 2006. For the fiscal years ending June 30, 2010, and June 30, 2011, rates in effect for the period ending June 30, 2009, shall remain in effect until June 30, 2011, except any facility that would have been issued a lower rate for the fiscal year ending June 30, 2010, or the fiscal year ending June 30, 2011, due to interim rate status or agreement with the department, shall be issued such lower rate, except (i) any facility that would have been issued a lower rate for the fiscal

year ending June 30, 2010, or the fiscal year ending June 30, 2011, due to interim rate status or agreement with the Commissioner of Social Services shall be issued such lower rate; and (ii) the commissioner may increase a facility's rate for reasonable costs associated with such facility's compliance with the provisions of section 19a-495a concerning the administration of medication by unlicensed personnel. For the fiscal year ending June 30, 2012, rates in effect for the period ending June 30, 2011, shall remain in effect until June 30, 2012, except that (I) any facility that would have been issued a lower rate for the fiscal year ending June 30, 2012, due to interim rate status or agreement with the Commissioner of Social Services shall be issued such lower rate; and (II) the commissioner may increase a facility's rate for reasonable costs associated with such facility's compliance with the provisions of section 19a-495a concerning the administration of medication by unlicensed personnel. For the fiscal year ending June 30, 2013, the Commissioner of Social Services may, within available appropriations, provide a rate increase to a residential care home. Any facility that would have been issued a lower rate for the fiscal year ending June 30, 2013, due to interim rate status or agreement with the Commissioner of Social Services shall be issued such lower rate. For the fiscal years ending June 30, 2012, and June 30, 2013, the Commissioner of Social Services may provide fair rent increases to any facility that has undergone a material change in circumstances related to fair rent and has an approved certificate of need pursuant to section 17b-352, 17b-353, 17b-354 or 17b-355. For the fiscal years ending June 30, 2014, and June 30, 2015, for those facilities that have a calculated rate greater than the rate in effect for the fiscal year ending June 30, 2013, the commissioner may increase facility rates based upon available appropriations up to a stop gain as determined by the commissioner. No facility shall be issued a rate that is lower than the rate in effect on June 30, 2013. Any facility that would have been issued a lower rate for the fiscal year ending June 30, 2014, or the fiscal year ending June 30, 2015, due to interim rate status or agreement with the commissioner, shall be issued such lower rate.

Agency Legislative Proposal - 2015 Session

Document Name : 007_121514_DSS_Cost Reports LTC facilities

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: Department of Social Services
Liaison: Krista Ostaszewski Phone: 860-424-5612 E-mail: krista.ostaszewski@ct.gov
Lead agency division requesting this proposal: CON & Rate Setting
Agency Analyst/Drafter of Proposal: Melanie Dillon & Rich Wysocki

Title of Proposal: An Act Concerning the Cost Reports for LTC Facilities
Statutory Reference 17b-340 (h)
Proposal Summary To provide additional time for long term care facilities to file required cost reports.
Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Please consider the following, if applicable:

(1) Have there been changes in federal/state/local laws and regulations that make this legislation necessary?
(2) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?
(3) Have certain constituencies called for this action?
(4) What would happen if this was not enacted in law this session?

- **Origin of Proposal** **_X__ New Proposal** **___ Resubmission**

If this is a resubmission, please share:

(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?
(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?
(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?
(4) What was the last action taken during the past legislative session?

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency) DSS

Agency Name: DSS Agency Contact (name, title, phone): Date Contacted: Approve of Proposal ___ YES ___NO ___Talks Ongoing
Summary of Affected Agency's Comments
Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation) None
State None
Federal None
Additional notes on fiscal impact None

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

None

Insert fully drafted bill here

Section 17b-340 (a) is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) For purposes of this subsection, (1) a "related party" includes, but is not limited to, any company related to a chronic and convalescent nursing home through family association, common ownership, control or business association with any of the owners, operators or officials of such nursing home; (2) "company" means any person, partnership, association, holding company, limited liability company or corporation; (3) "family association" means a relationship by birth, marriage or domestic partnership; and (4) "profit and loss statement" means the most recent annual statement on profits and losses finalized by a related party before the annual report mandated under this subsection. The rates to be paid by or for persons aided or cared for by the state or any town in this state to licensed chronic and convalescent nursing homes, to chronic disease hospitals associated with chronic and convalescent nursing homes, to rest homes with nursing supervision, to licensed residential care homes, as defined by section 19a-490, and to residential facilities for persons with intellectual disability that are licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as intermediate care facilities for individuals with intellectual disabilities, for room, board and services specified in licensing regulations issued by the licensing agency shall be determined annually, except as otherwise provided in this subsection, after a public hearing, by the Commissioner of Social Services, to be effective July first of each year except as otherwise provided in this subsection. Such rates shall be determined on a basis of a reasonable payment for such necessary services, which basis shall take into account as a factor the costs of such services. Cost of such services shall include reasonable costs mandated by collective bargaining agreements with certified collective bargaining agents or other agreements between the employer and employees, provided "employees" shall not include persons employed as managers or chief administrators or required to be licensed as nursing home administrators, and compensation for services rendered by proprietors at prevailing wage rates, as determined by application of principles of accounting as prescribed by said commissioner. Cost of such services shall not include amounts paid by the facilities to employees as salary, or to attorneys or consultants as fees, where the responsibility of the employees, attorneys, or consultants is to persuade or seek to persuade the other employees of the facility to support or oppose unionization. Nothing in this subsection shall prohibit inclusion of amounts paid for legal counsel related to the negotiation of collective bargaining agreements, the settlement of grievances or normal administration of labor relations. The commissioner may, in the commissioner's discretion, allow the inclusion of extraordinary and unanticipated costs of providing services that were incurred to avoid an immediate negative impact on the health and safety of patients. The commissioner may, in the commissioner's discretion, based upon review of a facility's costs, direct care staff to patient ratio and any other related information, revise a facility's rate for any increases or decreases to total licensed capacity of more than ten beds or changes to its number of licensed rest home with nursing supervision beds and chronic and convalescent nursing home beds. The commissioner may so revise a facility's rate established for the fiscal year ending June 30, 1993, and thereafter for any bed increases, decreases or changes in licensure effective after October 1, 1989. Effective July 1, 1991, in facilities that have both a chronic and convalescent nursing home and a rest home with nursing supervision, the rate for the rest home with nursing supervision shall not exceed such facility's rate for its chronic and convalescent nursing home. All such facilities for which rates are determined under this subsection shall report on a fiscal year basis ending on September thirtieth. Such report shall be submitted to the commissioner by ~~December thirty-first.~~ February fifteenth. Each for-profit chronic and convalescent nursing home that receives state

funding pursuant to this section shall include in such annual report a profit and loss statement from each related party that receives from such chronic and convalescent nursing home fifty thousand dollars or more per year for goods, fees and services. No cause of action or liability shall arise against the state, the Department of Social Services, any state official or agent for failure to take action based on the information required to be reported under this subsection. The commissioner may reduce the rate in effect for a facility that fails to report on or before ~~December thirty-first.~~ February fifteenth by an amount not to exceed ten per cent of such rate. The commissioner shall annually, on or before ~~February fifteenth~~ April first, report the data contained in the reports of such facilities to the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies. For the cost reporting year commencing October 1, 1985, and for subsequent cost reporting years, facilities shall report the cost of using the services of any nursing pool employee by separating said cost into two categories, the portion of the cost equal to the salary of the employee for whom the nursing pool employee is substituting shall be considered a nursing cost and any cost in excess of such salary shall be further divided so that seventy-five per cent of the excess cost shall be considered an administrative or general cost and twenty-five per cent of the excess cost shall be considered a nursing cost, provided if the total nursing pool costs of a facility for any cost year are equal to or exceed fifteen per cent of the total nursing expenditures of the facility for such cost year, no portion of nursing pool costs in excess of fifteen per cent shall be classified as administrative or general costs. The commissioner, in determining such rates, shall also take into account the classification of patients or boarders according to special care requirements or classification of the facility according to such factors as facilities and services and such other factors as the commissioner deems reasonable, including anticipated fluctuations in the cost of providing such services. The commissioner may establish a separate rate for a facility or a portion of a facility for traumatic brain injury patients who require extensive care but not acute general hospital care. Such separate rate shall reflect the special care requirements of such patients. If changes in federal or state laws, regulations or standards adopted subsequent to June 30, 1985, result in increased costs or expenditures in an amount exceeding one-half of one per cent of allowable costs for the most recent cost reporting year, the commissioner shall adjust rates and provide payment for any such increased reasonable costs or expenditures within a reasonable period of time retroactive to the date of enforcement. Nothing in this section shall be construed to require the Department of Social Services to adjust rates and provide payment for any increases in costs resulting from an inspection of a facility by the Department of Public Health. Such assistance as the commissioner requires from other state agencies or departments in determining rates shall be made available to the commissioner at the commissioner's request. Payment of the rates established pursuant to this section shall be conditioned on the establishment by such facilities of admissions procedures that conform with this section, section 19a-533 and all other applicable provisions of the law and the provision of equality of treatment to all persons in such facilities. The established rates shall be the maximum amount chargeable by such facilities for care of such beneficiaries, and the acceptance by or on behalf of any such facility of any additional compensation for care of any such beneficiary from any other person or source shall constitute the offense of aiding a beneficiary to obtain aid to which the beneficiary is not entitled and shall be punishable in the same manner as is provided in subsection (b) of section 17b-97. For the fiscal year ending June 30, 1992, rates for licensed residential care homes and intermediate care facilities for individuals with intellectual disabilities may receive an increase not to exceed the most recent annual increase in the Regional Data Resources Incorporated McGraw-Hill Health Care Costs: Consumer Price Index (all urban)-All Items. Rates for newly certified intermediate care facilities for individuals with intellectual disabilities shall not exceed one hundred fifty per cent of

the median rate of rates in effect on January 31, 1991, for intermediate care facilities for individuals with intellectual disabilities certified prior to February 1, 1991. Notwithstanding any provision of this section, the Commissioner of Social Services may, within available appropriations, provide an interim rate increase for a licensed chronic and convalescent nursing home or a rest home with nursing supervision for rate periods no earlier than April 1, 2004, only if the commissioner determines that the increase is necessary to avoid the filing of a petition for relief under Title 11 of the United States Code; imposition of receivership pursuant to sections 19a-542 and 19a-543; or substantial deterioration of the facility's financial condition that may be expected to adversely affect resident care and the continued operation of the facility, and the commissioner determines that the continued operation of the facility is in the best interest of the state. The commissioner shall consider any requests for interim rate increases on file with the department from March 30, 2004, and those submitted subsequently for rate periods no earlier than April 1, 2004. When reviewing an interim rate increase request the commissioner shall, at a minimum, consider: (A) Existing chronic and convalescent nursing home or rest home with nursing supervision utilization in the area and projected bed need; (B) physical plant long-term viability and the ability of the owner or purchaser to implement any necessary property improvements; (C) licensure and certification compliance history; (D) reasonableness of actual and projected expenses; and (E) the ability of the facility to meet wage and benefit costs. No interim rate shall be increased pursuant to this subsection in excess of one hundred fifteen per cent of the median rate for the facility's peer grouping, established pursuant to subdivision (2) of subsection (f) of this section, unless recommended by the commissioner and approved by the Secretary of the Office of Policy and Management after consultation with the commissioner. Such median rates shall be published by the Department of Social Services not later than April first of each year. In the event that a facility granted an interim rate increase pursuant to this section is sold or otherwise conveyed for value to an unrelated entity less than five years after the effective date of such rate increase, the rate increase shall be deemed rescinded and the department shall recover an amount equal to the difference between payments made for all affected rate periods and payments that would have been made if the interim rate increase was not granted. The commissioner may seek recovery of such payments from any facility with common ownership. With the approval of the Secretary of the Office of Policy and Management, the commissioner may waive recovery and rescission of the interim rate for good cause shown that is not inconsistent with this section, including, but not limited to, transfers to family members that were made for no value. The commissioner shall provide written quarterly reports to the joint standing committees of the General Assembly having cognizance of matters relating to aging, human services and appropriations and the budgets of state agencies, that identify each facility requesting an interim rate increase, the amount of the requested rate increase for each facility, the action taken by the commissioner and the secretary pursuant to this subsection, and estimates of the additional cost to the state for each approved interim rate increase. Nothing in this subsection shall prohibit the commissioner from increasing the rate of a licensed chronic and convalescent nursing home or a rest home with nursing supervision for allowable costs associated with facility capital improvements or increasing the rate in case of a sale of a licensed chronic and convalescent nursing home or a rest home with nursing supervision, pursuant to subdivision (15) of subsection (f) of this section, if receivership has been imposed on such home.

Agency Legislative Proposal - 2015 Session

Document Name: 008_121514_DSS_Bond Funds

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency:
Department of Social Services

Liaison: Krista Ostaszewski
Phone: 860-424-5612
E-mail: krista.ostaszewski@ct.gov

Lead agency division requesting this proposal:
Division of Integrated Services – Office of Community Services/ OLCRAH

Agency Analyst/Drafter of Proposal:
Carlene Taylor/Brenda Parrella

Title of Proposal
An Act Concerning Bond Funds Administered By the Department of Social Services

Statutory Reference: Chapter 133, Section 8-210

Proposal Summary
To amend the statutes to provide that DSS will no longer administer bond funds.

Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal:** The Department has lost to retirement the marginal expertise we had in administering grants-in-aid for bond funds. These are generally construction projects for which we must evaluate financial and project viability. We don't have the expertise to evaluate financing scenarios, lien analyses and construction costs and schedules. We believe these projects would be better overseen by an agency such as DAS or DECD that has substantial experience in construction services.

Please consider the following, if applicable:

(1) Have there been changes in federal/state/local laws and regulations that make this legislation necessary?
(2) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?
(3) Have certain constituencies called for this action?
(4) What would happen if this was not enacted in law this session?

- **Origin of Proposal** **_X__ New Proposal** **___ Resubmission**

If this is a resubmission, please share: *(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?* *(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?* *(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?* *(4) What was the last action taken during the past legislative session?*

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Department of Economic and Community Development Agency Contact (name, title, phone): Commissioner Catherine Smith Approve of Proposal __YES ___NO ___Talks Ongoing
Summary of Affected Agency's Comments:
Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)
State
Federal
Additional notes on fiscal impact

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Agency Contact (name, title, phone): Date Contacted: Approve of Proposal ___ YES ___NO ___Talks Ongoing
Summary of Affected Agency's Comments
Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)
State
Federal
Additional notes on fiscal impact

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Agency Contact (name, title, phone): Date Contacted: Approve of Proposal ___ YES ___NO ___Talks Ongoing
Summary of Affected Agency's Comments

Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)
State
Federal
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

AAC BOND FUNDS ADMINISTERED BY THE DEPARTMENT OF SOCIAL SERVICES

Section 1

(NEW)On and after the effective date of this act, no new grant-in-aid or other financing arrangement based on the proceeds of the sale of state bonds shall be administered by the Department of Social Services.

Section 2

Subdivision (1) of subsection (b) of section 4-66c is amended as follows:

(b) (1) The proceeds of the sale of said bonds, to the extent hereinafter stated, shall be used, subject to the provisions of subsections (c) and (d) of this section, for the purpose of redirecting, improving and expanding state activities which promote community conservation and development and improve the quality of life for urban residents of the state as hereinafter stated: (A) For the Department of Economic and Community Development: Economic and community development projects, including administrative costs incurred by the Department of Economic and Community Development, not exceeding sixty-seven million five hundred ninety-one thousand six hundred forty-two dollars, one million dollars of which shall be used for a grant to the development center program and the nonprofit business consortium deployment center approved pursuant to section 32-411; (B) for the Department of Transportation: Urban mass transit, not exceeding two million dollars; (C) for the Department of Energy and Environmental Protection: Recreation development and solid waste disposal projects, not exceeding one million nine hundred ninety-five thousand nine hundred two dollars; **(D) for the Department of Social Services: Child day care projects, elderly centers, shelter facilities for victims of domestic violence, emergency shelters and related facilities for the homeless, multipurpose human resource centers and food distribution facilities, not exceeding thirty-nine million one hundred thousand dollars, provided four million dollars of said authorization shall be effective July 1, 1994;** (E) for the Department of Economic and Community Development: Housing projects, not exceeding three million dollars; (F) for the Office of Policy and Management: (i) Grants-in-aid to municipalities for a pilot demonstration program to leverage private contributions for redevelopment of designated historic preservation areas, not exceeding one million dollars; (ii) grants-in-aid for urban development projects including economic and community development, transportation, environmental protection, public safety, children and families and social services projects and programs, including, in the case of economic and community development projects administered on behalf of the Office of Policy and Management by the Department of Economic and Community Development, administrative costs

incurred by the Department of Economic and Community Development, not exceeding one billion two hundred forty-four million eight hundred thousand dollars, provided fifty million dollars of said authorization shall be effective July 1, 2014.

Section 3

Subsection (a) of section 8-210 is amended as follows:

(a) The state, acting by and in the discretion of the Commissioner **on aging**, **the Commissioner of Housing, the Commissioner of Economic and Community Development** **[**of Social Services**]** or the Commissioner of Education, as appropriate, may enter into a contract with a municipality or a qualified private, nonprofit corporation for state financial assistance for the planning, construction, renovation, site preparation and purchase of improved or unimproved property as part of a capital development project for neighborhood facilities. Such facilities may include, but are not limited to, child day care facilities, elderly centers, multipurpose human resource centers, emergency shelters for the homeless and shelters for victims of domestic violence. The financial assistance shall be in the form of state grants-in-aid equal to (1) all or any portion of the cost of such capital development project if the grantee is a qualified private nonprofit corporation, or (2) up to two-thirds of the cost of such capital development project if the grantee is a municipality, as determined by the Commissioner **on aging**, **the Commissioner of Housing, the Commissioner of Economic and Community Development** **[**of Social**]** or the Commissioner of Education, as appropriate.

Section 4

Section 17b-852 is amended as follows:

For the purposes of sections 8-201 to 8-220a, inclusive, 8-222b, 8-226 to 8-239a, inclusive, this section and sections 17b-853 to 17b-855, inclusive:

(1) "Human resource development program" means a program, project or activity which: (a) Mobilizes and utilizes resources, public or private, of any urban or rural, or combined urban and rural, geographical area including, but not limited to, a municipality or group of municipalities in an attack on poverty;

services, by providing assistance and other activities consistent with the needs of such municipality, of sufficient scope and size to give promise of progress toward the elimination of poverty or a cause or causes of poverty through developing employment opportunities, improving human performance, motivation, productivity, physical and mental health, and well-being, or by bettering the conditions under which people live, learn and work; (b) is developed, conducted and administered with the maximum feasible participation of residents of the areas and members of the groups served, which groups shall include the elderly; and (c) is conducted, administered or coordinated by a human resource development agency;

(2) "Human resource development agency" means (a) a public or private nonprofit agency designated by and authorized to accept funds from the federal Office of Economic Opportunity or any other department or agency of the United States to which any of the powers of said office may be transferred, for a community action program under the Economic Opportunity Act of 1964, as amended; (b) a public agency or officer designated by the chief executive officer and approved by the governing body of such municipality to carry out and coordinate human resource development programs by, or through contract with, or delegation to, any nonprofit agency or any agency, department, board, or commission of the municipality, and to enter into contracts or receive grants-in-aid from the Commissioner of **Economic and Community Development** **[**Social Services**]** for a human resource development program under sections 8-201 to 8-220a, inclusive, 8-222b, 8-226 to 8-239a, inclusive, this section and sections 17b-853 to 17b-855, inclusive; (c) any corporation organized for purposes other than to make a profit or gain for itself and not controlled or directed by persons or firms seeking to derive profit or gain therefrom, and designated by the chief executive officer and approved by the governing body of such municipality to carry out and coordinate human resource development programs and to enter into contracts with or receive grant-in-aid from the Commissioner of **Economic and Community Development** [Social Services] for human resource development programs under said sections; or (d) any corporation organized for purposes other than to make a profit or gain for itself and not controlled or directed by persons or firms seeking to derive profit or gain therefrom, in existence on January 1, 1973, and designated by the Commissioner of **Economic and Community Development** **[Social**

Services] to carry out and coordinate human resource development programs and to enter into contracts with or receive grants-in-aid from the Commissioner of **Economic and Community Development [Social Services]** for human resource development programs under said sections.

Section 5

Section 17b-853 is amended as follows:

(a) The state, acting by and in the discretion of the Commissioner of **Economic and Community Development [**Social Services], may enter into a contract with a grantee for state financial assistance for human resource development programs in the form of a state grant-in-aid for the purposes and in the amounts hereinafter stated: (1) To pay the nonfederal share of a federally assisted program, one-half of the amount by which the cost of the program exceeds the federal grant-in-aid thereof; or (2) to continue a program for which such federal grant-in-aid had been received and has thereafter been reduced or discontinued, or to undertake a program for which a federal grant-in-aid is not available, all or any portion of the cost of such program as determined by the commissioner.

(b) With respect to proposed contracts for grants-in-aid made pursuant to subsection (a) of this section, the Commissioner **Economic and Community Development** of [Social Services] shall review the program content of such proposals so as to determine whether they are designed to accomplish the purposes specified in this section and section 17b-852 and shall require audits in accordance with the provisions of sections 4-230 to 4-236, inclusive.

(c) So much of the cost of a human resource development program as is not met by either a federal grant-in-aid or by a state grant-in-aid pursuant to this section may be paid by a municipality, any agency, board, commission or department thereof, or any public authority, or any private organization, in cash or in kind, including, but not limited to, in the discretion of the Commissioner of **Economic and Community Development** [Social Services], additional plant and equipment, added services and increases in financial assistance furnished thereby, provided only such increments in plant and equipment, services and financial assistance as (1) are used for or in

connection with human resource development programs, and (2) are funded otherwise than by federal or state financial assistance may be considered as payment by a municipality under this section.

(d) The Commissioner of **Economic and Community Development** [Social Services] is further authorized to make available technical assistance and financial assistance in accordance with the provisions of section 8-220(b) to any municipality, region, human resource development agency, private nonprofit agency or any group of municipalities, regions or private nonprofit agencies for the purposes of planning a human resource development program consistent with the community development action plan of the municipality or municipalities or any such plan in the process of preparation.

(e) The Commissioner of **Economic and Community Development** [Social Services] shall at least once each fiscal year conduct an inquiry into the operations and administration of each grantee which has received financial assistance under this section or which has an application pending for such assistance. The cooperation of the grantee in such inquiry shall be a prerequisite to the further provision of financial assistance under this section.

(f) Prior to submission of any application to the Commissioner of **Economic and Community Development** [Social Services] for financial assistance for a human resource development program of a grantee designated under section 17b-852(2)(b) or 17b-852(2)(c), such application shall be referred to the grantee designated under section 17b-852(2)(a), if any exists in the municipality. Such agency shall be allowed twenty days to render its advisory opinion concerning such program. After receiving such advisory opinion or if such opinion shall not have been received within the period of time specified, the application may be submitted to the commissioner. All such applications to the commissioner shall include such advisory opinion if received. In urgent or emergency situations, the commissioner, acting in his sole discretion, may specify a shorter period for the rendering of such advisory opinion or may dispense with it altogether.


STATE OF CONNECTICUT
QUI TRANSTULIT SUSTINET

Agency Legislative Proposal - 2015 Session

Document Name: 009_121514_DSS_BCSE Guidelines

State Agency:
Department of Social Services

Liaison: Krista Ostaszewski
Phone: 860-424-5612
E-mail: krista.ostaszewski@ct.gov

Lead agency division requesting this proposal:
Bureau of Child Support Enforcement

Agency Analyst/Drafter of Proposal:
David Mulligan, Social Services Program Administration Manager

Title of Proposal
An Act Concerning the Commission for Child Support Guidelines

Statutory Reference: CGS 46b-215a

Proposal Summary
This proposal would increase the membership of the Commission for Child Support Guidelines to thirteen from the present eleven, adding the Child Advocate or the Child Advocate's designee to the list of members, as well as the Director of the lead IV-D agency for the State of Connecticut. In addition, the proposal would require the Commissioner of Social Services to provide staffing for the administrative and regulatory responsibilities of the commission and funding for economic studies required by the commission within available appropriations.

PROPOSAL BACKGROUND

- **Reason for Proposal**

The proposed membership adjustments are intended to ensure that the interests of children, low-income custodial and noncustodial parents, and the state are protected during the guidelines review process. Present commission membership includes designees to protect the rights and interests of parents, but a member specifically to address rights and interests of children is lacking. Adding the Child Advocate or the Child Advocate's designee should help ensure that the interests of children in the guidelines review process are addressed. Adding the IV-D Director for the State of Connecticut will provide the perspective of the agency responsible for ensuring that the IV-D State Plan requirements regarding the child support and arrearage guidelines are adequately addressed.

Present law is unclear as to responsibility for staffing and funding the work of the commission. Following the regulatory process is difficult if appropriate experienced practitioners are not available to assist. Economic analysis is required to determine the costs of raising children, and a funding mechanism for such analysis, which has always been contracted out is not specified in the law. The proposal seeks to provide clarity with regard to staffing and funding of economic studies required by the commission, requiring DSS support for future commission guidelines reviews.

- **Origin of Proposal** **_X_ New Proposal** **___ Resubmission**

This is a new proposal which originates with DSS because the Department of Social Services is the agency within which the lead Title IV-D agency for the State of Connecticut is placed. The lead agency is the Bureau of Child Support Enforcement, which is responsible for maintenance of the Title IV-D State Plan. One of the State Plan requirements is to have statewide child support guidelines, subject to certain federal mandates, which must be reviewed and updated every four years under federal law and regulation, as well as state law. While the Child Support and Arrearage Guidelines regulations are the responsibility of the Commission for Child Support Guidelines, there is a strong DSS/BCSE interest in ensuring the commission's success, since failure to maintain an approved IV-D State Plan can result in a loss of funding for the child support program, for which the state is reimbursed 66% of its administrative costs.

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Judicial Branch Support Enforcement Services
Agency Contact Charisse Hutton, Director (860) 569-6233
Date Contacted: on going
Approve of Proposal ___ YES ___NO ___Talks Ongoing

Agency Name: Judicial Branch Family Support Magistrate Division
Agency Contact Chief FSM John Colella
Date Contacted: on going
Approve of Proposal ___ YES ___NO ___Talks Ongoing

Agency Name: Judicial Branch- Court Operations
Agency Contact Johanna Greenfield, Deputy Director, Family and Support Matters (860) 263-2734
Date Contacted: on going
Approve of Proposal ___ YES ___NO __Talks Ongoing-no position

Agency Name: Office of Attorney General
Agency Contact Sean Kehoe-Assistant Attorney General-(860) 808-5150
Date Contacted: on going
Approve of Proposal ___ YES ___NO ___Talks Ongoing

Summary of Affected Agency's Comments
The IV-D partners named above discussed and commented on the agency proposal, but lack authority at their level to officially "approve" or "oppose" the proposal.

Will there need to be further negotiation? __YES ___NO
Unknown; not certain who will oppose.

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)
None.

State
The cost of a guidelines economic study has approximated $20,000, to be expended at most once every four years. The cost has been absorbed by the DSS budget in past review cycles. Staffing the regulatory process could be done within existing appropriations, since the review process typically begins no earlier than four years after issuance of updated guidelines.

Federal None.
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

This proposal would help ensure that interests of children, low-income custodial and noncustodial parents, and the state are adequately addressed during the guidelines review process. It will also clarify responsibility for staffing the guidelines regulatory process and funding the economic study required to determine appropriate levels of support for children.

