

Office of Protection and Advocacy for Persons with Disabilities

2006 Annual Legislative Report

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HOW THIS REPORT IS ORGANIZED

Bills are listed under general subject headings. For a more complete subject listing, see the index in the back of this document.

STAY INFORMED/FOLLOWING THE LEGISLATURE

Legislative Website

Copies of bills, public acts and special acts are available on the legislative website at: <http://www.cga.ct.gov/>. The top right corner of the first page of the legislative website allows you to enter the bill number. You are then brought to a screen that shows the bill number and title as well as the status of the bill and links to various documents including the Public Act. The Public Act is the official wording of the law.

Legislative Research Website

The legislature also has an Office of Legislative Research (OLR) office website that is very useful. The website address is: <http://www.cga.ct.gov/olr/> This website contains summaries of Public Acts as well as reports and information on a wide variety of topics. You can do searches on specific topics or browse the list of reports that are available.

This website can also be reached by going to the legislative website (<http://www.cga.ct.gov/>) then clicking on “Offices” near the top of the screen. Your cursor will then go to a list of legislative offices. Simply click on “Office of Legislative Research” and you will be brought to the research website.

Once on the OLR home page, click on “NEW” in the top left corner to see research reports created this month. Clicking on “Archives” will bring you to reports from past months and other items of interest.

ACCESSIBILITY

5194 AN ACT CONCERNING THE ESTABLISHMENT OF AN ACCESSIBILITY ADVISORY BOARD. This bill allows the director of the Office of Protection and Advocacy for Persons with Disabilities to establish an accessibility advisory board. The bill requires the advisory board to be comprised of design professionals, people with disabilities, people whose family members have disabilities, and anyone else the director believes would provide valuable insight and input on matters relating to accessibility. The board must meet periodically, at times and places the director designates, to advise him on accessibility matters relating to housing, transportation, government programs and services, and any other matters the director or the board deems advisable. EFFECTIVE DATE: October 1, 2006

BUDGET

HB 5845 AN ACT REQUIRING A STUDY OF BUDGETED STATE AGENCIES WITH RESPECT TO THE EXPENDITURES AND REVENUES OF SUCH AGENCIES. This is the budget bill. The legislative Office of Fiscal Analysis has prepared an analysis of this bill. It is available on the OFA website at: <http://www.cga.ct.gov/2006/FN/2006HB-05845-R01-FN.htm>

DEVELOPMENTAL DISABILITIES and MENTAL RETARDATION

5114 AN ACT CONCERNING DEVELOPMENTAL NEEDS OF CHILDREN AND YOUTH WITH CANCER. This bill requires individual and group health insurance policies to provide coverage for neuropsychological testing of children diagnosed with cancer after December 31, 1999. The mandate applies to plans delivered, issued for delivery, amended, renewed, or continued in the state on and after October 1, 2006. The bill also requires the social services commissioner to amend the state's Medicaid and State Children's Health Insurance Program plans to provide this coverage under HUSKY A and B. Under the bill, insurers and the HUSKY plans must cover tests a licensed physician orders to assess the extent chemotherapy or radiation treatment has caused the child to have cognitive or developmental delays. They may not require prior authorization for the tests. The bill does not define "child." The law requires individual and group health insurance policies that cover dependents to

do so through age 18 and up to age 23 if they are full-time students at an accredited school. HUSKY A and B cover children through age 18.
EFFECTIVE DATE: October 1, 2006, except the HUSKY provision, which is effective on passage.

5478 AN ACT CONCERNING THE DEPARTMENT OF MENTAL RETARDATION.

This bill specifies that the Department of Mental Retardation (DMR) is not precluded from determining that a person has mental retardation just because his school or medical records do not contain a diagnosis of, or reference to, mental retardation or intellectual or developmental disability. The bill also requires the DMR commissioner to gather information from DMR clients, their families, and other interested parties about changing the department's name. He must do this within available appropriations and report his findings and recommendations to the governor, Office of Policy and Management, and the Public Health Committee by January 1, 2007. The findings must include an estimate of the costs of changing the name.
EFFECTIVE DATE: Upon passage for the name change study; October 1, 2006 for the mental retardation diagnosis provision.

