

<b>Act Number:</b>	09-210	
<b>Bill Number:</b>	954	
<b>Senate Pages:</b>	4706-4716, 4794-4796	<b>14</b>
<b>House Pages:</b>	10008-10032	<b>25</b>
<b>Committee:</b>	Human Services: 890-893, 1094, 1100, 1114-1118	<b>11</b>

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Number 406, Substitute for Senate Bill 954, AN ACT  
CONCERNING PERSONAL SERVICE AGREEMENTS, favorable  
report of the Committee on Human Services and  
Government, Administration and Elections.

THE CHAIR:

Senator Doyle.

SENATOR DOYLE:

Good evening, Mr. President.

THE CHAIR:

Good evening, sir.

SENATOR DOYLE:

I move acceptance to the Joint Committee's  
favorable report and passage of the bill.

THE CHAIR:

Acting on acceptance and approval of the bill,  
sir, would you like to remark further?

SENATOR DOYLE:

Yes, thank you, Mr. President.

This bill is a -- the file copy before us is a  
proposal by Office Policy and Management, and what it  
does is it clarifies a few contractual matters. Under  
current law, when the State wants to procure services  
from private providers, they have to execute personal  
service agreements or personal purchase of service

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agreements contracts. It's two legal contracts.

What this bill -- the file copy does is, because of new technology, under the old law each state agency had to submit semiannual reports. Because of new computer technology, OPM gets it automatically. They can do it through the computer and do it two times a year. So basically it now requires OPM to do it twice a year for all state agencies, and it eliminates the requirement for all state agencies to do it. It also clarifies that all state agencies must have these two agreements for these types of services.

In addition, Mr. President, the Clerk has an amendment, LCO 8760. May the Clerk please call and I be allowed to summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO 8760, which will be designated Senate Amendment Schedule A, is offered by Senator Doyle of the 9th District.

THE CHAIR:

There's a motion on the floor for summarization. Seeing no objection, please proceed, sir.

SENATOR DOYLE:

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Thank you, Mr. President.

First I move adoption of the amendment.

THE CHAIR:

Motion on adoption. Without objection, please proceed.

SENATOR DOYLE:

Thank you. What this amendment does is it deals with two other types of -- another of type of contract in the human services world where individuals -- facilities call for nonemergency transportation services, and the problem is that hospitals and other facilities aren't getting the nonemergency clients picked up in a timely basis.

So after much discussions and negotiations this amendment does two things. It requires that the broker for these nonemergency transportation services, whether serving non-Medicaid clients or Medicaid clients, they must disclose the source of their payment at the time the service is requested. And the second section of this amendment also requires these brokers must provide a decision on a prior request within three business days.

And I think it makes sense and it will allow our -- our hospitals and other facilities to get the

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patients that are not an emergency situation out sooner to free up more of our hospital beds, and I urge the Chamber to adopt the amendment.

Thank you, Mr. President.

THE CHAIR:

Thank you, sir.

Will you remark?

Senator DeBicella.

SENATOR DEBICELLA:

Thank you, Mr. President. Mr. President, through you a few question to the proponent of the amendment.

THE CHAIR:

Senator Doyle.

SENATOR DEBICELLA:

And, Mr. President, through you I just want to make sure I understand this, and there are two sections to this bill. In 501 we are saying that when a contractor drops somebody -- I think I have this completely wrong -- when a contractor drops somebody off and they are in a nonemergency situation, they must disclose to the hospital the source of payment for the transportation? I think I have that completely wrong, Mr. President, through you.

Is that right? Like I'm just trying to -- I

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don't understand what Section 501 does, Mr. President.  
I'm trying to get an understanding.

THE CHAIR:

Senator Debicella, hold on a second.

Just real quick. I'd like to remind everyone about the use of cellular phones in the chamber. Please refrain from using the phones. If you have to use them, please use them outside the chamber. It's in our rules. Thank you.

Senator Doyle.

SENATOR DOYLE:

Sure, through you, Mr. President.

What this section does is it requires a disclosure of the insurance payer source by the broker to the provider. So we're dealing with a broker and the provider. So the hospital calls the broker to get the provider, and they're not sure what the source of payment is.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. So through you, the benefit of that is going be that the hospital is insured. They understand where the source of payment

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is coming from so they will get paid? Is that  
correct? Through you, Mr. President

THE CHAIR:

Senator Doyle.

SENATOR DOYLE:

Through you, Mr. President, yes.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. Thank you for that  
clarification. I hadn't understood the language.

And, Mr. President, in Section 502, again, it's  
something with the language. I'm finding it  
confusing. If Senator Doyle could just reexplain  
Section 502, through you, Mr. President.

THE CHAIR:

Senator Doyle.

SENATOR DOYLE:

Sure, through you, Mr. President. Again, we're  
dealing with, when the brokers are contacted when, for  
instance, to try to make it simple, when the hospitals  
contact a broker to try to get someone to come and  
pick up a patient in a nonemergency situation, they're  
getting -- they're trying to get prior approval, and

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the problem is they're not getting prior approval on a timely basis.

What this amendment does is, it's a little longer than I would like, but it's part of an agreement with the state agencies, within three business days they will get back to them with a response to the prior approval request. Through you, you Mr. President

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. And if they don't, then the request is simply deemed approved. Is that correct? Through you, Mr. President

THE CHAIR:

Senator Doyle.

SENATOR DOYLE:

Through you, Mr. President, the answer is yes.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

And so, Mr. President, just wondering then, you know, and wondering the underlying need for this is -- so this is going to force the payors who, my guess is, tend to be either insurance companies or in the case

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of Medicaid/ Medicare, DSS, to actually pay up within three days or deny the claim, or else the claim is just assumed approved. Is that true, through you, Mr. President?