AN ACT CONCERNING THE COMMISSION FOR CHILD SUPPORT GUIDELINES

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

Section 1. Section 46b-215a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) The Commission for Child Support Guidelines is established to issue child support and arrearage guidelines to ensure the appropriateness of criteria for the establishment of child support awards and to review and issue updated guidelines every four years. Such guidelines shall ensure, subject to section 46b-215c, that current support, health care coverage, child care contribution and orders of payment on any arrearage and past due support shall be based on the income of both parents and the obligor's ability to pay. Such guidelines shall also ensure the appropriateness of periodic payment orders on arrearages when the obligor (1) is the child's legal guardian and resides with the child, or (2) is not the child's legal guardian but has resided with the child either for at least six months immediately preceding the order of payment on the arrearage or for at least six months of the twelve months immediately preceding such order. In such cases, the commission shall consider exemptions similar to those in the uniform contribution scale adopted pursuant to section 4a-12. Updated arrearage guidelines shall be issued at the same time as the child support guidelines.

(b) The commission shall consist of [eleven] thirteen members as follows:

(1) The Chief Court Administrator, or the Chief Court Administrator's designee;

(2) The Commissioner of Social Services, or the commissioner's designee;

(3) The Attorney General, or the Attorney General's designee;

(4) The chairpersons and ranking members of the joint standing committee on judiciary, or their designees;

(5) The Child Advocate or the Child Advocate's designee;

(6) The director of the Bureau of Child Support Enforcement, or the director's designee;

[(5)] (7) A representative of the Connecticut Bar Association, designated by the Connecticut Bar Association; and

[(6)] (8) Three members appointed by the Governor, one of whom represents an agency that delivers legal services to the poor, one of whom represents the financial concerns of child support obligors and one of whom represents the Permanent Commission on the Status of Women.

(c) The Commissioner of Social Services shall convene the commission whenever a review is required to issue updated guidelines pursuant to subsection (a) of this section, and shall provide

staffing for the administrative and regulatory responsibilities of the commission and funding for economic studies required by the commission within available appropriations.

(d) The chairperson of the commission shall be elected by the members of the commission. A vacancy on the commission at any time shall not invalidate any actions taken by the commission during such vacancy, provided at least nine members of the commission are serving at the time of such action.

Statement of Purpose:

To provide representation for children, low-income families and the state Title IV-D agency on the Commission for Child Support Guidelines and to ensure adequate staffing for the commission's statutory responsibilities.

Agency Legislative Proposal - 2015 Session

Document Name: 010_121514_DSS_HUSKY Revisions

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency:
Department of Social Services

Liaison: Krista Ostaszewski
Phone: 860-424-5612
E-mail: Krista.ostaszewski@ct.gov

Lead agency division requesting this proposal:
Division of Health Services

Agency Analyst/Drafter of Proposal:
Kristin Dowty, Patricia McCooey, and Melanie Dillon

Title of Proposal
An Act Concerning HUSKY Programs

Statutory References
§§ 4-66e, 10-223h, 10-265f, 10a-132e, 12-202a, 12-202b, 12-202c, 17a-41, 17a-22a, 17a-22f, 17a-22j, 17a-22p, 17a-22q, 17b-28, 17b-261, 17b-2613, 17b-261h, 17b-261j,17b-261m,17b-278d, 17b-289, 17b-290, 17b-291, 17b-292, 17b-292a, 17b-293, 17b-294, 17b-294a, 17b-295, 17b-297, 17b-297a, 17b-297b, 17b-298, 17b-299, 17b-300, 17b-302, 17b-303, 17b-304, 17b-306, 17b-306a, 17b-307, 17b-745, 19a-45a, 19a-659, 22-3803, 38a-472d, 38a-556a, 38a-1084, 46b-84, 46b-86

Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Please consider the following, if applicable:

(1) Have there been changes in federal/state/local laws and regulations that make this legislation necessary?
(2) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?
(3) Have certain constituencies called for this action?
(4) What would happen if this was not enacted in law this session?

This proposal would eliminate a number of outdated provisions in the HUSKY Act (Conn. Gen. Stat. Section 17b-289 et seq.) and other eligibility sections of Ch. 319v, Medical Assistance. The proposed changes are necessary to conform all aspects of the eligibility and services sections to the Administrative Services Organization model of providing care to HUSKY and CHIP clients, using a fee-for-service rather than a managed care delivery model. A number of other provisions are no longer applicable or describe initiatives that are no longer applicable as they were supplanted by other legislation.

For example, Conn. Gen. Stat. Sec. 17b-261i refers to a specific ASO for aged, blind and disabled clients. DSS has implemented a single ASO for all eligibility groups.

There are also a number of provisions in the HUSKY B statute that are no longer in effect. Examples of areas that need revision include:

- The HUSKY Act refers to "HUSKY Plan, Part A" and "HUSKY Plan, Part B." This terminology and the concept of a HUSKY plan marketed to and serving children is no longer valid or in effect. Under the ASO model, all clients are served by the HUSKY Health Program.
- A number of the definitions in 17b-290 are no longer accurate. The legislative proposal will add new definitions for consistency with the Affordable Care Act and current program operations.
- The role of the "single point of entry servicer" is no longer accurate. The Xerox role in our eligibility processes is evolving. The role they are currently playing is not required by federal law, so we may wish to describe their role as a contractor in the most general terms possible.

Other Eligibility provisions

Finally, the eligibility statutes for Medicaid and CHIP should be amended to conform to the federal mandates for a conversion to eligibility rules based upon Modified Adjusted Gross Income. This would include, but not be limited to, Conn. Gen. Stat. Section 17b-261(a)

The Federal Poverty Limits used in the HUSKY Act and elsewhere in statute are no longer accurate as DSS was required to convert those limits under the federal ACA Modified Adjusted Gross Income (MAGI) eligibility rules that go into effect on January 1, 2014 for Medicaid and CHIP.

Other Statutory Provisions

This proposal will also change and update references to the HUSKY program in related statutes, such as education statutes, the Connecticut Behavioral Health Partnership statutes, and insurance statutes.

- **Origin of Proposal ___ New Proposal _X__ Resubmission**

If this is a resubmission, please share:

(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?
(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?
(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?
(4) What was the last action taken during the past legislative session?

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Agency Contact (name, title, phone): Date Contacted: Approve of Proposal ___ YES ___NO ___Talks Ongoing
Summary of Affected Agency's Comments While the technical revisions touch upon a number of statutes that affect other agencies, the proposal does not make any substantive changes to those statutes.
Will there need to be further negotiation? ___ YES _X__NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)
State
Federal
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

DSS HUSKY Revisions

Sec. 1. Section 4-66e of the General Statutes is repealed and the following is substituted in lieu thereof (*effective upon passage*):

(a) For purposes of this section, "self-sufficiency measurement" means a calculation of the income an employed adult may need to meet family needs, including, but not limited to, housing, food, day care, transportation and medical costs.

(b) Not later than January 1, 1999, the Office of Policy and Management shall contract with a private vendor to develop a self-sufficiency measurement by October 1, 1999. This measurement shall take into account geographical variations in costs and the age and number of children in the family. The value of any state or federal public assistance benefit received by a recipient of temporary family assistance shall be calculated into such recipient's self-sufficiency measurement.

(c) Not later than October 31, 1999, the Office of Policy and Management shall distribute the self-sufficiency measurement to all state agencies that counsel individuals who are seeking education, training or employment. Effective October 31, 1999, the Office of Policy and Management may also distribute the self-sufficiency measurement to any other entity that requests such measurement. Such state agencies and other entities may use the self-sufficiency measurement to assist and guide individuals who are seeking education, training or employment in establishing personal financial goals and estimating the amount of income such individuals may need to support their families.

(d) Not later than January 1, 2003, and every three years thereafter, the Office of Workforce Competitiveness, in consultation with the Office of Policy and Management, and within existing budgetary resources, shall update the self-sufficiency measurement developed pursuant to subsection (b) of this section, and shall distribute the updated self-sufficiency measurement to all state agencies that counsel individuals who are seeking education, training or employment. Effective January 1, 2003, the Office of Workforce Competitiveness may also distribute the updated self-sufficiency measurement to any other entity that requests such measurement. Such state agencies and other entities may use the updated self-sufficiency measurement to assist and guide individuals who are seeking education, training or employment in establishing personal financial goals and estimating the amount of income such individuals may need to support their families.

(e) The self-sufficiency measurement shall not be used to: (1) Analyze the success or failure of any program; (2) determine or establish eligibility or benefit levels for any state or federal public assistance program, including, but not limited to, temporary family assistance, child care assistance, medical assistance, state administered general assistance, supplemental nutrition assistance or eligibility for the [HUSKY plan] **HUSKY Health program**; (3) determine whether a person subject to time-limited benefits under the temporary family assistance program qualifies for an extension of benefits under such program; or (4) supplement the amount of benefits awarded under the temporary family assistance program.

Sec. 2. Section 10-223h of the General Statutes is repealed and the following is substituted in lieu thereof (*effective upon passage*):

(a) The Commissioner of Education shall establish a commissioner's network of schools to improve student academic achievement in low-performing schools. On or before July 1, 2014, the commissioner may select not more than twenty-five schools that have been classified as a category four school or a category five school pursuant to section 10-223e to participate in the commissioner's network of schools. The commissioner shall issue guidelines regarding the development of turnaround plans, and such guidelines shall include, but not be limited to, annual

deadlines for the submission or nonsubmission of a turnaround plan and annual deadlines for approval or rejection of turnaround plans. The commissioner shall give preference for selection in the commissioner's network of schools to such schools (1) that volunteer to participate in the commissioner's network of schools, provided the local or regional board of education for such school and the representatives of the exclusive bargaining unit for certified employees chosen pursuant to section 10-153b mutually agree to participate in the commissioner's network of schools, or (2) in which an existing collective bargaining agreement between the local or regional board of education for such school and the representatives of the exclusive bargaining unit for certified employees chosen pursuant to section 10-153b will have expired for the school year in which a turnaround plan will be implemented. The commissioner shall not select more than two schools from a single school district in a single school year and shall not select more than four schools in total from a single district. Each school so selected shall begin implementation of a turnaround plan, as described in subsection (d) of this section, not later than the school year commencing July 1, 2014. Each school so selected shall participate in the commissioner's network of schools for three school years, and may continue such participation for an additional year, not to exceed two additional years, upon approval from the State Board of Education in accordance with the provisions of subsection (h) of this section. The commissioner shall provide funding, technical assistance and operational support to schools participating in the commissioner's network of schools and may provide financial support to teachers and administrators working at a school that is participating in the commissioner's network of schools. All costs attributable to developing and implementing a turnaround plan in excess of the ordinary operating expenses for such school shall be paid by the State Board of Education.

(b) (1) Upon the selection by the Commissioner of Education of a school for participation in the commissioner's network of schools, the local or regional board of education for such school shall establish a turnaround committee for the school district. The turnaround committee shall consist of the following members: (A) Two appointed by the local or regional board of education, at least one of whom shall be an administrator employed by such board of education and at least

one of whom shall be the parent or guardian of a student enrolled in the school district for such board of education; (B) three appointed by the exclusive bargaining unit for teachers chosen pursuant to section 10-153b, at least two of whom shall be teachers employed by such board of education and at least one of whom shall be the parent or guardian of a student enrolled in the school district for such board of education; and (C) the Commissioner of Education, or the commissioner's designee. The superintendent of schools for the district, or the superintendent's designee, where such school is located shall be a nonvoting ex-officio member and serve as the chairperson of the turnaround committee.

(2) The turnaround committee, in consultation with the school governance council, as described in section 10-223j, for a school selected to participate in the commissioner's network of schools, shall (A) assist the Department of Education in conducting the operations and instructional audit pursuant to subsection (c) of this section, (B) develop a turnaround plan for such school in accordance with the provisions of subsection (d) of this section and guidelines issued by the commissioner, and (C) monitor the implementation of such turnaround plan.

(c) Following the establishment of a turnaround committee, the Department of Education shall conduct, in consultation with the local or regional board of education for a school selected to participate in the commissioner's network of schools, the school governance council for such school and such turnaround committee, an operations and instructional audit, as described in subparagraph (A) of subdivision (2) of subsection (e) of section 10-223e, for such school. Such operations and instructional audit shall be conducted pursuant to guidelines issued by the department and shall determine the extent to which the school (1) has established a strong family and community connection to the school; (2) has a positive school environment, as evidenced by a culture of high expectations, a safe and orderly workplace, and that address other nonacademic factors that impact student achievement, such as students' social, emotional, arts, cultural, recreational and health needs; (3) has effective leadership, as evidenced by the school principal's performance appraisals, track record in improving student achievement, ability to lead turnaround efforts, and managerial skills and authority in the areas of scheduling, staff

management, curriculum implementation and budgeting; (4) has effective teachers and support staff as evidenced by performance evaluations, policies to retain staff determined to be effective and who have the ability to be successful in the turnaround effort, policies to prevent ineffective teachers from transferring to the schools, and job-embedded, ongoing professional development informed by the teacher evaluation and support programs that are tied to teacher and student needs; (5) uses time effectively as evidenced by the redesign of the school day, week, or year to include additional time for student learning and teacher collaboration; (6) has a curriculum and instructional program that is based on student needs, is research-based, rigorous and aligned with state academic content standards, and serves all children, including students at every achievement level; and (7) uses evidence to inform decision-making and for continuous improvement, including by providing time for collaboration on the use of data. Such operations and instructional audit shall be informed by an inventory of the following: (A) Before and after school programs, (B) any school-based health centers, family resource centers or other community services offered at the school, including, but not limited to, social services, mental health services and parenting support programs, (C) whether scientific research-based interventions are being fully implemented at the school, (D) resources for scientific research-based interventions during the school year and summer school programs, (E) resources for gifted and talented students, (F) the length of the school day and the school year, (G) summer school programs, (H) the alternative high school, if any, available to students at the school, (I) the number of teachers employed at the school and the number of teachers who have left the school in each of the previous three school years, (J) student mobility, including the number of students who have been enrolled in and left the school, (K) the number of students whose primary language is not English, (L) the number of students receiving special education services, (M) the number of truants, (N) the number of students who are eligible for free or reduced price lunches, (O) the number of students who are eligible for HUSKY [Plan, Part] A, (P) the curricula used at the school, (Q) the reading curricula and programs for kindergarten to grade three, inclusive, if any, at the school, (R) arts and music programs offered at the school, (S) physical education programs offered and periods for recess or physical activity, (T) the number of school psychologists at

the school and the ratio of school psychologists to students at the school, (U) the number of social workers at the school and the ratio of social workers to students at the school, (V) the teacher and administrator performance evaluation program, including the frequency of performance evaluations, how such evaluations are conducted and by whom, the standards for performance ratings and follow-up and remediation plans and the aggregate results of teacher performance evaluation ratings conducted pursuant to section 10-151b and any other available measures of teacher effectiveness, (W) professional development activities and programs, (X) teacher and student access to technology inside and outside of the classroom, (Y) student access to and enrollment in mastery test preparation programs, (Z) the availability of textbooks, learning materials and other supplies, (AA) student demographics, including race, gender and ethnicity, and (BB) chronic absenteeism, and (CC) preexisting school improvement plans, for the purpose of (i) determining why such school improvement plans have not improved student academic performance, and (ii) identifying governance, legal, operational, staffing or resource constraints that contributed to the lack of student academic performance at such school and should be addressed, modified or removed for such school to improve student academic performance.

(d) Following the operations and instructional audit for the school selected to participate in the commissioner’s network of schools, the turnaround committee shall develop a turnaround plan for such school. The school governance council for each turnaround school may recommend to the turnaround committee for the school district one of the turnaround models described in subparagraphs (A) to (E), inclusive, of subdivision (3) of this subsection. The turnaround committee may accept such recommendation or may choose a different turnaround model for inclusion in the turnaround plan submitted under this subsection. The turnaround plan for such school shall (1) include a description of how such turnaround plan will improve student academic achievement in the school, (2) address deficiencies identified in the operations and instructional audit, and (3) utilize one of the following turnaround models: (A) A CommPACT school, as described in section 10-74g, (B) a social development model, (C) the management, administration or governance of the school to be the responsibility of a regional educational service center, a public or private institution of

higher education located in the state, or, subject to the provisions of subsection (e) of this section, an approved educational management organization, (D) a school described in section 10-74f, (E) a model developed by the turnaround committee that utilizes strategies, methods and best practices that have been proven to be effective in improving student academic performance, including, but not limited to, strategies, methods and best practices used at public schools, interdistrict magnet schools and charter schools or collected by the commissioner pursuant to subsection (f) of this section, or (F) a model developed in consultation with the commissioner or by the commissioner subject to the provisions of subsection (e) of this section. The turnaround plan shall not assign the management, administration or governance of such school to a (i) for-profit corporation, or (ii) a private not-for-profit organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as from time to time amended, other than a public or private institution of higher education located in the state or, subject to the provisions of subsection (e) of this section, an approved not-for-profit educational management organization, as defined in subsection (e) of this section. Such turnaround plan may include proposals changing the hours and schedules of teachers and administrators at such school, the length and schedule of the school day, the length and calendar of the school year, the amount of time teachers shall be present in the school beyond the regular school day and the hiring or reassignment of teachers or administrators at such school. If a turnaround committee does not develop a turnaround plan, or if the commissioner determines that a turnaround plan developed by a turnaround committee is deficient, the commissioner may develop a turnaround plan for such school in accordance with the provisions of this subsection and, if the commissioner deems necessary, the commissioner may appoint a special master for such school to implement the provisions of the turnaround plan developed by the commissioner. The turnaround plan shall direct all resources and funding to programs and services delivered at such school for the educational benefit of the students enrolled at such school and be transparent and accountable to the local community. The State Board of Education shall approve the turnaround plan developed by a turnaround committee before a school may implement such turnaround plan.

(e) (1) For the school year commencing July 1, 2012, the Commissioner of Education shall develop one turnaround plan for a school selected to participate in the commissioner's network of schools. Such turnaround plan shall be implemented for the school year commencing July 1, 2012. Such plan may assign the management, administration or governance of such school to an approved not-for-profit educational management organization, and shall negotiate matters relating to such turnaround plan in accordance with the provisions of subsection (c) of section 10-153s.

(2) For the school year commencing July 1, 2012, the Commissioner of Education may approve a turnaround plan for a school selected to participate in the commissioner's network of schools that assigns the management, administration or governance of such school to an approved not-for-profit educational management organization, and shall negotiate matters relating to such turnaround plan in accordance with the provisions of subsection (c) of section 10-153s. Such turnaround plan shall be implemented for the school year commencing July 1, 2012.

(3) The commissioner shall permit not more than four total turnaround plans for schools selected to participate in the commissioner's network of schools implementing turnaround plans beginning in the school year commencing July 1, 2013, or July 1, 2014, to assign the management, administration or governance of such school to an approved not-for-profit educational management organization, provided the commissioner shall not permit such assignment in a turnaround plan to more than three schools in a single school year. If the commissioner does not approve a turnaround plan under subdivision (2) of this subsection, the commissioner may approve one additional turnaround plan for a school selected to participate in the commissioner's network of schools that assigns the management, administration or governance of such school to an approved not-for-profit educational management organization to be implemented in the school year commencing July 1, 2013, or July 1, 2014.

(4) For purposes of this section, and section 10-223i, "approved not-for-profit educational management organization" means a not-for-profit organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United

States, as from time to time amended, that (A) operates a state charter school located in the state that has a record of student academic success for students enrolled in such state charter school, or (B) has experience and a record of success in improving student achievement for low income or low performing students through measures, including, but not limited to, reconstituting schools while, if applicable, respecting existing contracts of employees of such schools.

(f) The Commissioner of Education may partner with any public or private institution of higher education in the state, for a period not to exceed twelve months, to assist the Department of Education in collecting, compiling and replicating strategies, methods and best practices that have been proven to be effective in improving student academic performance in public schools, interdistrict magnet schools and charter schools. The commissioner shall make such strategies, methods and best practices available to local and regional boards of education and turnaround committees for use in developing a turnaround model, pursuant to subsection (d) of this section, and in implementing the turnaround plan for a school that is participating in the commissioner's network of schools.

(g) Nothing in this section shall alter the collective bargaining agreements applicable to the administrators and teachers employed by the local or regional board of education, subject to the provisions of sections 10-153a to 10-153n, inclusive, and such collective bargaining agreements shall be considered to be in operation at schools participating in the commissioner's network of schools, except to the extent the provisions are modified by any memorandum of understanding between the local or regional board of education and the representatives of the exclusive bargaining units for certified employees, chosen pursuant to section 10-153b, or are modified by a turnaround plan, including, but not limited to, any election to work agreement pursuant to such turnaround plan for such schools and negotiated in accordance with the provisions of section 10-153s.

(h) Each school participating in the commissioner's network of schools shall participate for three school years, and may continue such participation for an additional year, not to exceed two additional years, upon approval from the State Board of Education. Before the end of the third year that a school is

participating in the commissioner's network of schools, the commissioner shall conduct an evaluation to determine whether such school is prepared to exit the commissioner's network of schools. In determining whether such school may exit the commissioner's network of schools, the commissioner shall consider whether the local or regional board of education has the capacity to ensure that such school will maintain or improve its student academic performance. If the commissioner determines that such school is ready to exit the commissioner's network of schools, the local or regional board of education for such school shall develop, in consultation with the commissioner, a plan, subject to the approval by the State Board of Education, for the transition of such school back to full control by the local or regional board of education. If such school is not ready to exit the commissioner's network of schools and participates in the commissioner's network of schools for an additional year, the commissioner shall conduct an evaluation in accordance with the provisions of this subsection. Before the end of the fifth year that a school is participating in the commissioner's network of schools, the commissioner shall develop, in consultation with the local or regional board of education for such school, a plan, subject to the approval by the State Board of Education, for the transition of such school back to full control by the local or regional board of education.

(i) Not later than thirty days after the approval of the turnaround plan for a school selected to participate in the commissioner's network of schools by the State Board of Education, the Commissioner of Education shall submit the operations and instructional audit and the turnaround plan for such school to the joint standing committee of the General Assembly having cognizance of matters relating to education, in accordance with the provisions of section 11-4a.

(j) (1) The Commissioner of Education shall annually submit a report on the academic performance of each school participating in the commissioner's network of schools to the joint standing committee of the General Assembly having cognizance of matters relating to education, in accordance with the provisions of section 11-4a. Such report shall include, but not be limited to, (A) the school performance index score, as defined in section 10-223e, for such school, (B) trends for the school performance

index scores during the period that such school is participating in the commissioner's network of schools, (C) adjustments for subgroups of students at such school, including, but not limited to, students whose primary language is not English, students receiving special education services and students who are eligible for free or reduced price lunches, and (D) performance evaluation results in the aggregate for teachers and administrators at such school.

(2) The Commissioner of Education shall annually submit a report comparing and analyzing the academic performance of all the schools participating in the commissioner's network of schools to the joint standing committee of the General Assembly having cognizance of matters relating to education, in accordance with the provisions of section 11-4a. Such report shall include, but not be limited to, (A) the school performance index scores, as defined in section 10-223e, for the school, (B) trends for the school performance indices during the period that such schools are participating in the commissioner's network of schools, (C) adjustments for subgroups of students at such schools, including, but not limited to, students whose primary language is not English, students receiving special education services and students who are eligible for free or reduced price lunches, and (D) performance evaluation results in the aggregate for teachers and administrators at such schools.

(3) Following the expiration of the turnaround plan for each school participating in the commissioner's network of schools, the commissioner shall submit a final report that (A) evaluates such turnaround plan and the academic performance of such school during the period that such turnaround plan was in effect, and (B) makes recommendations for the operation of such school to the joint standing committee of the General Assembly having cognizance of matters relating to education, in accordance with the provisions of section 11-4a.

(4) Not later than January 1, 2020, the commissioner shall submit a report (A) evaluating the commissioner's network of schools and its effect on improving student academic achievement in participating schools, and (B) making any recommendations for the continued operation of the commissioner's network of schools to the joint standing committee of the General Assembly having cognizance of matters relating to education, in accordance with the provisions of section 11-4a.

(a) The Commissioner of Education shall establish, within available appropriations, an early reading success grant program to assist local and regional boards of education for priority school districts and school districts in which priority elementary schools are located in: (1) Establishing full-day kindergarten programs; (2) reducing class size in grades kindergarten to three, inclusive, to not more than eighteen students; and (3) establishing intensive early intervention reading programs, including after-school and summer programs, for students identified as being at risk of failing to learn to read by the end of first grade and students in grades one to three, inclusive, who are reading below grade level. Eligibility for grants pursuant to this section shall be determined for a five-year period based on a school district's designation as a priority school district or as a school district in which a priority elementary school is located for the initial year of application. In order to receive a grant, an eligible board of education shall submit a plan for the expenditure of grant funds, in accordance with this section, to the Department of Education, at such time and in such manner as the commissioner prescribes. An eligible school district may receive a grant for one or more purposes pursuant to subdivisions (1) to (3), inclusive, of this subsection, provided at least fifty per cent of any grant funds received by such school district are used for programs pursuant to subdivision (3) of this subsection. If the commissioner determines the school district is addressing the issue of early reading intervention sufficiently, the commissioner may allow the school district to set aside a smaller percentage of the funds received pursuant to this section for such programs.

(b) (1) In the case of proposals for full-day kindergarten programs, the plan shall include: (A) Information on the number of full-day kindergarten classes that will be offered initially and the number of children to be enrolled in such classes; (B) how the board anticipates expanding the number of full-day kindergarten programs in future school years; (C) the number of additional teachers needed and any additional equipment needed for purposes of such programs; (D) a description of any proposed school building project that is related to the need for additional space for full-day kindergarten programs, including an analysis of the different options available to meet such need, such as relocatable classrooms, the division of existing

classrooms, an addition to a building or new construction; (E) information on the curriculum for the full-day kindergarten program pursuant to subdivision (2) of this subsection; (F) information on coordination between the full-day kindergarten program and school readiness programs for the purpose of providing (i) information concerning transition from preschool to kindergarten, including the child's preschool records, and (ii) before and after school child care for children attending the full-day kindergarten program; and (G) any additional information the commissioner deems relevant.

(2) A full-day kindergarten program that receives funding pursuant to this subsection shall: (A) Include language development and appropriate reading readiness experiences; (B) provide for the assessment of a student's progress; (C) include a professional development component in the teaching of reading and reading readiness and assessment of reading competency for kindergarten teachers; (D) provide for parental involvement; and (E) refer eligible children who do not have health insurance to the HUSKY **Health** program.

(c) (1) In the case of proposals for the reduction of class size in grades kindergarten to three, inclusive, to not more than eighteen students the plan shall include: (A) A time frame for achieving such reduction in class size; (B) information on the class size in such grades at each school at the time of application for the grant and the number of classes to be reduced in size with grant funds; (C) the number of additional teachers needed and any additional equipment needed; (D) a description of any proposed school building project related to the need for additional space for smaller classes, including an analysis of the different options available to meet such need such as relocatable classrooms, the division of existing classrooms, an addition to a building or new construction; (E) an estimate of the costs associated with implementation of the plan; and (F) any additional information the commissioner deems relevant.

(2) If a school district accepts funds pursuant to this subsection, such school district shall limit the class size of classes in which core curriculum is taught in grades kindergarten to three, inclusive, in accordance with its plan to eighteen or less students, provided students who enroll after

October first in any school year are not included for purposes of such count.

