

Act Number: 09-066

Bill Number: 872

Senate Pages: 1908, 1935, 1937-1938 **4**

House Pages: 4578-4580 **3**

Committee: Human Services: 615-617, **10**
620-621, 654-655, 793, 870-
871

Page Total: **17**

S - 582

**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2009**

**VOL. 52
PART 6
1667 - 2005**

ch/rgd/md
SENATE

23
May 6, 2009

Returned from Committee, Calendar 103 is marked PR.

Calendar 114, marked go.

Calendar 115, marked go.

Calendar page 27, Calendar 120, marked go.

Calendar 121, marked go.

Calendar page 27, Calendar 135, Senate Bill
Number 842, Mr. President, I move to place this item
on the Consent Calendar.

THE CHAIR:

Motion on the floor to place the item on consent.

Seeing no objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President. Calendar 136, PR.

Calendar 138 is marked go.

Calendar 140, Senate Bill Number 872, Mr.

President, I move to place this item on the Consent
Calendar.

THE CHAIR:

Motion on the floor to place item on consent.

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Mr. President. Calendar 141, PR.

Calendar 142, PR.

Calendar 144 is marked go.

ch/rgd/md
SENATE

50
May 6, 2009

for House Bill 6643; Calendar 536, Substitute for
House Bill 6685.

Calendar page 15, Calendar Number 539, Substitute
for House Bill 6287.

Calendar page 17, Calendar 553, Substitute for
Senate Bill 885.

Calendar page 20, Calendar 587, Substitute for
House Bill 6598; Calendar 588, Substitute for House
Bill 6324.

Calendar page 21, Calendar 592, House Bill 6439.

Calendar page 27, Calendar Number 135, Senate
Bill 842.

Calendar page 28, Calendar 140, Senate Bill 872.

Calendar page 29, Calendar 175, Substitute for
Senate Bill 617.

Calendar page 30, Calendar 182, Senate Bill 973.

Calendar page 31, Calendar 206, Substitute for
Senate Bill 949.

Calendar page 37, Calendar Number 368, Senate
Bill 846.

Calendar page 38, Calendar 396, House Bill 5841.

Calendar page 42, Calendar 519, Substitute for
Senate Bill 1092; Calendar 375, Substitute for Senate
Bill 1021.

ch/rgd/md
SENATE

52
May 6, 2009

items placed on the first Consent Calendar.

THE CHAIR:

Thank you. Clerk, if you could please call for a roll call vote, I will open the machine.

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 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 locked.

Mr. Clerk, please call the tally.

THE CLERK:

The motion is on adoption of Consent Calendar
Number 1:

Total Number Voting	36
Necessary for Adoption	19
Those Voting Yea	36
Those Voting Nay	0
Those Absent/Not Voting	0

THE CHAIR:

ch/rgd/md
SENATE

53
May 6, 2009

Consent Calendar Number 1 passes.

Senator Looney.

SENATOR LOONEY:

Thank you. Thank you, Mr. President. Mr. President, I would move for suspension for immediate transmittal to the House of Representatives of item on calendar page 42, Calendar 519, Senate Bill 1092, An Act Concerning the Client's Security Fund, that was included in the immediately preceding vote on the Consent Calendar.

THE CHAIR:

Motion is to suspend down to the House Calendar 519.

Without objection, so ordered, sir.

SENATOR LOONEY:

Yes, thank you, Mr. President. Mr. President, as the second order of the day, I would ask the Clerk to call the item on calendar page 22, Calendar 595, Substitute for House Bill 6648.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Turning to calendar page 22, a matter marked second order of the day, Calendar Number 595, File

H – 1051

**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2009**

**VOL.52
PART 15
4578 – 4893**

hal/md/pat
HOUSE OF REPRESENTATIVES

381
May 14, 2009

Would the Clerk please call Calendar Number 607.

THE CLERK:

On Page 25, Calendar Number 607, Senate Bill
Number 872 AN ACT PROVIDING STATE FUNDED MEDICAL
COVERAGE TO CHILDREN IN THE CARE OF THE DEPARTMENT OF
DEVELOPMENTAL SERVICES. Favorable Report of the
Committee on Public Health.

DEPUTY SPEAKER ALTOBELLO:

Representative Jarmoc of the 59th, you have the
floor, Madam.

