



General Assembly

Amendment

January Session, 2025

LCO No. 9511



Offered by:

SEN. LESSER, 9th Dist.
SEN. OSTEN, 19th Dist.
REP. GILCHREST, 18th Dist.
REP. WALKER, 93rd Dist.

To: Subst. Senate Bill No. 985

File No. 165

Cal. No. 129

(As Amended)

**"AN ACT CONCERNING LEGISLATIVE APPROVAL FOR
CHANGES TO THE HUSKY HEALTH PROGRAM REIMBURSEMENT
AND CARE DELIVERY MODEL."**

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Subsection (a) of section 17b-8 of the general statutes is
4 repealed and the following is substituted in lieu thereof (*Effective July 1,*
5 *2025*):

6 (a) The Commissioner of Social Services, or any executive branch
7 agency or office planning to implement a Medicaid waiver or Medicaid
8 state plan amendment, shall submit [an] the application for a federal
9 waiver or renewal of such waiver of any assistance program
10 requirements, except such application pertaining to routine operational

11 issues, and any proposed amendment to the Medicaid state plan to
12 provide medical assistance through a Medicaid managed care
13 organization or to make a change in program requirements that would
14 have required a waiver were it not for the passage of the Patient
15 Protection and Affordable Care Act, P.L. 111-148, and the Health Care
16 and Education Reconciliation Act of 2010, P.L. 111-152, to the joint
17 standing committees of the General Assembly having cognizance of
18 matters relating to human services and appropriations and the budgets
19 of state agencies, and, for the waiver application required under section
20 17b-312, the joint standing committee of the General Assembly having
21 cognizance of matters relating to insurance, prior to the submission of
22 such application or proposed amendment to the federal government.
23 Not later than thirty days after the date of their receipt of such
24 application or proposed amendment, the joint standing committees
25 shall: (1) Hold a public hearing on the waiver application, or (2) in the
26 case of a proposed amendment to the Medicaid state plan, notify the
27 Commissioner of Social Services whether or not said joint standing
28 committees intend to hold a public hearing. Any notice to the
29 commissioner indicating that the joint standing committees intend to
30 hold a public hearing on a proposed amendment to the Medicaid state
31 plan shall state the date on which the joint standing committees intend
32 to hold such public hearing, which shall not be later than sixty days after
33 the joint standing committees' receipt of the proposed amendment. At
34 the conclusion of a public hearing held in accordance with the
35 provisions of this section, the joint standing committees shall advise the
36 commissioner of their approval, denial or modifications, if any, of the
37 commissioner's waiver application or proposed amendment, except
38 that, in the case of an amendment to the Medicaid state plan to provide
39 medical assistance through a Medicaid managed care organization, the
40 committees shall forward their recommendations to approve, deny or
41 modify the proposed amendment for the advice and consent of the
42 General Assembly. If the joint standing committees advise the
43 commissioner of their denial of the commissioner's waiver application
44 or proposed amendment, or the General Assembly denies a Medicaid
45 state plan amendment to provide medical assistance through a

46 Medicaid managed care organization, the commissioner shall not
47 submit the application for a federal waiver or proposed amendment to
48 the federal government. If such committees do not concur, the
49 committee chairpersons shall appoint a committee of conference which
50 shall be composed of three members from each joint standing
51 committee. At least one member appointed from each joint standing
52 committee shall be a member of the minority party. The report of the
53 committee of conference shall be made to each joint standing committee,
54 which shall vote to accept or reject the report. The report of the
55 committee of conference may not be amended. If a joint standing
56 committee rejects the report of the committee of conference, except for a
57 report concerning a Medicaid state plan amendment to provide medical
58 assistance through a Medicaid managed care organization, that joint
59 standing committee shall notify the commissioner of the rejection and
60 the commissioner's waiver application or proposed amendment shall be
61 deemed approved. If the joint standing committees accept the report,
62 except for a report concerning a Medicaid state plan amendment to
63 provide medical assistance through a Medicaid managed care
64 organization, the committee having cognizance of matters relating to
65 appropriations and the budgets of state agencies shall advise the
66 commissioner of their approval, denial or modifications, if any, of the
67 commissioner's waiver application or proposed amendment. If the joint
68 standing committees do not so advise the commissioner during the
69 thirty-day period, except for a Medicaid state plan amendment to
70 provide medical assistance through a Medicaid managed care
71 organization, the waiver application or proposed amendment shall be
72 deemed approved. Any application for a federal waiver, waiver renewal
73 or proposed amendment submitted to the federal government by the
74 commissioner, pursuant to this section, shall be in accordance with the
75 approval or modifications, if any, of the joint standing committees of the
76 General Assembly having cognizance of matters relating to human
77 services and appropriations and the budgets of state agencies, or the
78 General Assembly, for a Medicaid state plan amendment to provide
79 medical assistance through a Medicaid managed care organization, and,
80 for the waiver application required under section 17b-312, the joint