(d) In the case of proposals for intensive early intervention reading programs including after-school and summer programs, the plan shall: (1) Incorporate the competencies required for early reading success, critical indicators for teacher intervention and the components of a high quality early reading success curriculum in accordance with the findings of the Early Reading Success Panel delineated in section 10-221*l*; (2) provide for a period of time each day of individualized or small group instruction for each student; (3) provide for monitoring of programs and students and follow-up in subsequent grades, documentation of continuous classroom observation of students' reading behaviors and establishment of performance indicators aligned with the state-wide mastery examinations under chapter 163c, measures of efficacy of programs developed by the department pursuant to subsection (i) of this section, the findings of the Early Reading Success Panel pursuant to section 10-221j; (4) include a professional development component for teachers in grades kindergarten to three, inclusive, that emphasizes the teaching of reading and reading readiness and assessment of reading competency based on the findings of the Early Reading Success Panel pursuant to section 10-221j; (5) provide for on-site teacher training and coaching in the implementation of research-based reading instruction delineated in section 10-221*l*; (6) provide for parental involvement and ensure that parents have access to information on strategies that may be used at home to improve prereading or reading skills; (7) provide for data collection and program evaluation; and (8) include any additional information the commissioner deems relevant. Each school district that receives grant funds under this section shall annually report to the Department of Education on the district's progress toward reducing the achievement gap in reading, including data on student progress in reading and how such data have been used to guide professional development and the coaching process.

(e) (1) The model programs established pursuant to section 10-265j shall be funded from the amount appropriated for purposes of this section. The department shall use ninety per cent of the remaining funds appropriated for purposes of this section for grants to priority school districts. Priority school districts

shall receive grants based on their proportional share of the sum of the products obtained by multiplying the number of enrolled kindergarten students in each priority school district for the year prior to the year the grant is to be paid, by the ratio of the average percentage of free and reduced price meals for all severe need schools in such district to the minimum percentage requirement for severe need school eligibility. (2) The department shall use nine per cent of such remaining funds for competitive grants to school districts in which a priority elementary school is located. In awarding grants to school districts in which priority elementary schools are located, the department shall consider the town wealth, as defined in subdivision (26) of section 10-262f, of the town in which the school district is located, or in the case of regional school districts, the towns which comprise the regional school district. Grants received by school districts in which priority elementary schools are located shall not exceed one hundred thousand dollars and shall be used for the appropriate purpose at the priority elementary school. (3) The department may retain up to one per cent of such remaining funds for coordination, program evaluation and administration.

(f) No funds received pursuant to this section shall be used to supplant federal, state or local funding to the local or regional boards of education for programs for grades kindergarten to three, inclusive.

(g) Expenditure reports shall be filed with the department as requested by the commissioner. School districts shall refund (1) any unexpended amounts at the close of the program for which the grant is awarded, and (2) any amounts not expended in accordance with the approved grant application.

(h) Notwithstanding the provisions of this section, for the fiscal years ending June 30, 2008, and June 30, 2009, the amount available for the competitive grant program pursuant to this section shall be one million eight hundred fifty thousand dollars and the maximum administrative amount shall not be more than three hundred fifty-three thousand six hundred forty-six dollars.

(i) (1) The Department of Education shall develop measures of efficacy of the early reading intervention programs employed by grant recipients under this section and the department shall

list programs that are efficacious and make such list available to grant recipients. Not later than January 1, 2008, the department shall report the measures of efficacy and the list of efficacious programs to the Governor and the General Assembly, in accordance with the provisions of section 11-4a.

(2) For the fiscal year ending June 30, 2008, and each fiscal year thereafter, using the measures developed pursuant to subdivision (1) of this subsection, the Department of Education shall determine the efficacy of the early reading intervention program employed by each grant recipient pursuant to this section. If any grant recipient is determined to be employing a program that is not shown to be effective, the department shall require the grant recipient to employ a program listed as efficacious by the department pursuant to the provisions of subdivision (1) of this subsection.

Sec.3. Section 10-265f of the General Statutes is repealed and the following is substituted in lieu thereof (*effective upon passage*):

(a) The Commissioner of Education shall establish, within available appropriations, an early reading success grant program to assist local and regional boards of education for priority school districts and school districts in which priority elementary schools are located in: (1) Establishing full-day kindergarten programs; (2) reducing class size in grades kindergarten to three, inclusive, to not more than eighteen students; and (3) establishing intensive early intervention reading programs, including after-school and summer programs, for students identified as being at risk of failing to learn to read by the end of first grade and students in grades one to three, inclusive, who are reading below grade level. Eligibility for grants pursuant to this section shall be determined for a five-year period based on a school district's designation as a priority school district or as a school district in which a priority elementary school is located for the initial year of application. In order to receive a grant, an eligible board of education shall submit a plan for the expenditure of grant funds, in accordance with this section, to the Department of Education, at such time and in such manner as the commissioner prescribes. An eligible school district may receive a grant for

one or more purposes pursuant to subdivisions (1) to (3), inclusive, of this subsection, provided at least fifty per cent of any grant funds received by such school district are used for programs pursuant to subdivision (3) of this subsection. If the commissioner determines the school district is addressing the issue of early reading intervention sufficiently, the commissioner may allow the school district to set aside a smaller percentage of the funds received pursuant to this section for such programs.

(b) (1) In the case of proposals for full-day kindergarten programs, the plan shall include: (A) Information on the number of full-day kindergarten classes that will be offered initially and the number of children to be enrolled in such classes; (B) how the board anticipates expanding the number of full-day kindergarten programs in future school years; (C) the number of additional teachers needed and any additional equipment needed for purposes of such programs; (D) a description of any proposed school building project that is related to the need for additional space for full-day kindergarten programs, including an analysis of the different options available to meet such need, such as relocatable classrooms, the division of existing classrooms, an addition to a building or new construction; (E) information on the curriculum for the full-day kindergarten program pursuant to subdivision (2) of this subsection; (F) information on coordination between the full-day kindergarten program and school readiness programs for the purpose of providing (i) information concerning transition from preschool to kindergarten, including the child's preschool records, and (ii) before and after school child care for children attending the full-day kindergarten program; and (G) any additional information the commissioner deems relevant.

(2) A full-day kindergarten program that receives funding pursuant to this subsection shall: (A) Include language development and appropriate reading readiness experiences; (B) provide for the assessment of a student's progress; (C) include a professional development component in the teaching of reading and reading readiness and assessment of reading competency for kindergarten teachers; (D) provide for parental involvement; and (E) refer eligible children who do not have health insurance to the HUSKY **Health** program.

(c) (1) In the case of proposals for the reduction of class size in grades kindergarten to three, inclusive, to not more than eighteen students the plan shall include: (A) A time frame for achieving such reduction in class size; (B) information on the class size in such grades at each school at the time of application for the grant and the number of classes to be reduced in size with grant funds; (C) the number of additional teachers needed and any additional equipment needed; (D) a description of any proposed school building project related to the need for additional space for smaller classes, including an analysis of the different options available to meet such need such as relocatable classrooms, the division of existing classrooms, an addition to a building or new construction; (E) an estimate of the costs associated with implementation of the plan; and (F) any additional information the commissioner deems relevant.

(2) If a school district accepts funds pursuant to this subsection, such school district shall limit the class size of classes in which core curriculum is taught in grades kindergarten to three, inclusive, in accordance with its plan to eighteen or less students, provided students who enroll after October first in any school year are not included for purposes of such count.

(d) In the case of proposals for intensive early intervention reading programs including after-school and summer programs, the plan shall: (1) Incorporate the competencies required for early reading success, critical indicators for teacher intervention and the components of a high quality early reading success curriculum in accordance with the findings of the Early Reading Success Panel delineated in section 10-221l; (2) provide for a period of time each day of individualized or small group instruction for each student; (3) provide for monitoring of programs and students and follow-up in subsequent grades, documentation of continuous classroom observation of students' reading behaviors and establishment of performance indicators aligned with the mastery examinations, under section 10-14n, measures of efficacy of programs developed by the department pursuant to subsection (i) of this section, the findings of the Early Reading Success Panel pursuant to section 10-221j; (4) include a professional development component for teachers in grades kindergarten to three, inclusive, that

emphasizes the teaching of reading and reading readiness and assessment of reading competency based on the findings of the Early Reading Success Panel pursuant to section 10-221j; (5) provide for on-site teacher training and coaching in the implementation of research-based reading instruction delineated in section 10-221l; (6) provide for parental involvement and ensure that parents have access to information on strategies that may be used at home to improve prereading or reading skills; (7) provide for data collection and program evaluation; and (8) include any additional information the commissioner deems relevant. Each school district that receives grant funds under this section shall annually report to the Department of Education on the district's progress toward reducing the achievement gap in reading, including data on student progress in reading and how such data have been used to guide professional development and the coaching process.

(e) (1) The model programs established pursuant to section 10-265j shall be funded from the amount appropriated for purposes of this section. The department shall use ninety per cent of the remaining funds appropriated for purposes of this section for grants to priority school districts. Priority school districts shall receive grants based on their proportional share of the sum of the products obtained by multiplying the number of enrolled kindergarten students in each priority school district for the year prior to the year the grant is to be paid, by the ratio of the average percentage of free and reduced price meals for all severe need schools in such district to the minimum percentage requirement for severe need school eligibility. (2) The department shall use nine per cent of such remaining funds for competitive grants to school districts in which a priority elementary school is located. In awarding grants to school districts in which priority elementary schools are located, the department shall consider the town wealth, as defined in subdivision (26) of section 10-262f, of the town in which the school district is located, or in the case of regional school districts, the towns which comprise the regional school district. Grants received by school districts in which priority elementary schools are located shall not exceed one hundred thousand dollars and shall be used for the appropriate purpose at the priority elementary school. (3) The department may retain up to one per cent of

such remaining funds for coordination, program evaluation and administration.

(f) No funds received pursuant to this section shall be used to supplant federal, state or local funding to the local or regional boards of education for programs for grades kindergarten to three, inclusive.

(g) Expenditure reports shall be filed with the department as requested by the commissioner. School districts shall refund (1) any unexpended amounts at the close of the program for which the grant is awarded, and (2) any amounts not expended in accordance with the approved grant application.

(h) Notwithstanding the provisions of this section, for the fiscal years ending June 30, 2008, and June 30, 2009, the amount available for the competitive grant program pursuant to this section shall be one million eight hundred fifty thousand dollars and the maximum administrative amount shall not be more than three hundred fifty-three thousand six hundred forty-six dollars.

(i) (1) The Department of Education shall develop measures of efficacy of the early reading intervention programs employed by grant recipients under this section and the department shall list programs that are efficacious and make such list available to grant recipients. Not later than January 1, 2008, the department shall report the measures of efficacy and the list of efficacious programs to the Governor and the General Assembly, in accordance with the provisions of section 11-4a.

(2) For the fiscal year ending June 30, 2008, and each fiscal year thereafter, using the measures developed pursuant to subdivision (1) of this subsection, the Department of Education shall determine the efficacy of the early reading intervention program employed by each grant recipient pursuant to this section. If any grant recipient is determined to be employing a program that is not shown to be effective, the department shall require the grant recipient to employ a program listed as efficacious by the department pursuant to the provisions of subdivision (1) of this subsection.

Sec. 4. Section 10-132e of the General Statutes is repealed and the following is substituted in lieu thereof (*effective upon passage*):

(a) The University of Connecticut Health Center shall, in consultation with the Yale University School of Medicine, develop, implement and promote an evidence-based outreach and education program concerning the therapeutic and cost-effective utilization of prescription drugs for the benefit of licensed physicians, pharmacists and other health care professionals authorized to prescribe and dispense prescription drugs. In developing such program, The University of Connecticut Health Center shall consider whether such program may be developed in coordination with, or as a part of, the Connecticut Area Health Education Center.

(b) The program established pursuant to subsection (a) of this section shall: (1) Arrange for licensed physicians, pharmacists and nurses to conduct in person educational visits with prescribing practitioners, utilizing evidence-based materials, borrowing methods from behavioral science and educational theory and, when appropriate, utilizing pharmaceutical industry data and outreach techniques; (2) inform prescribing practitioners about drug marketing that is designed to prevent competition to brand name drugs from generic or other therapeutically-equivalent pharmaceutical alternatives or other evidence-based treatment options; and (3) provide outreach and education to licensed physicians and other health care practitioners who are participating providers in state-funded health care programs, including, but not limited to, [Medicaid,] the HUSKY **Health Program** [Plan, Parts A and B], the Department of Correction inmate health services program and the state employees' health insurance plan.

(c) The University of Connecticut Health Center shall, to the extent feasible, utilize or incorporate into the program other independent educational resources or models that are proven to be effective in disseminating high quality, evidenced-based, cost-effective information to prescribing practitioners regarding the effectiveness and safety of prescription drugs. Such other resources or models that The University of Connecticut Health Center reviews shall include: (1) The Pennsylvania PACE Independent Drug Information Service affiliated with the Harvard Medical School; (2) the Vermont

Academic Detailing Program sponsored by the University of Vermont College of Medicine Office of Primary Care; and (3) the Drug Effectiveness Review project conducted by the Oregon Health and Science University Evidence-based Practice Center.

(d) The University of Connecticut Health Center shall seek federal funds for the administration of the program. In addition, The University of Connecticut Health Center may seek funding from nongovernmental health access foundations for the program. The University of Connecticut Health Center shall not be required to develop, implement and promote the program described in this section, if federal, state and private funds in the aggregate are insufficient to pay for the initial and ongoing expenses of such program.

Sec. 5. Section 12-202a of the General Statutes is repealed and the following is substituted in lieu thereof (*effective upon passage*):

(a) Each health care center, as defined in section 38a-175, that is governed by sections 38a-175 to 38a-192, inclusive, shall pay a tax to the Commissioner of Revenue Services for the calendar year commencing on January 1, 1995, and annually thereafter, at the rate of one and three-quarters per cent of the total net direct subscriber charges received by such health care center during each such calendar year on any new or renewal contract or policy approved by the Insurance Commissioner under section 38a-183. Such payment shall be in addition to any other payment required under section 38a-48.

(b) Notwithstanding the provisions of subsection (a) of this section, the tax shall not apply to:

(1) Any new or renewal contract or policy entered into with the state on or after July 1, 1997, to provide health care coverage to state employees, retirees and their dependents;

(2) Any subscriber charges received from the federal government to provide coverage for Medicare patients;

(3) Any subscriber charges received under a contract or policy entered into with the state to provide health care coverage to Medicaid recipients which charges are attributable to a period on or after January 1, 1998;

(4) Any new or renewal contract or policy entered into with the state on or after April 1, 1998, to provide health care coverage to eligible beneficiaries under the HUSKY [Plan, Part A, HUSKY Plan, Part B,]**Health** or HUSKY Plus programs, each as defined in section 17b-290;

(5) Any new or renewal contract or policy entered into with the state on or after February 1, 2000, to provide health care coverage to retired teachers, spouses or surviving spouses covered by plans offered by the state teachers' retirement system;

(6) Any new or renewal contract or policy entered into on or after July 1, 2001, to provide health care coverage to employees of a municipality and their dependents under a plan procured pursuant to section 5-259;

(7) Any new or renewal contract or policy entered into on or after July 1, 2001, to provide health care coverage to employees of nonprofit organizations and their dependents under a plan procured pursuant to section 5-259;

(8) Any new or renewal contract or policy entered into on or after July 1, 2003, to provide health care coverage to individuals eligible for a health coverage tax credit and their dependents under a plan procured pursuant to section 5-259;

(9) Any new or renewal contract or policy entered into on or after July 1, 2005, to provide health care coverage to employees of community action agencies and their dependents under a plan procured pursuant to section 5-259; or

(10) Any new or renewal contract or policy entered into on or after July 1, 2005, to provide health care coverage to retired members and their dependents under a plan procured pursuant to section 5-259.

(c) The provisions of this chapter pertaining to the filing of returns, declarations, installment payments, assessments and collection of taxes, penalties, administrative hearings and appeals imposed on domestic insurance companies shall apply with respect to the charge imposed under this section.

Sec. 6. Section 12-202b of the General Statutes is repealed and the following is substituted in lieu thereof (*effective upon passage*):

(a) For the income year commencing January 1, 2000, there shall be allowed as a credit against the tax imposed by section 12-202a an amount as calculated pursuant to subsection (b) of this section.

(b) The amount of credit allowed shall be equal to fifty-five dollars multiplied by the sum of the number of persons provided health care coverage by the taxpayer under the HUSKY [Plan, Part A, HUSKY Plan, Part B]**Health** or the HUSKY Plus programs, each as defined in section 17b-290, on the first day of each month of the income year for which the credit is taken, divided by twelve.

(c) The credit allowed under this section shall not be taken into account for purposes of the installment payments due under section 12-204c but shall be taken into account in the annual return required under section 12-205.

(d) The amount of credit allowed any taxpayer under this section for any income year may not exceed the amount of tax due from such taxpayer under section 12-202a with respect to such income year.

Sec. 7. Section 12-202c of the General Statutes is repealed and the following is substituted in lieu thereof (*effective upon passage*):

(a) Any company filing the annual return required under section 12-205 for the income year commencing January 1, 2001, that, except for the amendment to section 12-202b made by section 4 of public act 02-3 providing for the repeal of the tax credit with respect to income years commencing on or after January 1, 2001, would have been entitled to take a credit under section 12-202b,

shall be entitled for the fiscal year ending June 30, 2002, to a supplemental payment. The amount of the supplemental payment shall be equal to the amount of the credit the company would have received, provided such company, together with the final return, pays the full amount of the tax that is due and provides to the commissioner the computation of the amount of credit that could have been taken.

(b) For the fiscal year ending June 30, 2003, any company that received a payment under subsection (a) of this section shall be entitled to an additional supplemental payment equal to thirty-six dollars and seventy-five cents multiplied by the sum of the number of persons provided health care coverage by the taxpayer under the HUSKY [Plan, Part A, HUSKY Plan, Part B]**Health** or the HUSKY Plus programs, each as defined in section 17b-290, on the first day of each month, January to June, inclusive, of 2002, divided by six.

Sec. 8. Section 17a-4a of the General Statutes is repealed and the following is substituted in lieu thereof (*effective upon passage*):

(a) There is established a Children's Behavioral Health Advisory Committee which shall promote and enhance the provision of behavioral health services for all children in this state.

(b) The Children's Behavioral Health Advisory Committee shall be composed of the following ex-officio voting members: (1) The Commissioner of Children and Families or the commissioner's designee; (2) the Commissioner of Social Services or the commissioner's designee; (3) the executive director of the Children's Health Council or said director's designee; (4) the Chief Court Administrator or said administrator's designee; (5) the Commissioner of Education or the commissioner's designee; (6) the Commissioner of Mental Health and Addiction Services or the commissioner's designee; (7) the Commissioner of Developmental Services or the commissioner's designee; (8) the executive director of the Office of Protection and Advocacy for Persons with Disabilities or the director's designee; and the following public members: (A) Two members appointed by the Governor, one of whom shall be a parent of a child who receives behavioral health services and one of whom shall be a provider of behavioral health services; (B) six members, one of whom

shall be appointed by the president pro tempore of the Senate, one of whom shall be appointed by the speaker of the House of Representatives, one of whom shall be appointed by the majority leader of the Senate, one of whom shall be appointed by the majority leader of the House of Representatives, one of whom shall be appointed by the minority leader of the Senate and one of whom shall be appointed by the minority leader of the House of Representatives, and all of whom shall be knowledgeable on issues relative to children in need of behavioral health services and family supports; and (C) sixteen members appointed by the Commissioner of Children and Families. The membership of the advisory committee shall fairly and adequately represent parents of children who have a serious emotional disturbance. At least fifty-one per cent of the members of the advisory committee shall be persons who are parents or relatives of a child who has or had a serious emotional disturbance or persons who had a serious emotional disturbance as children and no more than half the members of the committee shall be persons who receive income from a private practice or any public or private agency that delivers behavioral health services.

(c) All appointments to the advisory committee shall be made no later than sixty days after July 1, 2000. Any vacancy shall be filled by the appointing authority. Members shall serve two-year terms and no public member shall serve for more than two consecutive terms.

(d) The advisory committee shall elect two cochairpersons from among its members, one of whom shall be the parent of a child with a serious emotional disturbance. The advisory committee shall meet at least bimonthly. Members of the advisory committee shall serve without compensation, except for necessary expenses incurred in the performance of their duties.

(e) Not later than October first of each year, the advisory committee shall submit a status report on local systems of care and practice standards for state-funded behavioral health programs to the Commissioner of Children and Families and the State Advisory Council on Children and Families.

(f) Not later than October first of each odd-numbered year, the advisory committee shall submit recommendations concerning the provision of behavioral health services for all children in

the state to the Commissioner of Children and Families and the State Advisory Council on Children and Families. The recommendations shall address, but shall not be limited to, the following: (1) The target population for children with behavioral health needs, and assessment and benefit options for children with such needs; (2) the appropriateness and quality of care for children with behavioral health needs; (3) the coordination of behavioral health services provided under the HUSKY [Plan]**Health Program** with services provided by other publicly-funded programs; (4) performance standards for preventive services, family supports and emergency service training programs; (5) assessments of community-based and residential care programs; (6) outcome measurements by reviewing provider practice; and (7) a medication protocol and standards for the monitoring of medication and after-care programs.

Sec. 9. Section 17a-22a of the General Statutes is repealed and the following is substituted in lieu thereof (*effective upon passage*):

(a) The Commissioner of Social Services and the Commissioner of Children and Families shall, within available appropriations, develop and administer an integrated behavioral health service delivery system to be known as Connecticut Community KidCare. Said system shall provide services to children and youths with behavioral health needs who are in the custody of the Department of Children and Families, who are eligible to receive services from the HUSKY [Plan, Part] A or the federally subsidized portion of HUSKY [Part] B, or receive services under the voluntary services program operated by the Department of Children and Families. All necessary changes to the IV-E, Title XIX and Title XXI state plans shall be made to maximize federal financial participation. The Commissioner of Social Services may amend the state Medicaid plan to facilitate the claiming of federal reimbursement for private nonmedical institutions as defined in the Social Security Act. The Commissioner of Social Services may implement policies and procedures necessary to provide reimbursement for the services provided by private nonmedical institutions, as defined in 42 CFR Part 434, while in the process of adopting such policies and procedures in regulation form, provided the commissioner prints notice of intention to adopt the regulations in the Connecticut Law Journal within twenty days of implementing such policies and

procedures. Policies and procedures implemented pursuant to this subsection shall be valid until the time such regulations are effective.

(b) Connecticut Community KidCare shall, within available appropriations, provide a comprehensive benefit package of behavioral health specialty services. The HUSKY Plan shall continue to provide primary behavioral health services and may provide additional behavioral health services to be determined by the Department of Social Services and shall assure an integration of such services with the behavioral health services provided by Connecticut Community KidCare.

(c) Connecticut Community KidCare shall include: (1) A system of care model in which service planning is based on the needs and preferences of the child or youth and his or her family and that places an emphasis on early identification, prevention and treatment; (2) a comprehensive behavioral health program with a flexible benefit package that shall include clinically necessary and appropriate home and community-based treatment services and comprehensive support services in the least restrictive setting; (3) community-based care planning and service delivery, including services and supports for children from birth through early childhood that link Connecticut Community KidCare to the early childhood community and promote emotional wellness; (4) comprehensive children and youth behavioral health training for agency and system staff and interested parents and guardians; (5) an efficient balance of local participation and state-wide administration; (6) integration of agency funding to support the benefit package; (7) a performance measurement system for monitoring quality and access; (8) accountability for quality, access and cost; (9) elimination of the major gaps in services and barriers to access services; (10) a system of care that is family-focused with respect for the legal rights of the child or youth and his or her parents and provides training, support and family advocacy services; (11) assurances of timely payment of service claims; (12) assurances that no child or youth shall be disenrolled or inappropriately discharged due to behavioral health care needs; and (13) identification of youths in need of transition services to adult systems.

(d) The Commissioner of Social Services and the Commissioner of Children and Families shall enter into a memorandum of

understanding for the purpose of the joint administration of Connecticut Community KidCare. Such memorandum of understanding shall establish mechanisms to administer funding for, establish standards for and monitor implementation of Connecticut Community KidCare and specify that (1) the Department of Social Services, which is the agency designated as the single state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act and is the agency responsible for the administration of the HUSKY Plan, Part B under Title XXI of the Social Security Act, manage all Medicaid and HUSKY Plan modifications, waiver amendments, federal reporting and claims processing and provide financial management, and (2) the Department of Children and Families, which is the state agency responsible for administering and evaluating a comprehensive and integrated state-wide program of services for children and youths with behavioral health needs, define the services to be included in the continuum of care and develop state-wide training programs for providers, families and other persons.

(e) Said commissioners shall consult with the Commissioner of Mental Health and Addiction Services, the Commissioner of Developmental Services, the Commissioner of Public Health and the Commissioner of Education during the development of Connecticut Community KidCare in order to (1) ensure coordination of a delivery system of behavioral health services across the life span of children, youths and adults with behavioral health needs, (2) maximize federal reimbursement and revenue, and (3) ensure the coordination of care and funding among agencies.

(f) The Commissioner of Social Services and the Commissioner of Children and Families may apply for any federal waivers or waiver amendments necessary to implement the provisions of this section.

Sec. 10. Section 17a-22f of the General Statutes is repealed and the following is substituted in lieu thereof (*effective upon passage*):

(a) The Commissioner of Social Services may, with regard to the provision of behavioral health services provided pursuant to a state plan under Title XIX or Title XXI of the Social

Security Act: (1) Contract with one or more administrative services organizations to provide clinical management, provider network development and other administrative services; (2) delegate responsibility to the Department of Children and Families for the clinical management portion of such administrative contract or contracts that pertain to HUSKY Plan Parts A and B, and other children, adolescents and families served by the Department of Children and Families; and (3) delegate responsibility to the Department of Mental Health and Addiction Services for the clinical management portion of such administrative contract or contracts that pertain to Medicaid recipients who are not enrolled in HUSKY [Plan Part] A.

(b) For purposes of this section, the term "clinical management" describes the process of evaluating and determining the appropriateness of the utilization of behavioral health services and providing assistance to clinicians or beneficiaries to ensure appropriate use of resources and may include, but is not limited to, authorization, concurrent and retrospective review, discharge review, quality management, provider certification and provider performance enhancement. The Commissioners of Social Services, Children and Families, and Mental Health and Addiction Services shall jointly develop clinical management policies and procedures. The Department of Social Services may implement policies and procedures necessary to carry out the purposes of this section, including any necessary changes to existing behavioral health policies and procedures concerning utilization management, while in the process of adopting such policies and procedures in regulation form, provided the Commissioner of Social Services publishes notice of intention to adopt the regulations in the Connecticut Law Journal within twenty days of implementing such policies and procedures. Policies and procedures implemented pursuant to this subsection shall be valid until the time such regulations are adopted.

Sec. 11. Section 17a-22h of the General Statutes is repealed and the following is substituted in lieu thereof (*effective upon passage*):

(a) The Commissioners of Social Services, Children and Families, and Mental Health and Addiction Services shall develop and implement an integrated behavioral health service system for

[Medicaid and] HUSKY Health [Plan Part] B members and children enrolled in the voluntary services program operated by the Department of Children and Families and may, at the discretion of the commissioners, include other children, adolescents and families served by the Department of Children and Families or the Court Support Services Division of the Judicial Branch. The integrated behavioral health service system shall be known as the Behavioral Health Partnership. The Behavioral Health Partnership shall seek to increase access to quality behavioral health services by: (1) Expanding individualized, family-centered and community-based services; (2) maximizing federal revenue to fund behavioral health services; (3) reducing unnecessary use of institutional and residential services for children and adults; (4) capturing and investing enhanced federal revenue and savings derived from reduced residential services and increased community-based services for HUSKY [Plan Parts] A and B recipients; (5) improving administrative oversight and efficiencies; and (6) monitoring individual outcomes and provider performance, taking into consideration the acuity of the patients served by each provider, and overall program performance.

