



General Assembly

January Session, 2025

**Governor's Bill No. 1251**

LCO No. 4290



Referred to Committee on HUMAN SERVICES

Introduced by:

Request of the Governor Pursuant  
to Joint Rule 9

***AN ACT IMPLEMENTING THE GOVERNOR'S RECOMMENDATIONS  
FOR HEALTH AND HUMAN SERVICES.***

Be it enacted by the Senate and House of Representatives in General  
Assembly convened:

1 Section 1. Section 14-11b of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective July 1, 2025*):

3 (a) There shall be within the Department of [Aging and Disability  
4 Services] Motor Vehicles a unit for the purpose of evaluating and  
5 training persons with disabilities in the operation of motor vehicles.  
6 There shall be assigned to the driver training unit for persons with  
7 disabilities such staff as is necessary for the orderly administration of  
8 the driver training program for persons with disabilities. The personnel  
9 assigned to the driver training unit for persons with disabilities shall,  
10 while engaged in the evaluation, [or] instruction or examination of a  
11 person with disabilities, have the authority and immunities with respect  
12 to such activities as are granted under the general statutes to motor  
13 vehicle inspectors. The Commissioner of Motor Vehicles may permit a  
14 person whose license has been withdrawn as a result of a condition that

15 makes such person eligible for evaluation and training under this  
16 section to operate a motor vehicle while accompanied by personnel  
17 assigned to the driver training unit for persons with disabilities. [When  
18 a person with disabilities has successfully completed the driver training  
19 program for persons with disabilities, the Department of Aging and  
20 Disability Services shall certify such completion in writing to the  
21 Commissioner of Motor Vehicles and shall recommend any license  
22 restrictions or limitations to be placed on the license of such person. The  
23 Commissioner of Motor Vehicles may accept such certification in lieu of  
24 the driving skills portion of the examination prescribed under  
25 subsection (e) of section 14-36. If such person with disabilities has met  
26 all other requirements for obtaining a license, the Commissioner of  
27 Motor Vehicles shall issue a license with such restrictions recommended  
28 by the Department of Aging and Disability Services.]

29 (b) Any resident of this state who has a serious physical or mental  
30 disability which does not render the resident incapable of operating a  
31 motor vehicle and who must utilize special equipment in order to  
32 operate a motor vehicle and who cannot obtain instruction in the  
33 operation of a motor vehicle through any alternate program, including,  
34 but not limited to, other state, federal or privately operated drivers'  
35 schools shall be eligible for instruction under the Department of [Aging  
36 and Disability Services] Motor Vehicles driver training program for  
37 persons with disabilities.

38 Sec. 2. Subsection (b) of section 17b-104 of the general statutes is  
39 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
40 *2025*):

41 (b) On July 1, 2007, and annually thereafter, the commissioner shall  
42 increase the payment standards over those of the previous fiscal year  
43 under the state-administered general assistance program by the  
44 percentage increase, if any, in the most recent calendar year average in  
45 the consumer price index for urban consumers over the average for the  
46 previous calendar year, provided the annual increase, if any, shall not

47 exceed five per cent, except that the payment standards for the fiscal  
48 years ending June 30, 2010, June 30, 2011, June 30, 2012, June 30, 2013,  
49 June 30, 2016, June 30, 2017, June 30, 2018, June 30, 2019, June 30, 2020,  
50 [and] June 30, 2021, June 30, 2026, and June 30, 2027, shall not be  
51 increased.

52 Sec. 3. Subsection (a) of section 17b-106 of the general statutes is  
53 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
54 *2025*):

55 (a) On July 1, 1989, and annually thereafter, the commissioner shall  
56 increase the adult payment standards over those of the previous fiscal  
57 year for the state supplement to the federal Supplemental Security  
58 Income Program by the percentage increase, if any, in the most recent  
59 calendar year average in the consumer price index for urban consumers  
60 over the average for the previous calendar year, provided the annual  
61 increase, if any, shall not exceed five per cent, except that the adult  
62 payment standards for the fiscal years ending June 30, 1993, June 30,  
63 1994, June 30, 1995, June 30, 1996, June 30, 1997, June 30, 1998, June 30,  
64 1999, June 30, 2000, June 30, 2001, June 30, 2002, June 30, 2003, June 30,  
65 2004, June 30, 2005, June 30, 2006, June 30, 2007, June 30, 2008, June 30,  
66 2009, June 30, 2010, June 30, 2011, June 30, 2012, June 30, 2013, June 30,  
67 2016, June 30, 2017, June 30, 2018, June 30, 2019, June 30, 2020, [and] June  
68 30, 2021, June 30, 2026, and June 30, 2027, shall not be increased.  
69 Effective October 1, 1991, the coverage of excess utility costs for  
70 recipients of the state supplement to the federal Supplemental Security  
71 Income Program is eliminated. Notwithstanding the provisions of this  
72 section, the commissioner may increase the personal needs allowance  
73 component of the adult payment standard as necessary to meet federal  
74 maintenance of effort requirements.

75 Sec. 4. Subsection (a) of section 17b-112g of the general statutes is  
76 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
77 *2025*):

78 (a) The Commissioner of Social Services shall offer immediate  
79 diversion assistance designed to prevent certain families who are  
80 applying for monthly temporary family assistance from needing such  
81 assistance. Diversion assistance shall be offered to families that (1) upon  
82 initial assessment are determined eligible for temporary family  
83 assistance, (2) demonstrate a short-term need that cannot be met with  
84 current or anticipated family resources, and (3) with the provision of a  
85 service or short-term benefit, would be prevented from needing  
86 monthly temporary family assistance. [Within resources available to the  
87 Department of Social Services, a person who requests diversion  
88 assistance on the basis of being a victim of domestic violence, as defined  
89 in section 17b-112a, shall be deemed to satisfy subdivision (2) of this  
90 subsection and shall not be subject to the requirements of subdivision  
91 (3) of this subsection. In determining whether the family of such a victim  
92 of domestic violence satisfies the requirements of subdivision (1) of this  
93 subsection and the appropriate amount of diversion assistance to  
94 provide, the commissioner shall not include as a member of the family  
95 the spouse, domestic partner or other household member credibly  
96 accused of domestic violence by such victim, nor shall the commissioner  
97 count the income or assets of such a spouse, domestic partner or other  
98 household member. For purposes of this subsection, allegations of  
99 domestic violence may be substantiated by the commissioner pursuant  
100 to the provisions of subsection (b) of section 17b-112a.]

101 Sec. 5. Section 17b-191 of the general statutes is repealed and the  
102 following is substituted in lieu thereof (*Effective July 1, 2025*):

103 (a) Notwithstanding the provisions of sections 17b-190, 17b-195 and  
104 17b-196, the Commissioner of Social Services shall operate a state-  
105 administered general assistance program in accordance with this section  
106 and sections 17b-131, 17b-193, 17b-194, 17b-197 and 17b-198.  
107 Notwithstanding any provision of the general statutes, on and after  
108 October 1, 2003, no town shall be reimbursed by the state for any general  
109 assistance medical benefits incurred after September 30, 2003, and on  
110 and after March 1, 2004, no town shall be reimbursed by the state for

111 any general assistance cash benefits or general assistance program  
112 administrative costs incurred after February 29, 2004.

113 (b) The state-administered general assistance program shall provide  
114 cash assistance of (1) two hundred dollars per month for an  
115 unemployable person upon determination of such person's  
116 unemployability; (2) two hundred dollars per month for a transitional  
117 person who is required to pay for shelter; and (3) fifty dollars per month  
118 for a transitional person who is not required to pay for shelter. The  
119 standard of assistance paid for individuals residing in rated boarding  
120 facilities shall remain at the level in effect on August 31, 2003. No person  
121 shall be eligible for cash assistance under the program if eligible for cash  
122 assistance under any other state or federal cash assistance program. The  
123 standards of assistance set forth in this subsection shall be subject to  
124 annual increases, as described in subsection (b) of section 17b-104, as  
125 amended by this act.

126 (c) To be eligible for cash assistance under the program, a person shall  
127 (1) be (A) eighteen years of age or older; (B) a minor found by a court to  
128 be emancipated pursuant to section 46b-150; or (C) under eighteen years  
129 of age and the commissioner determines good cause for such person's  
130 eligibility, and (2) not have assets exceeding five hundred dollars or, if  
131 such person is married, such person and his or her spouse shall not have  
132 assets exceeding one thousand dollars. In determining eligibility, the  
133 commissioner shall not consider as income (A) Aid and Attendance  
134 pension benefits granted to a veteran, as defined in section 27-103, or the  
135 surviving spouse of such veteran; and (B) any tax refund or advance  
136 payment with respect to a refundable credit to the same extent such  
137 refund or advance payment would be disregarded under 26 USC 6409  
138 in any federal program or state or local program financed in whole or in  
139 part with federal funds. No person who is a substance abuser and  
140 refuses or fails to enter available, appropriate treatment shall be eligible  
141 for cash assistance under the program until such person enters  
142 treatment. No person whose benefits from the temporary family  
143 assistance program have terminated as a result of time-limited benefits

144 or for failure to comply with a program requirement shall be eligible for  
145 cash assistance under the program.

146 (d) Prior to or upon discontinuance of assistance, a person previously  
147 determined to be a transitional person may petition the commissioner  
148 to review the determination of his or her status. In such review, the  
149 commissioner shall consider factors, including, but not limited to: (1)  
150 Age; (2) education; (3) vocational training; (4) mental and physical  
151 health; and (5) employment history and shall make a determination of  
152 such person's ability to obtain gainful employment.

