

# Legislative History for Connecticut Act

## PA15-69

HB6946

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Transcripts from the Joint Standing Committee Public  
Hearing(s) and/or Senate and House of Representatives  
Proceedings

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**H - 1208**

**CONNECTICUT  
GENERAL ASSEMBLY  
HOUSE**

**PROCEEDINGS  
2015**

**VOL.58  
PART 7  
2093 - 2443**

/dd  
HOUSE OF REPRESENTATIVES

186  
May 12, 2015

Those voting Nay 0

Absent and not voting 6

DEPUTY SPEAKER GODFREY:

The bill, as amended, is passed. [gavel]

SPEAKER SHARKEY:

Will the Clerk please call Calendar 335?

CLERK:

On page 25, House Calendar 335, Favorable Report of the Joint Standing Committee on Human Services, Substitute House Bill 6946, AN ACT CONCERNING HUSKY PROGRAMS.

SPEAKER SHARKEY:

The distinguished Chairwoman of the Human Services Committee, Representative Abercrombie, you have the floor.

REP. ABERCROMBIE (83<sup>rd</sup>):

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

SPEAKER SHARKEY:

The question's on acceptance of the Joint Committee's Favorable Report and passage of the bill. Will you remark, madam?

/dd  
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REP. ABERCROMBIE (83<sup>rd</sup>):

Thank you, Mr. Speaker. Mr. Speaker, this bill will repeal outdated language concerning the Husky Program and make conforming changes to reflect the change to a fee-for-service program in compliance with the Affordable Care Act and doing determinations. I move adoption.

SPEAKER SHARKEY:

The question before the Chamber is passage of the bill with no amendments.

Would you care to remark? Representative Wood.

REP. WOOD (141<sup>st</sup>):

Thank you, Mr. Speaker, and I also stand in support of this bill. It does make technical changes that make a lotta sense and it does repeal outdated changes in the bill and I hope you all will support it. Thank you very much.

SPEAKER SHARKEY:

Thank you, madam.

Would you care to remark? Would you care to remark further on the bill that's before us? If not, staff and guests to the Well of the House. Members take your seats. The machine'll be opened.

/dd  
HOUSE OF REPRESENTATIVES

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CLERK:

[bell rings] The House of Representatives is  
voting by roll. The House of Representatives is  
voting by roll. Will members please report to the  
Chamber immediately.

[pause]

SPEAKER SHARKEY:

[gavel] Have all the members voted? Have all  
the members voted?

[gavel] Have all the members voted? Will the  
members please check the board to make sure your  
vote is properly cast. If all the members have  
voted, the machine will be locked and the Clerk  
will take a tally.

Will the Clerk please announce the tally.

CLERK:

House Bill 6946

Total Number Voting 146

Necessary for Passage 74

Those voting Yea 146

Those voting Nay 0

Absent and not voting 5

/dd  
HOUSE OF REPRESENTATIVES

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SPEAKER SHARKEY:

The bill passes. [gavel]

Will the Clerk please call Calendar 176.

CLERK:

On page 9, House Calendar 176, Favorable Report of the Joint Standing Committee on Housing, House Bill 6551, AN ACT CONCERNING PENALTIES FOR THE FAILURE TO REGISTER A RESIDENTIAL PROPERTY BY A FORECLOSING PARTY.

SPEAKER SHARKEY:

The distinguished Chairman of the Housing Committee, Representative Butler, you have the floor, sir.

REP. BUTLER (72<sup>nd</sup>):

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

SPEAKER SHARKEY:

Question is on acceptance of the Joint Committee's Favorable Report and passage of the bill. Will you remark, sir?

REP. BUTLER (72<sup>nd</sup>):

Yes. Mr. Speaker, this bill simply tries to enhance some penalties that we currently have in

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CONNECTICUT  
GENERAL ASSEMBLY  
SENATE**

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SENATE

214  
May 28, 2015

So ordered, sir.

SENATOR DUFF:

Thank you, Madam President. On Calendar Page 14, Calendar 490, House Bill 6952, I'd like to place that item on the Consent Calendar.

THE CHAIR:

So ordered, sir.

SENATOR DUFF:

Thank you, Madam President. On Calendar Page 14, Calendar 491, Senate Bill 795, 7-9-5. I'd like to place that item on the Consent Calendar.