81 standing committee of the General Assembly having cognizance of
82 matters relating to insurance.

83 Sec. 2. Subsection (b) of section 17b-8 of the general statutes is
84 repealed and the following is substituted in lieu thereof (*Effective July 1,*
85 *2025*):

86 (b) The [Commissioner of Social Services] Secretary of the Office of
87 Policy and Management shall annually, not later than December
88 fifteenth, notify the joint standing committee of the General Assembly
89 having cognizance of matters relating to appropriations and the budgets
90 of state agencies and the joint standing committee of the General
91 Assembly having cognizance of matters relating to human services of
92 potential Medicaid waivers, [and] amendments to the Medicaid state
93 plan or any other proposal of any executive branch agency or office that
94 may result in a Medicaid cost savings or expense for the state. The
95 [commissioner] secretary shall notify the committees of the possibility
96 of any Medicaid waiver application or proposed amendment to the
97 Medicaid state plan that the [commissioner] Commissioner of Social
98 Services is considering or any other such proposal an executive branch
99 agency or office is considering in developing a budget for the next fiscal
100 year before the commissioner, agency or office submits such budget for
101 legislative approval. Said joint standing committees may schedule a
102 hearing on such Medicaid waiver, state plan amendment or any other
103 such proposal in accordance with the provisions of subsection (a) of this
104 section. If said committees schedule such a hearing, the Medicaid
105 waiver, state plan amendment or any other such proposal shall not be
106 implemented except in accordance with the approval or modifications
107 of said committees.

108 Sec. 3. (NEW) (*Effective July 1, 2025*) Not later than December 1, 2025,
109 and annually thereafter, the Commissioner of Social Services shall file
110 reports with the Council on Medical Assistance Program Oversight,
111 established pursuant to section 17b-28 of the general statutes, as
112 amended by this act, concerning (1) the financial performance of the
113 Medicaid program, and (2) access to and quality of care for Medicaid

114 members. The financial performance report shall minimally include
115 updated data similar to the data in the report on financial trends in the
116 HUSKY Health program filed with the council by the commissioner in
117 February 2023, and the report concerning access to and quality of care
118 shall minimally include updated data similar to the data included in the
119 reports filed with the council by the commissioner on physical health
120 measures in January 2023 and behavioral health quality indicators in
121 April 2023 in the HUSKY Health program.

122 Sec. 4. Subsection (a) of section 17a-460c of the general statutes is
123 repealed and the following is substituted in lieu thereof (*Effective July 1,*
124 *2025*):

125 (a) The center, when authorized by the commissioner, may enter into
126 provider agreements and other contractual arrangements with the
127 Medicaid fee-for-service program and Medicare managed care plans,
128 governmental health plans, health maintenance organizations, health
129 insurance plans, employer and union health plans, preferred provider
130 organizations, physician-hospital organizations, managed care plans,
131 networks and other similar arrangements or plans offered by insurers,
132 third-party payers or other entities offering health care plans to their
133 members or employees and their dependents.

134 Sec. 5. Section 17b-28 of the general statutes is repealed and the
135 following is substituted in lieu thereof (*Effective July 1, 2025*):

136 (a) There is established a Council on Medical Assistance Program
137 Oversight which shall advise the Commissioner of Social Services on the
138 planning and implementation of the health care delivery system for the
139 HUSKY Health program. The council shall monitor planning and
140 implementation of matters related to Medicaid care management
141 initiatives including, but not limited to, (1) eligibility standards, (2)
142 benefits, (3) access, (4) quality assurance, (5) outcome measures, and (6)
143 the issuance of any request for proposal by the Department of Social
144 Services for utilization of an administrative services organization in
145 connection with such initiatives.