(b) The Behavioral Health Partnership shall operate in accordance with the financial requirements specified in this subsection. Prior to the conversion of any grant-funded services to a rate-based, fee-for-service payment system, the Department of Social Services, the Department of Children and Families and the Department of Mental Health and Addiction Services shall submit documentation verifying that the proposed rates seek to cover the reasonable cost of providing services to the Behavioral Health Partnership Oversight Council, established pursuant to section 17a-22j.

Sec. 12. Section 17a-22j of the General Statutes is repealed and the following is substituted in lieu thereof (*effective upon passage*):

(a) There is established a Behavioral Health Partnership Oversight Council which shall advise the Commissioners of Children and Families, Social Services and Mental Health and Addiction Services on the planning and implementation of the Behavioral Health Partnership.

(b) The council shall consist of the following members:

(1) Four appointed by the speaker of the House of Representatives; two of whom are representatives of general or specialty psychiatric hospitals; one of whom is an adult with a psychiatric disability; and one of whom is an advocate for adults with psychiatric disabilities;

(2) Four appointed by the president pro tempore of the Senate, two of whom are parents of children who have a behavioral health disorder or have received child protection or juvenile justice services from the Department of Children and Families; one of whom has expertise in health policy and evaluation; and one of whom is an advocate for children with behavioral health disorders;

(3) Two appointed by the majority leader of the House of Representatives; one of whom is a primary care provider serving adults or children in the Medicaid program; and one of whom is a child psychiatrist serving children pursuant to the HUSKY **Health Program** [Plan];

(4) Two appointed by the majority leader of the Senate; one of whom is an advocate for adults with substance use disorders; and one of whom is a representative of school-based health clinics;

(5) Two appointed by the minority leader of the House of Representatives; one of whom is a provider of community-based psychiatric services for adults; and one of whom is a provider of residential treatment for children;

(6) Two appointed by the minority leader of the Senate one of whom is a provider of community-based services for children with behavioral health problems and one of whom is a member of the Council on Medical Assistance Program Oversight;

(7) Four appointed by the Governor; two of whom are representatives of general or specialty psychiatric hospitals and two of whom are parents of children who have a behavioral health disorder or have received child protection or juvenile justice services from the Department of Children and Families;

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

(9) Four appointed by the chairpersons of the Behavioral Health Partnership Oversight Council; one of whom is a representative of a home health care agency providing behavioral health services; one of whom is a provider of substance use disorder treatment services; one of whom is an adult in recovery from a psychiatric disability; and one of whom is a parent or family member of an adult with a serious behavioral health disorder;

(10) Eight nonvoting ex-officio members, one each appointed by the Commissioner of Social Services, the Commissioner of Children and Families, the Commissioner of Mental Health and Addiction Services, the Commissioner of Developmental Services and the Commissioner of Education to represent his or her department, one appointed by the Chief Court Administrator of the Judicial Branch to represent the Court Support Services Division and one each appointed by the State Comptroller and the Secretary of the Office of Policy and Management to represent said offices; and

(11) One representative from each administrative services organization under contract with the Department of Social Services to provide such services for recipients of assistance under **the HUSKY Health program** [Medicaid and HUSKY Plan, Part B] to be nonvoting ex-officio members.

(c) All appointments to the council shall be made no later than July 1, 2005. Any vacancy shall be filled by the appointing authority.

(d) On or after July 1, 2010, the members of the Behavioral Health Partnership Oversight Council shall select the chairpersons of the council from among the members of the council. Such chairpersons shall convene the first meeting of the council, which shall be held not later than August 1, 2005. The council shall meet not less than six times a year thereafter.

(e) The Joint Committee on Legislative Management shall provide administrative support to the chairpersons and assistance in convening the council's meetings.

(f) The council shall make specific recommendations on matters related to the planning and implementation of the Behavioral Health Partnership which shall include, but not be limited to: (1) Review of any contracts entered into by the Departments of Children and Families, Social Services and Mental Health and Addiction Services with any administrative services organizations, to assure that the administrative services organization's decisions are based solely on clinical management criteria developed by the clinical management committee established in section 17a-22k; (2) review of behavioral health services pursuant to Title XIX and Title XXI of the Social Security Act to assure that federal revenue is being maximized; (3) [review of behavioral health services under the Charter Oak Health Plan;] and [(4)] review of periodic reports on the program activities, finances and outcomes, including reports from the director of the Behavioral Health Partnership on achievement of service delivery system goals, pursuant to section 17a-22i. The council may conduct or cause to be conducted an external, independent evaluation of the Behavioral Health Partnership.

Sec. 13. Section 17a-22p of the General Statutes is repealed and the following is substituted in lieu thereof (*effective upon passage*):

(a) The Departments of Children and Families, Social Services and Mental Health and Addiction Services shall enter into one or more joint contracts or agreements with an administrative services organization or organizations to perform eligibility verification, utilization management, intensive care management, quality management, coordination of medical and behavioral health services, provider network development and management, recipient and provider services and reporting.

(b) Claims under the Behavioral Health Partnership shall be paid by the Department of Social Services' Medicaid management information systems vendor, except that the Department of Children and Families and the Department of Mental Health and

Addiction Services may, at their discretion, continue to use existing claims payment systems.

(c) An administrative services organization shall authorize services, based solely on medical necessity, as defined in section 17b-259b. Such organization may use guidelines established by the clinical management committee, established pursuant to section 17a-22k, to inform and guide the authorization decision. Decisions regarding the interpretation of such guidelines shall be made by the Departments of Children and Families, Social Services and Mental Health and Addiction Services. No administrative services organization shall have any financial incentive to approve, deny or reduce services. Administrative services organizations shall ensure that service providers and persons seeking services have timely access to program information and timely responses to inquiries, including inquiries concerning the clinical guidelines for services.

(d) An administrative services organization for [Medicaid and] the HUSKY **Health** Program [Plan Part B] shall provide or arrange for on-site assistance to facilitate the appropriate placement, as soon as practicable, of children with behavioral health diagnoses who the administrative services organization knows to have been in an emergency department for over forty-eight hours. The administrative services organization shall provide or arrange for on-site assistance to arrange for the discharge or appropriate placement, as soon as practicable, for children who the administrative services organization knows to have remained in an inpatient hospital unit for more than five days longer than is medically necessary, as agreed by the administrative services organization and the hospital.

(e) The Departments of Children and Families, Social Services and Mental Health and Addiction Services shall develop, in consultation with the Behavioral Health Partnership, a comprehensive plan for monitoring the performance of administrative services organizations which shall include data on service authorizations, individual outcomes, appeals, outreach and accessibility, comments from program participants compiled from written surveys and face-to-face interviews.

(f) The Behavioral Health Partnership shall establish policies to coordinate benefits received under the partnership with other

benefits received under Medicaid. Such policies shall specify a coordinated delivery of both physical and behavioral health care. The policies shall be submitted to the Behavioral Health Partnership Oversight Council for review and comment.

Sec. 14. Section 17a-22q of the General Statutes is repealed and the following is substituted in lieu thereof (*effective upon passage*):

The Commissioner of Children and Families shall have the authority to certify providers of behavioral health Medicaid Early and Periodic Screening, Diagnostic and Treatment Services and rehabilitation services for HUSKY [Plan Part] A for the purpose of coverage of Medicaid Early and Periodic Screening, Diagnostic and Treatment Services or optional rehabilitation services. The Commissioner of Children and Families may adopt regulations, in accordance with the provisions of chapter 54, for purposes of certification of such providers. The commissioner may implement policies and procedures for purposes of such certification while in the process of adopting such policies or procedures in regulation form, provided notice of intention to adopt the regulations is printed in the Connecticut Law Journal not later than twenty days after implementation and any such policies and procedures shall be valid until the time the regulations are effective.

Sec. 15. Section 17b-28 of the General Statutes is repealed and the following is substituted in lieu thereof (*effective upon passage*):

(a) There is established a Council on Medical Assistance Program Oversight which shall advise the Commissioner of Social Services on the planning and implementation of the health care delivery system for the **HUSKY Health program** [following health care programs: The HUSKY Plan, Parts A and B and the Medicaid program, including, but not limited to, the portions of the program serving low income adults, the aged, blind and disabled individuals, individuals who are dually eligible for Medicaid and Medicare and individuals with preexisting medical conditions]. The council shall monitor planning and implementation of matters related to Medicaid care management initiatives including, but not limited to, (1) eligibility standards, (2) benefits, (3) access, (4) quality assurance, (5)

outcome measures, and (6) the issuance of any request for proposal by the Department of Social Services for utilization of an administrative services organization in connection with such initiatives.

(b) On or before June 30, 2011, the council shall be composed of the chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to human services, public health and appropriations and the budgets of state agencies, or their designees; two members of the General Assembly, one to be appointed by the president pro tempore of the Senate and one to be appointed by the speaker of the House of Representatives; the director of the Commission on Aging, or a designee; the director of the Commission on Children, or a designee; a representative of each organization that has been selected by the state to provide managed care and a representative of a primary care case management provider, to be appointed by the president pro tempore of the Senate; two representatives of the insurance industry, to be appointed by the speaker of the House of Representatives; two advocates for persons receiving Medicaid, one to be appointed by the majority leader of the Senate and one to be appointed by the minority leader of the Senate; one advocate for persons with substance use disorders, to be appointed by the majority leader of the House of Representatives; one advocate for persons with psychiatric disabilities, to be appointed by the minority leader of the House of Representatives; two advocates for the Department of Children and Families foster families, one to be appointed by the president pro tempore of the Senate and one to be appointed by the speaker of the House of Representatives; two members of the public who are currently recipients of Medicaid, one to be appointed by the majority leader of the House of Representatives and one to be appointed by the minority leader of the House of Representatives; two representatives of the Department of Social Services, to be appointed by the Commissioner of Social Services; two representatives of the Department of Public Health, to be appointed by the Commissioner of Public Health; two representatives of the Department of Mental Health and Addiction Services, to be appointed by the Commissioner of Mental Health and Addiction Services; two representatives of the Department of Children and Families, to be appointed by the Commissioner of Children and Families; two representatives of the Office of Policy and Management, to be

appointed by the Secretary of the Office of Policy and Management; and one representative of the office of the State Comptroller, to be appointed by the State Comptroller.

(c) On and after July 1, 2011, the council shall be composed of the following members:

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

(2) Four appointed by the speaker of the House of Representatives, one of whom shall be a member of the General Assembly, one of whom shall be a community provider of adult Medicaid health services, one of whom shall be a recipient of Medicaid benefits for the aged, blind and disabled or an advocate for such a recipient and one of whom shall be a representative of the state's federally qualified health clinics;

(3) Four appointed by the president pro tempore of the Senate, one of whom shall be a member of the General Assembly, one of whom shall be a representative of the home health care industry, one of whom shall be a primary care medical home provider and one of whom shall be an advocate for Department of Children and Families foster families;

(4) Two appointed by the majority leader of the House of Representatives, one of whom shall be an advocate for persons with substance abuse disabilities and one of whom shall be a Medicaid dental provider;

(5) Two appointed by the majority leader of the Senate, one of whom shall be a representative of school-based health centers and one of whom shall be a recipient of benefits under the HUSKY **Health** program;

(6) Two appointed by the minority leader of the House of Representatives, one of whom shall be an advocate for persons with disabilities and one of whom shall be a dually eligible

Medicaid-Medicare beneficiary or an advocate for such a beneficiary;

(7) Two appointed by the minority leader of the Senate, one of whom shall be a low-income adult recipient of Medicaid benefits or an advocate for such a recipient and one of whom shall be a representative of hospitals;

(8) The executive director of the Commission on Aging, or the executive director's designee;

(9) The executive director of the Commission on Children, or the executive director's designee;

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

(11) The Commissioners of Social Services, Children and Families, Public Health, Developmental Services and Mental Health and Addiction Services, and the Commissioner on Aging, or their designees, who shall be ex-officio nonvoting members;

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

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

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

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

(e) The council shall monitor and make recommendations concerning: (1) An enrollment process that ensures access for each Department of Social Services administered health care program and effective outreach and client education for such programs; (2) available services comparable to those already in the Medicaid state plan, including those guaranteed under the

federal Early and Periodic Screening, Diagnostic and Treatment Services Program under 42 USC 1396d; (3) the sufficiency of accessible adult and child primary care providers, specialty providers and hospitals in Medicaid provider networks; (4) the sufficiency of provider rates to maintain the Medicaid network of providers and service access; (5) funding and agency personnel resources to guarantee timely access to services and effective management of the Medicaid program; (6) participation in care management programs including, but not limited to, medical home and health home models by existing community Medicaid providers; (7) the linguistic and cultural competency of providers and other program facilitators and data on the provision of Medicaid linguistic translation services; (8) program quality, including outcome measures and continuous quality improvement initiatives that may include provider quality performance incentives and performance targets for administrative services organizations; (9) timely, accessible and effective client grievance procedures; (10) coordination of the Medicaid care management programs with state and federal health care reforms; (11) eligibility levels for inclusion in the programs; (12) enrollee cost-sharing provisions; (13) a benefit package for each of the health care programs set forth in subsection (a) of this section; (14) coordination of coverage continuity among Medicaid programs and integration of care, including, but not limited to, behavioral health, dental and pharmacy care provided through programs administered by the Department of Social Services; and (15) the need for program quality studies within the areas identified in this section and the department's application for available grant funds for such studies. The chairperson of the council shall ensure that sufficient members of the council participate in the review of any contract entered into by the Department of Social Services and an administrative services organization.

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

(g) The Commissioner of Social Services shall provide monthly reports to the council on the matters described in subsection (e) of this section, including, but not limited to, policy changes and proposed regulations that affect Medicaid health

services. The commissioner shall also provide the council with quarterly financial reports for each covered Medicaid population which reports shall include a breakdown of sums expended for each covered population.

(h) The council shall biannually report on its activities and progress to the General Assembly.

Sec. 16. Section 17b-261 of the General Statutes is repealed and the following is substituted in lieu thereof (*effective upon passage*):

(a) Medical assistance shall be provided for any otherwise eligible person whose income, including any available support from legally liable relatives and the income of the person's spouse or dependent child, is not more than one hundred forty-three per cent, pending approval of a federal waiver applied for pursuant to subsection (e) of this section, of the benefit amount paid to a person with no income under the temporary family assistance program in the appropriate region of residence and if such person is an institutionalized individual as defined in Section 1917(c) of the Social Security Act, 42 USC 1396p(c), and has not made an assignment or transfer or other disposition of property for less than fair market value for the purpose of establishing eligibility for benefits or assistance under this section. Any such disposition shall be treated in accordance with Section 1917(c) of the Social Security Act, 42 USC 1396p(c). Any disposition of property made on behalf of an applicant or recipient or the spouse of an applicant or recipient by a guardian, conservator, person authorized to make such disposition pursuant to a power of attorney or other person so authorized by law shall be attributed to such applicant, recipient or spouse. A disposition of property ordered by a court shall be evaluated in accordance with the standards applied to any other such disposition for the purpose of determining eligibility. The commissioner shall establish the standards for eligibility for medical assistance at one hundred forty-three per cent of the benefit amount paid to a [family unit] **household** of equal size with no income under the temporary family assistance program in the appropriate region of residence. In determining eligibility, the commissioner shall not consider as income Aid and Attendance pension benefits granted to a veteran, as defined in section 27-103, or the

surviving spouse of such veteran. Except as provided in section 17b-277 **and section 17b-292**, the medical assistance program shall provide coverage to persons under the age of nineteen with [family] household income up to one hundred **ninety-six** [eighty-five] per cent of the federal poverty level without an asset limit and to persons under the age of nineteen and their parents and needy caretaker relatives, who qualify for coverage under Section 1931 of the Social Security Act, with [family] **household** income up to one hundred **ninety-six** [eighty-five] per cent of the federal poverty level without an asset limit. Such levels shall be based on the regional differences in such benefit amount, if applicable, unless such levels based on regional differences are not in conformance with federal law. Any income in excess of the applicable amounts shall be applied as may be required by said federal law, and assistance shall be granted for the balance of the cost of authorized medical assistance. The Commissioner of Social Services shall provide applicants for assistance under this section, at the time of application, with a written statement advising them of (1) the effect of an assignment or transfer or other disposition of property on eligibility for benefits or assistance, (2) the effect that having income that exceeds the limits prescribed in this subsection will have with respect to program eligibility, and (3) the availability of, and eligibility for, services provided by the Nurturing Families Network established pursuant to section 17b-751b. **For coverage dates on or after January 1, 2014, the Department will use the modified adjusted gross income financial eligibility rules set forth in section 1904(e)(14) of the Social Security Act and the implementing regulations to determine eligibility for HUSKY A, HUSKY B and HUSKY D applicants, as defined in section 17b-290.** Persons who are determined ineligible for assistance pursuant to this section shall be provided a written statement notifying such persons of their ineligibility and advising such persons of **their eligibility for one of the other insurance affordability programs as defined in 42 CFR 435.4.**[the availability of HUSKY Plan, Part B health insurance benefits.]

Sec. 17. Section 17b-261e of the General Statutes is repealed and the following is substituted in lieu thereof (*effective upon passage*):

The Commissioner of Social Services shall provide coverage for isolation care and emergency services provided by the state's mobile field hospital to persons participating in the HUSKY Plan Part A and Part B and fee for services Medicaid programs under this chapter.

Sec. 18. Section 17b-261h of the General Statutes is repealed and the following is substituted in lieu thereof (*effective upon passage*):

(a) The Commissioner of Social Services shall, if required, seek a waiver from federal law for the purpose of enhancing the enrollment of HUSKY [Plan, Part] A recipients, **as defined in section 17b-290(13)**, in available employer-sponsored private health insurance. Such a waiver shall include, but shall not be limited to, provisions that: (1) Require the enrollment of HUSKY [Plan, Part] A parents, needy caretaker relatives and dependents in any available employer-sponsored health insurance to the maximum extent of available coverage as a condition of eligibility when determined to be cost effective by the Department of Social Services; (2) require a subsidy to be paid directly to [the] HUSKY [Plan, Part] A caretaker relative in an amount equal to the premium payment requirements of any available employer-sponsored health insurance paid by way of payroll deduction; and (3) assure HUSKY [Plan, Part] A coverage requirements for medical assistance not covered by any available employer-sponsored health insurance.

(b) Notwithstanding any provision of the general statutes or any provision established in a contract between an employer and a health insurance carrier, no HUSKY [Plan, Part] A recipient, required to enroll in available employer-sponsored health insurance under this section, shall be prohibited from enrollment in employer-sponsored health insurance due to limitations on enrollment of employees in employer-sponsored health insurance to open enrollment periods.

(c) The Commissioner of Social Services, pursuant to section 17b-10, may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulation, provided the commissioner prints notice of the intent to adopt the regulation in the Connecticut Law Journal not later than twenty

days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until the time final regulations are adopted.

Sec. 19. Section 17b-261m of the General Statutes, as amended by section 1 of public act 14-62, is repealed and the following is substituted in lieu thereof (e*ffective upon passage*):

(a) The Commissioner of Social Services may contract with one or more administrative services organizations to provide care coordination, utilization management, disease management, customer service and review of grievances for recipients of assistance under **the HUSKY Health Program** [Medicaid and HUSKY Plan, Parts A and B]. Such organization may also provide network management, credentialing of providers, monitoring of copayments and premiums and other services as required by the commissioner. Subject to approval by applicable federal authority, the Department of Social Services shall utilize the contracted organization's provider network and billing systems in the administration of the program. In order to implement the provisions of this section, the commissioner may establish rates of payment to providers of medical services under this section if the establishment of such rates is required to ensure that any contract entered into with an administrative services organization pursuant to this section is cost neutral to such providers in the aggregate and ensures patient access. Utilization may be a factor in determining cost neutrality.

(b) Any contract entered into with an administrative services organization, pursuant to subsection (a) of this section, shall include a provision to reduce inappropriate use of hospital emergency department services, which may include a cost-sharing requirement. Such provision shall require intensive case management services, including, but not limited to: (1) The identification by the administrative services organization of hospital emergency departments which may benefit from intensive case management based on the number of Medicaid clients who are frequent users of such emergency departments; (2) the creation of regional intensive case management teams to work with emergency department doctors to (A) identify Medicaid clients who would benefit from intensive case management, (B) create care plans for such Medicaid clients, and (C) monitor progress of such Medicaid clients; and (3) the assignment of at least one

staff member from a regional intensive case management team to participating hospital emergency departments during hours when Medicaid clients who are frequent users visit the most and emergency department use is at its highest. For purposes of this section and sections 17a-476 and 17a-22f, as amended by this act, "frequent users" means a Medicaid client with ten or more annual visits to a hospital emergency department.

(c) The commissioner shall ensure that any contracts entered into with an administrative services organization include a provision requiring such administrative services organization to (1) conduct assessments of primary care doctors and specialists to determine patient ease of access to services, including, but not limited to, the wait times for appointments and whether the provider is accepting new Medicaid clients, and (2) perform outreach to Medicaid clients to (A) inform them of the advantages of receiving care from a primary care provider, (B) help to connect such clients with primary care providers soon after they are enrolled in Medicaid, and (C) for frequent users of emergency departments, help to arrange visits by Medicaid clients with primary care providers after such clients are treated at an emergency department.

(d) The Commissioner of Social Services shall require an administrative services organization with access to complete client claim adjudicated history to analyze and annually report, not later than February first, to the Department of Social Services and the Council on Medical Assistance Program Oversight, on Medicaid clients' use of hospital emergency departments. The report shall include, but not be limited to: (1) A breakdown of the number of unduplicated clients who visited an emergency department, and (2) for frequent users of emergency departments, (A) the number of visits categorized into specific ranges as determined by the Department of Social Services, (B) the time and day of the visit, (C) the reason for the visit, (D) whether hospital records indicate such user has a primary care provider, (E) whether such user had an appointment with a community provider after the date of the hospital emergency department visit, and (F) the cost of the visit to the hospital and to the state Medicaid program. The Department of Social Services shall monitor its reporting requirements for administrative services organizations to ensure all contractually obligated reports, including any emergency

department provider analysis reports, are completed and disseminated as required by contract.

(e) The Commissioner of Social Services shall use the report required pursuant to subsection (d) of this section to monitor the performance of an administrative services organization. Performance measures monitored by the commissioner shall include, but not be limited to, whether the administrative services organization helps to arrange visits by frequent users of emergency departments to primary care providers after treatment at an emergency department.

Sec. 20. Section 17b-290 of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

As used in sections 17b-289 to 17b-303, inclusive [,and section 16 of public act 97-1 of the October 29 special session *]:

(1) "Applicant" means an individual over the age of eighteen years who is a natural or adoptive parent or a legal guardian; a caretaker relative, foster parent or stepparent with whom the child resides; [or a noncustodial parent under order of a court or family support magistrate to provide health insurance, who applies for coverage under the HUSKY Plan, Part B on behalf of a child] and shall include a child who is eighteen years of age or emancipated in accordance with the provisions of sections 46b-150 to 46b-150e, inclusive, and who is applying on his own behalf or on behalf of a minor dependent for coverage under such plan;

(2) "Child" means an individual under nineteen years of age;

(3) "Coinsurance" means the sharing of health care expenses by the insured and an insurer in a specified ratio;

(4) "Commissioner" means the Commissioner of Social Services;

(5) "Copayment" means a payment made on behalf of [an enrollee] **a member** for a specified service under [the] HUSKY [Plan, Part] B;

(6) "Cost sharing" means arrangements made on behalf of [an enrollee] **a member** whereby an applicant pays a portion of the cost of health services, sharing costs with the state and includes copayments, premiums, deductibles and coinsurance;

(7) "Deductible" means the amount of out-of-pocket expenses that would be paid for health services on behalf of [an enrollee] **a member** before becoming payable by the insurer;

(8) "Department" means the Department of Social Services;

(9) "Durable medical equipment" **or "DME"** means [durable medical equipment, as defined in Section 1395x(n) of the Social Security Act]] **equipment that meets all of the following requirements:**

(A) can withstand repeated use;

(B) is primarily and customarily used to serve a medical purpose;

(C) generally is not useful to a person in the absence of an illness or injury; and

(D) is nondisposable;

(10) "Eligible beneficiary" means a child who meets the requirements [specified] in section 17b-292, **and the requirements specified in section 2110(b)(2)(B) of the Social Security Act as amended by 10203(b)(2)(D) of the Affordable Care Act** [except a child excluded under the provisions of Subtitle J of Public Law 105-33 or a child of any municipal employee eligible for employer-sponsored insurance on or after October 30, 1997, provided a child of such a municipal employee may be eligible for coverage under the HUSKY Plan, Part B if dependent coverage was terminated due to an extreme economic hardship on the part of the employee, as determined by the commissioner];

[(11) "Enrollee" means an eligible beneficiary who receives services under the HUSKY Plan, Part B;]

[(12) "Family" means any combination of the following: (A) An individual; (B) the individual's spouse; (C) any child of

the individual or such spouse; or (D) the legal guardian of any such child if the guardian resides with the child;]

(11) "Household" has the same meaning as provided in 42 CFR 435.603;

(12) "Household income" has the same meaning as provided in 42 CFR 435.603;

(13) "HUSKY [Plan, Part] A" means Medicaid provided to children, caretaker relatives, and pregnant **and post-partum** women pursuant to section 17b-261 or 17b-277;

(14) "HUSKY [Plan, Part] B" means the health [insurance plan] coverage for children established pursuant to the provisions of sections 17b-289 to 17b-303, inclusive[, and section 16 of public act 97-1 of the October 29 special session *];

(15) "HUSKY C" means Medicaid provided to individuals who are sixty-five years of age or older or who are blind or have a disability;

(16) "HUSKY D" or Medicaid Coverage for the Lowest Income Populations program, means Medicaid provided to non-pregnant low-income adults who are age eighteen to sixty-four, as authorized by Section 102 of Public Act 13-234;

(17)"HUSKY Health" means the combined HUSKY A, HUSKY B, HUSKY C and HUSKY D programs, which provide medical coverage to eligible children, parents, relative caregivers, elders, individuals with disabilities, low-income adults, and pregnant women ;

[(15)]**(18)** "HUSKY Plus [programs]" means [two] **the** supplemental health [insurance programs] **program** established pursuant to section 17b-294a for medically eligible [enrollees] **members** of [the] HUSKY [Plan, Part] B whose medical needs cannot be accommodated within the basic benefit package offered to [enrollees] **members**. [One program] **HUSKY Plus** shall supplement coverage for those medically eligible [enrollees] **members** with intensive physical health needs [and the other program shall supplement coverage for those medically eligible enrollees with intensive behavioral health needs];

[(16) "Income" means income as calculated in the same manner as under the Medicaid program pursuant to section 17b-261;]

(19) "Member" means an eligible beneficiary who receives services under HUSKY A, B or D;

[(17)] **(20)** "Parent" means a natural parent, stepparent, adoptive parent, guardian or custodian of a child;

[(18)] **(21)** "Premium" means any required payment made by an individual to offset or pay in full the cost under [the] HUSKY [Plan, Part] B;

[(19)] **(22)** "Preventive care and services" means: (A) Child preventive care, including periodic and interperiodic well-child visits, routine immunizations, health screenings and routine laboratory tests; (B) prenatal care, including care of all complications of pregnancy; (C) care of newborn infants, including attendance at high-risk deliveries and normal newborn care; (D) WIC evaluations; (E) child abuse assessment required under sections 17a-106a and 46b-129a; (F) preventive dental care for children; and (G) periodicity schedules and reporting based on the standards specified by the American Academy of Pediatrics;

[(20)] **(23)** "Primary and preventive health care services" means the services of licensed physicians, optometrists, nurses, nurse practitioners, midwives and other related health care professionals which are provided on an outpatient basis, including routine well-child visits, diagnosis and treatment of illness and injury, laboratory tests, diagnostic x-rays, prescription drugs, radiation therapy, chemotherapy, hemodialysis, emergency room services, and outpatient alcohol and substance abuse services, as defined by the commissioner;

[(21)] **(24)** "Qualified entity" means any entity: (A) Eligible for payments under a state plan approved under Medicaid and which provides medical services under [the] HUSKY [Plan, Part] A[,] or B that is a qualified entity, as defined in 42 USC 1396r-1a, as amended by Section 708 of Public Law 106-554, and that is determined by the commissioner to be capable of making

the determination of eligibility. The commissioner shall provide qualified entities with such forms **or information on filing an application electronically** as **is[**are] necessary for an application to be made on behalf of a child under [the] HUSKY [Plan, Part] A and information on how to assist parents, guardians and other persons in completing and filing such forms **or electronic application**;

(25) "Tax dependent" has the same meaning as the term "dependent" under section 152 of the Internal Revenue Code, as an individual for whom another individual claims a deduction for a personal exemption under section 151 of the Internal Revenue Code for a taxable year;

[(22)] **(26)** "WIC" means the federal Special Supplemental Food Program for Women, Infants and Children administered by the Department of Public Health pursuant to *section 19a-59c*.