EDUCATION

380 AN ACT CONCERNING SPECIAL EDUCATION. This bill revises state special education laws to match the recently reauthorized federal Individuals With Disabilities Education Act of 2004 (IDEA), which governs special education programs and procedures in states and local school districts. Among other things, the bill:

1. prohibits making a child get a prescription drug before he may go to school, be evaluated to determine eligibility for special education, or receive special education;
2. authorizes the State Department of Education (SDE) special education hearing officers to require school districts to reimburse parents of special education children for the cost of unilateral private school placements, if the child previously received special education from the district and the officer finds the district failed to give the child a free and appropriate public education in a timely manner;
3. eliminates a 30-day time limit on voluntary state mediation efforts to settle special education disputes between school districts and parents of special education students;
4. eliminates a requirement that a school district perform a full evaluation of a student who leaves special education because he graduates from high school with a regular diploma or reaches the age at which he is no longer eligible for special education; and
5. requires SDE to appoint surrogate parents for homeless and unaccompanied youths, as defined by federal law.

The bill also revises special education hearing and evaluation procedures, expands the Advisory Council for Special Education, updates and revises terminology, and makes technical changes. EFFECTIVE DATE: July 1, 2006

EMPLOYMENT

623 AN ACT CONCERNING THE RECOMMENDATIONS OF THE DISABLED AND DISADVANTAGED EMPLOYMENT SECURITY POLICY GROUP.

This bill requires the commissioner of the Department of Administrative Services (DAS) to establish a four-year pilot program to create and expand janitorial jobs for people with disabilities (except blindness) or a disadvantage (defined as someone (1) with income up to 200% of the federal poverty level for a family of four, which is \$ 40,000 in 2006, or (2) who the Labor Department determines to be eligible for employment services under the federal Workforce Investment Act). Specifically, it requires DAS to award contracts to create four projects for janitorial work needed by state agencies and exempts these contracts from the state's (1) normal competitive bidding process and (2) set-aside program. However, it requires the DAS commissioner to authorize certified small and minority businesses to participate in the pilot.

The bill requires DAS to award the contracts to "qualified partnerships," which it defines as those between commercial janitorial contractors and community rehabilitation programs that meet certain criteria.

The bill requires the Government Administration and Elections (GAE) Committee to study the pilot program and determine if it should be made permanent.

Finally, the bill provides job protection to individuals currently working in janitorial jobs as well as those involved in the pilot.

The bill also allows the DAS commissioner to award a single bid pilot contract provided the bid is no more than the project's fair market value instead of no more than 15% of the fair market value. It also specifies that Connecticut Community Provider Association (CCPA) develops an application process. It withholds the employee protections from certain contracts with less than five full time employees. And, it eliminates an erroneous reference to municipal contracts.

EFFECTIVE DATE: October 1, 2006

5647 AN ACT CONCERNING CERTAIN ELIGIBILITY REQUIREMENTS FOR UNEMPLOYMENT COMPENSATION CLAIMANTS WITH A DISABILITY.

This bill exempts an unemployed person with a disability from the unemployment compensation (UC) requirement of looking for full-time work and allows him eligibility upon meeting certain other requirements. A claimant can qualify for benefits if he:

1. provides documentation from a physician that (a) he has a physical or mental impairment that is chronic or expected to be long-term or permanent and (b) the impairment makes him unable to work full-time and

2. establishes, to the satisfaction of the UC administrator, that the impairment does not prevent him from doing part-time work.

In determining whether a person has satisfied these requirements, the administrator must consider his work history, efforts to find work, the hours he is medically permitted to work, and his availability during such hours for suitable work considering his impairment.

