



## **Legislative Update # 29**

### **June 22, 2010**

The General Assembly met in Veto and Special session on Monday. They acted upon a few bills that are of interest to the behavioral health community. This update will address those issues and remind you of some important dates coming up in the next few weeks. Please note that both the veto session and the special session were adjourned.

Enjoy your summer...but don't forget, it is never too early to talk to any candidate about recovery services.

#### **Vetoed Bills that were Overturned by the General Assembly**

##### **HB 5248 *AN ACT ESTABLISHING A SENTENCING COMMISSION***

**SUMMARY:** This act creates, within existing budgetary resources, a 23-member Connecticut Sentencing Commission to review the existing criminal sentencing structure and any proposed changes to it, including existing statutes, proposed legislation, and existing and proposed sentencing policies and practices. It puts the commission within the Office of Policy and Management (OPM) for administrative purposes only.

The act sets out a guiding principle for the commission's work and the purposes of sentencing, lists specific duties for the commission, and authorizes the commission to access information held by state and municipal agencies.

The act requires the commission to meet at least once each quarter and at other times the chairperson deems necessary. It must make recommendations to the governor, legislature, and criminal justice agencies and begin submitting annual reports to the governor, legislature, and Supreme Court chief justice by January 15, 2012.

The act authorizes the commission to accept federal grants or private funds for purposes consistent with its duties.

**EFFECTIVE DATE:** February 1, 2011

## **SENTENCING COMMISSION MEMBERS**

### ***Ex-Officio Members***

The act makes the following officials commission members with terms coterminous with their term of office:

1. Board of Pardons and Paroles chairperson;
2. chief public defender;
3. chief state's attorney;
4. correction, mental health and addiction services, and public safety commissioners;
5. OPM's Criminal Justice Policy and Planning Division undersecretary; and
6. victim advocate.

## **HB 5286 AN ACT CONCERNING LICENSURE OF MASTER AND CLINICAL SOCIAL WORKERS**

**SUMMARY:** This act creates a new license category for certain social workers. The new category, called “master social worker,” is administered by the Department of Public Health (DPH). The act:

1. defines the practice of a master social worker,
2. requires practitioners to be licensed annually and establishes licensure requirements and fees,
3. allows for licensure by endorsement or licensure without examination in certain cases,
4. provides for one-time \$50 temporary permits to practice,
5. prohibits independent practice after October 1, 2013,
6. specifies activities certain master social workers can do, and
7. establishes continuing education requirements.

DPH currently licenses clinical social workers and continues to do so under the act, with some changes concerning work experience requirements.

The act specifies that (1) DPH must issue licenses to master social workers only if appropriations are available and (2) no new regulatory board is established for master social workers if the licensure program is in fact implemented.

EFFECTIVE DATE: October 1, 2010

## **MASTER SOCIAL WORKER**

### ***Terms and Definitions***

Under the act, a licensed master social worker can practice clinical social work under the professional supervision of, and offer a mental health diagnosis in consultation with, a licensed physician, advanced practice registered nurse (APRN), psychologist, marital and family therapist, clinical social worker, or professional counselor. “Professional supervision” is face-to-face consultation consisting of at least a

monthly review, a written evaluation, and assessment by the supervisor of the master social worker's practice of clinical social work.

The act specifies that a licensed clinical social worker can perform all the functions of a licensed master social worker and practice independently, but a licensed master social worker cannot engage in independent practice, except for a limited period (see below). "Independent practice" means the practice of clinical social work without supervision.

### ***License Requirements***

The act requires an applicant for a master social work license to (1) have a master's degree from a social work program accredited by the Council on Social Work Education or, if educated outside the United States or its territories, have completed an educational program the council deems equivalent and (2) pass the master-level examination of the Association of Social Work Boards or any other examination DPH prescribes.

The application fee for a master social work license is \$220. (Existing law establishes a \$315 fee for licensed clinical social workers). The annual renewal fee for both licenses is \$190.

### ***Licensure by Endorsement***

The act allows the DPH commissioner to grant a license by endorsement to a master social work license applicant who (1) is licensed or certified as a master or clinical social worker in another state or jurisdiction whose practice requirements are substantially similar to or higher than Connecticut's and (2) has successfully completed the master-level examination of the Association of Social Work Boards or any other examination the commissioner prescribes. Existing law already allows for licensure by endorsement for clinical social workers. The act allows the commissioner to prescribe an alternative examination for clinical social workers.