THE CHAIR:

Senator Doyle.

SENATOR DOYLE:

Through you, Mr. President

It's not -- to make clear, we're not saying payments made. It's just learning that it's approved, and the problem is a request is made, and there's silence. There's no response, and then people are having to stay longer in the hospital tying up beds, which of course we have other needs. So it's a situation, a practicality, getting proper nonemergency transportation. We're talking about a person that has been treated, has recovered. We're trying to get them out, probably into a nursing home, which is cheaper ultimately for DSS and the provider.

Through you, Mr. President

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President and through you, how

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prevalent is this issue? I just had not heard of this issue before. Is this something that we're finding is an everyday problem that is facing our hospitals?

Through you, Mr. President.

THE CHAIR:

Senator DeBicella.

Senator Doyle. Sorry. All these D's in there you know.

SENATOR DOYLE:

No problem, Mr. President. Through you, Mr. President,

I'll be honest, I am new to Human Services Committee, too, and I am learning the issues. But this issue was brought to my attention by a different, you know, the hospital facility, so it seems to be the exact extent, I can't tell you, but several people have mentioned it, and several industries told me about it. So therefore we're trying to address it with this. Through you, Mr. President.

THE CHAIR:

Senator DeBicella.

SENATOR DEBICELLA:

Thank you, Mr. President. I thank Senator Doyle for the answers to those questions. That clarifies

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the amendment for me. Thank you, Mr. President.

THE CHAIR:

Thank you.

Will you remark further on Senate A? Will you  
remark further?

Senator Kane.

SENATOR KANE:

Very quickly, I do rise in favor of the  
amendment, and I thank Senator Doyle and his work with  
the Human Services Committee working with OPM and  
trying to come to an agreement that works for everyone  
involved.

Is my microphone loud or is --

But in all seriousness, I do support this  
amendment and urge its adoption. Thank you, Mr.  
President.

THE CHAIR:

Thank you, sir.

Will you remark? Will you remark further on  
Senate A? If not let me try your minds. All those in  
favor please signify by saying aye.

VOICES:

Aye.

THE CHAIR:

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Opposed, nays.

The ayes have it. Senate A is adopted.

Will you remark further on Senate Bill 954 as amended by Senate A?

Senator Doyle.

SENATOR DOYLE:

If there is no objection, I'd move this bill to the Consent Calendar.

THE CHAIR:

The good Senator has asked that Senate Bill 954 be placed on Consent. Without objection, so ordered, sir.

Mr. Clerk.

MR. CLERK:

Mr. President, that completes those items previously marked go.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Mr. President.

THE CHAIR:

Please proceed.

SENATOR LOONEY:

Mr. President, another item that was previously

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SENATOR GAFFEY:

Mr. President, if there's no objection I'd ask that the bill be moved to the Consent Calendar.

THE CHAIR:

The Senator has requested that the bill be placed on the Consent Calendar. Seeing no objection, so ordered sir.

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President we had one item previously placed on the Consent Calendar that I would move now to remove from the Consent Calendar and to mark it pass temporarily. And that was Calendar page 8, Calendar 582, House Bill 5436.

THE CHAIR:

There's a motion on the floor to remove an item from the Consent Calendar and to PT it. Without objection, so ordered.

SENATOR LOONEY:

Yes, thank you Mr. President. Mr. President, if the Clerk might now call the items on the Consent Calendar.

THE CHAIR:

Mr. Clerk please call Consent Calendar Numero

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Uno.

THE CLERK:

Immediate roll call has been ordered in the Senate on the Consent Calendar. Will all senators please return to the chamber. Immediate roll call has been ordered in the Senate on the Consent Calendar. Will all Senators please return to the chamber.

Mr. President the first Consent Calendar begins on Calendar page 1, Calendar 681, House Joint Resolution Number 121; Calendar page 4, Calendar Number 401, Substitute for House Bill 5669; Calendar page 5, Calendar 456, Substitute for House Bill 5019; Calendar page 7, Calendar 532, House Bill 6448; Calendar page 8, Calendar 8 -- correction, Calendar 580, Substitute for House Bill 6531; Calendar page 9, Calendar 597, Substitute for House Bill 6114; Calendar Number 600, House Bill 5635; Calendar page 10, Calendar 605, Substitute for House Bill 6200.

Calendar page 14, Calendar Number 644, House Bill 6391; Calendar 650, Substitute for House Bill 6540; Calendar page 16, Calendar 657, House Bill 6541; Calendar page 29, Calendar 330, Substitute for Senate Bill 954; and Calendar page 34, Calendar Number 504, Substitute for Senate Bill 939.

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Mr. President that completes those items placed on the first Consent Calendar.

THE CHAIR:

Mr. Clerk, please call the Consent Calendar again, the machine will be open.

THE CLERK:

The Senate is now voting by roll call on the Consent Calendar. Will all senators please return to the chamber. The Senate is now voting by roll call on the Consent Calendar. Will all senators please return to the chamber.

THE CHAIR:

Have all senators voted? If all senators have voted please check your vote. The machine will be closed. The Clerk will call the tally.

THE CLERK:

Motion is on adoption of Consent Calendar Number 1.

Total Number Voting	36
Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

/ Consent Calendar 1 passes.

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DEPUTY SPEAKER ALTOBELLO:

The Bill as amended passes.

Representative Merrill.

REP. MERRILL (54th):

Yes, thank you, Mr. Speaker. I move the immediate transmittal of all business needing further action to the Senate.

DEPUTY SPEAKER ALTOBELLO:

Without objection? Without objection? So ordered.