Sec. 21. Section 17b-261j of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The Commissioner of Social Services may require utilization of the Easy Breathing model in the HUSKY program.

Sec. 22. Section 17b-261m of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Commissioner of Social Services may contract with one or more administrative services organizations to provide care coordination, utilization management, disease management, customer service and review of grievances for recipients of assistance under **the HUSKY Health program [**Medicaid and HUSKY Plan, Parts A and B]. Such organization may also provide network management, credentialing of providers, monitoring of copayments and premiums and other services as required by the commissioner. Subject to approval by applicable federal authority, the Department of Social Services shall utilize the contracted

organization's provider network and billing systems in the administration of the program. In order to implement the provisions of this section, the commissioner may establish rates of payment to providers of medical services under this section if the establishment of such rates is required to ensure that any contract entered into with an administrative services organization pursuant to this section is cost neutral to such providers in the aggregate and ensures patient access. Utilization may be a factor in determining cost neutrality.

(b) Any contract entered into with an administrative services organization, pursuant to subsection (a) of this section, shall include a provision to reduce inappropriate use of hospital emergency department services. Such provision may include intensive case management services and a cost-sharing requirement.

Sec. 23. Section 17b-278d of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The Commissioner of Social Services, to the extent permitted by federal law, shall take such action as may be necessary to amend the Medicaid state plan and the state children's health insurance plan to provide coverage without prior authorization for each child diagnosed with cancer on or after January 1, 2000, who is covered under the HUSKY Plan, Part A or Part B, for neuropsychological testing ordered by a licensed physician, to assess the extent of any cognitive or developmental delays in such child due to chemotherapy or radiation treatment.

Sec. 24. Section 17b-289 of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Sections 17b-289 to 17b-303, inclusive, and section 16 of public act 97-1 of the October 29 special session* shall be known as the "HUSKY and HUSKY Plus Act".

(b) Children, caretaker relatives and pregnant women receiving assistance under section 17b-261 or 17b-277 shall be participants in the HUSKY Plan, Part A and children receiving assistance under sections 17b-289 to 17b-303, inclusive, and section 16 of public act 97-1 of the October 29 special session* shall be participants in the HUSKY Plan, Part B. For purposes of marketing and outreach and enrollment of persons eligible for assistance, both parts shall be known as the HUSKY Plan.

Sec. 25. Section 17b-292 of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) A child who resides in a household with a [family] **household** income which exceeds one hundred **ninety-six** [eighty-five] per cent of the federal poverty level and does not exceed three hundred **eighteen** per cent of the federal poverty level may be eligible for subsidized benefits under [the] HUSKY [Plan, Part] B.

(b) A child who resides in a household with a [family] **household** income over three hundred **eighteen** per cent of the federal poverty level may be eligible for unsubsidized benefits under [the] HUSKY [Plan, Part] B.

(c) Whenever a court or family support magistrate orders a noncustodial parent to provide health insurance for a child, such parent may provide for coverage under [the] HUSKY [Plan, Part] B.

(d) To the extent allowed under federal law, the commissioner shall not pay for services or durable medical equipment under HUSKY [Plan, Part] B if the [enrollee] member has other insurance coverage for [the] such services or [such] equipment. **If a HUSKY B member has limited benefit insurance coverage for services that are also covered under HUSKY B, the commissioner shall require such other coverage to pay for the goods or services prior to any payment under HUSKY B.**

(e) A newborn child who otherwise meets the eligibility criteria for [the] HUSKY [Plan, Part] B shall be eligible for benefits retroactive to his or her date of birth, provided an application is filed on behalf of the child not later than

thirty days after such date. Any uninsured child born in a hospital in this state or in a border state hospital shall be enrolled on an expedited basis in [the] HUSKY [Plan, Part] B, provided (1) the parent or caretaker relative of such child resides in this state, and (2) the parent or caretaker relative of such child authorizes enrollment in the program. The commissioner shall pay any premium cost such [family] **household** would otherwise incur for the first four months of coverage.

(f)The commissioner shall implement presumptive eligibility for children applying for Medicaid and may, if cost effective, implement presumptive eligibility for children in [families] households with income under three hundred per cent of the federal poverty level applying for [the] HUSKY [Plan, Part] B. Such presumptive eligibility determinations shall be in accordance with applicable federal law and regulations. The commissioner shall adopt regulations, in accordance with chapter 54, to establish standards and procedures for the designation of organizations as qualified entities to grant presumptive eligibility. Qualified entities shall [ensure that,] at the time a presumptive eligibility determination is made, **provide assistance to applicants with the [**a] complet[ed]**ion and submission of an** application [for benefits is submitted to the department] for a full eligibility determination. In establishing such standards and procedures, the commissioner shall ensure the representation of state-wide and local organizations that provide services to children of all ages in each region of the state.

(g) In accordance with 42 CFR 435.1110, the commissioner shall provide Medicaid during a presumptive eligibility period to individuals who are determined presumptively eligible by a qualified hospital. A hospital making such a presumptive eligibility determination shall provide assistance to individuals in completing and submitting an application for full benefits.

[(g) The commissioner shall provide for a single point of entry servicer for applicants and enrollees under the HUSKY Plan, Part A and Part B. The commissioner, in consultation with the servicer, shall establish a centralized unit to be responsible for processing all applications for assistance under the HUSKY Plan, Part A and Part B. The department, through its

servicer, shall ensure that a child who is determined to be eligible for benefits under the HUSKY Plan, Part A, or the HUSKY Plan, Part B has uninterrupted health insurance coverage for as long as the parent or guardian elects to enroll or re-enroll such child in the HUSKY Plan, Part A or Part B. The commissioner, in consultation with the servicer, and in accordance with the provisions of *section 17b-297*, shall jointly market both Part A and Part B together as the HUSKY Plan and shall develop and implement public information and outreach activities with community programs. Such servicer shall electronically transmit data with respect to enrollment and disenrollment in the HUSKY Plan, Part A and Part B to the commissioner.

(h) Upon the expiration of any contractual provisions entered into pursuant to subsection (g) of this section, the commissioner shall develop a new contract for single point of entry services. The commissioner may enter into one or more contractual arrangements for such services for a contract period not to exceed seven years. Such contracts shall include performance measures, including, but not limited to, specified time limits for the processing of applications, parameters setting forth the requirements for a completed and reviewable application and the percentage of applications forwarded to the department in a complete and timely fashion. Such contracts shall also include a process for identifying and correcting noncompliance with established performance measures, including sanctions applicable for instances of continued noncompliance with performance measures.

(i) The single point of entry servicer shall send all applications and supporting documents to the commissioner for determination of eligibility. The servicer shall enroll eligible beneficiaries in the applicant's choice of an administrative services organization. If there is more than one administrative services organization, upon enrollment in an administrative services organization, an eligible HUSKY Plan, Part A or Part B beneficiary shall remain enrolled in such organization for twelve months from the date of such enrollment unless (1) an eligible beneficiary demonstrates good cause to the satisfaction of the commissioner of the need to enroll in a different organization, or (2) the beneficiary no longer meets program eligibility requirements.

(j) Not later than ten months after the determination of eligibility for benefits under the HUSKY Plan, Part A and Part B and annually thereafter, the commissioner or the servicer, as the case may be, shall, within existing budgetary resources, mail or, upon request of a participant, electronically transmit an application form to each participant in the plan for the purposes of obtaining information to make a determination on continued eligibility beyond the twelve months of initial eligibility. To the extent permitted by federal law, in determining eligibility for benefits under the HUSKY Plan, Part A or Part B with respect to family income, the commissioner or the servicer shall rely upon information provided in such form by the participant unless the commissioner or the servicer has reason to believe that such information is inaccurate or incomplete. The Department of Social Services shall annually review a random sample of cases to confirm that, based on the statistical sample, relying on such information is not resulting in ineligible clients receiving benefits under the HUSKY Plan, Part A or Part B. The determination of eligibility shall be coordinated with health plan open enrollment periods.]

[(k)] **(h)** The commissioner shall implement [the] HUSKY [Plan, Part] B while in the process of adopting necessary policies and procedures in regulation form in accordance with the provisions of section 17b-10.

[(l) The commissioner shall adopt regulations, in accordance with chapter 54, to establish residency requirements and income eligibility for participation in HUSKY B and procedures for a simplified mail-in application. Notwithstanding the provisions of section 17b-257b, such regulations shall provide that any child adopted from another country by an individual who is a citizen of the United States and a resident of this state shall be eligible for benefits under the HUSKY Plan, Part B upon arrival in this state.]

Sec. 26. Section 17b-294a of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The commissioner shall, within available appropriations, establish [two] **a** supplemental health [insurance programs] **program**, to be known as HUSKY Plus [programs], for

[enrollees] **members** of the subsidized portions of [the] HUSKY [Plan, Part] B [with family incomes which do not exceed three hundred per cent of the federal poverty level,] whose medical needs cannot be accommodated within the basic benefit package offered [enrollees] **to members**. [One program] **HUSKY Plus** shall supplement coverage for those medically eligible [enrollees] **members** with intensive physical health needs [and one shall supplement coverage for those medically eligible enrollees with intensive behavioral health needs].

(b) Within available appropriations, the commissioner shall contract with entities to administer and operate the HUSKY Plus program [for medically eligible enrollees with intensive physical health needs]. Such entities shall be the same entities that the Department of Public Health contracts with to administer and operate the program under Title V of the Social Security Act. The advisory committee established by the Department of Public Health for Title V of the Social Security Act shall be the steering committee for such program, except that such committee shall include representatives of the Departments of Social Services and Children and Families.

[(c) Within available appropriations, the commissioner shall contract with one or more entities to operate the HUSKY Plus program for medically eligible enrollees with intensive behavioral health needs. The steering committee for such program shall be established by the commissioner, in consultation with the Commissioner of Children and Families. The steering committee shall include representatives of the Departments of Social Services and Children and Families.]

[(d)] (c) The acuity standards or diagnostic eligibility criteria, or both, the service benefits package and the provider network for the HUSKY Plus program [for intensive physical health needs] shall be consistent with that of Title V of the Social Security Act. [Such service benefit package shall include powered wheelchairs.]

[(e) The steering committee for intensive behavioral health needs shall submit recommendations to the commissioner for acuity standards or diagnostic eligibility criteria, or both, for admission to the program for intensive behavioral health needs as well as a service benefits package. The criteria shall reflect the severity of psychiatric or substance abuse symptoms,

the level of functional impairment secondary to symptoms and the intensity of service needs. The network of community-based providers in the program shall include the services generally provided by child guidance clinics, family service agencies, youth service bureaus and other community-based organizations.]

[(f)] **(d)** The commissioner shall adopt regulations, in accordance with chapter 54, to establish a procedure for the appeal of a denial of coverage under [any of] the HUSKY Plus [programs] **program**. Such regulations shall provide that (1) an appeal of a denial of coverage for a medically eligible [enrollee] **member** [with intensive physical health needs] shall be taken to the steering committee [for intensive physical health needs, (2) an appeal of a denial of coverage for a medically eligible enrollee with intensive behavioral health needs shall be taken to the steering committee for intensive behavioral health needs, and (3)] and **(2)** a medically eligible [enrollee] **member** [with intensive physical or behavioral health needs] may appeal the decision of any such steering committee to the commissioner.

[(g)] **(e)** The commissioner shall contract for an external quality review of the HUSKY Plus [programs] program. [Not later than January 1, 1999, and annually thereafter, the commissioner shall submit a report to the Governor and the General Assembly on the HUSKY Plus programs which shall include an evaluation of the health outcomes and access to care for medically eligible enrollees in the HUSKY Plus programs.]

[(h)] **(f)** On and after the date on which any medically eligible [enrollee] **member** begins receiving benefits under the HUSKY Plus [programs] **program,** such [enrollee] **member** shall not be eligible for services under Title V of the Social Security Act.

[(i) Not later than December 1, 1997, or not less than fifteen days before submission of the state children's health insurance plan to the joint standing committees of the General Assembly having cognizance of matters relating to human services, public health, insurance and appropriations and the budgets of state agencies, whichever is sooner, the commissioner shall submit to said joint standing committees of the General Assembly any part of the state children's health insurance plan that refers to the HUSKY Plus programs. Such submission shall

address acuity standards and diagnostic eligibility criteria, the service benefit package and coordination between the HUSKY Plan, Part B and the HUSKY Plus programs and coordination with other state agencies. Within fifteen days of receipt of such submission, said joint standing committees of the General Assembly may advise the commissioner of their approval, denial or modifications, if any, of the submission. If the joint standing committees do not concur, the committee chairmen shall appoint a committee on conference which shall be comprised of three members from each joint standing committee. At least one member appointed from each committee shall be a member of the minority party. The report of the committee on conference shall be made to each committee, which shall vote to accept or reject the report. The report of the committee on conference may not be amended. If a joint standing committee rejects the report of the committee on conference, the submission shall be deemed approved. If the joint standing committees accept the report, the committee having cognizance of matters relating to appropriations and the budgets of state agencies shall advise the commissioner of their approval or modifications, if any, of the submission, provided if the committees do not act within fifteen days, the submission shall be deemed approved.]

[(j)] **(g)** The commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to establish criteria and specify services for the HUSKY Plus [programs] **program**. Such regulations shall state that the HUSKY Plus [programs]**program** shall give priority [in such programs] to [enrollees] **members** with [family] **household** incomes at or below two hundred [thirty-five] **forty-nine** per cent of the federal poverty level.

[(k)] (h) As used in this section, "medically eligible [enrollee] **member"** means any [enrollee] **member** with [special needs related to either physical or behavioral health] **intensive physical health needs** who meets the acuity standards or diagnostic eligibility criteria adopted by the commissioner regarding the acuity, diagnosis, functional impairment and intensive service needs of the [enrollee] **member**.

Sec. 27. Section 17b-295 of the General Statutes is repealed and the following is substituted in lieu thereof (e*ffective upon passage*):

(a) The commissioner shall impose cost-sharing requirements, including the payment of a premium or copayment, in connection with services provided under [the] HUSKY [Plan, Part] B, to the extent permitted by federal law. Copayments under [the] HUSKY [Plan, Part] B, shall be the same as those in effect for active state employees enrolled in a point-of-enrollment health care plan, provided the [family's] **household's** annual combined premiums and copayments do not exceed the maximum annual aggregate cost-sharing requirement. The cost-sharing requirements imposed by the commissioner shall be in accordance with the following limitations:

(1) The commissioner may increase the maximum annual aggregate cost-sharing requirements, provided such cost-sharing requirements shall not exceed five per cent of the [family's] **household's** gross annual income.

(2) In accordance with federal law, the commissioner may impose a premium requirement on [families] households whose income exceeds two hundred [thirty-five] **forty-nine** per cent of the federal poverty level as a component of the [family's] household's cost-sharing responsibility and, for the fiscal years ending June 30, 2012, to June 30, 2016, inclusive, may annually increase the premium requirement based on the percentage increase in the Consumer Price Index for medical care services; and

(3) The commissioner shall monitor copayments and premiums under the provisions of subdivision (1) of this subsection.

(b) (1) Except as provided in subdivision (2) of this subsection, the commissioner may impose limitations on the amount, duration and scope of benefits under [the] HUSKY [Plan, Part] B.

(2) The limitations adopted by the commissioner pursuant to subdivision (1) of this subsection shall not preclude coverage of any item of durable medical equipment or service that is medically necessary.

Sec. 8. Section 17b-297a of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2014*):

Funds to promote enrollment of children eligible for other income-based assistance programs in HUSKY Plan. The Commissioner of Social Services may seek a waiver, if required, under Title XXI of the Social Security Act to authorize the use of funds received under said title to promote the enrollment of children in the HUSKY Plan who are eligible for benefits under other income-based assistance programs including, but not limited to, free or reduced school lunch programs.

Sec. 28. Section 17b-297b of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2014*):

Procedures for sharing information in applications for school lunch program for purpose of determining eligibility under SustiNet Plan or HUSKY Plan. Procedures for application for HUSKY Plan. (a) To the extent permitted by federal law, the Commissioners of Social Services and Education, in consultation with the board of directors, shall jointly establish procedures for the sharing of information contained in applications for free and reduced price meals under the National School Lunch Program for the purpose of determining whether children participating in said program are eligible for coverage under the SustiNet Plan or the HUSKY Plan, Part A and Part B. The Commissioner of Social Services shall take all actions necessary to ensure that children identified as eligible for the SustiNet Plan, or the HUSKY Plan, Part A or Part B, are enrolled in the appropriate plan.

(b) The Commissioner of Education shall establish procedures whereby an individual may apply for the SustiNet Plan or the HUSKY Plan, Part A or Part B, at the same time such individual applies for the National School Lunch Program.

Sec. 29. Section 17b-300 of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2014*):

The applicant for [an enrollee] **a HUSKY B member** shall notify the Department of Social Services of any change in circumstance that could affect the [enrollee's] member's continued eligibility for coverage under [the] HUSKY [Plan, Part] B within

thirty days of such change. [An enrollee] **A member** shall be disenrolled if the commissioner determines the [enrollee] **member** is no longer eligible for participation in such plan for reasons including, but not limited to, those specified in section 17b-301 and the nonpayment of premiums.

Sec. 30. Section 17b-303 of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) For purposes of determining eligibility for [the] HUSKY [Plan, Part] B and to the extent permitted by federal law and to the extent federal financial participation is available, the commissioner may disregard [family] **household** income. Such disregard of [family] **household** income shall allow subsidized coverage for an eligible beneficiary who resides in a household with a [family] **household** income of not more than three hundred **eighteen** per cent of the federal poverty level. No such income disregard shall have the effect of granting eligibility for a child under [the] HUSKY [Plan, Part] A.

(b) The commissioner may submit an application for a waiver under Section 1115 of the Social Security Act (1) to authorize the use of funds received under Title XXI of the Social Security Act to establish a non-Medicaid health [insurance] coverage program for eligible beneficiaries who reside in a household with a [family] **household** income of more than two hundred [thirty-five] **forty-nine** per cent of the federal poverty level but less than three hundred **eighteen** per cent of the federal poverty level, and (2) to allow [families] households under Section 2105(c)(3) of Title XXI of the Social Security Act to purchase health [insurance] coverage under [the] HUSKY [Plan, Part] B with a sliding fee scale for [families] **households** with an income up to three hundred **eighteen** per cent of the federal poverty level and at full premium for those uninsured [families] **households** with an income of over three hundred **eighteen** per cent of the federal poverty level. The commissioner may submit an application for a waiver of allowable expenditures in excess of ten per cent under the provisions of Section 2105(c)(2) of Subtitle J of Public Law 105-33.

(c) The commissioner shall submit any application for a federal waiver or proposed modification of any such waiver in connection with [the] HUSKY [Plan, Part] A and [Part] B, except

the initial waivers specified under subsection (b) of this section, to the joint standing committees of the General Assembly having cognizance of matters relating to human services, public health, insurance and appropriations and the budgets of state agencies prior to the submission of such application or proposed modification to the federal government in accordance with the provisions of section 17b-8.

(d) If the waiver specified in subdivision (1) of subsection (b) of this section is denied and the income disregard under subsection (a) of this section is not available, uninsured children who reside in a household with a [family] **household** income of more than two hundred [thirty-five] **forty-nine** per cent of the federal poverty level but less than three hundred **eighteen** per cent of the federal poverty level shall be eligible for unsubsidized benefits under the provisions of subsection (b) of section 17b-292.

Sec. 31. Section 17b-306 of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2014*):

(a) The Commissioner of Social Services, in consultation with the Commissioner of Public Health, shall develop and within available appropriations implement a plan for a system of preventive health services for children under [the] HUSKY [Plan, Part] A and [Part] B. The goal of the system shall be to improve health outcomes for all children enrolled in [the] HUSKY **Health** [Plan] and to reduce racial and ethnic health disparities among children. Such system shall ensure that services under the federal Early and Periodic Screening, Diagnosis and Treatment Program are provided to children enrolled in [the] HUSKY [Plan, Part] A.

(b) The plan shall:

(1) Establish a coordinated system for preventive health services for HUSKY [Plan, Part] A and [Part] B beneficiaries including, but not limited to, services under the federal Early and Periodic Screening, Diagnosis and Treatment Program, ophthalmologic and optometric services, oral health care, care coordination, chronic disease management and periodicity schedules based on standards specified by the American Academy of Pediatrics;

(2) Require the Department of Social Services to track the utilization of services in the system of preventive health services by HUSKY [Plan, Part] A and [Part] B beneficiaries to ensure that such beneficiaries receive all the services available under the system and to track the health outcomes of children; and

(3) Include payment methodologies to create financial incentives and rewards for health care providers who participate and provide services in the system, such as case management fees, pay for performance, and payment for technical support and data entry associated with patient registries.

[(c) The Commissioner of Social Services shall develop the plan for a system of preventive health services not later than January 1, 2008, and implement the plan not later than July 1, 2008.

(d) Not later than July 1, 2009, the Commissioner of Social Services shall report, in accordance with the provisions of *section 11-4a*, to the joint standing committees of the General Assembly having cognizance of matters relating to human services, insurance and public health on the plan for a system of preventive health services. The report shall include information on health outcomes, quality of care and methodologies utilized in the plan to improve the quality of care and health outcomes for children.]

Sec. 32. Section 17b-306a of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2014*):

Child health quality improvement program. Purpose and scope. Annual reports. (a) The Commissioner of Social Services, in collaboration with the Commissioners of Public Health and Children and Families, shall establish a child health quality improvement program for the purpose of promoting the implementation of evidence-based strategies by providers participating in the HUSKY Plan, Part A and Part B to improve the delivery of and access to children's health services. Such strategies shall focus on physical, dental and mental health services and shall include, but need not be limited to: (1)

Methods for early identification of children with special health care needs; (2) integration of care coordination and care planning into children's health services; (3) implementation of standardized data collection to measure performance improvement; and (4) implementation of family-centered services in patient care, including, but not limited to, the development of parent-provider partnerships. The Commissioner of Social Services shall seek the participation of public and private entities that are dedicated to improving the delivery of health services, including medical, dental and mental health providers, academic professionals with experience in health services research and performance measurement and improvement, and any other entity deemed appropriate by the Commissioner of Social Services, to promote such strategies. The commissioner shall ensure that such strategies reflect new developments and best practices in the field of children's health services. As used in this section, "evidence-based strategies" means policies, procedures and tools that are informed by research and supported by empirical evidence, including, but not limited to, research developed by organizations such as the American Academy of Pediatrics, the American Academy of Family Physicians, the National Association of Pediatric Nurse Practitioners and the Institute of Medicine.

(b) Not later than July 1, 2008, and annually thereafter, the Commissioner of Social Services shall report, in accordance with section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to human services, public health and appropriations, and to the Council on Medical Assistance Program Oversight on (1) the implementation of any strategies developed pursuant to subsection (a) of this section, and (2) the efficacy of such strategies in improving the delivery of and access to health services for children enrolled in the HUSKY **Health Program** [Plan].

(c) The Commissioner of Social Services, in collaboration with the Council on Medical Assistance Program Oversight, shall, subject to available appropriations, prepare, annually, a report concerning health care choices under [the] HUSKY [Plan, Part] A. Such report shall include, but not be limited to, a comparison of the performance of each managed care organization, the primary care case management program and other member service

delivery choices. The commissioner shall provide a copy of each report to all HUSKY [Plan, Part] A members.

Sec. 33. Sec. 17b-304. Regulations.

The commissioner shall implement the policies and procedures necessary to carry out the provisions of sections 17b-292(g), 17b-294a to 17b-303, inclusive, 17b-257b, **and** 17b-261 [and section 16 of public act 97-1 of the October 29 special session*] while in the process of adopting such policies and procedures in regulation form, provided notice of intent to adopt the regulations is published in the Connecticut Law Journal within twenty days after implementation. Such policies and procedures shall be valid until the time final regulations are effective.

Sec. 34. Section 17b-307 of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2014*):

(a) Notwithstanding any provision of the general statutes, the Department of Social Services shall develop and implement a pilot program for the delivery of health care services through a system of primary care case management to not less than one thousand individuals who are otherwise eligible to receive HUSKY [Plan, Part] A benefits. Primary care providers participating in the primary care case management pilot program shall provide program beneficiaries with primary care medical services and arrange for specialty care as needed. For purposes of this section, "primary care case management" means a system of care in which the health care services for program beneficiaries are coordinated by a primary care provider chosen by or assigned to the beneficiary. The Commissioner of Social Services shall begin enrollment for the primary care case management system not later than April 1, 2008.

(b) The Department of Social Services shall expand the pilot program for the delivery of health care services through the primary care case management system, as described in subsection (a) of this section, to include primary care providers in the

towns of Torrington and Putnam. Not later than July 1, 2010, the department shall expand the pilot program to include the town of Putnam. Not later than October 1, 2010, the department shall expand the pilot program to include the town of Torrington. The Commissioner of Social Services may seek a waiver from federal law for the purpose of expanding the primary care case management system pursuant to this subsection.

(c) Not later than July 1, 2011, the commissioner shall report, in accordance with section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to human services and appropriations and the budgets of state agencies on the expansion of the pilot program.

Sec. 35. Section 17b-745 of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2014*):

Court order for support of persons supported by state. National Medical Support Notice. Income withholding orders. Enforcement and modification of support orders. (a)(1) The Superior Court or a family support magistrate may make and enforce orders for payment of support to the Commissioner of Administrative Services or, in IV-D support cases, to the state acting by and through the IV-D agency, directed to the husband or wife and, if the patient or person is under the age of eighteen years or as otherwise provided in this subsection, to any parent of any patient or person being supported by the state, wholly or in part, in a state humane institution, or under any welfare program administered by the Department of Social Services, as the court or family support magistrate finds, in accordance with the provisions of subsection (b) of section 17b-179, or section 17a-90, 17b-81, 17b-223, 46b-129 or 46b-130, to be reasonably commensurate with the financial ability of any such relative. If such person is unmarried and a full-time high school student, such support shall continue according to the parents' respective abilities, if such person is in need of support, until such person completes the twelfth grade or attains the age of nineteen, whichever occurs first. Any court or family support magistrate called upon to make or enforce such an order, including an order based upon a determination consented to by the relative, shall ensure that such order is reasonable in light of the relative's ability to pay.