He cannot issue a license to anyone who is facing disciplinary action or is the subject of an unresolved complaint.

### ***Licensure without Examination***

Prior to October 1, 2012, the act allows DPH to issue a license without examination to anyone who demonstrates to its satisfaction that, by October 1, 2010, he or she held a master's degree from a social work program accredited by the Council on Social Work Education or, if educated outside the United States or its territories, had completed an educational program the council deems equivalent.

### ***Independent Practice***

The act allows a master social worker (presumably one who is licensed as such) to engage in independent practice between October 1, 2010 and October 1, 2013. After October 1, 2013, a master social worker cannot engage in independent practice unless he or she is licensed as a clinical social worker.

### ***Temporary Permit***

The act allows DPH to issue a temporary permit to a license applicant who has a master's degree from an accredited or equivalent social work program but has not yet taken the required licensure examination. The temporary permit authorizes the holder to work under supervision as a master social worker for up to 120 calendar days from the date he or she receives the master's degree. A temporary permit is not renewable; it is void and cannot be reissued if the applicant fails the examination. The temporary permit fee is \$50.

### ***Title Protection***

The act prohibits anyone from (1) using the title “licensed master social worker” or any initials associated with it or (2) advertising services under the description of a licensed master social worker, unless the individual has a master social worker license. The law already provides this protection for licensed clinical social workers.

### ***Allowed Activities***

The act specifies that it does not prohibit (1) a social worker from practicing community organization, policy and planning, research, or administration that does not involve engaging in clinical social work or supervising a social worker engaged in clinical treatment with clients or (2) individuals with a baccalaureate degree in social work from a Council on Social Work Education accredited program from performing nonclinical social work functions.

## **CONTINUING EDUCATION**

### ***New Requirements for Licensed Clinical Social Workers and Master Social Workers***

By law, licensed clinical social workers must meet continuing education requirements to have their licenses renewed. Prior law authorized DPH to adopt regulations that define basic requirements for continuing education programs, delineate qualifying programs, establish a control and reporting system, and provide for waiving the requirements for good cause.

The act eliminates this provision and instead establishes statutory requirements for both licensed clinical and master social workers. (Some of the act's requirements reflect those in regulation.)

The act requires each type of social worker to complete a minimum of 15 hours of continuing education during each registration period. A “registration period” is the 12-month period for which a license is current and valid. The requirement for licensed master social workers begins on October 1, 2011. Continuing education must be related to the practice of social work and consist of courses, workshops, and conferences offered or approved by the Association of Social Work Boards, the National Association of Social Workers, or a school or department of social work accredited by the Council on Social Work Education.

A person can take up to six hours of on-line and home study continuing education per registration period. During the registration period, an initial presentation by a licensee of an original paper, essay, or formal lecture in social work to a recognized group of fellow professionals may account for five continuing education hours.

Each licensee must get a certificate of completion from the continuing education provider for all hours successfully completed. He or she must retain these certificates for at least three years following the license renewal date for which the activity satisfies the continuing education requirement. The licensee must submit the certificate to DPH upon request. A licensee failing to comply with the continuing education requirements may be subject to DPH disciplinary action, including license revocation or suspension, censure, letter of reprimand, placement on probation, or a civil penalty.

### ***Professional Educator Certificates***

Existing law allows a licensed clinical social worker who also holds a State Board of Education professional educator certificate with a school social worker endorsement to meet continuing education requirements for social workers by completing continuing education activities required for the educator certificate. The number of continuing education hours for maintaining the educator certificate must equal that required for clinical social worker continuing education over a one-year period.

The act continues to recognize this professional educator certificate-related continuing education and applies it to both licensed clinical and master social workers.

### ***Exemptions from Continuing Education***

A licensee applying for his or her first renewal is exempt from the continuing education requirements. DPH may grant a waiver from the requirements or a time extension to a licensee who has a medical disability or illness. The licensee must apply for a waiver or extension to DPH and submit any documentation the department requires. The waiver or extension cannot exceed one registration period. DPH may grant additional waivers or extensions if the initial reason for the waiver or extension continues beyond the waiver or extension period.

DPH may also grant a continuing education waiver to a licensee who is not engaged in social work during a given registration period if the licensee requests a waiver before the continuing education period expires.