146 [(b) On or before June 30, 2011, the council shall be composed of the
147 chairpersons and ranking members of the joint standing committees of
148 the General Assembly having cognizance of matters relating to human
149 services, public health and appropriations and the budgets of state
150 agencies, or their designees; two members of the General Assembly, one
151 to be appointed by the president pro tempore of the Senate and one to
152 be appointed by the speaker of the House of Representatives; the
153 director of the Commission on Aging, or a designee; the director of the
154 Commission on Children, or a designee; a representative of each
155 organization that has been selected by the state to provide managed care
156 and a representative of a primary care case management provider, to be
157 appointed by the president pro tempore of the Senate; two
158 representatives of the insurance industry, to be appointed by the
159 speaker of the House of Representatives; two advocates for persons
160 receiving Medicaid, one to be appointed by the majority leader of the
161 Senate and one to be appointed by the minority leader of the Senate; one
162 advocate for persons with substance use disorders, to be appointed by
163 the majority leader of the House of Representatives; one advocate for
164 persons with psychiatric disabilities, to be appointed by the minority
165 leader of the House of Representatives; two advocates for the
166 Department of Children and Families foster families, one to be
167 appointed by the president pro tempore of the Senate and one to be
168 appointed by the speaker of the House of Representatives; two members
169 of the public who are currently recipients of Medicaid, one to be
170 appointed by the majority leader of the House of Representatives and
171 one to be appointed by the minority leader of the House of
172 Representatives; two representatives of the Department of Social
173 Services, to be appointed by the Commissioner of Social Services; two
174 representatives of the Department of Public Health, to be appointed by
175 the Commissioner of Public Health; two representatives of the
176 Department of Mental Health and Addiction Services, to be appointed
177 by the Commissioner of Mental Health and Addiction Services; two
178 representatives of the Department of Children and Families, to be
179 appointed by the Commissioner of Children and Families; two
180 representatives of the Office of Policy and Management, to be appointed

181 by the Secretary of the Office of Policy and Management; and one
182 representative of the office of the State Comptroller, to be appointed by
183 the State Comptroller.]

184 [(c) On and after October 31, 2017, the] (b) The council shall be
185 composed of the following members:

186 (1) The chairpersons and ranking members of the joint standing
187 committees of the General Assembly having cognizance of matters
188 relating to aging, human services, public health and appropriations and
189 the budgets of state agencies, or their designees;

190 (2) Five appointed by the speaker of the House of Representatives,
191 one of whom shall be a member of the General Assembly, one of whom
192 shall be a community provider of adult Medicaid health services, one of
193 whom shall be a recipient of Medicaid benefits for the aged, blind and
194 disabled or an advocate for such a recipient, one of whom shall be a
195 representative of the state's federally qualified health clinics and one of
196 whom shall be a member of the Connecticut Hospital Association;

197 (3) Five appointed by the president pro tempore of the Senate, one of
198 whom shall be a member of the General Assembly, one of whom shall
199 be a representative of the home health care industry, one of whom shall
200 be a primary care medical home provider, one of whom shall be an
201 advocate for Department of Children and Families foster families and
202 one of whom shall be a representative of the business community with
203 experience in cost efficiency management;

204 (4) Three appointed by the majority leader of the House of
205 Representatives, one of whom shall be an advocate for persons with
206 substance abuse disabilities, one of whom shall be a Medicaid dental
207 provider and one of whom shall be a representative of the for-profit
208 nursing home industry;

209 (5) Three appointed by the majority leader of the Senate, one of whom
210 shall be a representative of school-based health centers, one of whom
211 shall be a recipient of benefits under the HUSKY Health program and

212 one of whom shall be a physician who serves Medicaid clients;

213 (6) Three appointed by the minority leader of the House of
214 Representatives, one of whom shall be an advocate for persons with
215 disabilities, one of whom shall be a dually eligible Medicaid-Medicare
216 beneficiary or an advocate for such a beneficiary and one of whom shall
217 be a representative of the not-for-profit nursing home industry;

218 (7) Three appointed by the minority leader of the Senate, one of
219 whom shall be a low-income adult recipient of Medicaid benefits or an
220 advocate for such a recipient, one of whom shall be a representative of
221 hospitals and one of whom shall be a representative of the business
222 community with experience in cost efficiency management;

223 (8) The executive director of the Commission on Women, Children,
224 Seniors, Equity and Opportunity, or the executive director's designee;