(2) (A) The court or family support magistrate shall include in each support order in a IV-D support case a provision for the health care coverage of the child. Such provision may include an order for either parent or both parents to provide such coverage under any or all of clauses (i), (ii) or (iii) of this subparagraph.

(i) The provision for health care coverage may include an order for either parent to name any child as a beneficiary of any medical or dental insurance or benefit plan carried by such parent or available to such parent at a reasonable cost, as described in clause (iv) of this subparagraph. If such order requires the parent to maintain insurance available through an employer, the order shall be enforced using a National Medical Support Notice as provided in section 46b-88.

(ii) The provision for health care coverage may include an order for either parent to: (I) Apply for and maintain coverage on behalf of the child under [the] HUSKY [Plan, Part] B; or (II) provide cash medical support, as described in clauses (v) and (vi) of this subparagraph. An order under this clause shall be made only if the cost to the parent obligated to maintain coverage under the HUSKY [Plan, Part] B, or provide cash medical support is reasonable as described in clause (iv) of this subparagraph. An order under subclause (I) of this clause shall be made only if insurance coverage as described in clause (i) of this subparagraph is unavailable at reasonable cost to either parent, or inaccessible to the child.

(iii) An order for payment of the child's medical and dental expenses, other than those described in subclause (II) of clause (v) of this subparagraph, that are not covered by insurance or reimbursed in any other manner shall be entered in accordance with the child support guidelines established pursuant to section 46b-215a.

(iv) Health care coverage shall be deemed reasonable in cost if: (I) The parent obligated to maintain such coverage would qualify as a low-income obligor under the child support guidelines established pursuant to section 46b-215a, based solely on such parent's income, and the cost does not exceed five per cent of such parent's net income; or (II) the parent obligated to maintain such coverage would not qualify as a low-

income obligor under such guidelines and the cost does not exceed seven and one-half per cent of such parent's net income. In either case, net income shall be determined in accordance with the child support guidelines established pursuant to section 46b-215a. If a parent obligated to maintain insurance must obtain coverage for himself or herself to comply with the order to provide coverage for the child, reasonable cost shall be determined based on the combined cost of coverage for such parent and such child.

(v) Cash medical support means: (I) An amount ordered to be paid toward the cost of premiums for health insurance coverage provided by a public entity, including the HUSKY [Plan, Part] A or [Part] B, except as provided in clause (vi) of this subparagraph, or by another parent through employment or otherwise, or (II) an amount ordered to be paid, either directly to a medical provider or to the person obligated to pay such provider, toward any ongoing extraordinary medical and dental expenses of the child that are not covered by insurance or reimbursed in any other manner, provided such expenses are documented and identified specifically on the record. Cash medical support, as described in subclauses (I) and (II) of this clause, may be ordered in lieu of an order under clause (i) of this subparagraph to be effective until such time as health insurance that is accessible to the child and reasonable in cost becomes available, or in addition to an order under clause (i) of this subparagraph, provided the total cost to the obligated parent of insurance and cash medical support is reasonable, as described in clause (iv) of this subparagraph. An order for cash medical support shall be payable to the state or the custodial party, as their interests may appear, provided an order under subclause (I) of this clause shall be effective only as long as health insurance coverage is maintained. Any unreimbursed medical and dental expenses not covered by an order issued pursuant to subclause (II) of this clause are subject to an order for unreimbursed medical and dental expenses pursuant to clause (iii) of this subparagraph.

(vi) Cash medical support to offset the cost of any insurance payable under the HUSKY [Plan, Part] A or [Part] B, shall not be ordered against a noncustodial parent who is a low-income obligor, as defined in the child support guidelines established

pursuant to section 46b-215a, or against a custodial parent of children covered under the HUSKY [Plan, Part] A or [Part] B.

(B) Whenever an order of the Superior Court or family support magistrate is issued against a parent to cover the cost of such medical or dental insurance or benefit plan for a child who is eligible for Medicaid benefits, and such parent has received payment from a third party for the costs of such services but such parent has not used such payment to reimburse, as appropriate, either the other parent or guardian or the provider of such services, the Department of Social Services may request the court or family support magistrate to order the employer of such parent to withhold from the wages, salary or other employment income of such parent to the extent necessary to reimburse the Department of Social Services for expenditures for such costs under the Medicaid program, except that any claims for current or past-due child support shall take priority over any such claims for the costs of such services.

(3) Said court or family support magistrate shall also have authority to make and enforce orders directed to the conservator or guardian of any such patient or person, or the payee of Social Security or other benefits to which such patient or person is entitled, to the extent of the income or estate held or received by such fiduciary or payee in any such capacity.

(4) For purposes of this section, the term "father" shall include a person who has acknowledged in writing paternity of a child born out of wedlock, and the court or family support magistrate shall have authority to determine, order and enforce payment of any accumulated sums due under a written agreement to support such child in accordance with the provisions of this section.

(5) (A) The court or family support magistrate may also make and enforce orders for the payment by any person named herein of past-due support for which any such person is liable in accordance with the provisions of section 17a-90 or 17b-81, subsection (b) of section 17b-179 or section 17b-223, 46b-129 or 46b-130 and, in IV-D cases, order such person, provided such person is not incapacitated, to participate in work activities that may include, but shall not be limited to, job search, training, work experience and participation in the job training

and retraining program established by the Labor Commissioner pursuant to section 31-3t. A parent's liability for past-due support of a child born out of wedlock shall be limited to the three years next preceding the filing of a petition pursuant to this section.

(B) In the determination of child support due based on neglect or refusal to furnish support prior to the action, the support due for periods of time prior to the action shall be based upon the obligor's ability to pay during such prior periods, as determined in accordance with the child support guidelines established pursuant to section 46b-215a. The state shall disclose to the court any information in its possession concerning current and past ability to pay. If no information is available to the court concerning past ability to pay, the court may determine the support due for periods of time prior to the action as if past ability to pay is equal to current ability to pay, if current ability is known. If current ability to pay is not known, the court shall determine the past ability to pay based on the obligor's work history if known, or if not known, on the state minimum wage that was in effect during such periods, provided only actual earnings shall be used to determine ability to pay for past periods during which the obligor was a full-time high school student or was incarcerated, institutionalized or incapacitated.

(C) Any finding of support due for periods of time prior to an action in which the obligor failed to appear shall be entered subject to adjustment. Such adjustment may be made upon motion of any party, and the state in IV-D cases shall make such motion if it obtains information that would have substantially affected the court's determination of past ability to pay if such information had been available to the court. Motion for adjustment under this subparagraph may be made not later than twelve months from the date upon which the obligor receives notification of (i) the amount of such finding of support due for periods of time prior to the action, and (ii) the right not later than twelve months from the date of receipt of such notification to present evidence as to such obligor's past ability to pay support for such periods of time prior to the action. A copy of any support order entered, subject to adjustment, that is provided to each party under subsection (c) of this section shall state in plain language the basis for the

court's determination of past support, the right to request an adjustment and to present information concerning the obligor's past ability to pay, and the consequences of a failure to request such adjustment.

(6) (A) All payments ordered by the court or family support magistrate under this section shall be made to the Commissioner of Administrative Services or, in IV-D cases, to the state acting by and through the IV-D agency, as the court or family support magistrate may determine, for the period during which the supported person is receiving assistance or care from the state, provided, in the case of beneficiaries of any program of public assistance, upon the discontinuance of such assistance, payments shall be distributed to the beneficiary, beginning with the effective date of discontinuance, and provided further that in IV-D support cases, all payments shall be distributed as required by Title IV-D of the Social Security Act. Any order of payment made under this section may, at any time after being made, be set aside or altered by the court or a family support magistrate.

(B) In IV-D support cases, the IV-D agency or a support enforcement agency under cooperative agreement with the IV-D agency may, upon notice to the obligor and obligee, redirect payments for the support of any child receiving child support enforcement services either to the state of Connecticut or to the present custodial party, as their interests may appear, provided neither the obligor nor the obligee objects in writing within ten business days from the mailing date of such notice. Any such notice shall be sent by first class mail to the most recent address of such obligor and obligee, as recorded in the state case registry pursuant to section 46b-218, and a copy of such notice shall be filed with the court or family support magistrate if both the obligor and obligee fail to object to the redirected payments within ten business days from the mailing date of such notice.

(7) (A) Proceedings to obtain orders of support under this section shall be commenced by the service on the liable person or persons of a verified petition of the Commissioner of Administrative Services, the Commissioner of Social Services or their designees. The verified petition shall be filed by any of said commissioners or their designees in the judicial district

of the court or Family Support Magistrate Division in which the patient, applicant, beneficiary, recipient or the defendant resides. The judge or family support magistrate shall cause a summons, signed by such judge or magistrate, by the clerk of said court, or by a commissioner of the Superior Court to be issued, requiring such liable person or persons to appear before the court or a family support magistrate at a time and place as determined by the clerk but not more than ninety days after the issuance of the summons to show cause, if any, why the request for relief in such petition should not be granted.

(B) Service of process issued under this section may be made by a state marshal, any proper officer or any investigator employed by the Department of Social Services or by the Commissioner of Administrative Services. The state marshal, proper officer or investigator shall make due return of process to the court not less than twenty-one days before the date assigned for hearing. Upon proof of the service of the summons to appear before the court or a family support magistrate, at the time and place named for hearing upon such petition, the failure of the defendant to appear shall not prohibit the court or family support magistrate from going forward with the hearing.

(8) Failure of any defendant to obey an order of the court or Family Support Magistrate Division made under this section may be punished as contempt of court. If the summons and order is signed by a commissioner of the Superior Court, upon proof of service of the summons to appear in court or before a family support magistrate and upon the failure of the defendant to appear at the time and place named for hearing upon the petition, request may be made by the petitioner to the court or family support magistrate for an order that a capias mittimus be issued. Except as otherwise provided, upon proof of the service of the summons to appear in court or before a family support magistrate at the time and place named for a hearing upon the failure of the defendant to obey the court order as contempt of court, the court or the family support magistrate may order a capias mittimus to be issued and directed to a judicial marshal to the extent authorized pursuant to section 46b-225, or any other proper officer to arrest such defendant and bring such defendant before the Superior Court for the contempt hearing. The costs of commitment of any person imprisoned for contempt

shall be paid by the state as in criminal cases. When any such defendant is so found in contempt, the court or family support magistrate may award to the petitioner a reasonable attorney's fee and the fees of the officer serving the contempt citation, such sums to be paid by the person found in contempt.

(9) In addition to or in lieu of contempt proceedings, the court or family support magistrate, upon a finding that any person has failed to obey any order made under this section, may issue an order directing that an income withholding order issue against such amount of any debt accruing by reason of personal services due and owing to such person in accordance with section 52-362, or against such lesser amount of such excess as said court or family support magistrate deems equitable, for payment of accrued and unpaid amounts due under such order and all amounts which thereafter become due under such order. On presentation of such income withholding order by the officer to whom delivered for service to the person or persons or corporation from whom such debt accruing by reason of personal services is due and owing, or thereafter becomes due and owing, to the person against whom such support order was issued, such income withholding order shall be a lien and a continuing levy upon such debt to the amount specified therein, which shall be accumulated by the debtor and paid directly to the Commissioner of Administrative Services or, in IV-D cases, to the state acting by and through the IV-D agency, in accordance with section 52-362, until such income withholding order and expenses are fully satisfied and paid, or until such income withholding order is modified.

(10) No entry fee, judgment fee or any other court fee shall be charged by the court to either party in actions under this section.

(11) Written statements from employers as to property, insurance, wages, indebtedness and other information obtained by the Commissioner of Social Services, or the Commissioner of Administrative Services under authority of section 17b-137, shall be admissible in evidence in actions under this section.

(b) Except as provided in sections 46b-212 to 46b-213w, inclusive, any court or family support magistrate, called upon to enforce a support order, shall insure that such order is

reasonable in light of the obligor's ability to pay. Except as provided in sections 46b-212 to 46b-213w, inclusive, any support order entered pursuant to this section, or any support order from another jurisdiction subject to enforcement by the state of Connecticut, may be modified by motion of the party seeking such modification, including Support Enforcement Services in IV-D support cases, as defined in subdivision (13) of subsection (b) of section 46b-231, upon a showing of a substantial change in the circumstances of either party or upon a showing that the final order for child support substantially deviates from the child support guidelines established pursuant to section 46b-215a, unless there was a specific finding on the record that the application of the guidelines would be inequitable or inappropriate, provided the court or family support magistrate finds that the obligor or the obligee and any other interested party have received actual notice of the pendency of such motion and of the time and place of the hearing on such motion. There shall be a rebuttable presumption that any deviation of less than fifteen per cent from the child support guidelines is not substantial and any deviation of fifteen per cent or more from the guidelines is substantial. Modification may be made of such support order without regard to whether the order was issued before, on or after May 9, 1991. In any hearing to modify any support order from another jurisdiction the court or the family support magistrate shall conduct the proceedings in accordance with sections 46b-213o to 46b-213r, inclusive. No such support orders may be subject to retroactive modification except that the court or family support magistrate may order modification with respect to any period during which there is a pending motion for a modification of an existing support order from the date of service of notice of such pending motion upon the opposing party pursuant to section 52-50.

(c) In IV-D support cases, as defined in subdivision (13) of subsection (b) of section 46b-231, a copy of any support order established or modified pursuant to this section or, in the case of a motion for modification of an existing support order, a notice of determination that there should be no change in the amount of the support order, shall be provided to each party and the state case registry within fourteen days after issuance of such order or determination.

Sec. 36. Section 19a-45a of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2014*):

The Commissioners of Social Services and Public Health shall enter into a memorandum of understanding for the purpose of improving public health service delivery and public health outcomes for low income populations through the sharing of available **HUSKY Health Program [**Medicaid, HUSKY Plus], [HUSKY Plan Part B,] and Title V data, provided the sharing of such data: (1) Is directly related to the administration of the Medicaid state plan or any other applicable state plan administered by the Department of Social Services or the Department of Public Health; (2) is in accordance with federal and state law and regulations concerning the privacy, security, confidentiality and safeguarding of individually identifiable information contained in such data; (3) includes a detailed description of the intended public health service delivery and public health outcome goals that are achieved by the sharing of such data; and (4) the costs of compiling and transmitting any such data can be accomplished within the available resources of the Departments of Social Services and Public Health.

Sec. 37. Section 19a-659 of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2014*):

As used in this chapter, unless the context otherwise requires:

(1) "Office" means the Office of Health Care Access division of the Department of Public Health;

(2) "Hospital" means any hospital licensed as a short-term acute care general or children's hospital by the Department of Public Health, including John Dempsey Hospital of The University of Connecticut Health Center;

(3) "Fiscal year" means the hospital fiscal year consisting of a twelve-month period commencing on October first and ending the following September thirtieth;

(4) "Affiliate" means a person, entity or organization controlling, controlled by, or under common control with another person, entity or organization;

(5) "Uncompensated care" means the total amount of charity care and bad debts determined by using the hospital's published charges and consistent with the hospital's policies regarding charity care and bad debts which are on file at the office;

(6) "Medical assistance" means (A) the programs for medical assistance provided under the Medicaid program, including the HUSKY Plan, Part A, or (B) any other state-funded medical assistance program, including the HUSKY [Plan, Part] B;

(7) "CHAMPUS" or "TriCare" means the federal Civilian Health and Medical Program of the Uniformed Services, as defined in 10 USC 1072(4), as from time to time amended;

(8) "Primary payer" means the payer responsible for the highest percentage of the charges for a patient's inpatient or outpatient hospital services;

(9) "Case mix index" means the arithmetic mean of the Medicare diagnosis related group case weights assigned to each inpatient discharge for a specific hospital during a given fiscal year. The case mix index shall be calculated by dividing the hospital's total case mix adjusted discharges by the hospital's actual number of discharges for the fiscal year. The total case mix adjusted discharges shall be calculated by (A) multiplying the number of discharges in each diagnosis-related group by the Medicare weights in effect for that same diagnosis-related group and fiscal year, and (B) then totaling the resulting products for all diagnosis-related groups;

(10) "Contractual allowances" means the difference between hospital published charges and payments generated by negotiated agreements for a different or discounted rate or method of payment;

(11) "Medical assistance underpayment" means the amount calculated by dividing the total net revenue by the total gross revenue, and then multiplying the quotient by the total medical

assistance charges, and then subtracting medical assistance payments from the product;

(12) "Other allowances" means the amount of any difference between charges for employee self-insurance and related expenses determined using the hospital's overall relationship of costs to charges;

(13) "Gross revenue" means the total gross patient charges for all patient services provided by a hospital; and

(14) "Net revenue" means total gross revenue less contractual allowance, less the difference between government charges and government payments, less uncompensated care and other allowances.

Sec. 38. Section 22-380e of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2014*):

(1) "Commissioner" means the Commissioner of Agriculture;

(2) "Program" means the animal population control program;

(3) "Account" means the animal population control account;

(4) "Participating veterinarian" means any veterinarian who has been certified to participate in the program by the commissioner;

(5) "Pound" means any state or municipal facility where impounded, quarantined or stray dogs and cats are kept or any veterinary hospital or commercial kennel where such dogs or cats are kept by order of a municipality;

(6) "Eligible owner" means a person who has purchased or adopted a dog or cat from a pound and who is a resident of this state;

(7) "Medically unfit" means (A) unsuitable for a surgical procedure due to any medical condition that may place a dog or cat at life-threatening risk if a surgical procedure is performed on such animal, as determined by a participating

veterinarian, or (B) unsuitable for sterilization due to insufficiency in age, as determined by a participating veterinarian, of a dog or cat under the age of six months;

(8) "Neuter" means the surgical procedure of castration on a male dog or cat;

(9) "Spay" means the surgical procedure of ovariohysterectomy on a female dog or cat;

(10) "Voucher" means a nontransferable document provided by the commissioner and issued by a pound to an eligible owner authorizing payment of a predetermined amount from the animal population control account to a participating veterinarian;

(11) "Feral cat" means a cat of the species Felis catus that is unowned, that exists in a wild or untamed state or has returned to an untamed state from domestication and whose behavior is suggestive of a wild animal; and

(12) "Low-income person" means a recipient of or a person eligible for one of the following public assistance programs:

(A) The supplemental nutrition assistance program authorized by Title XIII of the federal Food and Agriculture Act of 1977, 7 USC 2011 et seq.;

(B) The federal Temporary Assistance for Needy Families Act authorized by 42 USC 601 et seq.;

(C) **[**The Medicaid program authorized by Title XIX of the federal Social Security Act];

(D) **[**The] HUSKY [Plan Part] **A, C and D**;

(E) The state-administered general assistance program;

(F) The state supplement program; or

(G) Any other public assistance program that the commissioner determines to qualify a person as a low-income person.

Sec. 39. Section 38a-472d of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2014*):

Public education outreach program re health insurance availability and eligibility requirements. (a) Not later than January 1, 2006, the Insurance Commissioner, in consultation with the Commissioner of Social Services and the Healthcare Advocate, shall develop a comprehensive public education outreach program to educate health insurance consumers about the availability and general eligibility requirements of various health insurance options in this state. The program shall maximize public information concerning health insurance options in this state and shall provide for the dissemination of such information on the Insurance Department's Internet web site.

(b) The information on the department's Internet web site shall reference the availability and general eligibility requirements of (1) programs administered by the Department of Social Services, including, but not limited to, the Medicaid program and the HUSKY [Plan, Part] A and [Part] B, (2) health insurance coverage provided by the Comptroller under subsection (i) of section 5-259, (3) health insurance coverage available under comprehensive health care plans issued pursuant to part IV of this chapter, and (4) other health insurance coverage offered through local, state or federal agencies or through entities licensed in this state. The commissioner shall update the information on the web site at least quarterly.

Sec. 40. Section 38a-556a of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2014*):

(a) There is established a program which shall be known as the "Connecticut Clearinghouse", to be administered by the Health Reinsurance Association established in section 38a-556, through which individuals and small employers may obtain information about available health insurance policies and health care plans.

(b) Said association shall, in consultation with the Insurance Commissioner and the Healthcare Advocate, develop, within available appropriations, a web site, telephone number or other method to serve as a clearinghouse for information about individual and small employer health insurance policies and health care plans that are available to consumers in this state, including, but not limited to, the Medicaid program, the HUSKY [Plan] **Health Program**, the Municipal Employee Health Insurance Plan set forth in subsection (i) of section 5-259, and any individual or small employer health insurance policies or health care plans an insurer, health care center or other entity chooses to list with the Connecticut Clearinghouse.

(c) Such method developed pursuant to subsection (b) of this section shall use interactive tools or technology to provide a consumer with a list of health insurance policies or health care plans that, based on the responses provided by such consumer, may be appropriate for such consumer's circumstances.

(d) The Insurance Commissioner shall establish procedures for the Health Reinsurance Association to confirm with the Insurance Department that a policy or plan listed with the Connecticut Clearinghouse is approved to be sold in this state and that the insurer, health care center or other entity that offers such policy or plan is authorized to do business in this state. Such procedures shall include, but not be limited to, a timetable for such list to be updated on a regular basis, but not less than every ninety days.

Sec. 41. Section 38a-1084 of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2014*):

The exchange shall:

(1) Administer the exchange for both qualified individuals and qualified employers;

(2) Commission surveys of individuals, small employers and health care providers on issues related to health care and health care coverage;

(3) Implement procedures for the certification, recertification and decertification, consistent with guidelines developed by the Secretary under Section 1311(c) of the Affordable Care Act, and section 38a-1086, of health benefit plans as qualified health plans;

(4) Provide for the operation of a toll-free telephone hotline to respond to requests for assistance;

(5) Provide for enrollment periods, as provided under Section 1311(c)(6) of the Affordable Care Act;

(6) Maintain an Internet web site through which enrollees and prospective enrollees of qualified health plans may obtain standardized comparative information on such plans including, but not limited to, the enrollee satisfaction survey information under Section 1311(c)(4) of the Affordable Care Act and any other information or tools to assist enrollees and prospective enrollees evaluate qualified health plans offered through the exchange;

(7) Publish the average costs of licensing, regulatory fees and any other payments required by the exchange and the administrative costs of the exchange, including information on moneys lost to waste, fraud and abuse, on an Internet web site to educate individuals on such costs;

(8) On or before the open enrollment period for plan year 2017, assign a rating to each qualified health plan offered through the exchange in accordance with the criteria developed by the Secretary under Section 1311(c)(3) of the Affordable Care Act, and determine each qualified health plan's level of coverage in accordance with regulations issued by the Secretary under Section 1302(d)(2)(A) of the Affordable Care Act;

(9) Use a standardized format for presenting health benefit options in the exchange, including the use of the uniform outline of coverage established under Section 2715 of the Public Health Service Act, 42 USC 300gg-15, as amended from time to time;

(10) Inform individuals, in accordance with Section 1413 of the Affordable Care Act, of eligibility requirements for the

Medicaid program under Title XIX of the Social Security Act, as amended from time to time, the Children's Health Insurance Program (CHIP) under Title XXI of the Social Security Act, as amended from time to time, or any applicable state or local public program, and enroll an individual in such program if the exchange determines, through screening of the application by the exchange, that such individual is eligible for any such program;

(11) Collaborate with the Department of Social Services, to the extent possible, to allow an enrollee who loses premium tax credit eligibility under Section 36B of the Internal Revenue Code and is eligible for HUSKY [Plan, Part] A or any other state or local public program, to remain enrolled in a qualified health plan;

(12) Establish and make available by electronic means a calculator to determine the actual cost of coverage after application of any premium tax credit under Section 36B of the Internal Revenue Code and any cost-sharing reduction under Section 1402 of the Affordable Care Act;

(13) Establish a program for small employers through which qualified employers may access coverage for their employees and that shall enable any qualified employer to specify a level of coverage so that any of its employees may enroll in any qualified health plan offered through the exchange at the specified level of coverage;

(14) Offer enrollees and small employers the option of having the exchange collect and administer premiums, including through allocation of premiums among the various insurers and qualified health plans chosen by individual employers;

(15) Grant a certification, subject to Section 1411 of the Affordable Care Act, attesting that, for purposes of the individual responsibility penalty under Section 5000A of the Internal Revenue Code, an individual is exempt from the individual responsibility requirement or from the penalty imposed by said Section 5000A because:

(A) There is no affordable qualified health plan available through the exchange, or the individual's employer, covering the individual; or

(B) The individual meets the requirements for any other such exemption from the individual responsibility requirement or penalty;

(16) Provide to the Secretary of the Treasury of the United States the following:

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

(B) The name and taxpayer identification number of each individual who was an employee of an employer but who was determined to be eligible for the premium tax credit under Section 36B of the Internal Revenue Code because:

(i) The employer did not provide minimum essential health benefits coverage; or

(ii) The employer provided the minimum essential coverage but it was determined under Section 36B(c)(2)(C) of the Internal Revenue Code to be unaffordable to the employee or not provide the required minimum actuarial value; and

(C) The name and taxpayer identification number of:

(i) Each individual who notifies the exchange under Section 1411(b)(4) of the Affordable Care Act that such individual has changed employers; and

(ii) Each individual who ceases coverage under a qualified health plan during a plan year and the effective date of that cessation;

(17) Provide to each employer the name of each employee, as described in subparagraph (B) of subdivision (16) of this section, of the employer who ceases coverage under a qualified health plan during a plan year and the effective date of the cessation;

(18) Perform duties required of, or delegated to, the exchange by the Secretary or the Secretary of the Treasury of the United States related to determining eligibility for premium tax

credits, reduced cost-sharing or individual responsibility requirement exemptions;

(19) Select entities qualified to serve as Navigators in accordance with Section 1311(i) of the Affordable Care Act and award grants to enable Navigators to:

(A) Conduct public education activities to raise awareness of the availability of qualified health plans;

(B) Distribute fair and impartial information concerning enrollment in qualified health plans and the availability of premium tax credits under Section 36B of the Internal Revenue Code and cost-sharing reductions under Section 1402 of the Affordable Care Act;

(C) Facilitate enrollment in qualified health plans;

(D) Provide referrals to the Office of the Healthcare Advocate or health insurance ombudsman established under Section 2793 of the Public Health Service Act, 42 USC 300gg-93, as amended from time to time, or any other appropriate state agency or agencies, for any enrollee with a grievance, complaint or question regarding the enrollee's health benefit plan, coverage or a determination under that plan or coverage; and

(E) Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the exchange;

(20) Review the rate of premium growth within and outside the exchange and consider such information in developing recommendations on whether to continue limiting qualified employer status to small employers;

(21) Credit the amount, in accordance with Section 10108 of the Affordable Care Act, of any free choice voucher to the monthly premium of the plan in which a qualified employee is enrolled and collect the amount credited from the offering employer;

(22) Consult with stakeholders relevant to carrying out the activities required under sections 38a-1080 to 38a-1090, inclusive, including, but not limited to:

(A) Individuals who are knowledgeable about the health care system, have background or experience in making informed decisions regarding health, medical and scientific matters and are enrollees in qualified health plans;

(B) Individuals and entities with experience in facilitating enrollment in qualified health plans;

(C) Representatives of small employers and self-employed individuals;

(D) The Department of Social Services; and

(E) Advocates for enrolling hard-to-reach populations;

(23) Meet the following financial integrity requirements:

(A) Keep an accurate accounting of all activities, receipts and expenditures and annually submit to the Secretary, the Governor, the Insurance Commissioner and the General Assembly a report concerning such accountings;

(B) Fully cooperate with any investigation conducted by the Secretary pursuant to the Secretary's authority under the Affordable Care Act and allow the Secretary, in coordination with the Inspector General of the United States Department of Health and Human Services, to:

(i) Investigate the affairs of the exchange;

(ii) Examine the properties and records of the exchange; and

(iii) Require periodic reports in relation to the activities undertaken by the exchange; and

(C) Not use any funds in carrying out its activities under sections 38a-1080 to 38a-1089, inclusive, and section 38a-1091 that are intended for the administrative and operational expenses of the exchange, for staff retreats, promotional giveaways, excessive executive compensation or promotion of federal or state legislative and regulatory modifications;

(24) Seek to include the most comprehensive health benefit plans that offer high quality benefits at the most affordable price in the exchange;

(25) Report at least annually to the General Assembly on the effect of adverse selection on the operations of the exchange and make legislative recommendations, if necessary, to reduce the negative impact from any such adverse selection on the sustainability of the exchange, including recommendations to ensure that regulation of insurers and health benefit plans are similar for qualified health plans offered through the exchange and health benefit plans offered outside the exchange. The exchange shall evaluate whether adverse selection is occurring with respect to health benefit plans that are grandfathered under the Affordable Care Act, self-insured plans, plans sold through the exchange and plans sold outside the exchange; and

(26) Seek funding for and oversee the planning, implementation and development of policies and procedures for the administration of the all-payer claims database program established under section 38a-1091.