153 [(e) Notwithstanding any other provision of this section or section  
154 17b-194, a victim of domestic violence, as defined in section 17b-112a,  
155 who is not eligible for diversion assistance under the provisions of  
156 section 17b-112g, shall be eligible for a one-time assistance payment  
157 under the state-administered general assistance program within  
158 resources available to the Department of Social Services. Such payment  
159 shall be equivalent to that which such victim would be entitled to  
160 receive as diversion assistance if such victim and his or her family, if  
161 any, were eligible for diversion assistance. In determining whether and  
162 in what amount a victim of domestic violence and his or her family are  
163 eligible for a one-time assistance payment pursuant to this subsection,  
164 the commissioner shall not include as a member of such victim's family  
165 the spouse, domestic partner or other household member credibly  
166 accused of domestic violence by such victim, nor shall the commissioner  
167 count the income or assets of such a spouse, domestic partner or other  
168 household member. For purposes of this subsection, allegations of  
169 domestic violence may be substantiated by the commissioner pursuant  
170 to the provisions of subsection (b) of section 17b-112a, and "family" has  
171 the same meaning as used in section 17b-112, except as otherwise  
172 provided in this subsection.]

173 Sec. 6. Section 17b-278l of the general statutes is repealed and the  
174 following is substituted in lieu thereof (*Effective July 1, 2025*):

175 (a) (1) As used in this section, "bariatric surgery" means surgical  
176 changes to the digestive system to help a patient with obesity to lose  
177 weight;

178 (2) "Body mass index" means the number calculated by dividing an  
179 individual's weight in kilograms by the individual's height in meters  
180 squared;

181 (3) "Medical services" means (A) prescription drugs approved by the  
182 federal Food and Drug Administration for the treatment of obesity on  
183 an outpatient basis for individuals with type 2 diabetes and prescription  
184 drugs approved by the federal Food and Drug Administration on an  
185 outpatient basis for the treatment of a comorbid condition for  
186 individuals with obesity, subject to prior authorization and only after  
187 step therapy when clinically appropriate, and (B) nutritional counseling  
188 provided by a registered dietitian-nutritionist certified pursuant to  
189 section 20-206n;

190 (4) "Severe obesity" means a body mass index that is:

191 (A) Greater than forty; or

192 (B) Thirty-five or more if an individual has been diagnosed with a  
193 comorbid disease or condition, including, but not limited to, a  
194 cardiopulmonary condition, diabetes, hypertension or sleep apnea; and

195 (5) "Obesity" means a body mass index of thirty or higher.

196 (b) The Commissioner of Social Services shall [provide medical  
197 assistance] amend the Medicaid state plan and the state plan for the  
198 Children's Health Insurance Program to implement the provisions of  
199 this section and provide coverage under the Medicaid program, in  
200 accordance with federal law, for (1) bariatric surgery and related  
201 medical services for Medicaid and HUSKY B beneficiaries with severe  
202 obesity, and (2) medical services for Medicaid and HUSKY B  
203 beneficiaries with a body mass index greater than thirty-five, provided

204 such beneficiaries otherwise meet conditions set by the Centers for  
205 Medicare and Medicaid Services for such surgery and medical services.  
206 If necessary, the commissioner may amend the Medicaid state plan and  
207 the state plan for the Children's Health Insurance Program to implement  
208 the provisions of this section.

209 (c) Notwithstanding the provisions of subsection (b) of section 17b-  
210 274f, any step therapy that may be required by the Commissioner of  
211 Social Services pursuant to the provisions of this section may be for a  
212 period of time not longer than one hundred eighty days.

213 Sec. 7. Subsection (a) of section 17b-244 of the general statutes is  
214 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
215 *2025*):

216 (a) The room and board component of the rates to be paid by the state  
217 to private facilities and facilities operated by regional education service  
218 centers which are licensed to provide residential care pursuant to  
219 section 17a-227, but not certified to participate in the Title XIX Medicaid  
220 program as intermediate care facilities for individuals with intellectual  
221 disabilities, shall be determined annually by the Commissioner of Social  
222 Services, except that rates effective April 30, 1989, shall remain in effect  
223 through October 31, 1989. Any facility with real property other than  
224 land placed in service prior to July 1, 1991, shall, for the fiscal year  
225 ending June 30, 1995, receive a rate of return on real property equal to  
226 the average of the rates of return applied to real property other than land  
227 placed in service for the five years preceding July 1, 1993. For the fiscal  
228 year ending June 30, 1996, and any succeeding fiscal year, the rate of  
229 return on real property for property items shall be revised every five  
230 years. The commissioner shall, upon submission of a request by such  
231 facility, allow actual debt service, comprised of principal and interest,  
232 on the loan or loans in lieu of property costs allowed pursuant to section  
233 17-313b-5 of the regulations of Connecticut state agencies, whether  
234 actual debt service is higher or lower than such allowed property costs,  
235 provided such debt service terms and amounts are reasonable in



236 relation to the useful life and the base value of the property. In the case  
237 of facilities financed through the Connecticut Housing Finance  
238 Authority, the commissioner shall allow actual debt service, comprised  
239 of principal, interest and a reasonable repair and replacement reserve  
240 on the loan or loans in lieu of property costs allowed pursuant to section  
241 17-313b-5 of the regulations of Connecticut state agencies, whether  
242 actual debt service is higher or lower than such allowed property costs,  
243 provided such debt service terms and amounts are determined by the  
244 commissioner at the time the loan is entered into to be reasonable in  
245 relation to the useful life and base value of the property. The  
246 commissioner may allow fees associated with mortgage refinancing  
247 provided such refinancing will result in state reimbursement savings,  
248 after comparing costs over the terms of the existing proposed loans. For  
249 the fiscal year ending June 30, 1992, the inflation factor used to  
250 determine rates shall be one-half of the gross national product  
251 percentage increase for the period between the midpoint of the cost year  
252 through the midpoint of the rate year. For fiscal year ending June 30,  
253 1993, the inflation factor used to determine rates shall be two-thirds of  
254 the gross national product percentage increase from the midpoint of the  
255 cost year to the midpoint of the rate year. For the fiscal years ending  
256 June 30, 1996, and June 30, 1997, no inflation factor shall be applied in  
257 determining rates. The Commissioner of Social Services shall prescribe  
258 uniform forms on which such facilities shall report their costs. Such rates  
259 shall be determined on the basis of a reasonable payment for necessary  
260 services. Any increase in grants, gifts, fund-raising or endowment  
261 income used for the payment of operating costs by a private facility in  
262 the fiscal year ending June 30, 1992, shall be excluded by the  
263 commissioner from the income of the facility in determining the rates to  
264 be paid to the facility for the fiscal year ending June 30, 1993, provided  
265 any operating costs funded by such increase shall not obligate the state  
266 to increase expenditures in subsequent fiscal years. Nothing contained  
267 in this section shall authorize a payment by the state to any such facility  
268 in excess of the charges made by the facility for comparable services to  
269 the general public. The service component of the rates to be paid by the

270 state to private facilities and facilities operated by regional education  
271 service centers which are licensed to provide residential care pursuant  
272 to section 17a-227, but not certified to participate in the Title XIX  
273 Medicaid programs as intermediate care facilities for individuals with  
274 intellectual disabilities, shall be determined annually by the  
275 Commissioner of Developmental Services in accordance with section  
276 17b-244a. For the fiscal year ending June 30, 2008, no facility shall receive  
277 a rate that is more than two per cent greater than the rate in effect for  
278 the facility on June 30, 2007, except any facility that would have been  
279 issued a lower rate effective July 1, 2007, due to interim rate status or  
280 agreement with the department, shall be issued such lower rate effective  
281 July 1, 2007. For the fiscal year ending June 30, 2009, no facility shall  
282 receive a rate that is more than two per cent greater than the rate in effect  
283 for the facility on June 30, 2008, except any facility that would have been  
284 issued a lower rate effective July 1, 2008, due to interim rate status or  
285 agreement with the department, shall be issued such lower rate effective  
286 July 1, 2008. For the fiscal years ending June 30, 2010, and June 30, 2011,  
287 rates in effect for the period ending June 30, 2009, shall remain in effect  
288 until June 30, 2011, except that (1) the rate paid to a facility may be higher  
289 than the rate paid to the facility for the period ending June 30, 2009, if a  
290 capital improvement required by the Commissioner of Developmental  
291 Services for the health or safety of the residents was made to the facility  
292 during the fiscal years ending June 30, 2010, or June 30, 2011, and (2) any  
293 facility that would have been issued a lower rate for the fiscal year  
294 ending June 30, 2010, or June 30, 2011, due to interim rate status or  
295 agreement with the department, shall be issued such lower rate. For the  
296 fiscal year ending June 30, 2012, rates in effect for the period ending June  
297 30, 2011, shall remain in effect until June 30, 2012, except that (A) the  
298 rate paid to a facility may be higher than the rate paid to the facility for  
299 the period ending June 30, 2011, if a capital improvement required by  
300 the Commissioner of Developmental Services for the health or safety of  
301 the residents was made to the facility during the fiscal year ending June  
302 30, 2012, and (B) any facility that would have been issued a lower rate  
303 for the fiscal year ending June 30, 2012, due to interim rate status or