A licensee granted a continuing education waiver must complete seven hours of continuing education within six months from the date on which he or she returned to active practice and must comply with the certificate of completion requirements.

### ***Reinstatement of a Void License***

A licensee whose license is void because of failure to renew and who applies to DPH for reinstatement must submit evidence documenting that he or she has successfully completed seven hours of continuing education within the one-year period immediately preceding the date he or she applied for reinstatement.

## **LICENSED CLINICAL SOCIAL WORKERS**

By law, licensed clinical social workers must (1) have a doctorate or master's degree from a social work program accredited by the Council on Social Work Education or, if educated outside of the United States or its territories, have completed an educational program deemed equivalent by the council; (2) have 3,000 hours of post-master's social work experience, which must include at least 100 hours of work under professional supervision by a licensed clinical or certified independent social worker; and (3) pass the clinical level examination of the American Association of State Social Work Boards (the act changes this name to Association of Social Work Boards) or any other examination prescribed by DPH (CGS § 20-195n).

The act specifies that beginning October 1, 2011, any work experience hours required for licensure as a clinical social worker completed in Connecticut must be as a licensed master social worker.

## ***HB 5207 AN ACT CONCERNING CRIMINAL BACKGROUND CHECKS FOR PROSPECTIVE STATE EMPLOYEES***

**SUMMARY:** This act prohibits certain state employers from asking about a prospective employee's past convictions until the person is deemed otherwise qualified for the position. The prohibition does not apply if a statute specifically disqualifies someone from a position due to a prior conviction.

The applicable employers are the state; the executive and judicial branches, including any of their boards, departments, commissions, institutions, agencies, or units; boards of trustees of state-owned or -supported colleges, universities, or their branches; public and quasi-public state corporations; authorities established by law; and anyone designated by such employers to act in their interest with employees.

The act does not cover the state Board of Labor Relations, Board of Mediation and Arbitration, or, apparently, the Legislative Branch. This means these employers may ask a prospective employee about prior convictions. However, the law, unchanged by the act, prohibits these and other state agencies from denying a person employment solely because of a prior conviction.

EFFECTIVE DATE: October 1, 2010

## **BACKGROUND**

### ***Denying State Employment or Credential Based on Prior Convictions***

With two exceptions, the law prohibits the state and its agencies from disqualifying a person from state employment or denying, suspending, or revoking a credential (such as a professional, trade, or business license) solely because of a prior conviction. The exceptions are for law enforcement agencies and licensing mortgage lenders, correspondent lenders, and brokers. Instead, prior to finding that someone is unsuitable for a position or credential based on a prior conviction, the relevant agency must consider the nature of the crime, its relation to the job, the person's rehabilitation, and how much time has passed since the conviction or release.

An agency must consider these factors regardless of other law and even one that purports to govern denying credentials due to lack of good moral character or suspending or revoking a credential due to a conviction.

### **Issues of Interest that were Addressed During the Special Session**

***SB 501 AN ACT CONCERNING THE REAL ESTATE CONVEYANCE TAX, THE CONVEYANCE OF CERTAIN PARCELS OF STATE LAND, ADJUSTMENTS TO CERTAIN PROGRAMS IMPLEMENTED THROUGH THE DEPARTMENT OF SOCIAL SERVICES, A REPORT ON TAX CREDITS, JUVENILE JUSTICE, ABSENTEE VOTING BY MEMBERS OF THE MILITARY, REVISIONS TO VARIOUS TASK FORCES, COMMISSIONS AND COUNCILS, AND AMENDMENTS AND MINOR AND TECHNICAL CHANGES TO CERTAIN SPECIAL AND PUBLIC ACTS OF THE 2010 REGULAR SESSION***

**\*\*We are just flagging the behavioral health and DMHAS issues. You may want to look at the entire bill for further information.**

## **SECTIONS 4-17 — CONVEYANCE OF STATE PROPERTY**

### ***Plan for Cedar Ridge Property***

The bill requires the Office of Policy and Management (OPM) secretary and the Department of Environmental Protection (DEP) and Department of Public Works (DPW) commissioners to develop a plan to preserve a 10-acre parcel of the Cedar Ridge facility property in Newington as open space, provided the DMHAS commissioner certifies to OPM in writing that the property or any portion of it is surplus. The plan must allow Newington to use the 10-acre parcel for passive recreation.