REP. JARMOC: (59th)

Thank you, Mr. Speaker. I move for acceptance of
the Joint Committee's Favorable Report and acceptance
of the bill.

DEPUTY SPEAKER ALTOBELLO:

The question before the Chamber is acceptance of
the Joint Committee's Favorable Report and passage of
the bill. Please proceed, Madam.

REP. JARMOC: (59th)

Thank you, Mr. Speaker. This proposal would
include the Department of Developmental Services as a
state agency whose children can qualify for state
funded medical assistance if they do not qualify for
Medicaid.

hal/md/pat
HOUSE OF REPRESENTATIVES

382
May 14, 2009

Essentially what this does is, it clarifies current practice within the Department of Social Services. There is no additional funding required in this bill, and I urge passage.

DEPUTY SPEAKER ALTOBELLO:

The question before the Chamber is passage. Will you remark further? Representative Gibbons of the 150th, you have the floor, Madam.

REP. GIBBONS (150th):

Thank you, Mr. Speaker. This Bill is, as stated by the Representative just before, what it really does is just says that these children who are currently paid for with Medicaid funds by one agency can also be paid for by the other agency as the responsibility transfers from one to the other. I urge passage of the bill.

Thank you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Gibbons. Further on the bill? Further on the bill?

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

THE CLERK:

hal/md/pat
HOUSE OF REPRESENTATIVES

383
May 14, 2009

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

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

DEPUTY SPEAKER/ALTOBELLO:

Have all Members voted? If all Members have
voted, please check the board to make sure your vote
is properly cast.

If all Members have voted, the machine will be
locked. Will the Clerk please take a tally.

And would the Clerk please announce the tally.

THE CLERK:

Senate Bill Number 872 in concurrence with the
Senate.

Total Number Voting	140
Necessary for Passage	71
Those voting Yea	140
Those voting Nay	0
Those absent and not voting	11

DEPUTY SPEAKER ALTOBELLO:

The bill passes in concurrence with the Senate.

Would the Clerk please call Calendar Number 411.

THE CLERK:

On Page 41, Calendar Number 411, Substitute for

**JOINT
STANDING
COMMITTEE
HEARINGS**

**HUMAN
SERVICES
PART 2
332 - 666**

2009

7 February 17, 2009
 pc/ckd HUMAN SERVICES COMMITTEE 10:30 A.M.

legislative intent wasn't, someone could try to argue nonlawyers could file an appeal. You meant more the in-house?

JAMES MCGAUGHEY: Yes.

SENATOR DOYLE: At the first level?

JAMES MCGAUGHEY: Yes, the administrative proceeding.

SENATOR DOYLE: Any other questions from committee members? None.

JAMES MCGAUGHEY: Thank you.

SENATOR DOYLE: Next person is Kevin Loveland and David Parrella. I think together?

Kevin, is that -- thank you.

KEVIN LOVELAND: Good morning, Senator Doyle, Representative Walker, members of the Human Services Committee. My name is Kevin Loveland. I'm the director of the Bureau of Assistance programs at the State Department of Social Services. I am joined this morning by David Parrella, our director of medical care administrative at the department.

We are principally here this morning to testify in support of legislation introduced in the committee at the request of our department. We are also providing written comments for the record for several other bills on the today's public hearing agenda.

I will start with the bills introduced at the request of the department; raised Bill 853, an act limiting liability for homemakers and

SB 872

HB 6401

HB 6151

HB 6416

SB 637

companions who transport homecare recipients. This bill addresses liability issues brought about by the high incidence of homemakers and companions using personal vehicles and the related insurance cost for transporting homecare recipients.

Over the past year, we have been approached by the providers in the Connecticut Home Care Program seeking reimbursement from the department for nonemergency transportation services that they provide to our clients. While we are interested in pursuing this alternative to the existing nonemergency transportation provider system, we are concerned about the liability issues that are raised by state-funded clients being transported in personal vehicles. Other states, notably Oregon, have already addressed this issue by passing statutes that limit the liability of homemakers and companions who transport state clients enrolled in waiver programs.

It is our hope that you will support this bill as the first step to providing a lower cost, more convenient transportation alternative for the elderly and disabled population served by our home and community-based waiver programs.