304 agreement with the department, shall be issued such lower rate. Any  
305 facility that has a significant decrease in land and building costs shall  
306 receive a reduced rate to reflect such decrease in land and building costs.  
307 The rate paid to a facility may be increased if a capital improvement  
308 approved by the Department of Developmental Services, in consultation  
309 with the Department of Social Services, for the health or safety of the  
310 residents was made to the facility during the fiscal year ending June 30,  
311 2014, or June 30, 2015, only to the extent such increases are within  
312 available appropriations. For the fiscal years ending June 30, 2016, and  
313 June 30, 2017, rates shall not exceed those in effect for the period ending  
314 June 30, 2015, except the rate paid to a facility may be higher than the  
315 rate paid to the facility for the period ending June 30, 2015, if a capital  
316 improvement approved by the Department of Developmental Services,  
317 in consultation with the Department of Social Services, for the health or  
318 safety of the residents was made to the facility during the fiscal year  
319 ending June 30, 2016, or June 30, 2017, to the extent such rate increases  
320 are within available appropriations. For the fiscal years ending June 30,  
321 2016, and June 30, 2017, and each succeeding fiscal year, any facility that  
322 would have been issued a lower rate, due to interim rate status, a change  
323 in allowable fair rent or agreement with the department, shall be issued  
324 such lower rate. For the fiscal years ending June 30, 2018, and June 30,  
325 2019, rates shall not exceed those in effect for the period ending June 30,  
326 2017, except the rate paid to a facility may be higher than the rate paid  
327 to the facility for the period ending June 30, 2017, if a capital  
328 improvement approved by the Department of Developmental Services,  
329 in consultation with the Department of Social Services, for the health or  
330 safety of the residents was made to the facility during the fiscal year  
331 ending June 30, 2018, or June 30, 2019, to the extent such rate increases  
332 are within available appropriations. For the fiscal years ending June 30,  
333 2020, and June 30, 2021, rates shall not exceed those in effect for the fiscal  
334 year ending June 30, 2019, except the rate paid to a facility may be higher  
335 than the rate paid to the facility for the fiscal year ending June 30, 2019,  
336 if a capital improvement approved by the Department of  
337 Developmental Services, in consultation with the Department of Social

338 Services, for the health or safety of the residents was made to the facility  
339 during the fiscal year ending June 30, 2020, or June 30, 2021, to the extent  
340 such rate increases are within available appropriations. For the fiscal  
341 years ending June 30, 2022, and June 30, 2023, rates shall be based upon  
342 rates in effect for the fiscal year ending June 30, 2021, inflated by the  
343 gross domestic product deflator applicable to each rate year, except the  
344 commissioner may, in the commissioner's discretion and within  
345 available appropriations, provide pro rata fair rent increases to facilities  
346 which have documented fair rent additions placed in service in the cost  
347 report years ending September 30, 2020, and September 30, 2021, that  
348 are not otherwise included in rates issued, or if a rate adjustment for a  
349 capital improvement approved by the Department of Developmental  
350 Services, in consultation with the Department of Social Services, for the  
351 health or safety of the residents was made to the facility during the fiscal  
352 year ending June 30, 2022, or June 30, 2023. For the fiscal year ending  
353 June 30, 2024, rates shall not exceed those in effect for the fiscal year  
354 ending June 30, 2023, except the rate paid to a facility may be higher  
355 than the rate paid to the facility for the fiscal year ending June 30, 2023,  
356 if a capital improvement approved by the Department of  
357 Developmental Services, in consultation with the Department of Social  
358 Services, for the health or safety of the residents was made to the facility  
359 during the fiscal year ending June 30, 2024, to the extent such rate  
360 increases are within available appropriations. For the fiscal years ending  
361 June 30, 2026, and June 30, 2027, rates shall not exceed those in effect for  
362 the fiscal year ending June 30, 2025, except the rate paid to a facility may  
363 be higher than the rate paid to the facility for the fiscal year ending June  
364 30, 2025, if a capital improvement approved by the Department of  
365 Developmental Services, in consultation with the Department of Social  
366 Services, for the health or safety of the residents was made to the facility  
367 during the fiscal year ending June 30, 2026, or June 30, 2027, to the extent  
368 such rate increases are within available appropriations.

369       Sec. 8. (*Effective July 1, 2025*) For the fiscal years ending June 30, 2026,  
370 and June 30, 2027, notwithstanding the provisions of subsection (a) of

371 section 17b-244 of the general statutes, as amended by this act, and  
372 subsections (a) to (i), inclusive, of section 17b-340 of the general statutes,  
373 as amended by this act, or any other provision of title 17 or 17b of the  
374 general statutes, or regulations adopted thereunder, the state rates of  
375 payment in effect for the fiscal year ending June 30, 2025, for residential  
376 care homes, community living arrangements and community  
377 companion homes that receive the flat rate for residential services under  
378 section 17-311-54 of the regulations of Connecticut state agencies shall  
379 remain in effect.

380       Sec. 9. Subdivision (1) of subsection (h) of section 17b-340 of the  
381 general statutes is repealed and the following is substituted in lieu  
382 thereof (*Effective July 1, 2025*):

383       (h) (1) For the fiscal year ending June 30, 1993, any intermediate care  
384 facility for individuals with intellectual disabilities with an operating  
385 cost component of its rate in excess of one hundred forty per cent of the  
386 median of operating cost components of rates in effect January 1, 1992,  
387 shall not receive an operating cost component increase. For the fiscal  
388 year ending June 30, 1993, any intermediate care facility for individuals  
389 with intellectual disabilities with an operating cost component of its rate  
390 that is less than one hundred forty per cent of the median of operating  
391 cost components of rates in effect January 1, 1992, shall have an  
392 allowance for real wage growth equal to thirty per cent of the increase  
393 determined in accordance with subsection (q) of section 17-311-52 of the  
394 regulations of Connecticut state agencies, provided such operating cost  
395 component shall not exceed one hundred forty per cent of the median  
396 of operating cost components in effect January 1, 1992. Any facility with  
397 real property other than land placed in service prior to October 1, 1991,  
398 shall, for the fiscal year ending June 30, 1995, receive a rate of return on  
399 real property equal to the average of the rates of return applied to real  
400 property other than land placed in service for the five years preceding  
401 October 1, 1993. For the fiscal year ending June 30, 1996, and any  
402 succeeding fiscal year, the rate of return on real property for property  
403 items shall be revised every five years. The commissioner shall, upon

404 submission of a request, allow actual debt service, comprised of  
405 principal and interest, in excess of property costs allowed pursuant to  
406 section 17-311-52 of the regulations of Connecticut state agencies,  
407 provided such debt service terms and amounts are reasonable in  
408 relation to the useful life and the base value of the property. For the fiscal  
409 year ending June 30, 1995, and any succeeding fiscal year, the inflation  
410 adjustment made in accordance with subsection (p) of section 17-311-52  
411 of the regulations of Connecticut state agencies shall not be applied to  
412 real property costs. For the fiscal year ending June 30, 1996, and any  
413 succeeding fiscal year, the allowance for real wage growth, as  
414 determined in accordance with subsection (q) of section 17-311-52 of the  
415 regulations of Connecticut state agencies, shall not be applied. For the  
416 fiscal year ending June 30, 1996, and any succeeding fiscal year, no rate  
417 shall exceed three hundred seventy-five dollars per day unless the  
418 commissioner, in consultation with the Commissioner of  
419 Developmental Services, determines after a review of program and  
420 management costs, that a rate in excess of this amount is necessary for  
421 care and treatment of facility residents. For the fiscal year ending June  
422 30, 2002, rate period, the Commissioner of Social Services shall increase  
423 the inflation adjustment for rates made in accordance with subsection  
424 (p) of section 17-311-52 of the regulations of Connecticut state agencies  
425 to update allowable fiscal year 2000 costs to include a three and one-half  
426 per cent inflation factor. For the fiscal year ending June 30, 2003, rate  
427 period, the commissioner shall increase the inflation adjustment for  
428 rates made in accordance with subsection (p) of section 17-311-52 of the  
429 regulations of Connecticut state agencies to update allowable fiscal year  
430 2001 costs to include a one and one-half per cent inflation factor, except  
431 that such increase shall be effective November 1, 2002, and such facility  
432 rate in effect for the fiscal year ending June 30, 2002, shall be paid for  
433 services provided until October 31, 2002, except any facility that would  
434 have been issued a lower rate effective July 1, 2002, than for the fiscal  
435 year ending June 30, 2002, due to interim rate status or agreement with  
436 the department shall be issued such lower rate effective July 1, 2002, and  
437 have such rate updated effective November 1, 2002, in accordance with

438 applicable statutes and regulations. For the fiscal year ending June 30,  
439 2004, rates in effect for the period ending June 30, 2003, shall remain in  
440 effect, except any facility that would have been issued a lower rate  
441 effective July 1, 2003, than for the fiscal year ending June 30, 2003, due  
442 to interim rate status or agreement with the department shall be issued  
443 such lower rate effective July 1, 2003. For the fiscal year ending June 30,  
444 2005, rates in effect for the period ending June 30, 2004, shall remain in  
445 effect until September 30, 2004. Effective October 1, 2004, each facility  
446 shall receive a rate that is five per cent greater than the rate in effect  
447 September 30, 2004. Effective upon receipt of all the necessary federal  
448 approvals to secure federal financial participation matching funds  
449 associated with the rate increase provided in subdivision (4) of  
450 subsection (f) of this section, but in no event earlier than October 1, 2005,  
451 and provided the user fee imposed under section 17b-320 is required to  
452 be collected, each facility shall receive a rate that is four per cent more  
453 than the rate the facility received in the prior fiscal year, except any  
454 facility that would have been issued a lower rate effective October 1,  
455 2005, than for the fiscal year ending June 30, 2005, due to interim rate  
456 status or agreement with the department, shall be issued such lower rate  
457 effective October 1, 2005. Such rate increase shall remain in effect unless:  
458 (A) The federal financial participation matching funds associated with  
459 the rate increase are no longer available; or (B) the user fee created  
460 pursuant to section 17b-320 is not in effect. For the fiscal year ending  
461 June 30, 2007, rates in effect for the period ending June 30, 2006, shall  
462 remain in effect until September 30, 2006, except any facility that would  
463 have been issued a lower rate effective July 1, 2006, than for the fiscal  
464 year ending June 30, 2006, due to interim rate status or agreement with  
465 the department, shall be issued such lower rate effective July 1, 2006.  
466 Effective October 1, 2006, no facility shall receive a rate that is more than  
467 three per cent greater than the rate in effect for the facility on September  
468 30, 2006, except any facility that would have been issued a lower rate  
469 effective October 1, 2006, due to interim rate status or agreement with  
470 the department, shall be issued such lower rate effective October 1, 2006.  
471 For the fiscal year ending June 30, 2008, each facility shall receive a rate