THE CHAIR:

So ordered, sir.

SENATOR DUFF:

Thank you, Madam President. On Calendar Page 16, Calendar 507, House Bill 6946, I'd like to place that item on the Consent Calendar.

THE CHAIR:

So ordered, sir.

SENATOR DUFF:

Thank you, Madam President. On Calendar Page 27, Calendar 568, House Bill 6973, I'd like to place that item on the Consent Calendar.

THE CHAIR:

So ordered, sir.

SENATOR DUFF:

Thank you, Madam President. And the next item, to be marked go, to be Calendar Page 37 -



May 28, 2015

SENATE

THE CHAIR:

Thank you. Mr. Clerk, will you please call the bills on the Consent Calendar?

CLERK:

On Page 3, Calendar 189, Senate Bill No. 23. Page 5, Calendar 330, Senate Bill 73. Page 8, Calendar 435, House Bill 6839. Page 10, Calendar 463, House Bill 6833. Also on Page 10, Calendar 461, House Bill 6403.

On Page 11, Calendar 470, House Bill 7007. On Page 12, Calendar 474, House Bill 6925. On Page 14, Calendar 490, House Bill 6952, and on Page 16, Calendar 507, House Bill 6946.

On Page 18, Calendar 514, House Bill 6787 and Page 24, Calendar 548, House Bill 6942. On Page 27, Calendar 568, House Bill 6973 and Page 30, Calendar 581, House Bill 6695. On Page 34, Calendar 138, Senate Bill 957 and also on Page 34, Calendar 92, Senate Bill 6, I'm sorry, Senate Bill 853.

Page 37, Calendar 249, Senate Bill 99, Page 38, Calendar 324, Senate Bill 451, and on Page 40, Calendar 401, Senate Bill 949.

THE CHAIR:

All the bills are called. At this time, Mr. Clerk, I'd call for a roll call vote and the machine will be open on the Consent Calendar.

CLERK:

Immediate roll call has been ordered in the Senate on today's Consent Calendar. Immediate roll call has been ordered in the Senate.

[pause]

THE CHAIR:

If all members have voted, all members have voted, the machine will be closed. Mr. Clerk, will you please call the tally.

/pt  
SENATE

227  
May 28, 2015

CLERK:

On today's Consent Calendar

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

THE CHAIR:

The Consent Calendar is passed. [gavel] Senator Duff.

SENATOR DUFF:

Thank you, Madam President. Before we announce the time for tomorrow, I'll yield to any points of personal privilege or announcements.

THE CHAIR:

Are there any points of personal privilege or announcements? Senator Bye, are you standing for a reason? Senator Bye.

SENATOR BYE:

Thank you, Madam President, yes. I'm calling for purposes of an announcement.

THE CHAIR:

Please proceed, ma'am.

SENATOR BYE:

Tomorrow morning at 10 a.m., the Appropriations Committee will meet in Room 2C to consider bills. Thank you, Madam President. I should have said this morning.

THE CHAIR:

Yes, you're right. It is this morning, ma'am. Thank you very much.

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**HUMAN  
SERVICES  
PART 4  
1559 – 1941**

**2015**

March 12, 2015

law/mcr/gbr

HUMAN SERVICES COMMITTEE

12:00 P.M.

CHAIRMEN: Senator Moore  
Representative Abercrombie

MEMBERS PRESENT:

SENATORS: Markey, Slossberg

REPRESENTATIVES:

Buck-Taylor, Butler,  
Byron, Case, Cook,  
Ferraro, McGee, Morris,  
Porter, Rosati, Santiago,  
Stallworth, Wood, Zupkus

SENATOR MOORE: Good afternoon. The energy. Wow.  
This is wonderful. Thank you all for coming.  
We're going to begin our hearing, human service  
public hearing. We'll start with commissioners  
or officials first. Commissioner Bremby, how  
are you?

COMMISSIONER RODERICK BREMBY: Good afternoon.

SENATOR MOORE: Good afternoon.