## **SECTION 18 — TAX CREDITS FOR HIRING PEOPLE WITH DISABILITIES**

PA 10-75 authorizes insurance premium, corporation business, and personal income tax credits for businesses hiring Connecticut residents with disabilities. This bill expands the range of new employees that qualify businesses for the credits to include people with blindness.

Under PA 10-75, a business can claim the credit for hiring new employees who:

1. live in Connecticut;
2. can see, but have other physical or mental impairments that make it hard for them to find work;
3. receive vocational rehabilitation services from the Department of Social Services' Bureau of Rehabilitation Services (BRS);
4. were hired after May 6, 2010; and
5. did not work for a related business during the previous 12 months.

Under the bill, the business can claim the credit for hiring people who are blind or receiving services from the Board of Education and Services for the Blind (BESB). It also allows the business to claim the credit for hiring people with disabilities who were employed by a related business as long as they did not receive services from the Bureau of Rehabilitation Services or BESB. As under the act, the business can claim the credit Connecticut residents hired after May 6, 2010.

EFFECTIVE DATE: Upon passage and applicable to income years beginning on or after January 1, 2010.

## **SECTION 21 — MEDICAID REIMBURSEMENT FOR ELECTRONIC HEALTH RECORDS**

The bill requires the Department of Social Services (DSS) commissioner, in consultation with the Department of Public Health (DPH) commissioner, to take any actions needed to qualify for Medicaid funds under the American Recovery and Reinvestment Act of 2009 (ARRA) for (1) DSS health information technology planning activities and (2) incentive payments to eligible hospitals and health professionals. It requires the DSS commissioner to disburse any incentive payments the department receives to hospitals and health professionals.

EFFECTIVE DATE: Upon passage

### ***Background: ARRA Medicaid Incentive Grants***

Under Title IV of ARRA, the federal government will pay 100% of the cost eligible health professionals and hospitals incur to purchase, implement, and operate (including support services and staff training) certified electronic health record (EHR) technology. And it will pay 90% of state administrative expenses related to implementing these incentives. State-designated entities that promote the adoption of EHR technology are also eligible to receive incentive payments through arrangements with eligible professionals under certain conditions.

The incentive grants are made through state Medicaid agencies (i.e., DSS) to certain health professionals and hospitals that provide services to specified minimum percentages of Medicaid beneficiaries and are “meaningful users” of EHR. Incentives can cover up to 85% of the net allowable costs of technology; they are available for up to six years. The maximum incentive grant is \$ 63,750.

The Centers for Medicaid and Medicare Services, which administers this program, recently proposed regulations defining “meaningful use.” The Stage 1 criteria, which, if adopted, take effect in 2011, focus on electronically capturing health information in a coded format, using that information to track key clinical conditions, communicating that information for care coordination, and initiating reporting of clinical quality measures and public health information. The criteria contain 25 objectives and measures for professionals and 23 for hospitals. Additional reporting requirements would take effect in 2012.

## **SECTION 22 — MEDICAID HOME- AND COMMUNITY-BASED SERVICES**

The bill authorizes the DSS commissioner, by January 1, 2011, to evaluate whether the state should seek to institute optional Medicaid home- and community-based services that the federal PPACA makes available to states with enhanced reimbursement.

EFFECTIVE DATE: Upon passage

***Background: PPACA Home - and Community-Based Services (HCBS) Incentives***

PPACA creates a new Medicaid community-based attendant service option for people who want to remain at home or in a community-based setting but need an institutional level of care. The option becomes available October 2011. States that choose to adopt this in their state Medicaid plan will receive a six percentage point increase in their reimbursement rate. (Connecticut would receive 56% rather than 50%.) PPACA also:

1. enhances the Medicaid HCBS state plan benefit by expanding services that can be available and eliminating state discretion to cap participants,
2. offers financial incentives to states that are currently spending less than 50% of their Medicaid long-term care dollars on community-based services, and
3. extends until 2016 the Money Follows the Person demonstration program under which states receive enhanced reimbursement rates for moving people from nursing homes to community settings and (b) reduces from six months to 90 days the minimum institutional residency requirement for eligibility and prohibits states from imposing a longer one.