472 that is two and nine-tenths per cent greater than the rate in effect for the  
473 period ending June 30, 2007, except any facility that would have been  
474 issued a lower rate effective July 1, 2007, than for the rate period ending  
475 June 30, 2007, due to interim rate status, or agreement with the  
476 department, shall be issued such lower rate effective July 1, 2007. For the  
477 fiscal year ending June 30, 2009, rates in effect for the period ending June  
478 30, 2008, shall remain in effect until June 30, 2009, except any facility that  
479 would have been issued a lower rate for the fiscal year ending June 30,  
480 2009, due to interim rate status or agreement with the department, shall  
481 be issued such lower rate. For the fiscal years ending June 30, 2010, and  
482 June 30, 2011, rates in effect for the period ending June 30, 2009, shall  
483 remain in effect until June 30, 2011, except any facility that would have  
484 been issued a lower rate for the fiscal year ending June 30, 2010, or the  
485 fiscal year ending June 30, 2011, due to interim rate status or agreement  
486 with the department, shall be issued such lower rate. For the fiscal year  
487 ending June 30, 2012, rates in effect for the period ending June 30, 2011,  
488 shall remain in effect until June 30, 2012, except any facility that would  
489 have been issued a lower rate for the fiscal year ending June 30, 2012,  
490 due to interim rate status or agreement with the department, shall be  
491 issued such lower rate. For the fiscal years ending June 30, 2014, and  
492 June 30, 2015, rates shall not exceed those in effect for the period ending  
493 June 30, 2013, except the rate paid to a facility may be higher than the  
494 rate paid to the facility for the period ending June 30, 2013, if a capital  
495 improvement approved by the Department of Developmental Services,  
496 in consultation with the Department of Social Services, for the health or  
497 safety of the residents was made to the facility during the fiscal year  
498 ending June 30, 2014, or June 30, 2015, to the extent such rate increases  
499 are within available appropriations. Any facility that would have been  
500 issued a lower rate for the fiscal year ending June 30, 2014, or the fiscal  
501 year ending June 30, 2015, due to interim rate status or agreement with  
502 the department, shall be issued such lower rate. For the fiscal years  
503 ending June 30, 2016, and June 30, 2017, rates shall not exceed those in  
504 effect for the period ending June 30, 2015, except the rate paid to a  
505 facility may be higher than the rate paid to the facility for the period



506 ending June 30, 2015, if a capital improvement approved by the  
507 Department of Developmental Services, in consultation with the  
508 Department of Social Services, for the health or safety of the residents  
509 was made to the facility during the fiscal year ending June 30, 2016, or  
510 June 30, 2017, to the extent such rate increases are within available  
511 appropriations. For the fiscal years ending June 30, 2016, and June 30,  
512 2017, and each succeeding fiscal year, any facility that would have been  
513 issued a lower rate, due to interim rate status, a change in allowable fair  
514 rent or agreement with the department, shall be issued such lower rate.  
515 For the fiscal years ending June 30, 2018, and June 30, 2019, rates shall  
516 not exceed those in effect for the period ending June 30, 2017, except the  
517 rate paid to a facility may be higher than the rate paid to the facility for  
518 the period ending June 30, 2017, if a capital improvement approved by  
519 the Department of Developmental Services, in consultation with the  
520 Department of Social Services, for the health or safety of the residents  
521 was made to the facility during the fiscal year ending June 30, 2018, or  
522 June 30, 2019, only to the extent such rate increases are within available  
523 appropriations. For the fiscal years ending June 30, 2020, and June 30,  
524 2021, rates shall not exceed those in effect for the fiscal year ending June  
525 30, 2019, except the rate paid to a facility may be higher than the rate  
526 paid to the facility for the fiscal year ending June 30, 2019, if a capital  
527 improvement approved by the Department of Developmental Services,  
528 in consultation with the Department of Social Services, for the health or  
529 safety of the residents was made to the facility during the fiscal year  
530 ending June 30, 2020, or June 30, 2021, only to the extent such rate  
531 increases are within available appropriations. For the fiscal year ending  
532 June 30, 2022, rates shall not exceed those in effect for the fiscal year  
533 ending June 30, 2021, except the commissioner may, in the  
534 commissioner's discretion and within available appropriations, provide  
535 pro rata fair rent increases to facilities that have documented fair rent  
536 additions placed in service in the cost report year ending September 30,  
537 2020, that are not otherwise included in rates issued. For the fiscal year  
538 ending June 30, 2023, rates shall not exceed those in effect for the fiscal  
539 year ending June 30, 2022, except the commissioner may, in the

540 commissioner's discretion and within available appropriations, provide  
541 pro rata fair rent increases to facilities which have documented fair rent  
542 additions placed in service in the cost report year ending September 30,  
543 2021, that are not otherwise included in rates issued. For the fiscal years  
544 ending June 30, 2022, and June 30, 2023, a facility may receive a rate  
545 increase for a capital improvement approved by the Department of  
546 Developmental Services, in consultation with the Department of Social  
547 Services, for the health or safety of the residents during the fiscal year  
548 ending June 30, 2022, or June 30, 2023, only to the extent such rate  
549 increases are within available appropriations. There shall be no increase  
550 to rates based on inflation or any inflationary factor for the fiscal years  
551 ending June 30, 2022, and June 30, 2023. Notwithstanding any other  
552 provisions of this chapter, any subsequent increase to allowable  
553 operating costs, excluding fair rent, shall be inflated by the gross  
554 domestic product deflator when funding is specifically appropriated for  
555 such purposes in the enacted budget. The rate of inflation shall be  
556 computed by comparing the most recent rate year to the average of the  
557 gross domestic product deflator for the previous four fiscal quarters  
558 ending March thirty-first. Any increase to rates based on inflation shall  
559 be applied prior to the application of any other budget adjustment  
560 factors that may impact such rates. For the fiscal year ending June 30,  
561 2024, the department shall determine facility rates based upon 2022 cost  
562 report filings subject to the provisions of this section, adjusted to reflect  
563 any rate increases provided after the cost report year ending June 30,  
564 2022, and with the addition of a two per cent adjustment factor. No  
565 facility shall receive a rate less than the rate in effect for the fiscal year  
566 ending June 30, 2023. For the fiscal year ending June 30, 2024, the  
567 minimum per diem, per bed rate shall remain at five hundred one  
568 dollars for a residential facility licensed pursuant to section 17a-227 and  
569 certified to participate in the Title XIX Medicaid program as an  
570 intermediate care facility for individuals with intellectual disability.  
571 There shall be no increase to rates based on any inflationary factor for  
572 the fiscal year ending June 30, 2024. For the fiscal year ending June 30,  
573 2024, and each subsequent fiscal year, the commissioner may, in the

574 commissioner's discretion and within available appropriations, provide  
575 pro rata fair rent increases to facilities that have documented fair rent  
576 additions placed in service in the cost report years that are not otherwise  
577 included in rates issued. For the fiscal year ending June 30, 2025, the  
578 department shall determine facility rates based upon 2023 cost report  
579 filings subject to the provisions of this section, adjusted to reflect any  
580 rate increases provided after the cost report ending June 30, 2023. A  
581 facility may receive a rate that is less than the rate in effect for the fiscal  
582 year ending June 30, 2024, but shall not receive a rate less than the  
583 minimum per diem, per bed rate. For the fiscal year ending June 30,  
584 2025, the minimum per diem, per bed rate shall remain at five hundred  
585 one dollars for a residential facility licensed pursuant to section 17a-227  
586 and certified to participate in the Title XIX Medicaid program as an  
587 intermediate care facility for individuals with intellectual disability.  
588 There shall be no increase to rates based on any inflationary factor for  
589 the fiscal year ending June 30, 2025. For the fiscal year ending June 30,  
590 2026, the department shall determine facility rates based upon 2024 cost  
591 report filings subject to the provisions of this section, adjusted to reflect  
592 any rate increases provided after the cost report ending June 30, 2024.  
593 For the fiscal year ending June 30, 2026, there shall be no minimum per  
594 diem, per bed rate for a residential facility licensed pursuant to section  
595 17a-227 and certified to participate in the Title XIX Medicaid program  
596 as an intermediate care facility for individuals with intellectual  
597 disability. There shall be no increase to rates based on any inflationary  
598 factor for the fiscal year ending June 30, 2026. For the fiscal year ending  
599 June 30, 2027, rates shall not exceed those in effect for the fiscal year  
600 ending June 30, 2026, except the commissioner may, in the  
601 commissioner's discretion and within available appropriations, provide  
602 pro rata fair rent increases to facilities that have documented fair rent  
603 additions placed in service in the cost report year ending September 30,  
604 2025, that are not otherwise included in rates issued. For the fiscal years  
605 ending June 30, 2024, and June 30, 2025, a facility may receive a rate  
606 increase for a capital improvement approved by the Department of  
607 Developmental Services, in consultation with the Department of Social