COMMISSIONER RODERICK BREMBY: Good afternoon,  
Senator Moore, Representative Abercrombie,  
distinguished members of the human services  
committee. My name is Rod Bremby. I'm the  
Commissioner of the Department of Social  
Services and I'm pleased to be before you today  
to testify on two bills raised on behalf of the  
department. In addition I offer remarks on  
one other bill on today's agenda that impacts  
the department. The first bill raised on  
behalf of DSS is Senate Bill number 1043, AN  
ACT CONCERNING CONTINUING CARE COMMUNITIES.  
This bill changes the reporting requirements  
for continuing care communities or CCFs and  
requires that such communities allow residents  
to form a council. Current statute requires  
multiple filings from the CCF including a

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SB1046

financial filing as well as a disclosure filing.

This proposal would require each CCF to submit at least one disclosure statement to DDS -- I'm sorry to DSS each year including audit and financial statements and cash flow statements. This updated process would not only streamline the filing procedures within DSS but it would also provide for greater transparency within a single filing. In addition this proposal allows residents to create a council. This council will, give residents the ability to communicate with the provider directly.

It is important to note that this proposal also requires providers to notify all residents when a disclosure statement has been filed. Disclosure statements will be available to any and all residents interested in viewing the financial records of the facility. We ask for your support of this proposal. The second bill raised on behalf of the agent is -- agency is House Bill 6946, AN ACT CONCERNING HUSKY PROGRAMS. This legislation makes a number of technical changes to the Husky and Husky plus act which was enacted in 1997 and reflected the managed care model of providing services to Husky A and Husky B beneficiaries.

The department's service model for Husky beneficiaries has evolved considerably since that time, most notably with the implementation in 2012 of a self insured managed care, managed fee for service approach for the provision of all Husky beneficiaries. This legislation also makes changes to reflect ACA requirements to use a modified adjusted gross income methodology for most eligibility determinations. The MAGI methodology applies primarily to all CHIP and most Medicaid groups except those whose eligibility is tied to being

elderly, living disabilities or in need of long term services and support of Husky C.

Sections one through 16, 18, 19, 22 through 24, 28, 30, 32 through 45, these sections of the bill propose a change -- to change the terms Husky plan part A and -- part A and Husky plan part B to the current and more comprehensive Husky health program. These sections also include language to reflect the recent statutory change to move regulations public notices to an online system. Section 17, this section updates the terminology for the eligibility groups from family unit to household as the MAGI rules use with some important exceptions. A household composition definition based upon the taxpayer and his or her tax dependents.

This also reflects the converted MAGI income limits and references the federal MAGI rules. The MAGI methodology differs in several ways from the methodology related to the age independent families with dependent children program that states used for many years to determine Medicaid and CHIP eligibility for most children and nondisabled or nonelderly adults. The AFDC related methodology includes significant disregards of income whereas MAGI uses an income calculation based on modified adjusted gross index as defined in tax regulations and a flat disregard of an amount equivalent to a five percentage point increase of the applicant income limit expressed as a percentage of the federal poverty level of the FPL.

Because the MAGI rules eliminated certain disregards states were required to undertake a process of converting their pre2014 income limits to MAGI levels. The convergent process was intended to account for a loss of the

disregards not to create a net increase in the eligibility levels. The higher Husky A and Husky B income limits in this section represent these converted levels. As stated in this section beneficiaries found not eligible for Husky are considered for eligibility for one of the programs available to help in the form of a premium tax credit or a cost sharing reduction with the purchase of a QHB or qualified health plan through Access Health Connecticut.

Section 20, this section updates a number of definitions to reflect a number of definitions to reflect current usage. It also incorporates the department's regulatory definition of durable medical equipment and defines the constituent parts A, B, C and D of the Husky health program. It also adds reference to the electronic application process for Husky.

The ACA requires a single streamlined application process for all insurance affordability programs that is the Husky, the Medicaid, the CHIP, and the subsidies are available through the State's health insurance marketplace or at Access Health CT including an online application. Section 25 of the affordable care act allows sections to perform presumptive eligibility for the MAGI eligibility groups Husky A, B and D.

Presumptive eligibility allows entities to make on the spot temporary eligibility decisions based upon an assessment of the gross household income. Usually the department designates the entities that may perform presumptive eligibility but the ACA permits hospitals to choose whether to perform eligibility. Section 26, this section updates provisions related to Husky plus. Among other things it eliminates references to the separate Husky plus behavioral health program. This proposed

change does not constitute a change or a reduction in the scope of behavioral health services offered to a Husky B beneficiaries. Instead behavioral health services were carved out of Husky in 2006 and as a result Husky plus behavioral health services are now provided under the auspices of the Behavioral Health Partnership.