EFFECTIVE DATE: October 1, 2006

HEALTH CARE, INCLUDING DECISION MAKING

317 AN ACT CONCERNING REVISIONS TO DEPARTMENT OF PUBLIC HEALTH STATUTES.

§§ 515 & 516 — ALZHEIMER'S SPECIAL CARE UNITS

The bill requires Alzheimer's special care units or programs to disclose in writing to people who will live in them or their legal representative or other responsible party information about the unit's philosophy, costs, admission, and discharge procedures; care planning and assessment; staffing; physical environment; residents' activities; and family involvement. Disclosure must begin by January 1, 2007 and be signed by the patient or responsible party.

The bill requires each special care unit or program to annually provide Alzheimer's and dementia specific training to all licensed and registered direct care staff who provide direct patient care to residents in these units or programs. This must include (1) at least eight hours of dementia-specific training, completed within six months after beginning employment, followed by three hours of such training annually and (2) at least two hours a year of training in pain recognition and administration of pain management techniques for direct care staff.

§§ 520-542 — HEALTH CARE DECISION- MAKING

The bill amends and updates Connecticut law on health care decision making by:

1. combining the authority of the health care agent and attorney-in-fact for health care decisions into a unified proxy known as the "health care representative";
2. expanding the scope of a living will from covering only decisions concerning life support to include any aspect of health care;
3. conferring on the health care representative the authority to make any and all health care decisions for a person incapable of expressing those wishes himself;

4. clarifying that (a) a conservator must comply with the previously executed advance directives of a ward and (b) a decision of a health care representative takes precedence

over that of a conservator;

5. providing for recognition of advance directives validly executed elsewhere that are not contrary to Connecticut policy; and

6. specifying that advance directives properly executed before October 1, 2006 remain valid.

EFFECTIVE DATE: October 1, 2006

5616 AN ACT CONCERNING SCREENING FOR KIDNEY

DISEASE. This bill imposes certain requirements, beginning September 1, 2006, on licensed physicians, hospitals, and clinical laboratories concerning testing of patients age 18 and older for kidney disease. It requires physicians to order a serum creatinine test as part of the patient's annual physical examination if the patient has not had such a test within the preceding 12 months.

(Creatinine is a breakdown product of creatine, which is an important part of muscle. A serum creatinine test measures the amount of creatinine in the blood.)
The physician's test order must include a notification that it is being done according to the bill's provisions.

The bill requires hospitals to order this test for each patient admitted to the hospital, at least once during the patient's stay. The test order must include the notification. Under the bill, a clinical laboratory, when it tests a specimen to determine a patient's serum creatinine level as ordered by a physician or hospital, must: (1) calculate the patient's estimated glomerular filtration rate (eGFR) using the patient's age and gender which the physician or hospital must provide and (2) include the patient's eGFR with its report to the physician or hospital. GFR is a measure of how effectively the kidneys are removing waste and excess fluid from the blood. It is calculated based on a blood test for creatinine.

EFFECTIVE DATE: Upon passage

HUMAN SERVICES

143 AN ACT CONCERNING THE BOARD OF EDUCATION AND SERVICES FOR THE BLIND. Beginning January 4, 2007, this bill increases the membership of the governing board of the Board of Education and Services for the Blind (BESB) from seven to 13. It specifies that the board serves as the state's central policy making authority in providing services to the blind and visually impaired and enumerates specific monitoring responsibilities. The terms

of all members serving on the board on the date the bill passes expire on January 3, 2007.

5846 AN ACT REQUIRING A STUDY OF BUDGETED STATE AGENCIES WITH RESPECT TO THE EXPENDITURES OF SUCH AGENCIES IN RELATION TO PROGRAMS ADMINISTERED OR SERVICES PROVIDED BY SUCH AGENCIES.

§§ 52 - 62 – REGISTRATION OF HOMEMAKER-COMPANION AGENCIES

The bill requires homemaker-companion agencies to register annually with the Department of Consumer Protection (DCP). It specifies application procedures and gives the DCP commissioner authority to suspend, revoke, or deny the certificate of registration or take other disciplinary measures in response to violations of the bill. It sets the registration fee at \$ 300.