Sec. 42. Section 46b-84 of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2014*):

(a) Upon or subsequent to the annulment or dissolution of any marriage or the entry of a decree of legal separation or divorce, the parents of a minor child of the marriage, shall maintain the child according to their respective abilities, if the child is in need of maintenance. Any postjudgment procedure afforded by chapter 906 shall be available to secure the present and future financial interests of a party in connection with a final order for the periodic payment of child support.

(b) If there is an unmarried child of the marriage who has attained the age of eighteen and is a full-time high school student, the parents shall maintain the child according to their respective abilities if the child is in need of maintenance until such child completes the twelfth grade or attains the age of nineteen, whichever occurs first. The provisions of this subsection shall apply only in cases where the decree of

dissolution of marriage, legal separation or annulment is entered on or after July 1, 1994.

(c) The court may make appropriate orders of support of any child with intellectual disability, as defined in section 1-1g, or a mental disability or physical disability, as defined in subdivision (15) of section 46a-51, who resides with a parent and is principally dependent upon such parent for maintenance until such child attains the age of twenty-one. The child support guidelines established pursuant to section 46b-215a shall not apply to orders entered under this subsection. The provisions of this subsection shall apply only in cases where the decree of dissolution of marriage, legal separation or annulment is entered on or after October 1, 1997, or where the initial support orders in actions not claiming any such decree are entered on or after October 1, 1997.

(d) In determining whether a child is in need of maintenance and, if in need, the respective abilities of the parents to provide such maintenance and the amount thereof, the court shall consider the age, health, station, occupation, earning capacity, amount and sources of income, estate, vocational skills and employability of each of the parents, and the age, health, station, occupation, educational status and expectation, amount and sources of income, vocational skills, employability, estate and needs of the child.

(e) At any time at which orders are entered in a proceeding for dissolution of marriage, annulment, legal separation, custody, or support, whether before, at the time of, or after entry of a decree or judgment, if health insurance coverage for a child is ordered by the court to be maintained, the court shall provide in the order that (1) the signature of the custodial parent or custodian of the insured dependent shall constitute a valid authorization to the insurer for purposes of processing an insurance reimbursement payment to the provider of the medical services, to the custodial parent or to the custodian, (2) neither parent shall prevent or interfere with the timely processing of any insurance reimbursement claim and (3) if the parent receiving an insurance reimbursement payment is not the parent or custodian who is paying the bill for the services of the medical provider, the parent receiving such insurance reimbursement payment shall promptly pay to the parent or

custodian paying such bill any insurance reimbursement for such services. For purposes of subdivision (1), the custodial parent or custodian is responsible for providing the insurer with a certified copy of the order of dissolution or other order requiring maintenance of insurance for a child provided if such custodial parent or custodian fails to provide the insurer with a copy of such order, the Commissioner of Social Services may provide the insurer with a copy of such order. Such insurer may thereafter rely on such order and is not responsible for inquiring as to the legal sufficiency of the order. The custodial parent or custodian shall be responsible for providing the insurer with a certified copy of any order which materially alters the provision of the original order with respect to the maintenance of insurance for a child. If presented with an insurance reimbursement claim signed by the custodial parent or custodian, such insurer shall reimburse the provider of the medical services, if payment is to be made to such provider under the policy, or shall otherwise reimburse the custodial parent or custodian.

(f) (1) After the granting of a decree annulling or dissolving the marriage or ordering a legal separation, and upon complaint or motion with order and summons made to the Superior Court by either parent or by the Commissioner of Administrative Services in any case arising under subsection (a) or (b) of this section, the court shall inquire into the child's need of maintenance and the respective abilities of the parents to supply maintenance. The court shall make and enforce the decree for the maintenance of the child as it considers just, and may direct security to be given therefor, including an order to either party to contract with a third party for periodic payments or payments contingent on a life to the other party. The court may order that a party obtain life insurance as such security unless such party proves, by a preponderance of the evidence, that such insurance is not available to such party, such party is unable to pay the cost of such insurance or such party is uninsurable.

(2) The court shall include in each support order a provision for the health care coverage of the child who is subject to the provisions of subsection (a) or (b) of this section. Such provision may include an order for either parent or both parents

to provide such coverage under any or all of subparagraphs (A), (B) or (C) of this subdivision.

(A) The provision for health care coverage may include an order for either parent to name any child as a beneficiary of any medical or dental insurance or benefit plan carried by such parent or available to such parent at a reasonable cost, as described in subparagraph (D) of this subdivision. If such order in a IV-D support case requires the parent to maintain insurance available through an employer, the order shall be enforced using a National Medical Support Notice as provided in section 46b-88.

(B) The provision for health care coverage may include an order for either parent to: (i) Apply for and maintain coverage on behalf of the child under [the] HUSKY [Plan, Part] B; or (ii) provide cash medical support, as described in subparagraphs (E) and (F) of this subdivision. An order under this subparagraph shall be made only if the cost to the parent obligated to maintain the coverage under [the] HUSKY [Plan, Part] B, or provide cash medical support is reasonable, as described in subparagraph (D) of this subdivision. An order under clause (i) of this subparagraph shall be made only if insurance coverage as described in subparagraph (A) of this subdivision is unavailable at reasonable cost to either parent, or inaccessible to the child.

(C) An order for payment of the child's medical and dental expenses, other than those described in clause (ii) of subparagraph (E) of this subdivision, that are not covered by insurance or reimbursed in any other manner shall be entered in accordance with the child support guidelines established pursuant to section 46b-215a.

(D) Health care coverage shall be deemed reasonable in cost if: (i) The parent obligated to maintain such coverage would qualify as a low-income obligor under the child support guidelines established pursuant to section 46b-215a, based solely on such parent's income, and the cost does not exceed five per cent of such parent's net income; or (ii) the parent obligated to maintain such coverage would not qualify as a low-income obligor under such guidelines and the cost does not exceed seven and one-half per cent of such parent's net income. In either case, net income shall be determined in accordance

with the child support guidelines established pursuant to section 46b-215a. If a parent obligated to maintain insurance must obtain coverage for himself or herself to comply with the order to provide coverage for the child, reasonable cost shall be determined based on the combined cost of coverage for such parent and such child.

(E) Cash medical support means: (i) An amount ordered to be paid toward the cost of premiums for health insurance coverage provided by a public entity, including [the] HUSKY [Plan, Part] A or [Part] B, except as provided in subparagraph (F) of this subdivision, or by another parent through employment or otherwise, or (ii) an amount ordered to be paid, either directly to a medical provider or to the person obligated to pay such provider, toward any ongoing extraordinary medical and dental expenses of the child that are not covered by insurance or reimbursed in any other manner, provided such expenses are documented and identified specifically on the record. Cash medical support, as described in clauses (i) and (ii) of this subparagraph may be ordered in lieu of an order under subparagraph (A) of this subdivision to be effective until such time as health insurance that is accessible to the child and reasonable in cost becomes available, or in addition to an order under subparagraph (A) of this subdivision, provided the combined cost of insurance and cash medical support is reasonable, as defined in subparagraph (D) of this subdivision. An order for cash medical support shall be payable to the state or the custodial party, as their interests may appear, provided an order under clause (i) of this subparagraph shall be effective only as long as health insurance coverage is maintained. Any unreimbursed medical and dental expenses not covered by an order issued pursuant to clause (ii) of this subparagraph are subject to an order for unreimbursed medical and dental expenses pursuant to subparagraph (C) of this subdivision.

(F) Cash medical support to offset the cost of any insurance payable under the HUSKY [Plan, Part] A or [Part] B, shall not be ordered against a noncustodial parent who is a low-income obligor, as defined in the child support guidelines established pursuant to section 46b-215a, or against a custodial parent of children covered under the HUSKY [Plan, Part] A or Part B.

(g) Whenever an obligor is before the court in proceedings to establish, modify or enforce a support order, and such order is not secured by an income withholding order, the court may require the obligor to execute a bond or post other security sufficient to perform such order for support, provided the court finds that such a bond is available for purchase within the financial means of the obligor. Upon failure of such obligor to comply with such support order, the court may order the bond or the security forfeited and the proceeds thereof distributed as required by Title IV-D of the Social Security Act. In any IV-D case in which the obligor is found by the court to owe past-due support, the court may issue an order for the periodic payment of such support or, if such obligor is not incapacitated, order such obligor to participate in work activities which may include, but shall not be limited to, job search, training, work experience and participation in the job training and retraining program established by the Labor Commissioner pursuant to section 31-3t.

(h) In IV-D support cases, as defined in subdivision (13) of subsection (b) of section 46b-231, a copy of any support order established or modified pursuant to this section or, in the case of a motion for modification of an existing support order, a notice of determination that there should be no change in the amount of the support order, shall be provided to each party and the state case registry within fourteen days after issuance of such order or determination.

Sec. 43. Section 46b-84 of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2014*):

(a) Unless and to the extent that the decree precludes modification, any final order for the periodic payment of permanent alimony or support, an order for alimony or support pendente lite or an order requiring either party to maintain life insurance for the other party or a minor child of the parties may, at any time thereafter, be continued, set aside, altered or modified by the court upon a showing of a substantial change in the circumstances of either party or upon a showing that the final order for child support substantially deviates from the child support guidelines established pursuant to

section 46b-215a, unless there was a specific finding on the record that the application of the guidelines would be inequitable or inappropriate. There shall be a rebuttable presumption that any deviation of less than fifteen per cent from the child support guidelines is not substantial and any deviation of fifteen per cent or more from the guidelines is substantial. Modification may be made of such support order without regard to whether the order was issued before, on or after May 9, 1991. In determining whether to modify a child support order based on a substantial deviation from such child support guidelines the court shall consider the division of real and personal property between the parties set forth in the final decree and the benefits accruing to the child as the result of such division. After the date of judgment, modification of any child support order issued before, on or after July 1, 1990, may be made upon a showing of such substantial change of circumstances, whether or not such change of circumstances was contemplated at the time of dissolution. By written agreement, stipulation or decision of the court, those items or circumstances that were contemplated and are not to be changed may be specified in the written agreement, stipulation or decision of the court. This section shall not apply to assignments under section 46b-81 or to any assignment of the estate or a portion thereof of one party to the other party under prior law. No order for periodic payment of permanent alimony or support may be subject to retroactive modification, except that the court may order modification with respect to any period during which there is a pending motion for modification of an alimony or support order from the date of service of notice of such pending motion upon the opposing party pursuant to section 52-50. If a court, after hearing, finds that a substantial change in circumstances of either party has occurred, the court shall determine what modification of alimony, if any, is appropriate, considering the criteria set forth in section 46b-82.

(b) In an action for divorce, dissolution of marriage, legal separation or annulment brought by a spouse, in which a final judgment has been entered providing for the payment of periodic alimony by one party to the other spouse, the Superior Court may, in its discretion and upon notice and hearing, modify such judgment and suspend, reduce or terminate the payment of periodic alimony upon a showing that the party receiving the

periodic alimony is living with another person under circumstances which the court finds should result in the modification, suspension, reduction or termination of alimony because the living arrangements cause such a change of circumstances as to alter the financial needs of that party. In the event that a final judgment incorporates a provision of an agreement in which the parties agree to circumstances, other than as provided in this subsection, under which alimony will be modified, including suspension, reduction, or termination of alimony, the court shall enforce the provision of such agreement and enter orders in accordance therewith.

(c) When one of the parties, or a child of the parties, is receiving or has received aid or care from the state under its aid to families with dependent children or temporary family assistance program, HUSKY [Plan, Part] A, or foster care program as provided in Title IV-E of the Social Security Act, or when one of the parties has applied for child support enforcement services under Title IV-D of the Social Security Act as provided in section 17b-179, such motion to modify shall be filed with the Family Support Magistrate Division for determination in accordance with subsection (m) of section 46b-231.

Sec. 44. Sections 17b-261i, 17b-289, 17b-291, 17b-292a, 17b-297 and 17b-299 of the general statutes are repealed. (*Effective July 1, 2014*)

(a) The Commissioner of Social Services may contract with one or more administrative services organizations to provide care coordination, utilization management, disease management, customer service and review of grievances for recipients of assistance under **the HUSKY Health Program** [Medicaid and HUSKY Plan, Parts A and B]. Such organization may also provide network management, credentialing of providers, monitoring of copayments and premiums and other services as required by the commissioner. Subject to approval by applicable federal authority, the Department of Social Services shall utilize the contracted organization's provider network and billing systems in the administration of the program. In order to implement the

provisions of this section, the commissioner may establish rates of payment to providers of medical services under this section if the establishment of such rates is required to ensure that any contract entered into with an administrative services organization pursuant to this section is cost neutral to such providers in the aggregate and ensures patient access. Utilization may be a factor in determining cost neutrality.

(b) Any contract entered into with an administrative services organization, pursuant to subsection (a) of this section, shall include a provision to reduce inappropriate use of hospital emergency department services, which may include a cost-sharing requirement. Such provision **[**may include**]** shall require intensive case management services, **[**and a cost-sharing requirement. **]** including, but not limited to: (1) The identification by the administrative services organization of hospital emergency departments which may benefit from intensive case management based on the number of Medicaid clients who are frequent users of such emergency departments; (2) the creation of regional intensive case management teams to work with emergency department doctors to (A) identify Medicaid clients who would benefit from intensive case management, (B) create care plans for such Medicaid clients, and (C) monitor progress of such Medicaid clients; and (3) the assignment of at least one staff member from a regional intensive case management team to participating hospital emergency departments during hours when Medicaid clients who are frequent users visit the most and emergency department use is at its highest. For purposes of this section and sections 17a-476 and 17a-22f, as amended by this act, "frequent users" means a Medicaid client with ten or more annual visits to a hospital emergency department.

(c) The commissioner shall ensure that any contracts entered into with an administrative services organization include a provision requiring such administrative services organization to (1) conduct assessments of primary care doctors and specialists to determine patient ease of access to services, including, but not limited to, the wait times for appointments and whether the provider is accepting new Medicaid clients, and (2) perform outreach to Medicaid clients to (A) inform them of the advantages of receiving care from a primary care provider, (B) help to connect such clients with primary care providers soon after they are enrolled in Medicaid, and (C) for frequent users

of emergency departments, help to arrange visits by Medicaid clients with primary care providers after such clients are treated at an emergency department.

(d) The Commissioner of Social Services shall require an administrative services organization with access to complete client claim adjudicated history to analyze and annually report, not later than February first, to the Department of Social Services and the Council on Medical Assistance Program Oversight, on Medicaid clients' use of hospital emergency departments. The report shall include, but not be limited to: (1) A breakdown of the number of unduplicated clients who visited an emergency department, and (2) for frequent users of emergency departments, (A) the number of visits categorized into specific ranges as determined by the Department of Social Services, (B) the time and day of the visit, (C) the reason for the visit, (D) whether hospital records indicate such user has a primary care provider, (E) whether such user had an appointment with a community provider after the date of the hospital emergency department visit, and (F) the cost of the visit to the hospital and to the state Medicaid program. The Department of Social Services shall monitor its reporting requirements for administrative services organizations to ensure all contractually obligated reports, including any emergency department provider analysis reports, are completed and disseminated as required by contract.

(e) The Commissioner of Social Services shall use the report required pursuant to subsection (d) of this section to monitor the performance of an administrative services organization. Performance measures monitored by the commissioner shall include, but not be limited to, whether the administrative services organization helps to arrange visits by frequent users of emergency departments to primary care providers after treatment at an emergency department.

Agency Legislative Proposal - 2015 Session

Document Name: 011_121514_DSS_CON for LTC Facilities

State Agency: Department of Social Services
Liaison: Krista Ostaszewski Phone:860-424-5612 E-mail: Krista.Ostaszewski@ct.gov
Lead agency division requesting this proposal: Reimbursement & CON
Agency Analyst/Drafter of Proposal: Melanie Dillon & Rich Wysocki

Title of Proposal: An Act Concerning Certificate of Need for LTC Facilities
Statutory Reference: 17b-352 through 17b-355
Proposal Summary *The proposed legislation deletes obsolete provisions and makes technical changes. The revised statutes are arranged in a more logical and cohesive format. The proposal also removes the requirement for a CON for transfers of ownership and acquisition of imaging equipment and removes the public hearing requirement for Residential Care Home and ICF-IID closures.* *The proposed Section 17b-352 delineates all of the activities that require Certificate of Need (CON) approval, maintains the moratorium on additional nursing home beds through June 30, 2016, provides correct statutory references, and removes outdated references to the Office of Health Care Access (OHCA). The moratorium language was moved from 17b-354 to the proposed section 17b-352. The former subsections in 17b-354 with respect to continuing care facilities has been deleted as continuing care facilities are addressed in Chapter 319hh. Some of the language removed from Section 17b-354 is included in a new proposed section. Specifically, the department proposes to keep the language concerning the acceptance of nonresident as nursing facility patients to continuing care facilities and the requirements for the same. The department proposes to move this language to a new section in the Chapter 319hh. Rather than addressing a "continuing care facility which guarantees life care for its residents" the proposed moratorium language references continuing care facilities that are registered as continuing facilities pursuant to Chapter 319hh. The department has also proposed some technical changes in Chapter 319hh.* *The guidelines utilized in evaluating a CON proposal were moved from section 17b-355 to the proposed section 17b-353 and has been revised to remove irrelevant criteria. Requirements with respect to the application and hearing process have been consolidated into the proposed section 17b-354.*

The proposed section 17b-354a establishes the time period for which a CON is valid, the process for requesting an extension of a CON, requirements for demonstrating that construction has begun and the department's ability to withdraw, revoke or rescind the CON.

The proposed changes to 17b-354b and 17b-354c are primarily technical in nature and remove obsolete provisions. Judicial enforcement language has been moved from section 17b-354a to section 17b-355.

Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Please consider the following, if applicable:

(1) Have there been changes in federal/state/local laws and regulations that make this legislation necessary? No

(2) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)? No

(3) Have certain constituencies called for this action? No

(4) What would happen if this was not enacted in law this session?

- **Origin of Proposal ___ New Proposal _X__ Resubmission**

If this is a resubmission, please share:

(1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package? CAHCF & 1199 opposed some of he change.

(2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal? Yes, Nursing Industry & 1199 Union

(3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation? They were not involved which is why the legislation did not pass.

(4) What was the last action taken during the past legislative session? Human Services voted not to advance the bill.

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name:
Agency Contact (name, title, phone):
Date Contacted:

Approve of Proposal ___ YES ___NO ___Talks Ongoing

Summary of Affected Agency's Comments

Will there need to be further negotiation? ___ YES ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation) None
State None
Federal None
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Insert fully drafted bill here

Sec. 1. Section 17b-352 of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) For the purposes of this section [and *section 17b-353*], "facility" means a residential facility for persons with intellectual disability licensed pursuant to section 17a-277 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for individuals with intellectual disabilities, a nursing home, rest home or residential care home, as defined in section 19a-490~~[, as amended by this act]~~.

[(b) Any facility which intends to (1) transfer all or part of its ownership or control prior to being initially licensed; (2) introduce any additional function or service into its program of care or expand an existing function or service; or (3) terminate a service or decrease substantially its total bed capacity, shall submit a complete request for permission to implement such transfer, addition, expansion, increase, termination or decrease with such information as the department requires to the Department of Social Services, provided no permission or request for permission to close a facility is required when a facility in receivership is closed by order of the Superior Court pursuant to section 19a-545. The Office of the Long-Term Care Ombudsman pursuant to section 17b-400 shall be notified by the facility of any proposed actions pursuant to this subsection at the same time the request for permission is submitted to the department and when a facility in receivership is closed by order of the Superior Court pursuant to section 19a-545.

(c) An applicant, prior to submitting a certificate of need application, shall request, in writing, application forms and instructions from the department. The request shall include: (1) The name of the applicant or applicants; (2) a statement indicating whether the application is for (A) a new, additional, expanded or replacement facility, service or function, (B) a termination or reduction in a presently authorized service or bed capacity or (C) any new, additional or terminated beds and their type; (3) the estimated capital cost; (4) the town where the project is or will be located; and (5) a brief description of the proposed project. Such request shall be deemed a letter of intent. No certificate of need application shall be considered submitted to the department unless a current letter of intent, specific to the proposal and in accordance with the provisions of this subsection, has been on file with the department for not less than ten business days. For purposes of this subsection, "a current letter of intent" means a letter of intent on file with the department for not more than one hundred eighty days. A certificate of need application shall be deemed withdrawn by the department, if a department completeness letter is not responded to within one hundred eighty days. The Office of the Long-Term Care Ombudsman shall be notified by the facility at the same time as the letter of intent is submitted to the department.

(d) Any facility acting pursuant to subdivision (3) of subsection (b) of this section shall provide written notice, at the same time it submits its letter of intent, to all patients, guardians or conservators, if any, or legally liable relatives or other responsible parties, if known, and shall post such notice in a conspicuous location at the facility. The notice shall state the following: (A) The projected date the facility will be submitting its certificate of need application, (B) that only the department has the authority to either grant, modify or deny the application, (C) that the department has up to ninety days to grant, modify or deny the certificate of need application, (D) a brief description of the reason or reasons for submitting a request for permission, (E) that no patient shall be involuntarily transferred or discharged within or from a facility pursuant to state and federal law because of the filing of the certificate of need application, (F) that all patients have a right to appeal any proposed transfer or discharge, and (G) the name, mailing address and telephone number of the Office of the Long-Term Care Ombudsman and local legal aid office.

(e) The department shall review a request made pursuant to subsection (b) of this section to the extent it deems necessary, including, but not limited to, in the case of a proposed transfer of ownership or control prior to initial licensure, the financial responsibility and business interests of the transferee and the ability of the facility to continue to provide needed services, or in the case of the addition or expansion of a function or service, ascertaining the availability of the function or service at other facilities within the area to be served, the need for the service or function within the area and any other factors the department deems relevant to a determination of whether the facility is justified in adding or expanding the function or service. The commissioner shall grant, modify or deny the request within ninety days of receipt thereof, except as otherwise provided in this section. Upon the request of the applicant, the review period may be extended for an additional fifteen days if the department has requested additional information subsequent to the commencement of the commissioner's review period. The director of the office of certificate of need and rate setting may extend the review period for a maximum of thirty days if the applicant has not filed in a timely manner information deemed necessary by the department. The applicant may request and shall receive a hearing in accordance with section 4-177 if aggrieved by a decision of the commissioner.]

(b) A certificate of need issued by the Department of Social Services shall be required for:

(1) Establishment of a new facility;

(2) Conversion of one or more Rest Home with Nursing Supervision beds to Chronic and Conversant Nursing Home beds;

(3) closure of a facility or termination of services, unless a facility in receivership is closed by order of the Superior Court pursuant to section 19a-545;

(4) an increase or decrease in licensed bed capacity; or

(5) capital expenditures in excess of two million dollars.

The facility shall notify the Office of the Long-Term Care Ombudsman of any proposed actions for the closure of a facility at the same time the request for permission is submitted to the department or when a facility in receivership is closed by order of the Superior Court pursuant to section 19a-545.

Notwithstanding any other provisions in statute, the commissioner of social services may not require a facility to seek certificate of need approval in accordance with this section if the facility can demonstrate the request is associated with an approved long-term care rebalancing project or nursing facility diversification project; or for a request to decrease licensed bed capacity that is associated with a decrease in census.

(c) The Department of Social Services shall not accept or approve any requests for additional nursing home beds, through June 30, 2016, except if the beds requested are (1) restricted to use by patients with acquired immune deficiency syndrome or traumatic brain injury; (2) associated with a continuing care facility that provides shelter and care pursuant to a continuing care contract as defined in section 17b-520 and is registered as a continuing care facility pursuant to section 17b-521 provided such beds do not participate in the Medicaid program; (3) Medicaid-certified beds to be relocated from one licensed nursing facility to another licensed nursing facility, to a new facility to meet a priority need

identified in the strategic plan developed pursuant to subsection (c) of section 17b-369, or to a small house nursing home, as defined in section 17b-372, provided (A) the availability of beds in an area of need will not be adversely affected; (B) no such relocation shall result in an increase in state expenditures; and (C) the relocation results in a reduction in the number of nursing facility beds in the state; (4) part of a facility that is operated exclusively by and for a religious order which is committed to the care and well-being of its members for the duration of their lives and whose members are bound thereto by the profession of permanent vows; (5) twenty or fewer beds associated with a free-standing facility dedicated to providing hospice care services for terminally ill persons operated by an organization previously authorized by the Department of Public Health to provide hospice services in accordance with section 19a-122b;

(d) The Commissioner of Social Services may waive or modify any requirement of this section, except subdivision (2) of subsection (c).

[(f)] (e)The Commissioner of Social Services shall not approve any requests for beds in residential facilities for persons with intellectual disability which are licensed pursuant to section 17a-227 and are certified to participate in the Title XIX Medicaid Program as intermediate care facilities for individuals with intellectual disabilities, except those beds necessary to implement the residential placement goals of the Department of Developmental Services which are within available appropriations.

[(g)] (f) The Commissioner of Social Services shall adopt regulations, in accordance with chapter 54, to implement the provisions of this section. [The commissioner shall implement the standards and procedures of the Office of Health Care Access division of the Department of Public Health concerning certificates of need established pursuant to section 19a-643, as appropriate for the purposes of this section, until the time final regulations are adopted in accordance with said chapter 54.]