608 Services, for the health or safety of the residents during the fiscal year  
609 ending June 30, 2024, or June 30, 2025, only to the extent such rate  
610 increases are within available appropriations. For the fiscal years ending  
611 June 30, 2026, and June 30, 2027, a facility may receive a rate increase for  
612 a capital improvement approved by the Department of Developmental  
613 Services, in consultation with the Department of Social Services, for the  
614 health or safety of the residents during the fiscal year ending June 30,  
615 2026, or June 30, 2027, only to the extent such rate increases are within  
616 available appropriations. Any facility that has a significant decrease in  
617 land and building costs shall receive a reduced rate to reflect such  
618 decrease in land and building costs. For the fiscal years ending June 30,  
619 2012, June 30, 2013, June 30, 2014, June 30, 2015, June 30, 2016, June 30,  
620 2017, June 30, 2018, June 30, 2019, June 30, 2020, June 30, 2021, June 30,  
621 2022, June 30, 2023, June 30, 2024, [and] June 30, 2025, June 30, 2026, and  
622 June 30, 2027, the Commissioner of Social Services may provide fair rent  
623 increases to any facility that has undergone a material change in  
624 circumstances related to fair rent and has an approved certificate of need  
625 pursuant to section 17b-352, 17b-353, 17b-354 or 17b-355.  
626 Notwithstanding the provisions of this section, the Commissioner of  
627 Social Services may, within available appropriations, increase or  
628 decrease rates issued to intermediate care facilities for individuals with  
629 intellectual disabilities to reflect a reduction in available appropriations  
630 as provided in subsection (a) of this section. For the fiscal years ending  
631 June 30, 2014, and June 30, 2015, the commissioner shall not consider  
632 rebasing in determining rates. Notwithstanding the provisions of this  
633 subsection, effective July 1, 2021, and July 1, 2022, the commissioner  
634 shall, within available appropriations, increase rates for the purpose of  
635 wage and benefit enhancements for employees of intermediate care  
636 facilities. Facilities that receive a rate adjustment for the purpose of wage  
637 and benefit enhancements but do not provide increases in employee  
638 salaries as described in this subsection on or before July 31, 2021, and  
639 July 31, 2022, respectively, may be subject to a rate decrease in the same  
640 amount as the adjustment by the commissioner.

641 Sec. 10. Subsection (i) of section 17b-340 of the general statutes is  
642 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
643 *2025*):

644 (i) For the fiscal year ending June 30, 1993, any residential care home  
645 with an operating cost component of its rate in excess of one hundred  
646 thirty per cent of the median of operating cost components of rates in  
647 effect January 1, 1992, shall not receive an operating cost component  
648 increase. For the fiscal year ending June 30, 1993, any residential care  
649 home with an operating cost component of its rate that is less than one  
650 hundred thirty per cent of the median of operating cost components of  
651 rates in effect January 1, 1992, shall have an allowance for real wage  
652 growth equal to sixty-five per cent of the increase determined in  
653 accordance with subsection (q) of section 17-311-52 of the regulations of  
654 Connecticut state agencies, provided such operating cost component  
655 shall not exceed one hundred thirty per cent of the median of operating  
656 cost components in effect January 1, 1992. Beginning with the fiscal year  
657 ending June 30, 1993, for the purpose of determining allowable fair rent,  
658 a residential care home with allowable fair rent less than the twenty-  
659 fifth percentile of the state-wide allowable fair rent shall be reimbursed  
660 as having allowable fair rent equal to the twenty-fifth percentile of the  
661 state-wide allowable fair rent. Beginning with the fiscal year ending  
662 June 30, 1997, a residential care home with allowable fair rent less than  
663 three dollars and ten cents per day shall be reimbursed as having  
664 allowable fair rent equal to three dollars and ten cents per day. Property  
665 additions placed in service during the cost year ending September 30,  
666 1996, or any succeeding cost year shall receive a fair rent allowance for  
667 such additions as an addition to three dollars and ten cents per day if  
668 the fair rent for the facility for property placed in service prior to  
669 September 30, 1995, is less than or equal to three dollars and ten cents  
670 per day. Beginning with the fiscal year ending June 30, 2016, a  
671 residential care home shall be reimbursed the greater of the allowable  
672 accumulated fair rent reimbursement associated with real property  
673 additions and land as calculated on a per day basis or three dollars and

674 ten cents per day if the allowable reimbursement associated with real  
675 property additions and land is less than three dollars and ten cents per  
676 day. For the fiscal year ending June 30, 1996, and any succeeding fiscal  
677 year, the allowance for real wage growth, as determined in accordance  
678 with subsection (q) of section 17-311-52 of the regulations of Connecticut  
679 state agencies, shall not be applied. For the fiscal year ending June 30,  
680 1996, and any succeeding fiscal year, the inflation adjustment made in  
681 accordance with subsection (p) of section 17-311-52 of the regulations of  
682 Connecticut state agencies shall not be applied to real property costs.  
683 Beginning with the fiscal year ending June 30, 1997, minimum allowable  
684 patient days for rate computation purposes for a residential care home  
685 with twenty-five beds or less shall be eighty-five per cent of licensed  
686 capacity. Beginning with the fiscal year ending June 30, 2002, for the  
687 purposes of determining the allowable salary of an administrator of a  
688 residential care home with sixty beds or less the department shall revise  
689 the allowable base salary to thirty-seven thousand dollars to be annually  
690 inflated thereafter in accordance with section 17-311-52 of the  
691 regulations of Connecticut state agencies. The rates for the fiscal year  
692 ending June 30, 2002, shall be based upon the increased allowable salary  
693 of an administrator, regardless of whether such amount was expended  
694 in the 2000 cost report period upon which the rates are based. Beginning  
695 with the fiscal year ending June 30, 2000, and until the fiscal year ending  
696 June 30, 2009, inclusive, the inflation adjustment for rates made in  
697 accordance with subsection (p) of section 17-311-52 of the regulations of  
698 Connecticut state agencies shall be increased by two per cent, and  
699 beginning with the fiscal year ending June 30, 2002, the inflation  
700 adjustment for rates made in accordance with subsection (c) of said  
701 section shall be increased by one per cent. Beginning with the fiscal year  
702 ending June 30, 1999, for the purpose of determining the allowable  
703 salary of a related party, the department shall revise the maximum  
704 salary to twenty-seven thousand eight hundred fifty-six dollars to be  
705 annually inflated thereafter in accordance with section 17-311-52 of the  
706 regulations of Connecticut state agencies and beginning with the fiscal  
707 year ending June 30, 2001, such allowable salary shall be computed on

708 an hourly basis and the maximum number of hours allowed for a related  
709 party other than the proprietor shall be increased from forty hours to  
710 forty-eight hours per work week. For the fiscal year ending June 30,  
711 2005, each facility shall receive a rate that is two and one-quarter per  
712 cent more than the rate the facility received in the prior fiscal year,  
713 except any facility that would have been issued a lower rate effective  
714 July 1, 2004, than for the fiscal year ending June 30, 2004, due to interim  
715 rate status or agreement with the department shall be issued such lower  
716 rate effective July 1, 2004. Effective upon receipt of all the necessary  
717 federal approvals to secure federal financial participation matching  
718 funds associated with the rate increase provided in subdivision (4) of  
719 subsection (f) of this section, but in no event earlier than October 1, 2005,  
720 and provided the user fee imposed under section 17b-320 is required to  
721 be collected, each facility shall receive a rate that is determined in  
722 accordance with applicable law and subject to appropriations, except  
723 any facility that would have been issued a lower rate effective October  
724 1, 2005, than for the fiscal year ending June 30, 2005, due to interim rate  
725 status or agreement with the department, shall be issued such lower rate  
726 effective October 1, 2005. Such rate increase shall remain in effect unless:  
727 (1) The federal financial participation matching funds associated with  
728 the rate increase are no longer available; or (2) the user fee created  
729 pursuant to section 17b-320 is not in effect. For the fiscal year ending  
730 June 30, 2007, rates in effect for the period ending June 30, 2006, shall  
731 remain in effect until September 30, 2006, except any facility that would  
732 have been issued a lower rate effective July 1, 2006, than for the fiscal  
733 year ending June 30, 2006, due to interim rate status or agreement with  
734 the department, shall be issued such lower rate effective July 1, 2006.  
735 Effective October 1, 2006, no facility shall receive a rate that is more than  
736 four per cent greater than the rate in effect for the facility on September  
737 30, 2006, except for any facility that would have been issued a lower rate  
738 effective October 1, 2006, due to interim rate status or agreement with  
739 the department, shall be issued such lower rate effective October 1, 2006.  
740 For the fiscal years ending June 30, 2010, and June 30, 2011, rates in effect  
741 for the period ending June 30, 2009, shall remain in effect until June 30,

2011, except any facility that would have been issued a lower rate for the fiscal year ending June 30, 2010, or the fiscal year ending June 30, 2011, due to interim rate status or agreement with the department, shall be issued such lower rate, except (A) any facility that would have been issued a lower rate for the fiscal year ending June 30, 2010, or the fiscal year ending June 30, 2011, due to interim rate status or agreement with the Commissioner of Social Services shall be issued such lower rate; and (B) the commissioner may increase a facility's rate for reasonable costs associated with such facility's compliance with the provisions of section 19a-495a concerning the administration of medication by unlicensed personnel. For the fiscal year ending June 30, 2012, rates in effect for the period ending June 30, 2011, shall remain in effect until June 30, 2012, except that (i) any facility that would have been issued a lower rate for the fiscal year ending June 30, 2012, due to interim rate status or agreement with the Commissioner of Social Services shall be issued such lower rate; and (ii) the commissioner may increase a facility's rate for reasonable costs associated with such facility's compliance with the provisions of section 19a-495a concerning the administration of medication by unlicensed personnel. For the fiscal year ending June 30, 2013, the Commissioner of Social Services may, within available appropriations, provide a rate increase to a residential care home. Any facility that would have been issued a lower rate for the fiscal year ending June 30, 2013, due to interim rate status or agreement with the Commissioner of Social Services shall be issued such lower rate. For the fiscal years ending June 30, 2012, and June 30, 2013, the Commissioner of Social Services may provide fair rent increases to any facility that has undergone a material change in circumstances related to fair rent and has an approved certificate of need pursuant to section 17b-352, 17b-353, 17b-354 or 17b-355. For the fiscal years ending June 30, 2014, and June 30, 2015, for those facilities that have a calculated rate greater than the rate in effect for the fiscal year ending June 30, 2013, the commissioner may increase facility rates based upon available appropriations up to a stop gain as determined by the commissioner. No facility shall be issued a rate that is lower than the rate in effect on June 30, 2013, except that