Under the bill, the agencies must maintain a surety bond, require employees hired on or after October 1, 2006 to undergo comprehensive background checks, and require these employees to complete and sign a form containing questions about their criminal convictions or certain disciplinary actions against them. They must provide their clients with written individualized contracts or service plans that identify the anticipated services' scope, type, frequency, and duration. They must also make their records accessible to DCP. The bill imposes penalties on agencies that provide such services without registering or make certain misrepresentations. The bill requires the DCP commissioner to adopt implementing regulations and to report on the implementation to the Aging Committee and the governor by January 1, 2008.

EFFECTIVE DATE: October 1, 2006

MEDICAID and MEDICARE

703 AN ACT REQUIRING A STUDY OF STATE SOCIAL SERVICES INSTITUTIONS AND DEPARTMENTS WITH RESPECT TO THE EXPENDITURES OF SUCH INSTITUTIONS AND DEPARTMENTS AND THE PROGRAMS ADMINISTERED OR SERVICES PROVIDED BY SUCH INSTITUTIONS AND DEPARTMENTS.

§ 8 — EXPANSION OF UNDER-65 MEDICAID PCA WAIVER FOR THE DISABLED

The bill removes the upper age limit on the state's Medicaid personal care assistance (PCA) waiver, which currently covers eligible disabled people age 18 through 64. Under the bill, with federal approval, the waiver covers disabled people age 18 or older. (Currently, people who “age out” of the

Medicaid PCA waiver when they turn 65 have no option for continuing their PCA services except to apply for the purely state-funded 150-person pilot elderly PCA program for people age 65 and older. PCA services are a “consumer-directed” alternative to nursing homes or home care through an agency. In such a program, the client chooses his own assistant to help him with personal care and activities of daily living. The client employs, trains, supervises, and may fire the attendant, but a financial intermediary takes care of the paperwork.

The age change also applies to working disabled people currently receiving PCA services because they are participating in the Medicaid for Employed Disabled (MED) “buy in” program under CGS § 17b-597 (See § 27 below)

EFFECTIVE DATE: July 1, 2006

§ 9 — EXPANSION OF STATE-FUNDED ELDERLY PCA PILOT

The bill increases the maximum number of participants from 150 to 250 in a state-funded “consumer-directed” PCA pilot program that, since 2000, has allowed seniors to hire their own attendant instead of going through a home health care agency.

To be eligible, people must be age 65 or over and meet the same functional and financial qualifications as are required under the Connecticut Home Care Program for Elders, which provides home health care and homemaker-companion through home health care agencies.

EFFECTIVE DATE: July 1, 2006

§ 13 — DSS PAYMENT FOR DENIED MEDICARE PART D PLAN NONFORMULARY DRUGS AND CONTRACT WITH ENTITY TO UNDERTAKE APPEALS

The bill requires DSS, in accordance with the Medicare Part D Supplemental Needs Fund law, to pay claims for prescription drugs for Part D beneficiaries who (1) are also Medicaid or ConnPACE recipients and (2) are denied coverage by the Part D plan in which they are enrolled because a drug is not on the plan's formulary. It requires DSS's initial payment to be for a 30-day supply, subject to any applicable copayment. Beneficiaries must appoint the DSS commissioner as their representative for appealing Part D denials and for any other purposes (1) allowed by the federal law and (2) the commissioner deems necessary.

§ 15 — PRIOR AUTHORIZATION FOR HOME HEALTH CARE

By law, the DSS commissioner must establish prior authorization (PA) procedures in the Medicaid program for home health care. Current law specifies that (1) PA is required for more than two skilled nursing visits per

week and (2) providers cannot be required to submit PA requests more than once a month unless the PA is revised during that month.

The bill adds PA for home health aide visits that exceed 14 hours per week. (Currently, DSS policy allows up to 20 hours of home health aide services per week without PA.) And it allows providers to submit PA requests no more than once a month but only if they are for the same client.