Next, I will comment on raised bill 872, an act providing state funded medical coverage to children in the care of the Department of Developmental Services. Approximately three years ago, responsibility for voluntary services for children who qualified for DDS services was transferred from the Department of Children and Families to the Department of Developmental Services. Children who are placed out of state in residential facilities by DDS -- DDS may or may not qualify for Medicaid depending on the

level involvement of their parents and the day-to-day decision-making concerning the child's care.

These children placed in residential treatment also typically do not qualify under Medicaid rules until the month they have been in residential placement for 30 days. This bill would include the Department of Developmental Services, in addition to the Department of Children and Families, as a state agency whose children can qualify for state funded medical assistance if they do not qualify for Medicaid in order to assure these children have access to needed medical services during these gaps in Medicaid eligibility.

The Department recommends that the Human Services Committee support this bill again this year.

Next, raised bill 6401, an act concerning the federal Supplemental Nutrition Assistance Program. The Federal Food, Conservation and Energy Act of 2008, Public Law 110-246, changed the name of the federal Food Stamp program to the Supplemental Nutrition Assistance Program, also known as SNAP, effective October 1, 2008. This bill changes all references to the Food Stamp program in the Connecticut General Statutes to the Supplemental Nutrition Assistance Program, as I mentioned now known as SNAP for short.

In addition, the bill changes the name of Connecticut's existing Supplemental Nutrition Assistance Program which funds the provision of commodities for food pantries, soup kitchens and emergency shelters through the Connecticut Food Bank to the Supplemental Nutrition Commodities

REP. WALKER: Do you know what that was?

DAVID PARRELLA: It would probably be better for me, Representative, if I -- if we drafted a subsequent letter to you, to the committee, that -- that attached a copy of the Oregon legislation with an estimate of what the potential savings would be. I mean, we could provide that by the end of the week as part of a response to your question.

REP. WALKER: Thank you. It would be good because -- since we started looking at the budget, it would be helpful to have that information ahead.

Going on to 872, can you explain to me, basically, what you are trying to do is get DDS to qualify under Medicaid services? Is that what I'm getting out of this?

KEVIN LOVELAND: This was -- in 2006, there were -- adjustments were made in the budget and agreements made that minor children who are within the scope of service of the Department of Developmental Services would no longer be served by the Department of Children and Families in terms of arranging for voluntary service treatment for those children. That responsibility was shifted to the Department of Developmental Services and these -- oftentimes, these residential services, you know, children are placed out of state -- in a temporary placement out of state for a few months and residential treatment. That is covered by the Medicaid program.

The problem with the Medicaid program is it has certain rules around when that Medicaid eligibility begins when a child leaves their

13
pc/ckd

HUMAN SERVICES COMMITTEE

February 17, 2009
10:30 A.M.

parents to go to -- and it begins in the month in which the 30th day of placement occurs. So, in the past, when they were under the care of the Department of Children and Families was the one managing this process, we do have a provision in our statute that we can provide state funded -- in this case it is probably just one month's worth of state funded coverage for those children for that initial month and then we switch them to Medicaid.

And, basically, what this does, it allows us, now that these children have been shifted from DCF to DDS, to continue doing the same thing and for sure they can be placed and receive that care.

REP. WALKER: Approximately, how many children are we talking about, sir?

KEVIN LOVELAND: I don't have that information. We're not talking large numbers. I can tell you... I am trying to remember back three years to -- yeah, well, I don't even know if it is hundreds. It's probably, maybe, I should consult with the Department of Developmental Services to find out how many children they are doing this for.

REP. WALKER: And the reason they are sent out of state is because we don't have facilities?

KEVIN LOVELAND: We don't have the residential type of treatment facilities within the state for them.

REP. WALKER: I'd like to know how many we're sending out of state and what the dollar costs are for that, please.

46
pc/ckd

HUMAN SERVICES COMMITTEE

February 17, 2009
10:30 A.M.

public. Then we'll try Richard Blumenthal again and after that Senator Edith Prague but Lynn Warner.

It's still morning. Good morning.

LYNN WARNER: Good morning, Senator Doyle, Representative Walker, and members of the Human Services Committee. I am Lynn Warner, the executive director of the Arc of Connecticut, a 57-year-old statewide advocacy organization for individuals with intellectual disabilities and their families. We have 23 local chapters that provide support services and advocacy for individuals with intellectual disabilities throughout Connecticut.