**SECTION 23 — SAGA CONVERSION TO MEDICAID**

The bill allows funds appropriated to the State Administered General Assistance (SAGA) medical program for FY 10 to be deemed appropriated to the state's Medicaid account in order to maximize federal revenue. This occurs on federal approval of a Medicaid state plan amendment that DSS has already submitted.

It permits funds recouped in FY 11 from medical providers due to the conversion of the SAGA medical program to Medicaid to be spent under the Medicaid program for that fiscal year.

EFFECTIVE DATE: Upon passage

**SECTION 24 — MEDICAID ELIGIBILITY FOR INDIVIDUALS MEETING STATE-ADMINISTERED GENERAL ASSISTANCE (SAGA) CRITERIA**

The bill explicitly requires the DSS commissioner, subject to federal approval, to administer Medicaid coverage for low-income adults required by the PPACA and PA 10-3. DSS must use the SAGA medical assistance eligibility rules, which includes the use of the “medically needy income limit,” (about \$ 500 per month for most residents of the state), a \$150 employment deduction from income, and a three-month extension of assistance for individuals who lose their eligibility because their earnings have increased above the income limit. The bill requires the commissioner to implement this provision while in the process of adopting them in regulations.

EFFECTIVE DATE: Upon passage

**SECTION 25 — PAYMENT FOR STATE HUMANE INSTITUTIONS SERVING MEDICAID RECIPIENTS**

Under current law, payments for supporting Medicaid recipients who receive care in a state mental hospital can be made to the commissioner of administrative services, who must keep an accounting of these and turn it over to the state treasurer. The bill instead allows DSS to pay all bills or services provided by state humane institutions to Medicaid recipients to the state agency that provides the services or oversees the institution's operations. The state's humane institutions include the above



hospitals, community mental health centers, treatment facilities for children and adolescents, or any other facility or program administered by the departments of Mental Health and Addiction Services, Developmental Services, or Children and Families.

EFFECTIVE DATE: July 1, 2010

#### **SECTION 26 — PRESUMPTIVE ELIGIBILITY FOR HUSKY B CHILDREN**

The bill permits the DSS commissioner to implement presumptive eligibility for children applying for HUSKY B if it is cost effective to do so. By law, DSS must do these eligibility determinations for children applying for Medicaid, in accordance with federal law. The commissioner adopts regulations to establish standards and procedures for designating organizations as “qualified entities” that can grant presumptive eligibility. These same provisions apply under the bill if DSS uses presumptive eligibility for HUSKY B applicants.

Presumptive eligibility means that children are presumed to be eligible for assistance (hence can start receiving benefits immediately) based on statements made by their caretaker relatives. Complete eligibility determinations are done after initial eligibility is granted.

EFFECTIVE DATE: Upon passage

#### **SECTION 28 — JUVENILE MATTERS DEFINITIONS**

The bill amends various definitions applicable to juvenile matters, in most cases to conform statutes to reflect the increase in juvenile court jurisdiction to those age 16, rather than 15.

But it also (1) excludes emancipated minors from juvenile court jurisdiction; (2) makes 1<sup>st</sup> and 2<sup>nd</sup> degree failure to appear a delinquent act only if it involves failing to appear at a delinquency proceeding of which the child had notice, and (3) excludes from the definition of “serious juvenile offense” that portion of the risk of injury statute that involves placing a child in a situation where he or she is likely to be endangered or have his or her morals impaired.

EFFECTIVE DATE: Upon passage

#### **SECTION 29 — DISCLOSING DELINQUENCY RECORDS TO THE DEPARTMENT OF MOTOR VEHICLES**

The bill requires that delinquency proceedings that contain information that a child has been convicted as delinquent for specified offenses must be disclosed to the Department of Motor Vehicles. The department must use the records in determining whether administrative sanctions on the delinquent's driver's license are warranted. It may not further disclose the delinquency record.

The covered offenses are:

1. misrepresenting one's age to get an identity card or using someone else's card;
2. using a someone else's motor vehicle registration or driver's license;
3. operating with a revoked or suspended license;
4. reckless driving;
5. failing to bring vehicle to a full stop when signaled by a police officer;
6. leaving the scene of an accident;
7. drag racing;
8. if a minor, using a fake or borrowed license to buy alcohol; and

9. if a minor, possessing alcohol.