225 (9) A member of the Commission on Women, Children, Seniors,
226 Equity and Opportunity, designated by the executive director of said
227 commission;

228 (10) A representative of the Long-Term Care Advisory Council;

229 (11) The Commissioners of Social Services, Children and Families,
230 Public Health, Developmental Services, Aging and Disability Services
231 and Mental Health and Addiction Services, or their designees, who shall
232 be ex-officio nonvoting members;

233 (12) The Comptroller, or the Comptroller's designee, who shall be an
234 ex-officio nonvoting member;

235 (13) The Secretary of the Office of Policy and Management, or the
236 secretary's designee, who shall be an ex-officio nonvoting member; and

237 (14) One representative of an administrative services organization
238 which contracts with the Department of Social Services in the
239 administration of the Medicaid program, who shall be a nonvoting
240 member.

241 [(d)] (c) The council shall choose a chairperson from among its
242 members. The Joint Committee on Legislative Management shall
243 provide administrative support to such chairperson.

244 [(e)] (d) The council shall monitor and make recommendations
245 concerning: (1) An enrollment process that ensures access for the
246 HUSKY Health program and effective outreach and client education for
247 said program; (2) available services comparable to those already in the
248 Medicaid state plan, including those guaranteed under the federal Early
249 and Periodic Screening, Diagnostic and Treatment Services Program
250 under 42 USC 1396d; (3) the sufficiency of accessible adult and child
251 primary care providers, specialty providers and hospitals in Medicaid
252 provider networks; (4) the sufficiency of provider rates to maintain the
253 Medicaid network of providers and service access; (5) funding and
254 agency personnel resources to guarantee timely access to services and
255 effective management of the Medicaid program; (6) participation in care
256 management programs including, but not limited to, medical home and
257 health home models by existing community Medicaid providers; (7) the
258 linguistic and cultural competency of providers and other program
259 facilitators and data on the provision of Medicaid linguistic translation
260 services; (8) program quality, including outcome measures and
261 continuous quality improvement initiatives that may include provider
262 quality performance incentives and performance targets for
263 administrative services organizations; (9) timely, accessible and
264 effective client grievance procedures; (10) coordination of the Medicaid
265 care management programs with state and federal health care reforms;
266 (11) eligibility levels for inclusion in the programs; (12) enrollee cost-
267 sharing provisions; (13) a benefit package for the HUSKY Health
268 program; (14) coordination of coverage continuity among Medicaid
269 programs and integration of care, including, but not limited to,
270 behavioral health, dental and pharmacy care provided through
271 programs administered by the Department of Social Services; and (15)
272 the need for program quality studies within the areas identified in this
273 section and the department's application for available grant funds for
274 such studies. The chairperson of the council shall ensure that sufficient

275 members of the council participate in the review of any contract entered
276 into by the Department of Social Services and an administrative services
277 organization.

278 ~~[(f)]~~ (e) The Commissioner of Social Services may, in consultation
279 with an educational institution, apply for any available funding,
280 including federal funding, to support Medicaid care management
281 programs.

282 ~~[(g)]~~ (f) The Commissioner of Social Services shall provide monthly
283 reports to the council on the matters described in subsection ~~[(e)]~~ (d) of
284 this section, including, but not limited to, policy changes and proposed
285 regulations that affect Medicaid health services. The commissioner shall
286 also provide the council with quarterly financial reports for each
287 covered Medicaid population which reports shall include a breakdown
288 of sums expended for each covered population.

289 ~~[(h)]~~ (g) The council shall biannually report on its activities and
290 progress to the General Assembly.

291 ~~[(i)]~~ (h) There is established, within the Council on Medical
292 Assistance Program Oversight, a standing subcommittee to study and
293 make recommendations to the council on children and adults who have
294 complex health care needs. The subcommittee shall consist of council
295 members appointed by the chairpersons of the council and other
296 individuals who shall serve for terms prescribed by the cochairpersons
297 to advise the council on specific needs of children and adults with
298 complex health care needs. For the purposes of completing the reports
299 required pursuant to subparagraphs (A) and (B) of this subsection, such
300 individuals shall include, but need not be limited to: (1) The Child
301 Advocate, or the Child Advocate's designee; (2) a family or child
302 advocate; (3) the executive director of the Council on Developmental
303 Disabilities, or the executive director's designee; (4) the executive
304 director of the Connecticut Association of Public School
305 Superintendents, or the executive director's designee; (5) an expert in
306 the diagnosis, evaluation, education and treatment of children and