I am here today to testify in support of Senate Bill 346, an act concerning the transfer of social service programs administration to community providers. As a concept, the Arc of Connecticut fully supports the idea of transferring administration of programs from the Department of Developmental Services to the private provider sector, but only if the private providers are adequately and fully funded.

HB6402
SB872

For years, the private providers have served these individuals with dignity and quality, and, yet, for years, private providers have been consistently underfunded. In addition, they have been continuously subjected to unfunded mandates, lack of adequate cost of living increases and extensive rate changes. Make no mistake, the private providers can do the very same work their state-paid counterparts do and can do it more efficiently, but they can't do it for nothing.

Today private providers are barely being funded

enough to provide for the basic health and safety needs of individuals in their care, and we fear that the quality of life of these individuals will decline due to staff turnover, reduced service hours and just the lack of involvement in their communities due to the consistent and chronic underfunding. Our concerns are not new. As advocates, representatives of our association alone have been contacting the changing administrations in the Governor's office and coming before different legislative committees for over 20 years.

Again, the Arc of Connecticut does support the concept to transfer social -- social service programs administration to community providers, but the State will need to do appropriate and adequate funding for such a process; otherwise, it's an injustice to the people of Connecticut with intellectual disabilities, their families and the people who serve them.

I would also like to support House Bill 6402, an act concerning the maximization of Medicaid reimbursement -- wow, that's hard -- for the State of Connecticut, federal assistance programs or FMAP. Bringing more money into the state of Connecticut will not only strengthen our economy, but it will allow those agencies and people who serve individuals with disabilities increased opportunities to provide services.

I would also like to support Senate Bill 872, an act providing state funded medical coverage to children in care of the Department of Developmental Services. We believe that bringing in -- or covering children's medical needs is of the utmost importance.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**HUMAN
SERVICES
PART 3
667 - 1008**

2009



M. Jodi Rell
Governor

State of Connecticut
Department of Developmental Services

DDS

Peter H. O'Meara
Commissioner

Kathryn du Pree
Deputy Commissioner

TESTIMONY OF THE
DEPARTMENT OF DEVELOPMENTAL SERVICES
TO THE
HUMAN SERVICES COMMITTEE
February 17, 2009

Senator Doyle, Representative Walker and members of the Human Services Committee, I am Peter O'Meara, Commissioner of Developmental Services (DDS). Thank you for the opportunity to submit testimony in support of Senate Bill 872 - An Act Providing State-Funded Medical Coverage to Children in the Care of the Department of Developmental Services.

This bill would expand eligibility for state-funded medical assistance to include children under the care and supervision of the Commissioner of Developmental Services. The responsibility for children in the Voluntary Services Program (VSP) who qualify for DDS Services was transferred from the Department of Children and Families to DDS as of July 1, 2005.

Children who are placed out-of-state in residential facilities by DDS may or may not qualify for Medicaid, depending on the level of involvement of the parents in the day-to-day decision making of the parents concerning their care. They also typically do not qualify until the month they have been in residential placement for thirty days.

This proposal would include the Department of Developmental Services (in addition to DCF, which is already included) as a state agency whose children can qualify for state-funded medical assistance if they do not qualify for Medicaid. There is no additional fiscal impact to the state as a result of this legislation.

Thank you for allowing me the opportunity to submit testimony today. Please contact Christine Pollio, DDS Director of Legislative and Executive Affairs at 418-6066 with any questions.



TJ



Testimony Before the Human Services Committee

S. B. No. 853 (RAISED) AN ACT LIMITING LIABILITY FOR HOMEMAKERS AND COMPANIONS WHO TRANSPORT HOME CARE RECIPIENTS.

S. B. No. 872 (RAISED) AN ACT PROVIDING STATE-FUNDED MEDICAL COVERAGE TO CHILDREN IN THE CARE OF THE DEPARTMENT OF DEVELOPMENTAL SERVICES.

H. B. No. 6401 (RAISED) AN ACT CONCERNING THE FEDERAL SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM.

H. B. No. 6351 (RAISED) AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS FOR TECHNICAL REVISIONS TO THE HUMAN SERVICES STATUTES.

Proposed S. B. No. 346 AN ACT CONCERNING THE TRANSFER OF SOCIAL SERVICE PROGRAM ADMINISTRATION TO COMMUNITY PROVIDERS.