Returning to the Call of the Calendar. Would the Clerk please call Calendar Number 704.

THE CLERK:

On Page 24, Calendar Number 704, Substitute for Senate Bill Number 954 AN ACT CONCERNING PERSONAL SERVICE AGREEMENTS. Favorable Report of the Committee on Government Administration and Elections.

DEPUTY SPEAKER ALTOBELLO:

From the great Silver City, Representative Abercrombie. Please proceed, madam.

REP. ABERCROMBIE (83rd)

Good afternoon, Mr. Speaker. Thank you, Mr. Speaker.

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Mr. Speaker, I move for the acceptance of the Joint Committee's Favorable Report in concurrence with the Senate and passage of the Bill.

DEPUTY SPEAKER ALTOBELLO:

The question is acceptance of the Joint Committee's Favorable Report and passage in concurrence with the Senate. Please proceed, madam.

REP. ABERCROMBIE (83rd):

Thank you, Mr. Speaker. Mr. Speaker, the Clerk has an Amendment, LCO Number 8760. I would ask the Clerk to please call the Amendment and that I be granted leave of the Chamber to summarize.

DEPUTY SPEAKER ALTOBELLO:

Will the Clerk please call LCO Number 8760 previously designated Senate "A".

THE CLERK:

LCO Number 8670, Senate "A", offered by Senator Boyle, Representatives Walker, Abercrombie and Gibbons.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie seeks leave of the Chamber to summarize. Seeing no objection, please proceed, madam.

REP. ABERCROMBIE (83rd):

Thank you, Mr. Speaker. Mr. Speaker, the Bill makes technical changes to reporting requirements that are no longer necessary because of Core-CT. The underlying Bill codifies the procedure used by the agency in reference to reporting.

The law establishes two types of contracts the state agencies execute when procuring services from private providers.

The second part has to do with non-emergency transportation. At this point, non-transportation has to get a prior authorization before they can do transport, and there's been some issues with them getting the information from the broker for the prior authorization.

So what this does now is that within three days after a PA is requested, if they do not get the response from the broker, that under DSS it will automatically be deemed accepted. I move adoption.

DEPUTY SPEAKER ALTOBELLO:

The question before the Chamber is adoption of Senate "A". Representative Gibbons of the 150th, do you care to comment on Senate "A"? Please proceed, madam.

REP. GIBBONS (150th):

Thank you, Mr. Speaker. May I speak on the Amendment? Now we're on the Amendment. Is that correct?

DEPUTY SPEAKER ALTOBELLO:

Senate "A", madam.

REP. GIBBONS (150th):

Through you, a couple of questions to the proponent of the Amendment, please.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie prepare yourself.

Please proceed; madam.

REP. GIBBONS (150th):

Before I ask the question, I just want, ladies and gentlemen of the Chamber, I want you all to know that we've been working on this Amendment for the past two weeks. We've had the brokers of non-emergency transportation involved. We've had OPM involved. People on both sides of the aisle. I think it has been a true bipartisan Amendment.

We've been able to sit down, figure out what the issues are, how we could resolve them, and how we could bring them to the floor of the Chamber without having any more issues.

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But through you, Mr. Speaker, as I understand now that the broker has got three days to come back with prior authorization, what happens please if the prior authorization is not given or if the hospital, say, was asking for the PA cannot reach the broker?

What goes on in that case, please? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker, under DSS it will be deemed accepted.

DEPUTY SPEAKER ALTOBELLO:

Representative Gibbons.

REP. GIBBONS (150th):

Through you, Mr. Speaker, does that mean that if I'm in the hospital and the hospital wants to send me to a nursing home, and the hospital calls for a PA and can't reach anybody, then what happens?

Do I remain in the hospital for three days or may I go home? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

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Well, this actually doesn't have to do with the hospital part. This has to do more with the emergency transportation. So once the hospital calls the ambulance drivers and they will come out and they will move the person to the nursing home.

They will not leave them in the hospital, and that's why this has been an ongoing issue, because at this point, the ambulances do come. They do move the patients to where they need to go, but then they have to argue with the brokers whether they're going to get paid for it because there was no PA that was approved.

DEPUTY SPEAKER ALTOBELLO:

Representative Gibbons:

REP. GIBBONS (150th):

Thank you, Mr. Speaker. And I thank the Representative for her answer.

They say this has been a complicated situation to try and resolve, and I think it has been resolved amicably for all sides. I thank the Representative for her answers.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Gibbons.

Representative Chapin of the 67th, you have the floor, sir.

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REP. CHAPIN (67th):

Thank you, Mr. Speaker. Mr. Speaker, through you a question to the proponent.

DEPUTY SPEAKER ALTOBELLO:

Please proceed, Sir.

REP. CHAPIN (67th):

Thank you, Mr. Speaker. In Lines 52 and 53, we're talking about identifying the source of payment at the time the service is requested.

Could the gentle lady explain to me what those sources may be? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Thank you. Through you, Mr. Speaker, yes. There's been an ongoing issue between the brokers and the providers, and what has been happening is that they're not being notified if it's a Medicaid or non-Medicaid recipient, and there's a difference in payment because there's contracts that have already been approved through the providers and the insurance companies.

So what this says is, that they need to be notified if it's a Medicaid or non-Medicaid recipient.

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DEPUTY SPEAKER ALTOBELLO:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker, and is the net effect of the difference between that source of payment? Does that in any way determine whether or not that service will be provided? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

No, sir. Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker. And depending on who the source of the payment is, does that payment vary?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Yes, through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Chapin.