EFFECTIVE DATE: July 1, 2006

§ 27 — MEDICAID FOR EMPLOYED DISABLED

The bill permits DSS to expand who is eligible for the Medicaid for Employed Disabled (MED) “buy in” program. Currently, the law requires the MED program to operate under rules set in a 1999 federal law, commonly referred to as “Ticket to Work.” This law limits eligibility for the buy-in to adults under age 65.

The bill authorizes the MED program to operate under Section 4733 of PL 105-33 (codified in 42 USC § 1396a(a)(10)(A)(ii)). This law created an earlier Medicaid buy-in option for states, which does not have an age limit, but whose income limit is 250% of the FPL, well below the \$ 75,000 annual income limit for the current MED program. Another federal law, Section 1902 (r)(2) of the Social Security Act, permits states to have less restrictive eligibility criteria in their Medicaid programs. Combining Section 4733 with this other section, the state can open MED enrollment to older working individuals, using the same, more liberal financial eligibility criteria.

PA 00-213 (CGS § 17b-597) created the MED program, which is designed to provide affordable health care coverage to working people with severe disabilities. Before its passage, individuals could get Medicaid, but even limited wages often forced them into paying high “spend-down” amounts before benefits would be available. (Medicare pays for most of these individuals' health care; Medicaid generally covers everything else.)

EFFECTIVE DATE: July 1, 2006

§§ 32 & 53 — HOME- AND COMMUNITY-BASED SERVICES

The bill allows the DSS commissioner to seek to amend the state Medicaid plan or obtain a Medicaid waiver, whichever approach is most expeditious, to offer Medicaid home- and community-based services to adults with severe and persistent psychiatric disabilities who are diverted or discharged from nursing homes. The services can include housing assistance if needed. She must do this in consultation with the DMHAS commissioner and the Community Mental Health Strategy Board.

The DSS commissioner, again in consultation with the DMHAS commissioner, must annually report to the Public Health Committee on the status of the waiver or plan amendment and the program's implementation. The first report is due by January 1, 2007.

The bill requires spending up to \$ 1,725,000 of the DMHAS FY 07 appropriation for the Community Mental Health Strategy Board to establish this program.

EFFECTIVE DATE: Upon passage, except the funding provision is effective July 1, 2006

§ 36 — USES FOR COMMUNITY MENTAL HEALTH STRATEGY BOARD FUNDS

The bill permits DMHAS to use its FY 07 appropriations for the Community Mental Health Strategy Board to reach certain goals if the board recommends this and the secretary of Policy and Management approves. It can use the money for programs and services that both maximize federal Medicaid reimbursement for community-based care and reduce inappropriate emergency hospitalization, inpatient psychiatric care, nursing home admissions, incarceration or referral to juvenile justice, and other institutionalization of adults and children with serious mental illness. The specific services and programs DMHAS can fund include (1) housing services for those receiving the home- and community-based services for which the bill directs DSS to seek Medicaid funding (see § 33) and (2) day care and education providers' consultations with mental health professionals.

EFFECTIVE DATE: July 1, 2006

§ 37 — AUTISM SPECTRUM DISORDER PILOT PROGRAM

The bill requires the Department of Mental Retardation (DMR) commissioner to establish a pilot program to provide coordinated services and support to people with autism spectrum disorders who do not also have mental retardation. The program must serve up to 50 people who are not eligible for DMR services. There is \$1,000,000 in the budget bill (HB 584) for this.

The pilot program must begin by October 1, 2006 and must end by October 1, 2008. When establishing the program, the DMR commissioner must consult with the DSS and DMHAS commissioners and any other commissioner he believes appropriate. He must establish eligibility requirements for program participation, identify appropriate services and supports for each participant and his or her family, and coordinate the provision of those services and supports. He may designate someone to perform the identification and coordination components.

The bill requires the commissioner to report to the Public Health Committee on the pilot program's results by January 1, 2009. The report must contain

recommendations about a system to address this population's needs, including (1) creating an independent council to advise DMR on system design, implementation, and quality enhancement; (2) establishing procedural safeguards; (3) designing and implementing a quality enhancement and improvement process; and (4) designing and implementing an interagency data and information management system.