The BHP administrative services organization has been managing these services since the behavioral health carve out in 2006. In contrast Husky plus physical remains a distinct program from the medical ASO as it is implemented through a separate contract with Connecticut Children's Medical Center. Section 27, this section reflects the converted MAGI income limits for Husky B and an additional that we request that a technical change being that section 31 of the bill which amends section 17B-303 should be deleted and section 46 of the bill amended to include the repeal of the section 17B-303 as the provisions of section 17B-303 are obsolete. We ask for your support of this proposal.

Lastly on other legislation impacting the department Senate Bill 1046, AN ACT PROHIBITING FELONS FROM MANAGING STATE ASSISTANCE FUNDS. This bill prohibits the department from hiring an individual with a felony conviction for a position that involves administering, managing or providing public assistance funds. The bill raised would put DSS in the position of violating existing State law. Section 46A80 subset A of the Connecticut General Statutes state that quote not withstanding any other provisions of law to the contrary a person shall not be disqualified from employment by the State or any of its agencies solely because of a prior conviction of a crime end quote. This -- the Commission on Human Rights and





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page 1



*Testimony before the Human Services Committee  
Roderick L. Bremby, Commissioner  
March 12, 2015*

Good afternoon, Senator Moore, Representative Abercrombie and distinguished members of the Human Services Committee. My name is Roderick Bremby and I am the Commissioner of the Department of Social Services. I am pleased to be before you today to testify on two bills raised on behalf of the Department. In addition, I offer remarks on one other bill on today's agenda that impacts the Department.

SB1046

**Bill Raised on Behalf of DSS:**

**S.B. No. 1043 (RAISED) AN ACT CONCERNING CONTINUING CARE COMMUNITIES**

This bill changes reporting requirements for continuing-care facilities (CCFs) and requires such communities to allow residents to form a council.

Current statute requires multiple filings from the CCF, including a financial filing as well as a disclosure filing. This proposal would require each CCF to submit at least one disclosure statement to DSS each year, including audited financial statements and cash flow statements. This updated process would not only streamline the filing procedures within the Department but it would also provide for greater transparency within a single filing.

In addition, the proposal allows residents to create a council. This council will give residents the ability to communicate with the provider directly. It is important to note that this proposal also requires providers to notify all residents when a disclosure statement has been filed. Disclosure statements will be available to any and all residents interested in viewing the financial records of the facility.

We ask for your support of this proposal.

**H.B. No. 6946 (RAISED) AN ACT CONCERNING HUSKY PROGRAMS**

This legislation makes a number of technical changes to the "HUSKY and HUSKY Plus Act," which was enacted in 1997 and reflected the managed care model of providing services to HUSKY A and HUSKY B/CHIP beneficiaries. The Department's service model for HUSKY beneficiaries has evolved considerably since that time, most notably with the implementation in 2012 of a self-insured, managed fee-for-service approach for the provision of services to all HUSKY beneficiaries (HUSKY A, B, C and D). This legislation also makes changes to reflect

Affordable Care Act (ACA) requirements to use a Modified Adjusted Gross Income (MAGI) methodology for most eligibility determinations. The MAGI methodology applies primarily to all CHIP and most Medicaid groups, except those whose eligibility is tied to being elderly, with disabilities, or in need of long-term services and supports (HUSKY C).

Sections 1 - 16, 18, 19, 22- 24, 28, 30, 32 - 45 – These sections of the bill propose to change the terms “HUSKY Plan, Part A and HUSKY Plan Part B” to the current and more comprehensive, “HUSKY Health program.” These sections also include language to reflect the recent statutory change to move regulations public notices to an online system.