776 any facility that would have been issued a lower rate for the fiscal year  
777 ending June 30, 2014, or the fiscal year ending June 30, 2015, due to  
778 interim rate status or agreement with the commissioner, shall be issued  
779 such lower rate. For the fiscal year ending June 30, 2014, and each fiscal  
780 year thereafter, a residential care home shall receive a rate increase for  
781 any capital improvement made during the fiscal year for the health and  
782 safety of residents and approved by the Department of Social Services,  
783 provided such rate increase is within available appropriations. For the  
784 fiscal year ending June 30, 2015, and each succeeding fiscal year  
785 thereafter, costs of less than ten thousand dollars that are incurred by a  
786 facility and are associated with any land, building or nonmovable  
787 equipment repair or improvement that are reported in the cost year used  
788 to establish the facility's rate shall not be capitalized for a period of more  
789 than five years for rate-setting purposes. For the fiscal year ending June  
790 30, 2015, subject to available appropriations, the commissioner may, at  
791 the commissioner's discretion: Increase the inflation cost limitation  
792 under subsection (c) of section 17-311-52 of the regulations of  
793 Connecticut state agencies, provided such inflation allowance factor  
794 does not exceed a maximum of five per cent; establish a minimum rate  
795 of return applied to real property of five per cent inclusive of assets  
796 placed in service during cost year 2013; waive the standard rate of return  
797 under subsection (f) of section 17-311-52 of the regulations of  
798 Connecticut state agencies for ownership changes or health and safety  
799 improvements that exceed one hundred thousand dollars and that are  
800 required under a consent order from the Department of Public Health;  
801 and waive the rate of return adjustment under subsection (f) of section  
802 17-311-52 of the regulations of Connecticut state agencies to avoid  
803 financial hardship. For the fiscal years ending June 30, 2016, and June  
804 30, 2017, rates shall not exceed those in effect for the period ending June  
805 30, 2015, except the commissioner may, in the commissioner's discretion  
806 and within available appropriations, provide pro rata fair rent increases  
807 to facilities which have documented fair rent additions placed in service  
808 in cost report years ending September 30, 2014, and September 30, 2015,  
809 that are not otherwise included in rates issued. For the fiscal years

810 ending June 30, 2016, and June 30, 2017, and each succeeding fiscal year,  
811 any facility that would have been issued a lower rate, due to interim rate  
812 status, a change in allowable fair rent or agreement with the department,  
813 shall be issued such lower rate. For the fiscal year ending June 30, 2018,  
814 rates shall not exceed those in effect for the period ending June 30, 2017,  
815 except the commissioner may, in the commissioner's discretion and  
816 within available appropriations, provide pro rata fair rent increases to  
817 facilities which have documented fair rent additions placed in service in  
818 the cost report year ending September 30, 2016, that are not otherwise  
819 included in rates issued. For the fiscal year ending June 30, 2019, rates  
820 shall not exceed those in effect for the period ending June 30, 2018,  
821 except the commissioner may, in the commissioner's discretion and  
822 within available appropriations, provide pro rata fair rent increases to  
823 facilities which have documented fair rent additions placed in service in  
824 the cost report year ending September 30, 2017, that are not otherwise  
825 included in rates issued. For the fiscal year ending June 30, 2020, rates  
826 shall not exceed those in effect for the fiscal year ending June 30, 2019,  
827 except the commissioner may, in the commissioner's discretion and  
828 within available appropriations, provide pro rata fair rent increases to  
829 facilities which have documented fair rent additions placed in service in  
830 the cost report year ending September 30, 2018, that are not otherwise  
831 included in rates issued. For the fiscal year ending June 30, 2021, rates  
832 shall not exceed those in effect for the fiscal year ending June 30, 2020,  
833 except the commissioner may, in the commissioner's discretion and  
834 within available appropriations, provide pro rata fair rent increases to  
835 facilities which have documented fair rent additions placed in service in  
836 the cost report year ending September 30, 2019, that are not otherwise  
837 included in rates issued. For the fiscal year ending June 30, 2022, the  
838 commissioner may, in the commissioner's discretion and within  
839 available appropriations, provide pro rata fair rent increases to facilities  
840 that have documented fair rent additions placed in service in the cost  
841 report year ending September 30, 2020, that are not otherwise included  
842 in rates issued. For the fiscal year ending June 30, 2023, the  
843 commissioner may, in the commissioner's discretion and within

844 available appropriations, provide pro rata fair rent increases to facilities  
845 which have documented fair rent additions placed in service in the cost  
846 report year ending September 30, 2021, that are not otherwise included  
847 in rates issued. For the fiscal years ending June 30, 2022, and June 30,  
848 2023, a facility may receive a rate increase for a capital improvement  
849 approved by the Department of Social Services, for the health or safety  
850 of the residents during the fiscal year ending June 30, 2022, or June 30,  
851 2023, only to the extent such rate increases are within available  
852 appropriations. For the fiscal year ending June 30, 2022, and June 30,  
853 2023, rates shall be based upon rates in effect for the fiscal year ending  
854 June 30, 2021, inflated by the gross domestic product deflator applicable  
855 to each rate year, except the commissioner may, in the commissioner's  
856 discretion and within available appropriations, provide pro rata fair  
857 rent increases to facilities which have documented fair rent additions  
858 placed in service in the cost report years ending September 30, 2020, and  
859 September 30, 2021, that are not otherwise included in rates issued. For  
860 the fiscal years ending June 30, 2024, and June 30, 2025, a facility may  
861 receive a rate increase for a capital improvement approved by the  
862 Department of Social Services, for the health or safety of the residents  
863 during the fiscal year ending June 30, 2024, or June 30, 2025, only to the  
864 extent such rate increases are within available appropriations. For the  
865 fiscal year ending June 30, 2024, the department shall determine facility  
866 rates based upon 2022 cost report filings subject to the provisions of this  
867 section, adjusted to reflect any rate increases provided after the cost  
868 report year ending September 30, 2022. There shall be no increase to  
869 rates based on any inflationary factor for the fiscal year ending June 30,  
870 2024. For the fiscal years ending June 30, 2026, and June 30, 2027, a  
871 facility may receive a rate increase for a capital improvement approved  
872 by the Department of Social Services, for the health or safety of the  
873 residents during the fiscal year ending June 30, 2026, or June 30, 2027,  
874 only to the extent such rate increases are within available  
875 appropriations. For the fiscal year ending June 30, 2026, the department  
876 shall determine facility rates based upon 2024 cost report filings subject  
877 to the provisions of this section, adjusted to reflect any rate increases

878 provided after the cost report year ending September 30, 2024. For the  
879 fiscal year ending June 30, 2027, the department shall determine facility  
880 rates based upon 2025 cost report filings subject to the provisions of this  
881 section, adjusted to reflect any rate increases provided after the cost  
882 report year ending September 30, 2025. There shall be no increase to  
883 rates based on any inflationary factor for the fiscal years ending June 30,  
884 2026, and June 30, 2027. Notwithstanding any other provisions of this  
885 chapter, any subsequent increase to allowable operating costs,  
886 excluding fair rent, shall be inflated by the gross domestic product  
887 deflator when funding is specifically appropriated for such purposes in  
888 the enacted budget. The rate of inflation shall be computed by  
889 comparing the most recent rate year to the average of the gross domestic  
890 product deflator for the previous four fiscal quarters ending March  
891 thirty-first. Any increase to rates based on inflation shall be applied  
892 prior to the application of any other budget adjustment factors that may  
893 impact such rates. The commissioner shall determine whether and to  
894 what extent a change in ownership of a facility shall occasion the  
895 rebasings of the facility's costs. There shall be no inflation adjustment  
896 during a year in which a facility's rates are rebased. For the fiscal year  
897 ending June 30, 2024, the commissioner may, in the commissioner's  
898 discretion and within available appropriations, provide pro rata fair  
899 rent increases to facilities that have documented fair rent additions  
900 placed in service in the cost report year ending September 30, 2022, that  
901 are not otherwise included in rates issued. For the fiscal year ending  
902 June 30, 2025, the commissioner may, in the commissioner's discretion  
903 and within available appropriations, provide pro rata fair rent increases  
904 to facilities that have documented fair rent additions placed in service  
905 in the cost report year ending September 30, 2023, that are not otherwise  
906 included in rates issued. For the fiscal year ending June 30, 2026, the  
907 commissioner may, in the commissioner's discretion and within  
908 available appropriations, provide pro rata fair rent increases to facilities  
909 that have documented fair rent additions placed in service in the cost  
910 report year ending September 30, 2024, that are not otherwise included  
911 in rates issued. For the fiscal year ending June 30, 2027, the

912 commissioner may, in the commissioner's discretion and within  
913 available appropriations, provide pro rata fair rent increases to facilities  
914 that have documented fair rent additions placed in service in the cost  
915 report year ending September 30, 2025, that are not otherwise included  
916 in rates issued.