REP. CHAPIN (67th):

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Thank you, Mr. Speaker. So therefore, if I receive notification that I may be paid at a lesser amount, is there anything in this Bill that would allow me to not provide the service? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker, no.

DEPUTY SPEAKER ALTOBELLO:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker. And lastly, is there anything in this Bill that would allow that service to be provided perhaps not as swiftly? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker, no. But I would like to state is at this point right now these providers are already providing the service with the understanding that they're all Medicaid recipients.

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So there's been no issue about any of these clients being transported. Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Chapin.

REP. CHAPIN (67th):

Thank you, Mr. Speaker, and I thank the Vice-Chair of Human Services for her answers.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Chapin. Representative Sawyer of the 55th, you have the floor, madam.

REP. SAWYER (55th):

Through you, Mr. Speaker, to the Vice-Chairwoman.

DEPUTY SPEAKER ALTOBELLO:

Please proceed, madam.

REP. SAWYER (55th):

Thank you. You referenced earlier getting payment back through the broker. Could you just describe who the broker is in this instance? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

I'm sorry, Mr. Speaker, I think her question was, who are the brokers?

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REP. SAWYER (55th):

Yes.

REP. ABERCROMBIE (83rd):

The brokers are contracted through DSS.

DEPUTY SPEAKER ALTOBELLO:

Representative Sawyer.

REP. SAWYER (55th):

So when you're talking then about who gets paid and how they get paid, are these individual ambulance companies that would go through a broker? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker, yes.

DEPUTY SPEAKER ALTOBELLO:

Representative Sawyer.

REP. SAWYER (55th):

Thank you, and I thank the gentle woman for her answers. This has been an issue out in our area also, and I'm hoping that this would resolve it.

But if I might ask one follow up question, sir, through you.

DEPUTY SPEAKER ALTOBELLO:

Proceed.

REP. SAWYER (55th):

In the case of a denial, and they've already provided the service. It's after three days. The person had to be transported before the three days. Is there a process for appealing for the money or something like that?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker, I'm not aware of what the process is for that (inaudible). Right now, there have been cases where they have not gotten the prior authorization and they've just been going back through DSS to look at the file, who the recipient is and trying to get paid.

DEPUTY SPEAKER ALTOBELLO:

Representative Sawyer.

REP. SAWYER (55th):

Thank you, and I thank the woman for her answers.

DEPUTY SPEAKER ALTOBELLO:

Thank you very much, madam. Representative Candelora of the 86th, you have the floor, sir.

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REP. CANDELORA (86th):

Thank you, Mr. Speaker, if I may, just a question or two to the proponent of the Amendment.

DEPUTY SPEAKER ALTOBELLO:

Please proceed, sir.

REP. CANDELORA (86th):

Thank you, Mr. Speaker. In Sections 54 through 62, there seems to be as I read this, a dialogue going back and forth between a number of parties, and in Line 59, there must be a request submitted, and if the broker does not respond within three business days, they're basically bound.

Are those requests telephone requests? Is there a way that we are able to document how this chain of command goes about so that we could determine who is obligated to pay?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker, yes, it could be done through phone or it could be done through fax.

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

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Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker. And so if it is done via telephone where it is a verbal communication, is there some sort of log that is entered?

I noticed in reading one of the OLR reports or something, it was referenced to the Core-CT. Is that system used externally? Does it come into play in that situation? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker, I'm sorry to say, I don't know.

DEPUTY SPEAKER ALTOBELLO:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker. So I guess then, common practice, if a telephone call is made do we know if DSS makes a log of each telephone request?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

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Through you, Mr. Speaker, my understanding is it comes in through the broker, and then the broker keeps a log of it and then it's sent on from there to DSS, so I would say, yes.

DEPUTY SPEAKER ALTOBELLO:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker. And was there discussion about the enforceability of this provision, if we will be able to hold the broker bound? Do we anticipate that there may be some dispute?

Because while I do understand the nature of these requests are via telephone, so the logs are going to be held maybe by the broker who is going to dispute whether or not that request was ever made.

So are we concerned that these records would no longer be kept, and there would be no way to enforce?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker. I don't think that's the issue. I think because what's happening now is

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you're the provider, so you have a log of what calls you've made, you know, to the broker.

And then my understanding is it's a very sophisticated system that the brokers have so that they can transport to DSS because the final payment comes from DSS.

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker. And just one final question. The brokers, do they represent the various ambulance companies? Are they sort of a distributor or are they a direct provider of the service?

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker, the brokers have been hired through DSS. It became a cumbersome operation for DSS to do it and that's why they hired the brokers, so the brokers are actually the middle man. But the payment comes from DSS.

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

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Representative Candelora.

REP. CANDELORA (86th):

Thank you, Mr. Speaker. This seems like a reasonable Amendment, and I thank the good Representative for her answers.

DEPUTY SPEAKER ALTOBELLO:

Thank you, sir. Representative Green of the 1st District, you have the floor, sir.

REP. GREEN (1st):

Thank you, Mr. Speaker. Mr. Speaker, just a few questions to the proponent of the Amendment just for some clarification.

DEPUTY SPEAKER ALTOBELLO:

Please proceed, sir.

REP. GREEN (1st):

Thank you. I missed the response in terms of the issue about the source of payment at the time the service was requested. Could the proponent of the Amendment tell me who is to provide what?

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker, yes. Right now the process is that a call comes in from the hospital.

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They either call the brokers or they call directly to the providers, and they say that they need a transport.

What the providers are asking is, they want to know if this is a Medicaid or non-Medicaid patient.

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Green.

REP. GREEN (1st):

Thank you. At that time, if they were to ask who is going to pay them and they're a non-Medicaid personnel, is the person that is going to receive the service is to indicate how this cost will be paid?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker, I don't think it's based on the client itself. It's based on the hospital making the call, if I understand the question, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Green.