Proposed S. B. No. 528 AN ACT CONCERNING MEDICAID INCOME ELIGIBILITY REQUIREMENTS.

Proposed S. B. No. 634 AN ACT CONCERNING MEDICAID COVERAGE FOR MEDICATIONS USED TO SAFELY TREAT OPIOID ADDICTION.

Proposed S. B. No. 635 AN ACT REQUIRING HEALTH CARE PROVIDERS TO INFORM MEDICAID BENEFICIARIES CONCERNING THE USE OF MEDICATIONS FOR THE TREATMENT OF OPIOID DEPENDENCY.

Proposed H. B. No. 6146 AN ACT CONCERNING ELIGIBILITY LIMITS FOR MEDICARE SAVINGS PROGRAMS.

H. B. No. 6402 (RAISED) AN ACT CONCERNING MAXIMIZATION OF MEDICAID REIMBURSEMENT FOR THE STATE OF CONNECTICUT AND FEDERAL MEDICAL ASSISTANCE PERCENTAGES (FMAP).

S. B. No. 817 (RAISED) AN ACT CONCERNING THE RIGHT TO A HEARING IN THE RENTAL ASSISTANCE PROGRAM, TRANSITIONARY RENTAL ASSISTANCE PROGRAM AND SECTION 8 VOUCHER PROGRAM.

S. B. No. 820 (RAISED) AN ACT CONCERNING THE ESTABLISHMENT OF A RAPID REHOUSING PROGRAM.

H. B. No. 6418 (RAISED) AN ACT CONCERNING TRANSFER OR DISCHARGE OF RESIDENTIAL CARE HOME PATIENTS.

H. B. No. 6416 (RAISED) AN ACT CONCERNING DISPROPORTIONATE SHARE PAYMENTS TO HOSPITALS and S. B. No. 637 AN ACT CONCERNING DISPROPORTIONATE SHARE PAYMENTS TO HOSPITALS

H. B. No. 6400 (RAISED) AN ACT CONCERNING THE STRENGTHENING OF NURSING HOME OVERSIGHT

*Kevin Loveland
David Parrella
February 17, 2009*

Good morning, Senator Doyle, Representative Walker and members of the Human Services Committee. My name is Kevin Loveland, Director of the Bureau of Assistance Programs at the Department of Social Services. I am joined by David Parrella, Director of Medical Care Administration at the department. We are principally here this morning to testify in support of legislation introduced in the committee at the request of our department. We are also providing written comments for the record on several other bills on today's public hearing agenda.

Legislation Introduced at the Request of the Department of Social Services (DSS)

S. B. No. 853 (RAISED) AN ACT LIMITING LIABILITY FOR HOMEMAKERS AND COMPANIONS WHO TRANSPORT HOME CARE RECIPIENTS

This bill addresses liability issues brought about by the high incidence of homemakers and companions using personal vehicles and insurance policies to transport Home Care recipients.

Over the past year we have been approached by providers in the Connecticut Home Care Program seeking reimbursement from the Department for non-emergency transportation services that they provide to our clients. While we are interested in pursuing this alternative to the existing non-emergency transportation provider system, we are concerned about the liability issues that are raised by state funded clients being transported in personal vehicles.

Other states, notably Oregon, have already addressed this issue by passing statutes that limit the liability of homemakers and companions who transport state clients enrolled in waiver programs. It is our hope that you will support this bill as the first step to providing a lower cost, more convenient transportation alternative for the elderly and disabled populations served by our home and community based waiver programs.

S. B. No. 872 (RAISED) AN ACT PROVIDING STATE-FUNDED MEDICAL COVERAGE TO CHILDREN IN THE CARE OF THE DEPARTMENT OF DEVELOPMENTAL SERVICES.

Approximately three years ago responsibility for voluntary services for children who qualify for DDS services was transferred from the Department of Children and Families to the Department of Developmental Services. Children who are placed out of state in residential facilities by DDS may or may not qualify for Medicaid depending on the level of involvement of their parents in the day-to-day decision-making concerning the child's care. These children placed in residential treatment also typically do not qualify under Medicaid rules until the month they have been in residential placement for 30 days. This bill will include the Department of Developmental Services, in addition to the Department of Children and Families, as a state agency whose children can qualify for state-funded medical assistance if they do not qualify for Medicaid in order to assure these children have access to needed medical services during these gaps in Medicaid eligibility.