917       Sec. 11. Subdivision (9) of subsection (a) of section 17b-340d of the  
918 general statutes is repealed and the following is substituted in lieu  
919 thereof (*Effective July 1, 2025*):

920       (9) On and after July 1, 2025, costs shall be rebased no more frequently  
921 than every two years and no less frequently than every four years, as  
922 determined by the commissioner. There shall be no inflation adjustment  
923 during a year in which a facility's rates are rebased. The commissioner  
924 shall determine whether and to what extent a change in ownership of a  
925 facility shall occasion the rebasing of the facility's costs. There shall be  
926 no rebasing for the fiscal years ending June 30, 2026, and June 30, 2027.

927       Sec. 12. Subdivision (11) of subsection (a) of section 17b-340d of the  
928 general statutes is repealed and the following is substituted in lieu  
929 thereof (*Effective July 1, 2025*):

930       (11) There shall be no increase to rates based on inflation or any  
931 inflationary factor for the fiscal years ending June 30, 2022, and June 30,  
932 2023, unless otherwise authorized under subdivision (1) of this  
933 subsection. Notwithstanding section 17-311-52 of the regulations of  
934 Connecticut state agencies, for the fiscal years ending June 30, 2024,  
935 [and] June 30, 2025, June 30, 2026, and June 30, 2027, there shall be no  
936 inflationary increases to rates beyond those already factored into the  
937 model for the transition to an acuity-based reimbursement system.  
938 Notwithstanding any other provisions of this chapter, any subsequent  
939 increase to allowable operating costs, excluding fair rent, shall be  
940 inflated by the gross domestic product deflator when funding is  
941 specifically appropriated for such purposes in the enacted budget. The  
942 rate of inflation shall be computed by comparing the most recent rate

943 year to the average of the gross domestic product deflator for the  
944 previous four fiscal quarters ending March thirty-first. Any increase to  
945 rates based on inflation shall be applied prior to the application of any  
946 other budget adjustment factors that may impact such rates.

947 Sec. 13. Subsection (i) of section 17b-342 of the general statutes is  
948 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
949 *2025*):

950 (i) (1) The Commissioner of Social Services shall, within available  
951 appropriations, administer a state-funded portion of the Connecticut  
952 home-care program for the elderly for persons (A) who are sixty-five  
953 years of age and older and are not eligible for Medicaid; (B) who are  
954 inappropriately institutionalized or at risk of inappropriate  
955 institutionalization; (C) whose income is less than or equal to the  
956 amount allowed for a person who would be eligible for medical  
957 assistance if residing in a nursing facility; and (D) whose assets, if single,  
958 do not exceed one hundred fifty per cent of the federal minimum  
959 community spouse protected amount pursuant to 42 USC 1396r-5(f)(2)  
960 or, if married, the couple's assets do not exceed two hundred per cent of  
961 said community spouse protected amount. For program applications  
962 received by the Department of Social Services for the fiscal years ending  
963 June 30, 2016, and June 30, 2017, only persons who require the level of  
964 care provided in a nursing home shall be eligible for the state-funded  
965 portion of the program, except for persons residing in affordable  
966 housing under the assisted living demonstration project established  
967 pursuant to section 17b-347e who are otherwise eligible in accordance  
968 with this section.

969 (2) Except for persons residing in affordable housing under the  
970 assisted living demonstration project established pursuant to section  
971 17b-347e, as provided in subdivision (3) of this subsection, any person  
972 whose income is at or below two hundred per cent of the federal poverty  
973 level and who is ineligible for Medicaid shall contribute [three] five per  
974 cent of the cost of his or her care not to exceed a cap of one hundred

975 seventy-five dollars per month for the fiscal year ending June 30, 2026.  
976 On July 1, 2026, and annually thereafter, said cap shall be indexed  
977 annually based on the percentage increase in the most recent calendar  
978 year average in the consumer price index for urban consumers over the  
979 average for the previous calendar year. Any person whose income  
980 exceeds two hundred per cent of the federal poverty level shall  
981 contribute [three] five per cent of the cost of his or her care not to exceed  
982 said cap in addition to the amount of applied income determined in  
983 accordance with the methodology established by the Department of  
984 Social Services for recipients of medical assistance. Any person who  
985 does not contribute to the cost of care in accordance with this  
986 subdivision shall be ineligible to receive services under this subsection.  
987 Notwithstanding any provision of sections 17b-60 and 17b-61, the  
988 department shall not be required to provide an administrative hearing  
989 to a person found ineligible for services under this subsection because  
990 of a failure to contribute to the cost of care.

991 (3) Any person who resides in affordable housing under the assisted  
992 living demonstration project established pursuant to section 17b-347e  
993 and whose income is at or below two hundred per cent of the federal  
994 poverty level, shall not be required to contribute to the cost of care. Any  
995 person who resides in affordable housing under the assisted living  
996 demonstration project established pursuant to section 17b-347e and  
997 whose income exceeds two hundred per cent of the federal poverty  
998 level, shall contribute to the applied income amount determined in  
999 accordance with the methodology established by the Department of  
1000 Social Services for recipients of medical assistance. Any person whose  
1001 income exceeds two hundred per cent of the federal poverty level and  
1002 who does not contribute to the cost of care in accordance with this  
1003 subdivision shall be ineligible to receive services under this subsection.  
1004 Notwithstanding any provision of sections 17b-60 and 17b-61, the  
1005 department shall not be required to provide an administrative hearing  
1006 to a person found ineligible for services under this subsection because  
1007 of a failure to contribute to the cost of care.

1008 (4) The annualized cost of services provided to an individual under  
1009 the state-funded portion of the program shall not exceed fifty per cent  
1010 of the weighted average cost of care in nursing homes in the state, except  
1011 an individual who received services costing in excess of such amount  
1012 under the Department of Social Services in the fiscal year ending June  
1013 30, 1992, may continue to receive such services, provided the annualized  
1014 cost of such services does not exceed eighty per cent of the weighted  
1015 average cost of such nursing home care. The commissioner may allow  
1016 the cost of services provided to an individual to exceed the maximum  
1017 cost established pursuant to this subdivision in a case of extreme  
1018 hardship, as determined by the commissioner, provided in no case shall  
1019 such cost exceed that of the weighted cost of such nursing home care.

1020 Sec. 14. Section 17b-597 of the general statutes, as amended by section  
1021 64 of public act 24-81, is repealed and the following is substituted in lieu  
1022 thereof (*Effective July 1, 2025*):

1023 (a) The Department of Social Services shall establish and implement  
1024 a working persons with disabilities program to provide medical  
1025 assistance as authorized under 42 USC 1396a(a)(10)(A)(ii), as amended  
1026 from time to time, to persons who are disabled and regularly employed.

1027 (b) The Commissioner of Social Services shall amend the Medicaid  
1028 state plan to allow persons specified in subsection (a) of this section to  
1029 qualify for medical assistance. The amendment shall include the  
1030 following requirements: (1) That the person be engaged in a substantial  
1031 and reasonable work effort as determined by the commissioner and as  
1032 permitted by federal law and have an annual adjusted gross income, as  
1033 defined in Section 62 of the Internal Revenue Code of 1986, or any  
1034 subsequent corresponding internal revenue code of the United States,  
1035 as amended from time to time, of not more than eighty-five thousand  
1036 dollars per year; (2) a disregard of all countable income up to two  
1037 hundred per cent of the federal poverty level; (3) for an unmarried  
1038 person, an asset limit of twenty thousand dollars, and for a married  
1039 couple, an asset limit of thirty thousand dollars; (4) a disregard of any



1040 retirement and medical savings accounts established pursuant to 26  
1041 USC 220 and held by either the person or the person's spouse; (5) a  
1042 disregard of any moneys in accounts designated by the person or the  
1043 person's spouse for the purpose of purchasing goods or services that  
1044 will increase the employability of such person, subject to approval by  
1045 the commissioner; (6) a disregard of spousal income solely for purposes  
1046 of determination of eligibility; and (7) a contribution of any countable  
1047 income of the person or the person's spouse which exceeds two hundred  
1048 per cent of the federal poverty level, as adjusted for the appropriate  
1049 family size, equal to ten per cent of the excess minus any premiums paid  
1050 from income for health insurance by any family member, but which  
1051 does not exceed the maximum contribution allowable under Section  
1052 201(a)(3) of Public Law 106-170, as amended from time to time.

1053       [(c) Notwithstanding the provisions of subsection (b) of this section,  
1054 on and after July 1, 2026, the commissioner shall phase in the elimination  
1055 of income and asset limits for a participant in the program over four  
1056 fiscal years by annually increasing (1) the income limit prescribed in  
1057 subdivision (1) of subsection (b) of this section by ten thousand dollars,  
1058 and (2) the asset limit prescribed in subdivision (3) of subsection (b) of  
1059 this section by ten thousand dollars for an unmarried person and fifteen  
1060 thousand dollars for a married couple. On and after July 1, 2029, there  
1061 shall be no income or asset limit for eligibility for the program.]

1062       [(d)] (c) The Commissioner of Social Services shall implement the  
1063 policies and procedures necessary to carry out the provisions of this  
1064 section while in the process of adopting such policies and procedures in  
1065 regulation form, provided notice of intent to adopt the regulations is  
1066 posted on the eRegulations System in accordance with section 17b-10.  
1067 The commissioner shall define "countable income" for purposes of  
1068 subsection (b) of this section which shall take into account impairment-  
1069 related work expenses as defined in the Social Security Act. Such  
1070 policies and procedures shall be valid until the time final regulations are  
1071 effective.