REP. GREEN (1st):

Thank you. I think you did understand the question. Thank you for that answer.

I may have a few more questions. Well, let me ask this question. I don't know if it relates to the Amendment, but I think it may.

I'm aware that sometimes contractors are hired, subcontractors provide transportation. Through you, Mr. Speaker, how many contractors do we have across the state that have this contract with DSS to provide transportation to Medicaid patients? How many contracts do we have? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker, I don't have that answer. I do know that we have under the non-emergency, we have the ambulance drivers, we have the livery, which is the bus service. We have the cab drivers.

To my knowledge, that's all I'm aware of.

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Green.

REP. GREEN (1st):

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Thank you. Let me see if I can ask that a different way. They talk about a contractor that's hired to coordinate the transportation services, and so even though a bus, livery and different people may provide it, there's a contractor that's offering the coordination of those services.

Does the proponent of the Amendment know how many coordinators of contracts that we have in the state?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

I'm sorry to say, Mr. Speaker, no, I don't.

DEPUTY SPEAKER ALTOBELLO:

Representative Green.

REP. GREEN (1st):

Than you, Mr. Speaker. Mr. Speaker, I am aware through personal experience that we have a limited number of coordinators of contracts that provide that transportation.

It appears to me the work that the coordinator would assign some of these subcontracts based on region and/or need to provide the transportation. Unfortunately, I think sometimes individuals who need

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non-medical emergency transportation that's a real complicated process. We have certain notifications that have to come out, prior authorization has to be had, and if you don't do that in a certain number of days you might get denied that permission to receive transportation.

And I'm not sure how well this Amendment may address the issue of addressing the client concerns about the process where you have a coordinator.

Through you, Mr. Speaker, another question to the proponent of the Amendment.

DEPUTY SPEAKER ALTOBELLO:

Please proceed, sir.

REP. GREEN (1st):

Thank you. Through you, can you tell me whether or not a coordinator of a contract for transportation or the subcontractors that provide the transportation, who makes the decision as to whether or not someone is eligible for the transportation? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

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It's done through the prior authorization, which is the broker. Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Green.

REP. GREEN (1st):

Thank you. Through you, Mr. Speaker, if a client, for example, wanted the transportation say, in less than 24 hours on a Tuesday, they wanted to coordinate a non-emergency transportation for a Wednesday, how might that client get prior authorization? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker, that hasn't been an issue. There are times when they do know that a person needs to be transported in advance and the broker does make that call to the appropriate provider. Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Green.

REP. GREEN (1st):

Thank you, Mr. Speaker. Mr. Speaker, through you, do you know whether or not, does the proponent of

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the Amendment know whether or not any of the  
contractors and/or any of the coordinators for  
contractors are minority or women-owned businesses?

Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

I'm sorry to say, I don't have that answer, Mr.  
Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Green.

REP. GREEN (1st):

Thank you. (Inaudible) to raise the issue that  
again, I'm aware of, that we have a limited number of  
opportunities for a minority and women-owned  
businesses to be subcontractors in this field?

Again, because of personal experience, I know a  
couple of people who have to use this service and some  
of the concerns that have been expressed to me have to  
do with prior authorization, the type of available  
resources, and the opportunity for companies owned by  
women or minorities, these subcontractors have because  
of various complications in billing with the  
contractors and the Department of Social Services, so

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again, I will continue to listen to the debate. Thank  
you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Green. Further on  
Senate "A"? Further on Senate "A"?

If not, I'll try your minds. All those in favor  
please signify by saying Aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ALTOBELLO:

Opposed? The Ayes have it. Senate "A" is  
adopted. Further on the Bill as amended?

If not, staff and guests please retire to the  
Well of the House. Members take your seats. The  
machine will be opened.

THE CLERK:

The House of Representatives is voting by Roll  
Call. Members to the Chamber.

The House is voting by Roll Call. Members to the  
Chamber, please.

DEPUTY SPEAKER ALTOBELLO:

Have all Members voted? Have all Members voted?  
Please check the board to make sure your vote is

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properly cast. If all Members have voted, the machine will be locked.

Will the Clerk please take and announce the tally.

THE CLERK:

Senate Bill Number 954 as amended by Senate "A" in concurrence with the Senate.

Total Number Voting	150
Necessary for Passage	76
Those voting Yea	150
Those voting Nay	0
Those absent and not voting	1

DEPUTY SPEAKER ALTOBELLO:

The Bill passes as amended in concurrence with the Senate.

Would the Clerk please call Calendar Number 685.

THE CLERK:

On Page 22, Calendar Number 685, Substitute for Senate Bill Number 1014 AN ACT CONCENRING LONGITUDINAL STUDIES OF STUDENT ACHIEVEMENT. Favorable Report of the Committee on Education.

DEPUTY SPEAKER ALTOBELLO:

**JOINT  
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**HUMAN  
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667 - 1008**

**2009**

VOICES: No.

SENATOR DOYLE: Okay. Thank you.

All right, at this point, as in the past, we're going to start with public officials for the first hour, and then we will have, after the first hour we'll alternate members of the public with public officials depending how many we have. So in terms of the sign-up, the first person is Gale Mattison from OPM, then Claudette Beaulieu from DSS, and then James McGaughey from O -- I'm not sure what the order it looks like they have an error there -- but anyway, Mr. Mattison, please. Thank you.

GALE MATTISON: Thank you very much, Senator. Senator Doyle, distinguished members of the Human Services Committee, my name is Gale Mattison. I'm the executive financial officer within the Office of Policy and Management. I thank you for the opportunity to speak today about Raised Bill 954, An Act Concerning Personal Service Agreement -- Agreements. OPM supports this bill and recommends its passage.