EFFECTIVE DATE: July 1, 2006

§ 38 — LONG-TERM CARE COMPREHENSIVE NEEDS ASSESSMENT

The bill transfers the existing duty to conduct a comprehensive needs assessment of unmet long-term care (LTC) needs and project future demand for such services from the Office of Policy and Management to the General Assembly. It requires the General Assembly to contract for the assessment, rather than conduct it, and to do so after consulting with the Commission on Aging, the Long-Term Care Advisory Council, and the Long-Term Care Planning Committee. It specifies numerous items which the assessment must include. The bill requires the comprehensive needs assessment to include:

1. the number of people (a) presently at risk for having unmet LTC needs and (b) potentially at risk for having LTC needs over the next 30 years;
2. both costs and public and private resources available to meet the LTC needs, including adequacy of current resources, projected costs, and projected resources needed to address LTC needs over the next 30 years;
3. the existing services available to people with LTC needs;
4. existing and potential future models of public and private service delivery systems for people with LTC needs;
5. state government's programmatic structure in meeting the needs of people requiring LTC;
6. strategies that may assist families in providing for their own LTC needs at reasonable cost; and
7. the service needs of the state's elderly population with long-term care needs with emphasis on healthcare, housing, transportation, nutrition, employment, prevention, and recreation services; and
8. recommendations on qualitative and quantitative changes that should be made to existing programs or service delivery systems, including recommendations on new programs or service delivery systems to better serve persons with LTC needs.

The bill removes a requirement of current law that the assessment specifically include a review of the Department of Mental Retardation's waiting list.

EFFECTIVE DATE: July 1, 2006

§ 44 — MONEY FOLLOWS THE PERSON PILOT

The bill allows the DSS commissioner to submit an application to the secretary of the federal Department of Health and Human Services to establish a “Money Follows the Person” demonstration project, as authorized in the federal Deficit Reduction Act of 2005. If the state is selected to participate in the demonstration and DSS elects to participate, the bill restricts the project to no more than 100 participants and requires it to be designed to achieve the federal law's objectives. The bill requires the demonstration project's services to include personal care assistance (PCA) services. It allows the commissioner to apply for a Medicaid

Section 1115 research and demonstration waiver or to modify any existing Medicaid home or community-based waiver, if that is needed to implement the demonstration.

“Money follows the person” is a concept that allows money that would have been spent on people's long-term care in nursing homes or other institutions to be spent on the services they need to live in the community. The newly authorized “Money Follows the Person Rebalancing Demonstration” allows states to apply for competitive federal grants for demonstrations that have the objectives of (1) increasing the use of home and community-based, rather than institutional long-term care services; (2) eliminating barriers or mechanisms that prevent or restrict the flexible use of Medicaid funds to enable people to receive the services they need in the setting they choose; (3) to provide continuity of services for people moving from an institution to the community; and (4) to ensure and improve service quality (PL 109-171, § 6071).

EFFECTIVE DATE: July 1, 2006

§§ 47-48 — MEDICAL HOME PILOT PROGRAM

The bill permits the DSS commissioner, in consultation with the managed care organization administering the HUSKY A program, to establish a medical home pilot program in on Connecticut region on or after January 1, 2007 and within any available federal or private funds. The program is to enhance the health outcome of children, including those with special needs, by ensuring that each child has a primary care physician (PCP) to provide continuous comprehensive health care services.

The DSS and public health commissioner must, no later than one year after beginning the pilot program, evaluate the pilot program to determine improved health outcomes and any cost efficiencies. Within 30 days of the evaluation the public health commissioner must report to the Public Health and Appropriations committees on the evaluation.

EFFECTIVE DATE: Upon passage for the establishing the pilot program; October 1, 2006 for the evaluation.