1072       Sec. 15. Section 19a-634 of the general statutes is repealed and the  
1073 following is substituted in lieu thereof (*Effective July 1, 2025*):

1074       (a) [The] On or before June 30, 2029, and every five years thereafter,  
1075 the Health Systems Planning Unit shall conduct, [on a biennial basis]  
1076 within available appropriations, a state-wide health care facility  
1077 utilization study. Such study may include an assessment of: (1) Current  
1078 availability and utilization of acute hospital care, hospital emergency  
1079 care, specialty hospital care, outpatient surgical care, primary care and  
1080 clinic care; (2) geographic areas and subpopulations that may be  
1081 underserved or have reduced access to specific types of health care  
1082 services; and (3) other factors that the unit deems pertinent to health care  
1083 facility utilization. Not later than June thirtieth of the year in which the  
1084 [biennial] quinquennial study is conducted, the Commissioner of  
1085 Health Strategy shall report, in accordance with section 11-4a, to the  
1086 Governor and the joint standing committees of the General Assembly  
1087 having cognizance of matters relating to public health and human  
1088 services on the findings of the study. Such report may also include the  
1089 unit's recommendations for addressing identified gaps in the provision  
1090 of health care services and recommendations concerning a lack of access  
1091 to health care services.

1092       (b) The unit, in consultation with such other state agencies as the  
1093 commissioner deems appropriate, shall establish and maintain a state-  
1094 wide health care facilities and services plan. Such plan may include, but  
1095 not be limited to: (1) An assessment of the availability of acute hospital  
1096 care, hospital emergency care, specialty hospital care, outpatient  
1097 surgical care, primary care and clinic care; (2) an evaluation of the unmet  
1098 needs of persons at risk and vulnerable populations as determined by  
1099 the commissioner; (3) a projection of future demand for health care  
1100 services and the impact that technology may have on the demand,  
1101 capacity or need for such services; and (4) recommendations for the  
1102 expansion, reduction or modification of health care facilities or services.  
1103 In the development of the plan, the unit shall consider the  
1104 recommendations of any advisory bodies which may be established by

1105 the commissioner. The commissioner may also incorporate the  
1106 recommendations of authoritative organizations whose mission is to  
1107 promote policies based on best practices or evidence-based research.  
1108 The commissioner, in consultation with hospital representatives, shall  
1109 develop a process that encourages hospitals to incorporate the state-  
1110 wide health care facilities and services plan into hospital long-range  
1111 planning and shall facilitate communication between appropriate state  
1112 agencies concerning innovations or changes that may affect future  
1113 health planning. The unit shall update the state-wide health care  
1114 facilities and services plan not less than once every [two] five years.

1115 (c) For purposes of conducting the state-wide health care facility  
1116 utilization study and preparing the state-wide health care facilities and  
1117 services plan, the unit shall establish and maintain an inventory of all  
1118 health care facilities, the equipment identified in subdivisions (9) and  
1119 (10) of subsection (a) of section 19a-638, and services in the state,  
1120 including health care facilities that are exempt from certificate of need  
1121 requirements under subsection (b) of section 19a-638. The unit shall  
1122 develop an inventory questionnaire to obtain the following information:  
1123 (1) The name and location of the facility; (2) the type of facility; (3) the  
1124 hours of operation; (4) the type of services provided at that location; and  
1125 (5) the total number of clients, treatments, patient visits, procedures  
1126 performed or scans performed in a calendar year. The inventory shall  
1127 be completed [biennially] every five years by health care facilities and  
1128 providers and such health care facilities and providers shall not be  
1129 required to provide patient specific or financial data.

1130 Sec. 16. Subsection (a) of section 38a-1060 of the general statutes is  
1131 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
1132 *2025*):

1133 (a) There is established an Office of the Behavioral Health Advocate  
1134 which shall be within the [Insurance Department for administrative  
1135 purposes only] Office of the Healthcare Advocate.

1136 Sec. 17. Section 38a-1061 of the general statutes is repealed and the  
1137 following is substituted in lieu thereof (*Effective July 1, 2025*):

1138 (a) [The Office of the Behavioral Health Advocate shall be under the  
1139 direction of the Behavioral Health Advocate who shall be appointed by  
1140 the Governor, with the approval of the General Assembly.] The  
1141 Behavioral Health Advocate shall be an elector of the state with  
1142 expertise and experience in the fields of mental or behavioral health  
1143 care, health insurance and advocacy for parity in mental and behavioral  
1144 health access and outcomes. [In addition to the Behavioral Health  
1145 Advocate, the Office of the Behavioral Health Advocate shall consist of  
1146 sufficient staff as the requirements and resources of the office permit, of  
1147 whom at least one shall be an attorney and at least one shall be a patient  
1148 care navigator.]

1149 (b) The Governor shall make the initial appointment of the Behavioral  
1150 Health Advocate from a list of candidates prepared and submitted, not  
1151 later than February 1, 2024, to the Governor by the advisory committee  
1152 established pursuant to section 38a-1062. The Governor shall notify the  
1153 advisory committee of the pending expiration of the term of an  
1154 incumbent Behavioral Health Advocate not less than ninety days prior  
1155 to the final day of the Behavioral Health Advocate's term in office. If a  
1156 vacancy occurs in the position of Behavioral Health Advocate, the  
1157 Governor shall notify the advisory committee immediately of the  
1158 vacancy. The advisory committee shall meet to consider qualified  
1159 candidates for the position of Behavioral Health Advocate and shall  
1160 submit a list of not more than five candidates to the Governor ranked in  
1161 order of preference, not more than sixty days after receiving notice from  
1162 the Governor of the pending expiration of the Behavioral Health  
1163 Advocate's term or the occurrence of a vacancy. The Governor shall  
1164 designate, not more than sixty days after receipt of the list of candidates  
1165 from the advisory committee, one candidate from the list for the position  
1166 of Behavioral Health Advocate. If, after the list is submitted to the  
1167 Governor by the advisory committee, any candidate withdraws from  
1168 consideration, the Governor shall designate a candidate from those

1169 remaining on the list. If the Governor fails to designate a candidate  
1170 within sixty days of receipt of the list from the advisory committee, the  
1171 advisory committee shall refer the candidate with the highest ranking  
1172 on the list to the General Assembly for confirmation. If the General  
1173 Assembly is not in session at the time of the [Governor's or] advisory  
1174 committee's designation of a candidate, the candidate shall serve as the  
1175 acting Behavioral Health Advocate until the General Assembly meets  
1176 and confirms the candidate as Behavioral Health Advocate. A candidate  
1177 serving as acting Behavioral Health Advocate is entitled to  
1178 compensation and has all the powers, duties and privileges of the  
1179 Behavioral Health Advocate. A Behavioral Health Advocate shall serve  
1180 a term of four years, not including any time served as acting Behavioral  
1181 Health Advocate, and may be reappointed by the Governor or shall  
1182 remain in the position until a successor is confirmed. Although an  
1183 incumbent Behavioral Health Advocate may be reappointed, the  
1184 Governor shall also consider additional candidates from a list submitted  
1185 by the advisory committee as provided in this section.

1186 [(c) Upon a vacancy in the position of the Behavioral Health  
1187 Advocate, the most senior attorney in the Office of the Behavioral  
1188 Health Advocate shall serve as the acting Behavioral Health Advocate  
1189 until the vacancy is filled pursuant to subsection (a) or (b) of this section.  
1190 The acting Behavioral Health Advocate has all the powers, duties and  
1191 privileges of the Behavioral Health Advocate.]

1192 Sec. 18. Subdivision (3) of subsection (d) of section 4-28f of the general  
1193 statutes is repealed and the following is substituted in lieu thereof  
1194 (*Effective July 1, 2025*):

1195 (3) After such recommendations for the authorization of  
1196 disbursement have been approved or modified pursuant to subdivision  
1197 (2) of this subsection, any modification in the amount of an authorized  
1198 disbursement in excess of [fifty] one hundred seventy-five thousand  
1199 dollars [or ten per cent of the authorized amount, whichever is less,]  
1200 shall be submitted to said joint standing committees and approved,

1201 modified or rejected in accordance with the procedure set forth in  
 1202 subdivision (2) of this subsection. Notification of all disbursements from  
 1203 the trust fund made pursuant to this section shall be sent to the joint  
 1204 standing committees of the General Assembly having cognizance of  
 1205 matters relating to public health and appropriations and the budgets of  
 1206 state agencies, through the Office of Fiscal Analysis.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>July 1, 2025</i>	14-11b
Sec. 2	<i>July 1, 2025</i>	17b-104(b)
Sec. 3	<i>July 1, 2025</i>	17b-106(a)
Sec. 4	<i>July 1, 2025</i>	17b-112g(a)
Sec. 5	<i>July 1, 2025</i>	17b-191
Sec. 6	<i>July 1, 2025</i>	17b-278l
Sec. 7	<i>July 1, 2025</i>	17b-244(a)
Sec. 8	<i>July 1, 2025</i>	New section
Sec. 9	<i>July 1, 2025</i>	17b-340(h)(1)
Sec. 10	<i>July 1, 2025</i>	17b-340(i)
Sec. 11	<i>July 1, 2025</i>	17b-340d(a)(9)
Sec. 12	<i>July 1, 2025</i>	17b-340d(a)(11)
Sec. 13	<i>July 1, 2025</i>	17b-342(i)
Sec. 14	<i>July 1, 2025</i>	17b-597
Sec. 15	<i>July 1, 2025</i>	19a-634
Sec. 16	<i>July 1, 2025</i>	38a-1060(a)
Sec. 17	<i>July 1, 2025</i>	38a-1061
Sec. 18	<i>July 1, 2025</i>	4-28f(d)(3)

**Statement of Purpose:**

To implement the Governor's budget recommendations regarding health and human services.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*