To begin with, I'd like to address sections 1 through 5 of the bill that concern personal service agreements, commonly called PSAs.

The current statute requires the executive branch agencies to report to OPM about their PSA activities on a semi-annual basis, December and June. The statute further requires OPM to prepare a summary report of this activity for the Legislature on an annual basis. This bill makes technical changes to these reporting requirements, namely, it eliminates the requirement of the state agencies to report semi-annually to OPM about

their PSA activity. This requirement is no longer necessary because of the implementation of the Core-CT system.

Before Core-CT, the 65-plus state agencies generated individual reports on their activity and -- and forwarded those reports to OPM on -- in an Excel spreadsheet. It did this twice a year. And once a year, OPM would go through the spreadsheets, compile the information into a summary report, and then forward it on to the Legislature.

Since 2005, agencies have been required to enter the contracts into the Core-CT system. OPM now has the ability to generate the reports about the agencies' PSA activities directly from Core. We no longer need to use the Excel spreadsheets. And the agencies no longer need to forward it separately to OPM. For the last two years, the annual reports OPM has submitted to the Legislature have been based on the data in Core.

In summary, these sections is a technical change that reflects the OPM current activity. It also results in better reporting to the Legislature when we run things out of Core and use the same parameters. The reliability and validity of the reports is greatly improved. Editorial comment, in fact, if the Legislature or the Committee wanted to run reports themselves, it would be just as easy to do it as OPM would do it and send it over.

In other sections of the bill, especially those sections 6 and 7, concern purchase of service contracts or POS's. Currently, the Connecticut General Statute, 4-70b, requires the Secretary of OPM to establish uniform policies and procedures for obtaining, managing and evaluating the quality and cost

and effectiveness of human services purchased from private providers. This bill clarifies the POS contracting, as well as OPM's responsibility for establishing uniform policies and procedures for the purchases of health and human services.

First, the bill amends the definition of purchase of service in order to clarify the appropriate use of POS contracts and to distinguish them from PSA and other types of agreements. POS contracts are primarily used with private provider organizations and municipalities to obtain direct health and human services for the agencies' clients. Unlike PSAs, POS contracts are never executed with individuals and are never to be used to obtain services that benefit the agencies themselves.

Second, the bill reflects the Office of the Attorney General's Formal Opinion issued in November of 2005 that there is no legal distinction between a PSA and a POS contract. A copy of the Attorney General's opinion is attached to the written testimony. The opinion further states that a POS contract, like a PSA, are subject to the competitive procurement requirements of the Connecticut General Statutes Sections 4-212 through 4-219. Although OPM expects agencies to competitively procure services when it's in the best interest of the state and the agencies' clients, an agency has the option of requesting a waiver from competitive procurement from OPM. OPM has approved and will continue to approve such waivers for certain services under certain defined circumstances.

Third, the bill replaces the biennial annual reporting to the Legislature on -- regarding

POS. Again, since OPM enters -- requires agencies to enter all the contract data into Core, we're now able to provide the information directly and on a regular basis.

Fourth, and finally, the agency -- the bill requires state agencies to use a standard POS contract for the purchase of health and human services. The standard contract consists of two parts. Part one includes the scope of service, contract performance, budget reports and other program and agency specific provisions. Part two incorporates the mandatory language approved by the Office of the Attorney General. The standard contract maximizes uniformity to the extent possible while allowing for programs and policy flexibility.

Thank you for this opportunity to testify today. I'd be happy to answer your questions.

SENATOR DOYLE: Thank you. Any questions from Committee members?

Seeing none, thank you very much.

GALE MATTISON: Thank you.

SENATOR DOYLE: Next speaker is Claudette? There's an error; I wasn't sure if you wanted to switch the order or come up together?

A VOICE: (Inaudible.)

SENATOR DOYLE: No, Claudette, you're second and then there's James McGaughey. Are you guys going to come up together? Is that the idea or --

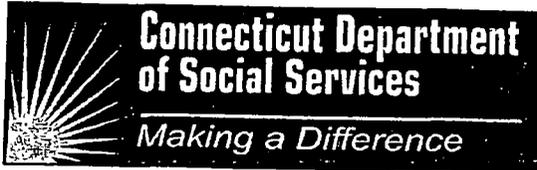
A VOICE: (Inaudible.)

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**HUMAN  
SERVICES  
PART 4  
1009 - 1353**

**2009**

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## Testimony Before the Human Services Committee

S. B. No. 852 (RAISED) AN ACT CONCERNING RENTAL PAYMENT LIMITS FOR RECIPIENTS OF RENTAL ASSISTANCE CERTIFICATES.

H. B. No. 6442 (RAISED) AN ACT CONCERNING WORK ACTIVITIES PERMITTED IN THE JOBS FIRST EMPLOYMENT SERVICES PROGRAM

S. B. No. 927 (RAISED) AN ACT CONCERNING THE QUALITY OF SERVICES FOR RECIPIENTS OF SERVICES UNDER A MEDICAID WAIVER.

S. B. No. 957 (RAISED) AN ACT CONCERNING MEDICAID ELIGIBILITY FOR PERSONS LIVING IN RESIDENTIAL CARE HOMES.

H. B. No. 6443 (RAISED) AN ACT CONCERNING DIRECT BILLING FOR HOME CARE NURSING SERVICES PROVIDED TO MEDICAID RECIPIENTS.

S. B. No. 210 (COMM) AN ACT CONCERNING THE ESTABLISHMENT OF A STREAMLINED APPLICATION FOR STATE HEALTH AND HUMAN SERVICES.