Section 17 - This section updates the terminology for the eligibility groups from “family unit” to “household” as the MAGI rules use (with some important exceptions) a household composition definition based upon the taxpayer and his or her tax dependents. It also reflects the “converted” MAGI income limits and references the federal MAGI rules. The MAGI methodology differs in several ways from the methodology related to the Aid to Families with Dependent Children (AFDC) program that states used for many years to determine Medicaid and CHIP eligibility for most children and non-disabled/non-elderly adults. The AFDC-related methodology includes significant disregards of income, whereas MAGI uses an income calculation based on modified adjusted gross income as defined in tax regulations and a flat disregard of an amount equivalent to a 5 percentage point increase of the applicable income limit expressed as a percentage of the Federal Poverty Level (FPL). Because the MAGI rules eliminated certain disregards, states were required to undertake a process of converting their pre-2014 income limits to MAGI levels. The conversion process was intended to account for the loss of the disregards, not to create a net increase in the eligibility levels. The higher HUSKY A and HUSKY B income limits in this section represent these converted levels. As stated in this section, beneficiaries found not eligible for HUSKY are considered for eligibility for one of the programs available to help (in the form of a premium tax credit or cost sharing reductions) with the purchase of a Qualified Health Plan through Access Health CT.

Section 20 - This section updates a number of definitions to reflect current usage. It also incorporates the Department’s regulatory definition of durable medical equipment and defines the constituent parts (A, B, C and D) of the HUSKY Health program. It also adds reference to the electronic application process for HUSKY. The ACA requires a single streamlined application process for all insurance affordability programs (Medicaid, CHIP and the subsidies available through the state’s health insurance marketplace, Access Health CT), including online application.

Section 25 - The Affordable Care Act allows hospitals to perform presumptive eligibility for the MAGI eligibility groups (HUSKY A, B and D). Presumptive eligibility allows entities to make on-the-spot, temporary eligibility decisions (based on an assessment of gross household income). Usually the Department designates the entities that may perform presumptive eligibility, but the ACA permits hospitals to choose whether to perform eligibility.

Section 26 - This section updates provisions related to HUSKY Plus. Among other changes, it eliminates references to the separate HUSKY Plus Behavioral Health program. This proposed change does not constitute a change or reduction in the scope of behavioral health services

offered to HUSKY B beneficiaries. Instead, behavioral health services were carved out of HUSKY in 2006 and, as a result, HUSKY Plus Behavioral Health services (intensive in-home psychiatric services) are now provided under the auspices of the Behavioral Health Partnership. The BHP ASO has been managing these services since the behavioral health carve-out in 2006. In contrast, HUSKY Plus Physical remains a distinct program from the medical ASO and is implemented through a separate contract with the Connecticut Children's Medical Center.

Section 27 - This section reflects the converted MAGI income limits for HUSKY B.

\*Additional note- The Department requests a technical correction: Section 31 of the bill, which amends section 17b-303, should be deleted and section 46 of the bill amended to include the repeal of section 17b-303, as the provisions of section 17b-303 are obsolete.

We ask for your support of this proposal.

**Other Legislation Impacting the Department:**

**S.B. No. 1046 (RAISED) AN ACT PROHIBITING FELONS FROM MANAGING STATE ASSISTANCE FUNDS**

This bill prohibits the Department from hiring an individual with a felony conviction for a position that involves administering, managing or providing public assistance funds.

The bill raised would put DSS in the position of violating existing state law. Section 46a-80(a) of the Connecticut General Statutes states that "notwithstanding any other provisions of law to the contrary, a person shall not be disqualified from employment by the state or any of its agencies [...] solely because of a prior conviction of a crime." This Commission on Human Rights and Opportunities ("CHRO") statute further delimits the circumstances in which the criminal record of an applicant may be considered. A state agency may only inquire about a prior criminal conviction once an applicant has been deemed otherwise qualified and may only use criminal history as a basis for disqualifying an applicant after considering: (1) the nature of the crime and its relationship to the job for which the person has applied; (2) information pertaining to the degree of rehabilitation of the convicted person; and (3) the time elapsed since the conviction or release. Conn. Gen. Stat. § 46a(80)(b)-(c).

In compliance with Section 46a-80, DSS already has hiring practices in place that consider the criminal record of an applicant. Once an applicant is deemed to be otherwise eligible for the position sought, DSS uses the Department of Administrative Services' form HR-13, Addendum to the Application for Examination or Employment, Criminal Convictions, to have the applicant report all prior convictions for crimes, with the exception of minor traffic violations and juvenile convictions. DSS then considers the applicant's criminal record as related to the position being sought, the degree of rehabilitation, and the time elapsed since the crime. Thus, a mechanism already exists, in compliance with CHRO law, to screen applicants whose criminal history would directly bear upon the position being sought.