EFFECTIVE DATE: July 1, 2010

### **SECTION 30 — TRANSFERRING CASES TO JUVENILE DOCKET**

The bill allows judges to transfer cases involving 16-year-olds (and beginning July 1, 2012, 17-year-olds) from the youthful offender, adult, or motor vehicle docket to juvenile court. The transfer provision is for matters for which the juvenile could be subject to imprisonment. Driving under the influence claims are not subject to this process.

The transfer is triggered by the motion of any party or the judge hearing the case; it must be raised before trial or entry of a guilty plea. The judge must find that (1) the youth is charged with an offense or violation occurring on or after January 1, 2010 and (2) after a hearing considering the facts and circumstances of the case and the youth's prior history, the programs and services available in the juvenile court would more appropriately address the youth's needs; and the youth and community are better served treating the youth as a delinquent.

Under the bill, the court ordering the transfer must vacate any pleas entered in the matter and advise the youth of his or her rights. The youth must (1) enter pleas on the docket for juvenile matters in the jurisdiction where he or she resides and (2) be subject to prosecution as a delinquent child.

The bill specifies that transfer decisions cannot be immediately appealed.

EFFECTIVE DATE: July 1, 2010

### **SECTION 31 — ADMISSIBILITY OF JUVENILE CONFESSIONS**

By law, in juvenile proceedings, confessions of children under age 16 are not admissible against the child unless a parent who has been given Miranda warnings is present. For those age 16, admissibility is determined based on the totality of circumstances.

The bill provides that admissions, confessions, or statements, whether written or oral, made by the youth to a police officer in connection with a case that gets transferred to the juvenile court from the youthful offender or regular docket or from a motor vehicles docket are admissible in juvenile court.

EFFECTIVE DATE: July 1, 2010

### **SECTIONS 32-34 — RESTORATION OF HUSKY PLUS SERVICES**

PA 10-179 repealed the HUSKY Plus program. This bill restores the program, which requires DSS to provide supplemental benefits to children enrolled in the HUSKY B program (1) in families with incomes no higher than 300% of the federal poverty level and (2) who have extraordinary physical health or behavioral health needs that exceed the standard HUSKY B benefit package. The program is run within available appropriations.

The bill also makes technical and conforming changes.

EFFECTIVE DATE: July 1, 2010

### **SECTION 46 — Behavioral Health Partnership Oversight Council**

The bill reverses a change made in PA 10-179 (§ 71) that reduced the Senate minority leader's council appointments from two to one by eliminating the requirement that he appoint a member of the advisory council on Medicaid care management oversight. Under this bill, the Senate minority leader once again appoints two members, one who must be a provider of community-based services for children with

behavioral health problems and the other, a member of the advisory council on Medicaid care management oversight.

The council advises the DSS and DCF commissioners on the planning and implementation of the Behavioral Health Partnership.

EFFECTIVE DATE: July 1, 2010

## **SECTION 50 — OVER-THE-COUNTER DRUGS IN DSS MEDICAL ASSISTANCE PROGRAMS**

PA 10-3 (§ 12) eliminates DSS payments for most over-the-counter drugs purchased by enrollees of the department's medical assistance programs, beginning May 1, 2010. It exempts insulin and insulin syringes and drugs that must be covered under federal law. This bill also exempts nutritional supplements for individuals who must be tube fed or cannot safely ingest nutrition in any other form. (Children under age 21 who are Medicaid-eligible can still get these drugs.)

EFFECTIVE DATE: Upon passage

## ***SB 502 AN ACT MAKING ADJUSTMENTS TO THE BUDGET AND TO CERTAIN PUBLIC ACTS, AND ESTABLISHING THE HOMEOWNER'S EQUITY RECOVERY OPPORTUNITY LOAN PROGRAM***

**SUMMARY:** This bill makes various changes to implement the FY 10 deficit mitigation and FY 11 budget adjustment acts. It also allows the Connecticut Housing Finance Authority (CHFA) to provide mortgages to eligible buyers of distressed, foreclosed, or abandoned property and repeals a duplicative property tax exemption deadline extension.