307 young adults with developmental disabilities; and (6) the Healthcare
308 Advocate, or the Healthcare Advocate's designee. The subcommittee
309 shall submit the following reports, in accordance with section 11-4a to
310 the council, the Governor and the joint standing committees of the
311 General Assembly having cognizance of matters relating to children,
312 human services and public health regarding the efficacy of support
313 systems for children and young adults, not older than twenty-one years
314 of age, with developmental disabilities and with or without co-
315 occurring mental health conditions:

316 (A) Not later than July 1, 2017, recommendations including, but not
317 limited to: (i) Metrics for evaluating the quality of state-funded services
318 to such children and young adults that can be utilized by state agencies
319 that fund such services; (ii) statutory changes needed to promote
320 effective service delivery for such children and young adults and their
321 families; and (iii) any other changes needed to address gaps in services
322 identified by the subcommittee or council with respect to such children,
323 young adults and their families; and

324 (B) Not later than January 1, 2018, an assessment of: (i) Early
325 intervention services available to such children and young adults in this
326 state; (ii) the system of community-based services for such children and
327 young adults; (iii) the treatment provided by congregate care settings
328 that are operated privately or by the state and provide residential
329 supports and services to such children and young adults and how the
330 quality of care is measured; and (iv) how the state Department of
331 Education, local boards of education, the Department of Children and
332 Families, the Department of Developmental Services and other
333 appropriate agencies can work collaboratively to improve educational,
334 developmental, medical and behavioral health outcomes for such
335 children and young adults and reduce the number at risk of entering
336 institutional care. As used in this subsection, "developmental disability"
337 means a severe, chronic disability of an individual, as defined in 42 USC
338 15002, as amended from time to time.

339 Sec. 6. Section 17b-28h of the general statutes is repealed and the

340 following is substituted in lieu thereof (*Effective July 1, 2025*):

341 The Commissioner of Social Services may, to the extent permitted by
342 federal law, amend the Medicaid state plan to establish a pilot program
343 that serves not more than five hundred persons served by Oak Hill - The
344 Connecticut Institute for the Blind, Inc. who are eligible for Medicare
345 and who voluntarily agree to participate in the program. Such program
346 shall be designed to demonstrate the feasibility and cost effectiveness of
347 delivering comprehensive health insurance coverage [in a managed care
348 setting] to such persons. The commissioner may include medical
349 assistance services in the program not covered on October 5, 2009, in the
350 state medical assistance program or other modifications to the state
351 medical assistance program to encourage voluntary participation in the
352 pilot program.

353 Sec. 7. Subsection (b) of section 17b-90 of the general statutes is
354 repealed and the following is substituted in lieu thereof (*Effective July 1,*
355 *2025*):

356 (b) No person shall, except for purposes directly connected with the
357 administration of programs of the Department of Social Services and in
358 accordance with the regulations of the commissioner, solicit, disclose,
359 receive or make use of, or authorize, knowingly permit, participate in or
360 acquiesce in the use of, any list of the names of, or any information
361 concerning, persons applying for or receiving assistance from the
362 Department of Social Services or persons participating in a program
363 administered by said department, directly or indirectly derived from
364 the records, papers, files or communications of the state or its
365 subdivisions or agencies, or acquired in the course of the performance
366 of official duties. The Commissioner of Social Services shall disclose (1)
367 to any authorized representative of the Labor Commissioner such
368 information directly related to unemployment compensation,
369 administered pursuant to chapter 567 or information necessary for
370 implementation of sections 17b-112l, 17b-688b, 17b-688c and 17b-688h
371 and section 122 of public act 97-2 of the June 18 special session, (2) to
372 any authorized representative of the Commissioner of Mental Health