S. B. No. 954 (RAISED) AN ACT CONCERNING PERSONAL SERVICE AGREEMENTS.

S. B. No. 956 (RAISED) AN ACT CONCERNING MANAGED CARE CONTRACTS.

H. B. No. 5298 (RAISED) AN ACT INCREASING THE ASSET LIMITATIONS UNDER THE STATE-FUNDED CONNECTICUT HOME CARE PROGRAM FOR THE ELDERLY.

Claudette J. Beaulieu  
Deputy Commissioner of Programs  
February 24, 2009

which interested residents via internet access can provide basic information about their circumstances and that of their family. They will then be informed about which programs they may potentially qualify for and be allowed to select those they wish to apply for and complete a common application online that is customized for the particular programs for which they are applying.

Although the department is initially intending to implement this process for its own programs, including Medicaid, HUSKY, Supplemental Nutrition Assistance Program (SNAP – formerly Food Stamps), TFA and SAGA, it is our intent to eventually expand the system to include additional programs administered by DSS, such as Care 4 Kids and Energy Assistance. It could also be expanded to include the programs administered by other state human services agencies, such as WIC and free and reduced school meals, as well as other programs administered by the agencies mentioned in this bill.

The department expects to implement this online application system in late 2010 or early 2011. It could be the building block for meeting the needs that this bill proposes to address. Because of this, rather than devote resources to a paper application process that would be less effective, we recommend that an automated approach be pursued and therefore oppose this bill in its current form.

S. B. No. 954 (RAISED) AN ACT CONCERNING PERSONAL SERVICE AGREEMENTS

This bill was introduced at the request for the Office of Policy and Management (OPM). This bill implements Purchase of Service (POS) contract guidelines published by the OPM following the release of Attorney General Blumenthal's opinion a few years ago. The AG's opinion clarifies that a POS contract is subject to the same requirements as a Personal Service Agreement (PSA). The proposed revisions also remove certain reporting requirements of the department that are no longer necessary since OPM can obtain the information through the CORE CT system.

The department is already in compliance with these requirements and therefore lends its support to this legislation.

S. B. No. 956 (RAISED) AN ACT CONCERNING MANAGED CARE CONTRACTS.

The addition of section (b) makes it clear that the managed care organizations are subject to FOI as they perform a governmental function. Our current contracts with Aetna, AmeriChoice and CHN were written to affirmatively state that they are performing a governmental function and therefore subject to FOIA. The language in (b) also subjects the department's contract with CHN for the administration of SAGA to the FOIA language which is currently not the case. However, CHN has openly agreed to the FOIA language in the MCO contracts in the past so we believe that this can be accommodated through a contract amendment.



STATE OF CONNECTICUT  
OFFICE OF POLICY AND MANAGEMENT

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TESTIMONY PRESENTED TO THE  
CONNECTICUT GENERAL ASSEMBLY  
HUMAN SERVICES COMMITTEE

February 24, 2009

*Gale Mattison*  
*Executive Financial Officer, Office of Finance*  
*Office of Policy and Management*  
*450 Capitol Avenue*  
*Hartford, CT*

RAISED BILL NO. 954  
AAC PERSONAL SERVICE AGREEMENTS

Senator Doyle, Representative Walker, and distinguished members of the Human Services Committee, my name is Gale Mattison. I am the Executive Financial Officer of the Office of Finance, within the Office of Policy and Management (OPM). I thank you for the opportunity to speak to you today about Raised Bill No. 954, An Act Concerning Personal Service Agreements. OPM supports the bill and recommends its passage.

***Personal Service Agreements***

To begin, I would like to address those sections (1-5) of the bill that concern personal service agreements (PSAs).

The current statutes require executive branch agencies to report to OPM about their PSA activity on a semi-annual basis (in December and June). The statutes further require OPM to prepare a summary report of this activity for the legislature on an annual basis (in September).

The bill makes a technical change to these reporting requirements, namely, it eliminates the requirement that State agencies report semi-annually to OPM about their PSA activity. This requirement is no longer necessary with the implementation of Core-CT.

Before the implementation of Core-CT, sixty-five-plus (65+) State agencies generated individual reports on their PSA activity and submitted the information to OPM on Excel spreadsheets. They did this twice a year. Once a year, OPM compiled that information into a summary report for the legislature. It was a labor- and time-intensive process for everyone involved.

Since 2005, agencies have been required to enter their contracting data into Core-CT. OPM now has the ability to generate reports about the agencies' PSA activity using Core-CT and we no longer require agencies to submit semi-annual reports to us. For the last

two years, OPM's annual report to the legislature has been based on data generated centrally from Core-CT.

In summary, this legislative proposal is a technical change that reflects OPM's current business practices. It also results in a better report to the legislature. When OPM centrally runs the report in Core-CT, using the same [identical] parameters for all agencies, the reliability and validity of the resulting data are greatly improved.

### *Purchase of Service*

Now I would like to address those sections (6-7) of the bill that concern the purchase of service (POS).

C.G.S. 4-70b requires the Secretary of OPM to "establish uniform policies and procedures for obtaining, managing and evaluating the quality and cost effectiveness of human services purchased from private providers." This bill clarifies POS contracting, as well as OPM's responsibility for establishing uniform policies and procedures for the purchase of health and human services.

First, this bill amends the definition of "purchase of service" in order to clarify the appropriate use of POS contracts and to distinguish them from PSAs (and other types of agreements). POS contracts are primarily used with private provider organizations and municipalities to obtain direct health and human services for an agency's clients. Unlike PSAs, POS contracts are never executed with individuals and are never used to obtain services that benefit the State agency itself.