## **SECTIONS 1 & 2 — CHANGES IN FY 11 BUDGET**

The bill makes changes the FY 11 budget as enacted in PA 10-179. It:

1. reduces the Department of Social Services' (DSS) appropriation for the Children's Trust Fund by \$2,253,225 and adds that amount to the Medicaid appropriation;
2. reduces DSS' appropriation for Alzheimer Respite Care by \$500,000;
3. appropriates \$500,000 to the State Department of Education for the Parent Trust Fund Program; and
4. redistributes cuts in Other Expenses to the FY 07 level by increasing legislative branch's required lapse by \$1,101,667, from \$9,639 to \$1,111,306 and reducing the executive branch's by the same amount, from \$ 31,990,361 to \$ 30,888,694.

EFFECTIVE DATE: July 1, 2010

## **SECTIONS 3 — SUPPORTIVE HOUSING, NEXT STEPS INITIATIVE**

PA 09-7 authorized funds to (1) provide rental assistance and services for the Next Steps Initiative's Round 3 development projects and (2) pay for debt service on the bonds issued to finance the projects. That act required any rental assistance and services funds not used for Round 3 to be used for other rental assistance and services for new scattered site supportive housing. This bill allows, rather than requires, any unused FY 11 Round 3 funds to be used for those purposes. It also repeals obsolete FY 10 funding allocations.

PA 09-7 act authorized up to the following amounts for Round 3 in FY 11:

1. \$264,000 of the funds appropriated to DSS for Homeless/Housing Services,
2. \$1 million of the funds appropriated to the Department of Mental Health and Addiction Services (DMHAS) for Housing Supports and Services, and
3. \$1 million of the funds appropriated to the treasurer to pay debt service.

By law, the Next Steps Initiative provides affordable housing and support services for people and families affected by psychiatric disabilities and chemical dependency that are homeless or at risk of being homeless and for supervised ex-offenders with serious mental health needs, among others. The law allows the state to provide state funds to the Connecticut Housing Finance Authority to pay debt service on bonds it issued for mortgage loans under the Next Steps Initiative.

EFFECTIVE DATE: Upon passage

### **SECTIONS 6 & 9 — EYEGLASS COVERAGE IN MEDICAID; REPEALER**

PAs 10-3 and 10-179 (1) prohibit DSS from paying for more than one pair of eyeglasses per year under any of the Medicaid program and (2) require DSS to administer the payment for eyeglasses and contact lenses as cost-effectively as possible.

This bill permits DSS to implement policies and procedures to administer these provisions while in the process of adopting them in regulation, provided the DSS commissioner publishes notice of intent to adopt them in the Connecticut Law Journal within 20 days of implementing them. These policies and procedures are valid until final regulations are adopted.

The bill repeals this identical language as it applies to the entirety of PA 10-179 (§ 60), which has provisions dealing with several state agencies, not just DSS.

EFFECTIVE DATE: Upon passage

### **IMPORTANT DATES**

#### **Wednesday, June 23, 2010**

|           |  |    |
|-----------|--|----|
| 1: 00 PM  | Commission on Aging and LTCAC: Briefing on National Health Reform - Spotlight on Long-Term Care Systems Change | 1D |
| 4: 00 PM  | Office of the Healthcare Advocate: Sustinet Tobacco & Smoking Cessation Task Force Meeting                     | 1A |
| 5: 00 PM  | CT Department of Public Health: Public Comment on Strategic Plan for Health Information Technology & Exchange  | 1C |
| 11: 00 AM | Public Health and Human Services Joint Public Hearing Re: Care of Seniors in Nursing Homes                     | 2C |

#### **Thursday, June 24, 2010**

|           |  |    |
|-----------|--|----|
| 11: 00 AM | Public Health and Human Services Joint Public Hearing Re: Care of Seniors in Nursing Homes | 2C |
|-----------|--|----|

**The Public Health and Human Services Committees** will hold a joint public hearing regarding the Care of Seniors in Nursing Homes on **Thursday, June 24, 2010 at 11: 00 A.M. in Room 2C of the LOB**. Please submit 50 copies of written testimony to Committee staff one hour prior to the start of the hearing in Room 2000 of the LOB. Sign-up for the hearing will be first come, first served and will begin at 10: 00 A. M. in the 2<sup>nd</sup> floor atrium of the LOB. The first hour of the hearing is reserved for public officials. Speakers will be limited three minutes of testimony. Unofficial sign-up sheets have no standing with the Committee.

**Monday, June 28, 2010**

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|-----------|--|----|
| 10: 00 AM | Sen. Witkos: Task Force on Law Enforcement & People with Special Needs | 1C |
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