§ 50 — MEDICAID PAYMENTS FOR HOME HEALTH AIDES IN NON-HOME SETTINGS

The bill requires the DSS commissioner to provide Medicaid reimbursement for children's home health care services provided in the Medicaid recipient's home or a "substantially equivalent environment." The bill specifies that the latter setting can include, at a minimum, licensed child day care facilities and after-school programs. It is not clear whether federal Medicaid matching funds would be available for services provided outside the recipient's home since the regulations (42 CFR § 440. 70) define home health services for Medicaid reimbursement purposes as those services provided at the place of residence.

As a result of a recent court case, DSS has been paying for skilled nursing services provided outside of the home. The agreement says nothing about home health aide services

EFFECTIVE DATE: July 1, 2006

MENTAL HEALTH

359 AN ACT CONCERNING COMPETENCY TO STAND TRIAL.

This bill makes more mentally ill defendants eligible for civil commitment and treatment in lieu of criminal prosecution. Currently, the court rules on whether to permit civil commitment at the first competency hearing, generally about one month after the defendant's competency to stand trial is questioned. The bill, instead, makes the commitment option available for up to 120 additional days. The treatment facility head must file a progress report with the court to raise this issue.

By law, defendants who complete their treatment under civil commitment are entitled to dismissal of the criminal charges or an order of nolle prosequi (no further action). The bill also requires the appointment of a health care guardian when the court is considering a motion to involuntarily medicate an incompetent person who refuses to give his consent.

EFFECTIVE DATE: October 1, 2006

5475 AN ACT CONCERNING RECOMMITMENT OF ESCAPED PERSONS AND CONFINEMENT OF ACQUITTEES FOR EXAMINATION.

This bill specifies that the Psychiatric Security Review Board (PSRB) may order a person under its jurisdiction committed to an institution (hospital) if he has been absent from the institution for an extended period following an escape. The bill extends the amount of time for examining an

acquittee committed to the custody of the Department of Mental Health and Addiction Services from 45 to 60 days following the commitment order.
EFFECTIVE DATE: October 1, 2006

TAXES

169 AN ACT CONCERNING DISABLED VETERANS' PROPERTY TAX EXEMPTION. This bill excludes veterans' disability payments when determining income for purposes of income-based property tax exemptions for veterans, the blind, and people with total disabilities. The bill applies to both the local option and additional state-mandated veterans' property tax exemptions.
EFFECTIVE DATE: October 1, 2006

ABBREVIATIONS USED IN THIS DOCUMENT

Legislative Abbreviations

“HB” Stands for House Bill

Members of the State House of Representatives introduce House Bills. House Bills are numbered 5001 and higher. In the 2005 Regular Session, there were more than 2000 House Bills.

“SB” Stands for Senate Bill

State Senators introduce senate Bills. Senate Bills are numbered starting at 1, and can go up to 4999. In the 2005 Regular Session, there were more than 1300 Senate Bills.

“PA” Stands for Public Act

Once a bill becomes law it is given a Public Act Number. Public Acts are laws passed by the state legislature that amend the Connecticut General Statutes. In the 2005 Regular Session, there were 290 Public Acts.

“SA” Stands for Special Act

Bills with a limited application or limited duration, and bills that are not incorporated into the Connecticut General Statutes, are given a Special Act Number once they become law. For example, the state budget is a Special Act

because it is in effect for only two years. In the 2005 Regular Session, there were 14 Special Acts.

State Agency Abbreviations

Throughout this report state agencies are sometimes referred to by their abbreviations, or acronyms. Here is a listing of acronyms for state agencies listed in this report:

BESB Board of Education and Services for the Blind

CHEFA Connecticut Health and Educational Facilities Authority

DCF Department of Children and Families

DCP Department of Consumer Protection

DECD Department of Economic and Community Development

DMHAS Department of Mental Health and Addiction Services

DMR Department of Mental Retardation

DPH Department of Public Health

DSS Department of Social Services

OHA Office of Healthcare Advocate (formerly the Office of Managed Care Ombudsman)

OHCA Office of Health Care Access

OPA Office of Protection and Advocacy for Persons with Disabilities

OPM Office of Policy and Management

SDE State Department of Education

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