Second, this bill reflects the Office of the Attorney General's Formal Opinion (No. 031) issued on November 9, 2005 that there is no legal distinction between a PSA and a POS contract. (See copy attached.) The opinion further states that POS contracts, like PSAs, are subject to the competitive procurements provisions of C.G.S. Sections 4-212 to 4-219, inclusive. Although OPM expects agencies to competitively procure services when it is in the best interests of the State and the agency's clients, an agency has the option of requesting a waiver from competitive procurement from OPM. OPM has approved – and will continue to approve – such waiver requests for certain services, under certain defined circumstances.

Third, this bill replaces biennial with annual reporting to the legislature. Since OPM requires agencies to enter all contract data into Core-CT, we are now able to provide the legislature with more detailed and current contracting information than in the past. We support aligning POS and PSA reporting requirements so that OPM will report to the legislature every year, rather than every other year.

Testimony | Gale Mattison | OPM  
CGA Human Services Committee  
Raised Bill No. 954 *AAC Personal Service Agreements*  
February 24, 2009

Fourth, and finally, this bill requires an agency to use a standard POS contract for the purchase of direct health and human services. The standard contract consists of two parts. Part I includes the scope of services, contract performance, budget reports, and other program and agency-specific provisions. Part II incorporates mandatory language approved by the Office of the Attorney General. The standard contract maximizes uniformity to the extent possible, while allowing for programmatic and policy flexibility.

Thank you for this opportunity to speak to you today. I will be happy to answer any questions you may have.

Attachment:

Office of the Attorney General, *Formal Opinion (No. 031)*, November 9, 2005

**ATTACHMENT**

**Attorney General's Opinion  
Attorney General, Richard Blumenthal  
November 9, 2005**

The Honorable Robert L. Genuario  
Secretary  
Office of Policy and Management  
450 Capitol Avenue  
Hartford, CT 06106-1308

Dear Secretary Genuario:

You have asked for my opinion as to whether there is a legal distinction between a Personal Service Agreement ("PSA") and a Purchase of Service Contract ("POS"). Specifically, you also ask the following questions:

1. What statutory provisions require that a PSA be reviewed by the Attorney General as to form;
2. What distinction exists that exempts a POS from said statutory requirements; and
3. What distinction exists, if any, that exempts a POS from the statutory requirement contained in Conn. Gen. Stat. §4-212, et seq.

In my opinion, there is no legal distinction between a PSA and a POS, even though the Office of Policy and Management ("OPM") may choose to establish certain administrative procedures treating these types of agreements differently; they are both valid vehicles for entering into binding State contracts. As discussed more fully below, the answers to your questions are as follows:

1. The Attorney General's authority to review PSA and POS contracts is contained within Conn. Gen. Stat. §3-125, which provides that the "Attorney General shall have general supervision over all legal matters in which the state is an interested party." Contracts are legal "matters" and the state is "an interested party" in all state contracts.
2. POS contracts are not exempt from review by this office.
3. POS contracts, like Purchase of Service Agreements, are subject to the competitive procurement provisions of Conn. Gen. Stat. § 4-212 et seq.

Discussion

Your question asking whether POS contracts, like PSA contracts, are subject to the competitive procurement provisions of Conn. Gen. Stat. § 4-212 et seq was already answered in an earlier Opinion of the Attorney General, see 2004 Conn. Op. Atty. Gen. 020 (2004) (attached for your convenience). This Office concluded in that Opinion that contracts between a state agency and a private entity for the provision of certain human services for the benefit of both the public (typically through a POS)

and state agencies (typically through a PSA) are subject to the competitive procurement requirements of Conn. Gen. Stat. § 4-212 et seq. unless otherwise exempted by statute. As we stated in that opinion: "Questions have been raised as to whether Conn. Gen. Stat. § 4-212 applies to contracts for services to the public, or only to contracts for services provided directly to state agencies. An examination of the relevant statutes and their legislative history indicates that Conn. Gen. Stat. § 4-212 applies in both instances."

The authority for the Attorney General to review contracts is contained in Conn. Gen. Stat. §3-125, which gives the Attorney General "general supervision over all legal matters in which the state is an interested party. . . ." Contracts are legal documents that set forth the state's rights and obligations, and the state is "an interested party" in every one of its contracts. As such, they are subject to review by this Office as the Attorney General deems it to be appropriate. See *id.*, Op. Atty. Gen. 020 (2004). There is nothing unique about POS contracts that would suggest that they be treated differently from other state contracts or that they should be exempt from review by this Office.

In posing your question of whether there is a legal distinction between a PSA and a POS that exempts a POS from review by this office you reference an August 9, 2001 letter that I wrote to Department of Social Services Commissioner Patricia Wilson-Coker. That letter states that there is no specific statute requiring this Office to review every state contract. While there is no statutory requirement that this office review every state contract, Conn. Gen. Stat. §3-125 gives the Attorney General the specific discretionary authority to determine whether review of all or any particular contract is appropriate and advisable. In regard to the "managed care contracts for the State's Medicaid program," referenced in the August 9, 2001 letter, the Attorney General determined that this office would not review those particular contracts because they were not "consistent with the positions [this office had] taken in related litigation or in the best interests of Connecticut's citizens." Consequently, the statements made to Commissioner Wilson-Coker specifically related only to the 2001 Medicaid managed care contracts and did not relate to PSA or POS contracts generally.

I trust this letter provides you with the answers to your questions. If you need further information, please contact me.

Very truly yours,

RICHARD BLUMENTHAL

Source: <http://www.ct.gov/ag/cwp/view.asp?A=1770&Q=306482>