Sec. 2. Section 17b-353 of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

[(a) Any facility, as defined in subsection (a) of section 17b-352, which proposes (1) a capital expenditure exceeding one million dollars, which increases facility square footage by more than five thousand square feet or five per cent of the existing square footage, whichever is greater, (2) a capital expenditure exceeding two million dollars, or (3) the acquisition of major medical equipment requiring a capital expenditure in excess of four hundred thousand dollars, including the leasing of equipment or space, shall submit a request for approval of such expenditure, with such information as the department requires, to the Department of Social Services. Any such facility which proposes to acquire imaging equipment requiring a capital expenditure in excess of four hundred thousand dollars, including the leasing of such equipment, shall obtain the approval of the Office of Health Care Access division of the Department of Public Health in accordance with the provisions of chapter 368z, subsequent to obtaining the approval of the Commissioner of Social Services. Prior to the facility's obtaining the imaging equipment, the Commissioner of Public Health, after consultation with the Commissioner of Social Services, may elect to perform a joint or simultaneous review with the Department of Social Services.

(b) An applicant, prior to submitting a certificate of need application, shall request, in writing, application forms and instructions from the department. The request shall include: (1) The name of the

applicant or applicants; (2) a statement indicating whether the application is for (A) a new, additional, expanded or replacement facility, service or function, (B) a termination or reduction in a presently authorized service or bed capacity, or (C) any new, additional or terminated beds and their type; (3) the estimated capital cost; (4) the town where the project is or will be located; and (5) a brief description of the proposed project. Such request shall be deemed a letter of intent. No certificate of need application shall be considered submitted to the department unless a current letter of intent, specific to the proposal and in accordance with the provisions of this subsection, has been on file with the department for not less than ten business days. For purposes of this subsection, "a current letter of intent" means a letter of intent on file with the department for not more than one hundred eighty days. A certificate of need application shall be deemed withdrawn by the department if a department completeness letter is not responded to within one hundred eighty days.

(c) In conducting its activities pursuant to this section, section 17b-352 or both, except as provided for in subsection (d) of this section, the Commissioner of Social Services or said commissioner's designee may hold a public hearing on an application or on more than one application, if such applications are of a similar nature with respect to the request. At least two weeks' notice of the hearing shall be given to the facility by certified mail and to the public by publication in a newspaper having a substantial circulation in the area served by the facility. Such hearing shall be held at the discretion of the commissioner in Hartford or in the area so served. The commissioner or the commissioner's designee shall consider such request in relation to the community or regional need for such capital program or purchase of land, the possible effect on the operating costs of the facility and such other relevant factors as the commissioner or the commissioner's designee deems necessary. In approving or modifying such request, the commissioner or the commissioner's designee may not prescribe any condition, such as, but not limited to, any condition or limitation on the indebtedness of the facility in connection with a bond issued, the principal amount of any bond issued or any other details or particulars related to the financing of such capital expenditure, not directly related to the scope of such capital program and within the control of the facility. If the hearing is conducted by a designee of the commissioner, the designee shall submit any findings and recommendations to the commissioner. The commissioner shall grant, modify or deny such request within ninety days, except as provided for in this section. Upon the request of the applicant, the review period may be extended for an additional fifteen days if the commissioner or the commissioner's designee has requested additional information subsequent to the commencement of the review period. The commissioner or the commissioner's designee may extend the review period for a maximum of thirty days if the applicant has not filed in a timely manner information deemed necessary by the commissioner or the commissioner's designee.

(d) No facility shall be allowed to close or decrease substantially its total bed capacity until such time as a public hearing has been held in accordance with the provisions of this subsection and the Commissioner of Social Services has approved the facility's request unless such decrease is associated with a census reduction. The commissioner may impose a civil penalty of not more than five thousand dollars on any facility that fails to comply with the provisions of this subsection. Penalty payments received by the commissioner pursuant to this subsection shall be deposited in the special fund established by the department pursuant to subsection (c) of *section 17b-357* and used for the purposes specified in said subsection (c). The commissioner or the commissioner's designee shall hold a public hearing upon the earliest occurrence of: (1) Receipt of any letter of intent submitted by a facility to the department, or (2) receipt of any certificate of need application. Such hearing shall be held at the facility

for which the letter of intent or certificate of need application was submitted not later than thirty days after the date on which such letter or application was received by the commissioner. The commissioner or the commissioner's designee shall provide both the facility and the public with notice of the date of the hearing not less than fourteen days in advance of such date. Notice to the facility shall be by certified mail and notice to the public shall be by publication in a newspaper having a substantial circulation in the area served by the facility.]

(a) In any deliberation involving a certificate of need application filed pursuant to section 17b-352, the department shall consider the following guidelines and principles:

(1) the financial feasibility of the request and its impact on the applicant's rates and financial condition;

(2) the contribution of the request to the quality, accessibility and cost-effectiveness of health care delivery in the region;

(3) whether there is clear public need for the request;

(4) the relationship of any proposed change to the applicant's current utilization statistics; and

(5) the business interests of all owners, partners, associates, incorporators, directors, sponsors, stockholders and operators and the personal background of such persons, and any other factor which the department deems relevant.

(b) In determining whether there is clear public need for any request for additional nursing home beds associated with a continuing care facility submitted pursuant to section 17b-352, the commissioner may consider the need for beds for current and prospective residents of the continuing care facility.

(c) In determining whether there is clear public need for any request for the relocation of beds, the commissioner shall consider whether there is a demonstrated bed need in the towns within a fifteen-mile radius of the town in which the beds are proposed to be located. Bed need shall be based on the recent occupancy percentage of area nursing facilities and the projected bed need for no more than five years into the future at ninety-seven and one-half per cent occupancy using the latest official population projections by town and age as published by the Office of Policy and Management or the latest available state-wide nursing facility utilization statistics by age cohort from the Department of Public Health. The commissioner may also consider area specific utilization and reductions in utilization rates to account for the increased use of less institutional alternatives.

[(e)] (d) The Commissioner of Social Services shall adopt regulations, in accordance with chapter 54, to implement the provisions of this section. [The commissioner shall implement the standards and procedures of the Office of Health Care Access division of the Department of Public Health concerning certificates of need established pursuant to section 19a-643, as appropriate for the purposes of this section, until the time final regulations are adopted in accordance with said chapter 54.]

Sec. 3. Section 17b-354 of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

[(a) Except for applications deemed complete as of August 9, 1991, the Department of Social Services shall not accept or approve any requests for additional nursing home beds or modify the capital cost of any prior approval for the period from September 4, 1991, through June 30, 2016, except (1) beds restricted to use by patients with acquired immune deficiency syndrome or traumatic brain injury; (2) beds associated with a continuing care facility which guarantees life care for its residents; (3) Medicaid certified beds to be relocated from one licensed nursing facility to another licensed nursing facility, to a new facility to meet a priority need identified in the strategic plan developed pursuant to subsection (c) of section 17b-369, or to a small house nursing home, as defined in section 17b-372, provided (A) the availability of beds in an area of need will not be adversely affected; (B) no such relocation shall result in an increase in state expenditures; and (C) the relocation results in a reduction in the number of nursing facility beds in the state; (4) a request for no more than twenty beds submitted by a licensed nursing facility that participates in neither the Medicaid program nor the Medicare program, admits residents and provides health care to such residents without regard to their income or assets and demonstrates its financial ability to provide lifetime nursing home services to such residents without participating in the Medicaid program to the satisfaction of the department, provided the department does not accept or approve more than one request pursuant to this subdivision; (5) a request for no more than twenty beds associated with a free standing facility dedicated to providing hospice care services for terminally ill persons operated by an organization previously authorized by the Department of Public Health to provide hospice services in accordance with section 19a-122b; and (6) new or existing Medicaid certified beds to be relocated from a licensed nursing facility in a municipality with a 2004 estimated population of one hundred twenty-five thousand to a location within the same municipality, provided such Medicaid certified beds do not exceed sixty beds. Notwithstanding the provisions of this subsection, any provision of the general statutes or any decision of the Office of Health Care Access, (i) the date by which construction shall begin for each nursing home certificate of need in effect August 1, 1991, shall be December 31, 1992, (ii) the date by which a nursing home shall be licensed under each such certificate of need shall be October 1, 1995, and (iii) the imposition of such dates shall not require action by the Commissioner of Social Services. Except as provided in subsection (c) of this section, a nursing home certificate of need in effect August 1, 1991, shall expire if construction has not begun or licensure has not been obtained in compliance with the dates set forth in subparagraphs (i) and (ii) of this subsection.

(b) For the purposes of subsection (a) of this section, "a continuing care facility which guarantees life care for its residents" means: (1) A facility which does not participate in the Medicaid program; (2) a facility which establishes its financial stability by submitting to the commissioner documentation which (A) demonstrates in financial statements compiled by certified public accountants that the facility and its direct or indirect owners have (i) on the date of the certificate of need application and for five years preceding such date, net assets or reserves equal to or greater than the projected operating revenues for the facility in its first two years of operation or (ii) assets or other indications of financial stability determined by the commissioner to be sufficient to provide for the financial stability of the facility based on its proposed financial structure and operations, (B) demonstrates in financial statements compiled by certified public accountants that the facility, on the date of the certificate of need application, has a projected debt coverage ratio at ninety-five per cent occupancy of at least one and twenty-five one-hundredths, (C) details the financial operation and projected cash flow of the facility on the date of the certificate of need application, to be updated every five years thereafter, and demonstrates that fees payable by residents and the assets, income and insurance coverage of residents, in combination with

other sources of facility funding, are sufficient to provide for the expenses of life care services for the life of the residents to be made available within a continuum of care which shall include the provision of health services in the independent living units, and (D) provides that any transfer of ownership of the facility to take place within a five-year period from the date of approval of its certificate of need shall be subject to the approval of the Commissioner of Social Services in accordance with the provisions of section 17b-355; (3) a facility which establishes to the satisfaction of the commissioner that it can provide for the expenses of the continuum of care to be made available to residents by complying with the provisions of chapter 319f and demonstrating sufficient assets, income, financial reserves or long-term care insurance to provide for such expenses and maintain financially viable operation of the facility for a thirty-year period based on generally accepted accounting practices and actuarial principles, which demonstration (A) may include making available to prospective residents long-term care insurance policies which are substantially equivalent in value and coverage to policies precertified pursuant to section 38a-475, (B) shall include establishing eligibility criteria and screening each resident prior to admission and annually thereafter to ensure that his assets, income and insurance coverage are sufficient in combination with other sources of facility funding to cover such expenses, (C) shall include entering into contracts with residents concerning monthly or other periodic fees payable by residents for services provided, and (D) allowing residents whose expenses are not covered by insurance to pledge or transfer income, assets or proceeds from the sale of assets in amounts sufficient to cover such expenses; (4) a facility which demonstrates it will establish a contingency fund, prior to becoming operational, in an initial amount of five hundred thousand dollars which shall be increased in equal annual increments to at least one million dollars by the start of the facility's sixth year of operation and which shall be replenished within twelve months of any expenditure, provided the amount to be replenished shall not exceed two hundred fifty thousand dollars annually until one million dollars is reached, to provide for the expenses of the continuum of care to be made available to residents which may not be covered by residents' assets, income or insurance, provided the commissioner may approve the establishment of a contingency fund in a lesser amount upon the application of a facility for which a lesser amount is appropriate based on the size of the facility; and (5) a facility which is operated by management with demonstrated experience and ability in the operation of similar facilities. Notwithstanding the provisions of this subsection, a facility may be deemed a continuing care facility which guarantees life care for its residents if (A) the facility meets the criteria set forth in subdivisions (2) to (5), inclusive, of this subsection, was Medicaid certified prior to October 1, 1993, and has been deemed qualified to enter into a continuing care contract under chapter 319hh for at least two consecutive years prior to filing its certificate of need application under this section, provided (i) no additional bed approved pursuant to this section shall be Medicaid certified; (ii) no patient in such a bed shall be involuntarily transferred to another bed due to his eligibility for Medicaid and (iii) the facility shall pay the cost of care for a patient in such a bed who is Medicaid eligible and does not wish to be transferred to another bed or (B) the facility is operated exclusively by and for a religious order which is committed to the care and well-being of its members for the duration of their lives and whose members are bound thereto by the profession of permanent vows. On and after July 1, 1997, the Department of Social Services shall give priority to a request for modification of a certificate of need from a continuing care facility which guarantees life care for its residents pursuant to the provisions of this subsection.

(c) For the purposes of this section and sections 17b-352 and 17b-353, construction shall be deemed to have begun if the following have occurred and the department has been so notified in writing within the thirty days prior to the date by which construction is to begin: (1) All necessary town,

state and federal approvals required to begin construction have been obtained, including all zoning and wetlands approvals; (2) all necessary town and state permits required to begin construction or site work have been obtained; (3) financing approval, as defined in subsection (d) of this section, has been obtained; and (4) construction of a structure approved in the certificate of need has begun. For the purposes of this subsection, commencement of construction of a structure shall include, at a minimum, completion of a foundation. Notwithstanding the provisions of this subsection, upon receipt of an application filed at least thirty days prior to the date by which construction is to begin, the commissioner may deem construction to have begun if: (A) An owner of a certificate of need has fully complied with the provisions of subdivisions (1), (2) and (3) of this subsection; (B) such owner submits clear and convincing evidence that he has complied with the provisions of this subsection sufficiently to demonstrate a high probability that construction shall be completed in time to obtain licensure by the Department of Public Health on or before the date required pursuant to subsection (a) of this section; (C) construction of a structure cannot begin due to unforeseeable circumstances beyond the control of the owner; and (D) at least ten per cent of the approved total capital expenditure or two hundred fifty thousand dollars, whichever is greater, has been expended.

(d) For the purposes of subsection (c) of this section, subject to the provisions of subsection (e) of this section, financing shall be deemed to have been obtained if the owner of the certificate of need receives a commitment letter from a lender indicating an affirmative interest in financing the project subject to reasonable and customary conditions, including a final commitment from the lender's loan committee or other entity responsible for approving loans. If a lender which has issued a commitment letter subsequently refuses to finance the project, the owner shall notify the department in writing within five business days of the receipt of the refusal. The owner shall, if so requested by the department, provide the commissioner with copies of all communications between the owner and the lender concerning the request for financing. The owner shall have one further opportunity to obtain financing which shall be demonstrated by submitting another commitment letter from a lender to the department within thirty days of the owner's receipt of the refusal from the first lender.

(e) On and after March 1, 1993, financing shall be deemed to have been obtained for the purposes of this section and sections 17b-352 and 17b-353 if the owner of the certificate of need has (1) received a final commitment for financing in writing from a lender or (2) provided evidence to the department that the owner has sufficient funds available to construct the project without financing.

(f) Any decision of the Office of Health Care Access issued prior to July 1, 1993, as to whether construction has begun or financing has been obtained for nursing home beds approved by the office prior to said date shall be deemed to be a decision of the Commissioner of Social Services for the purposes of this section and sections 17b-352 and 17b-353.

(g) (1) A continuing care facility which guarantees life care for its residents, as defined in subsection (b) of this section, (A) shall arrange for a medical assessment to be conducted by an independent physician or an access agency approved by the Office of Policy and Management and the Department of Social Services as meeting the requirements for such agency as defined by regulations adopted pursuant to subsection (e) of section 17b-342, prior to the admission of any resident to the nursing facility and shall document such assessment in the resident's medical file and (B) may transfer or discharge a resident who has intentionally transferred assets in a sum which will render the resident unable to pay the cost of nursing facility care in accordance with the contract between the resident and the facility.

(2) A continuing care facility which guarantees life care for its residents, as defined in subsection (b) of this section, may, for the seven-year period immediately subsequent to becoming operational, accept nonresidents directly as nursing facility patients on a contractual basis provided any such contract shall include, but not be limited to, requiring the facility (A) to document that placement of the patient in such facility is medically appropriate; (B) to apply to a potential nonresident patient the financial eligibility criteria applied to a potential resident of the facility pursuant to said subsection (b); and (C) to at least annually screen each nonresident patient to ensure the maintenance of assets, income and insurance sufficient to cover the cost of at least forty-two months of nursing facility care. A facility may transfer or discharge a nonresident patient upon the patient exhausting assets sufficient to pay the costs of his care or upon the facility determining the patient has intentionally transferred assets in a sum which will render the patient unable to pay the costs of a total of forty-two months of nursing facility care from the date of initial admission to the nursing facility. Any such transfer or discharge shall be conducted in accordance with section 19a-535. The commissioner may grant one or more three-year extensions of the period during which a facility may accept nonresident patients, provided the facility is in compliance with the provisions of this section.

(h) Notwithstanding the provisions of subsection (a) of this section, if an owner of an approved certificate of need for additional nursing home beds has notified the Office of Health Care Access or the Department of Social Services on or before September 30, 1993, of his intention to utilize such beds for a continuing care facility which guarantees life care for its residents in accordance with subsection (b) of this section and has filed documentation with the Department of Social Services on or before September 30, 1994, demonstrating the requirements of said subsection (b) have been met, the certificate of need shall not expire.

(i) The Commissioner of Social Services may waive or modify any requirement of this section, except subdivision (1) of subsection (b) which prohibits participation in the Medicaid program, to enable an established continuing care facility registered pursuant to chapter 319hh prior to September 1, 1991, to add nursing home beds provided the continuing care facility agrees to no longer admit nonresidents into any of the facility's nursing home beds except for spouses of residents of such facility and provided the addition of nursing home beds will not have an adverse impact on the facility's financial stability, as defined in subsection (b) of this section, and are located within a structure constructed and licensed prior to July 1, 1992.]

(a) An applicant, prior to submitting a certificate of need application, shall request, in writing, application forms and instructions from the department, and shall include in such request: (1) The name of the applicant or applicants; (2) a statement indicating whether the application is for (A) a new, additional, expanded or replacement facility or service, (B) a termination or reduction in a presently authorized service or bed capacity, or (C) any new, additional or terminated beds and their type; (3) the estimated capital cost; (4) the town where the project is or will be located; and (5) a brief description of the proposed project. Such request shall be deemed a letter of intent. No certificate of need application shall be considered submitted to the department unless a current letter of intent, specific to the proposal and in accordance with the provisions of this subsection, has been on file with the department for not less than ten business days. For purposes of this subsection, "a current letter of intent" means a letter of intent on file with the department for not more than one hundred eighty days. A certificate of need application shall be deemed withdrawn by the department if a department completeness letter is not responded to within one hundred eighty days.

[No facility shall be allowed to close or decrease substantially its total bed capacity until such time as a public hearing has been held in accordance with the provisions of this subsection and the Commissioner of Social Services has approved the facility's request unless such decrease is associated with a census reduction. The commissioner may impose a civil penalty of not more than five thousand dollars on any facility that fails to comply with the provisions of this subsection. Penalty payments received by the commissioner pursuant to this subsection shall be deposited in the special fund established by the department pursuant to subsection (c) of *section 17b-357* and used for the purposes specified in said subsection (c). The commissioner or the commissioner's designee shall hold a public hearing upon the earliest occurrence of: (1) Receipt of any letter of intent submitted by a facility to the department, or (2) receipt of any certificate of need application. Such hearing shall be held at the facility for which the letter of intent or certificate of need application was submitted not later than thirty days after the date on which such letter or application was received by the commissioner. The commissioner or the commissioner's designee shall provide both the facility and the public with notice of the date of the hearing not less than fourteen days in advance of such date. Notice to the facility shall be by certified mail and notice to the public shall be by publication in a newspaper having a substantial circulation in the area served by the facility.]

(b) Any facility acting pursuant to subdivision (3) of subsection (b) of section 17b-352 shall provide written notice, at the same time it submits its letter of intent, to all patients, guardians or conservators, if any, or legally liable relatives or other responsible parties, if known, and shall post such notice in a conspicuous location at the facility. The notice shall state the following: (A) The projected date the facility will be submitting its certificate of need application, (B) that only the department has the authority to either grant, modify or deny the application, (C) that the department has up to ninety days to grant, modify or deny the certificate of need application, (D) a brief description of the reason or reasons for submitting a request for permission, (E) that no patient shall be involuntarily transferred or discharged within or from a facility pursuant to state and federal law because of the filing of the certificate of need application, (F) that all patients have a right to appeal any proposed transfer or discharge, and (G) the name, mailing address and telephone number of the Office of the Long-Term Care Ombudsman and local legal aid office.

(c) The commissioner shall grant, modify or deny a certificate of need application within ninety days of receipt thereof, except as otherwise provided in this section. Upon the request of the applicant, the review period may be extended for an additional fifteen days if the commissioner or the commissioner’s designee has requested additional information subsequent to the commencement of the review period. The commissioner or the commissioner’s designee may extend the review period for a maximum of thirty days if the applicant has not filed in a timely manner information deemed necessary by the commissioner or the commissioner’s designee. The applicant may request and shall receive a hearing in accordance with section 4-177 if aggrieved by a decision of the commissioner.

(d) In conducting its activities pursuant to section 17b-352, except as provided for in subsection (e) of this section, the Commissioner of Social Services or said commissioner's designee may hold a public hearing on an application or on more than one application, if such applications are of a similar nature with respect to the request. At least seven days’ notice of the hearing shall be given to the facility. Such hearing shall be held at the discretion of the commissioner in Hartford or in the area so served. If the hearing is conducted by a designee of the commissioner, the designee shall submit any findings and recommendations to the commissioner. The commissioner shall grant, modify or deny such

request within ninety days, except as provided for in this section. Upon the request of the applicant, the review period may be extended for an additional fifteen days if the commissioner or the commissioner's designee has requested additional information subsequent to the commencement of the review period. The commissioner or the commissioner's designee may extend the review period for a maximum of thirty days if the applicant has not filed in a timely manner information deemed necessary by the commissioner or the commissioner's designee.

(e) No facility shall be allowed to close or decrease substantially its total bed capacity until such time as a public hearing has been held in accordance with the provisions of this subsection and the Commissioner of Social Services has approved the facility's request unless such decrease is associated with a census reduction. The commissioner or the commissioner's designee shall hold a public hearing upon receipt of a letter of intent submitted by a facility to the department requesting facility closure. Such hearing shall be held, subject to applicable state and local building code and fire safety requirements, at the facility for which the letter of intent was submitted, or, if the facility location is not feasible, at another location designated by the Commissioner, not later than thirty days after the date on which such letter of intent was received by the commissioner. The commissioner or the commissioner's designee shall provide both the facility and the public with notice of the date of the hearing not less than ten days in advance of such date. Notice to the facility shall be by certified or electronic mail and notice to the public shall be by publication in a newspaper having a substantial circulation in the area served by the facility. The facility shall submit a certificate of need application not later than three days prior to the public hearing. The commissioner may impose a civil penalty of not more than five thousand dollars on any facility that fails to comply with the provisions of this subsection. Penalty payments received by the commissioner pursuant to this subsection shall be deposited in the special fund established by the department pursuant to subsection (c) of section 17b-357 and used for the purposes specified in said subsection (c).

[(j)] (f) The Commissioner of Social Services shall adopt regulations, in accordance with chapter 54, to implement the provisions of this section. [The commissioner shall implement the standards and procedures of the Office of Health Care Access division of the Department of Public Health concerning certificates of need established pursuant to section 19a-643, as appropriate for the purposes of this section, until the time final regulations are adopted in accordance with said chapter 54.]

Sec. 4. Section 17b-354a of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

[The Superior Court on application of the Commissioner of Social Services or the Attorney General, may enforce, by appropriate decree or process any provision of *section* 17b-352, 17b-353 or 17b-354, respectively, or any act or any order of the commissioner rendered in pursuance of any such provision.]

(a) A certificate of need shall be valid only for the project described in the application. A certificate of need shall be valid for two years from the date of issuance by the department except a certificate of need for capital improvements, which shall be valid for five years from the date of issuance by the department. During the period of time that such certificate is valid and the thirty-day period

following the expiration of the certificate, the holder of the certificate shall provide the department with such information as the department may request on the development of the project covered by the certificate.

(b) Upon request from a certificate holder, the department may extend the duration of a certificate of need for such additional period of time as the department determines is reasonably necessary to expeditiously complete the project.

(c) In the event that the department determines that: (1) Commencement, construction or other preparation has not been substantially undertaken during a valid certificate of need period; or (2) the certificate holder has not made a good-faith effort to complete the project as approved, the department may withdraw, revoke or rescind the certificate of need.

(d) For the purposes of this section, construction shall be deemed to have begun if the following have occurred: (1) All necessary town, state and federal approvals required to begin construction have been obtained, including all zoning and wetlands approvals; and (2) all necessary town and state permits required to begin construction or site work have been obtained.

(e) Financing shall be deemed to have been obtained for the purposes of this section if the owner of the certificate of need: (1) Receives a commitment letter from a lender indicating an affirmative interest in financing the project subject to reasonable and customary conditions, including a final commitment from the lender's loan committee or other entity responsible for approving loans; (2) received a final commitment for financing in writing from a lender; or (3) provided evidence to the department that the owner has sufficient funds available to construct the project without financing.

(f) A certificate of need shall be location specific and shall not be transferable or assignable nor shall a project be transferred from a certificate holder to another person.

Sec. 6. Section 17b-354c of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(a) **[**Except for applications filed on or before May 1, 2001, which shall not be subject to the restrictions set forth in this section, for the period from July 1, 2001, to June 30, 2007, rest]-Rest homes with nursing supervision beds under common ownership with chronic and convalescent nursing home beds in the same or an immediately adjacent building may be converted to chronic and convalescent nursing home beds in accordance with the provisions of section 17b-352, provided that such conversion shall not result in an increase in cost to the state of more than twelve per cent of the amount previously paid to the facility annually for both levels of care. This limitation shall apply only to conversion of rest homes with nursing supervision beds under common ownership with chronic and convalescent nursing home beds or in the same or an immediately adjacent building. Rest homes with nursing supervision beds in freestanding facilities-[and rest homes with nursing supervision beds transferred to another licensed and Medicaid-certified nursing home]-may be converted to chronic and convalescent nursing home beds pursuant to section 17b-352[and subsection (a) of section 17b-354 as applicable].-The Commissioner of Social Services shall adopt regulations, in accordance with chapter 54, to implement the provisions of this section.

Sec. 7. Section 17b-355 of the General Statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

[In determining whether a request submitted pursuant to sections 17b-352 to 17b-354, inclusive, will be granted, modified or denied, the Commissioner of Social Services shall consider the following: The relationship of the request to the state health plan, the financial feasibility of the request and its impact on the applicant's rates and financial condition, the contribution of the request to the quality, accessibility and cost-effectiveness of health care delivery in the region, whether there is clear public need for the request, the relationship of any proposed change to the applicant's current utilization statistics, the business interests of all owners, partners, associates, incorporators, directors, sponsors, stockholders and operators and the personal background of such persons, and any other factor which the department deems relevant. Whenever the granting, modification or denial of a request is inconsistent with the state health plan, a written explanation of the reasons for the inconsistency shall be included in the decision. In considering whether there is clear public need for any request for additional nursing home beds associated with a continuing care facility submitted pursuant to section 17b-354, the commissioner shall only consider the need for beds for current and prospective residents of the continuing care facility. In considering whether there is clear public need for any request for the relocation of beds, the commissioner shall consider whether there is a demonstrated bed need in the towns within a fifteen-mile radius of the town in which the beds are proposed to be located. Bed need shall be based on the recent occupancy percentage of area nursing facilities and the projected bed need for no more than five years into the future at ninety-seven and one-half per cent occupancy using the latest official population projections by town and age as published by the Office of Policy and Management and the latest available state-wide nursing facility utilization statistics by age cohort from the Department of Public Health. The commissioner may also consider area specific utilization and reductions in utilization rates to account for the increased use of less institutional alternatives.]

<u>The Superior Court on application of the Commissioner of Social Services or the Attorney General, may enforce, by appropriate decree or process any provision of sections 17b-352, 17b-353, 17b-354 or 17b-354a respectively, or any act or any order of the commissioner rendered in pursuance of any such provision.</u>