373 and Addiction Services any information necessary for the
374 implementation and operation of the basic needs supplement program,
375 (3) to any authorized representative of the Commissioner of
376 Administrative Services or the Commissioner of Emergency Services
377 and Public Protection such information as the Commissioner of Social
378 Services determines is directly related to and necessary for the
379 Department of Administrative Services or the Department of
380 Emergency Services and Public Protection for purposes of performing
381 their functions of collecting social services recoveries and overpayments
382 or amounts due as support in social services cases, investigating social
383 services fraud or locating absent parents of public assistance recipients,
384 (4) to any authorized representative of the Commissioner of Children
385 and Families necessary information concerning a child or the immediate
386 family of a child receiving services from the Department of Social
387 Services, including safety net services, if (A) the Commissioner of
388 Children and Families or the Commissioner of Social Services has
389 determined that imminent danger to such child's health, safety or
390 welfare exists to target the services of the family services programs
391 administered by the Department of Children and Families, or (B) the
392 Commissioner of Children and Families requires access to the federal
393 Parent Locator Service established pursuant to 42 USC 653 in order to
394 identify a parent or putative parent of a child, (5) to a town official or
395 other contractor or authorized representative of the Labor
396 Commissioner such information concerning an applicant for or a
397 recipient of assistance under state-administered general assistance
398 deemed necessary by the Commissioner of Social Services and the Labor
399 Commissioner to carry out their respective responsibilities to serve such
400 persons under the programs administered by the Labor Department
401 that are designed to serve applicants for or recipients of state-
402 administered general assistance, (6) to any authorized representative of
403 the Commissioner of Mental Health and Addiction Services for the
404 purposes of the behavioral health [managed care] program established
405 by section 17a-453, (7) to any authorized representative of the
406 Commissioner of Early Childhood to carry out his or her respective
407 responsibilities under the two-generational academic achievement and

workforce readiness initiative established pursuant to section 17b-112/ and programs that regulate child care services or youth camps, (8) to a health insurance provider, in IV-D support cases, as defined in subdivision (13) of subsection (b) of section 46b-231, information concerning a child and the custodial parent of such child that is necessary to enroll such child in a health insurance plan available through such provider when the noncustodial parent of such child is under court order to provide health insurance coverage but is unable to provide such information, provided the Commissioner of Social Services determines, after providing prior notice of the disclosure to such custodial parent and an opportunity for such parent to object, that such disclosure is in the best interests of the child, (9) to any authorized representative of the Department of Correction, in IV-D support cases, as defined in subdivision (13) of subsection (b) of section 46b-231, information concerning noncustodial parents that is necessary to identify inmates or parolees with IV-D support cases who may benefit from Department of Correction educational, training, skill building, work or rehabilitation programming that will significantly increase an inmate's or parolee's ability to fulfill such inmate's support obligation, (10) to any authorized representative of the Judicial Branch, in IV-D support cases, as defined in subdivision (13) of subsection (b) of section 46b-231, information concerning noncustodial parents that is necessary to: (A) Identify noncustodial parents with IV-D support cases who may benefit from educational, training, skill building, work or rehabilitation programming that will significantly increase such parent's ability to fulfill such parent's support obligation, (B) assist in the administration of the Title IV-D child support program, or (C) assist in the identification of cases involving family violence, (11) to any authorized representative of the State Treasurer, in IV-D support cases, as defined in subdivision (13) of subsection (b) of section 46b-231, information that is necessary to identify child support obligors who owe overdue child support prior to the Treasurer's payment of such obligors' claim for any property unclaimed or presumed abandoned under part III of chapter 32, (12) to any authorized representative of the Secretary of the Office of Policy and Management any information necessary for the implementation and

443 operation of the renters rebate program established by section 12-170d,
444 or (13) to any authorized representative of the Department of Aging and
445 Disability Services, or to an area agency on aging contracting with said
446 department to provide services under the elderly nutrition program,
447 information on persons enrolled in the supplemental nutrition
448 assistance program who have requested or been recommended to
449 receive elderly nutrition program services. No such representative shall
450 disclose any information obtained pursuant to this section, except as
451 specified in this section. Any applicant for assistance provided through
452 the Department of Social Services shall be notified that, if and when such
453 applicant receives benefits, the department will be providing law
454 enforcement officials with the address of such applicant upon the
455 request of any such official pursuant to section 17b-16a.

456 Sec. 8. Section 17b-265c of the general statutes is repealed and the
457 following is substituted in lieu thereof (*Effective July 1, 2025*):

458 The Commissioner of Social Services, to the extent permitted by
459 federal law, shall amend the Medicaid state plan to establish a pilot
460 program serving not more than five hundred elderly or disabled state
461 medical assistance recipients who are also eligible for Medicare and who
462 voluntarily opt to participate in the program. Such program shall
463 demonstrate the feasibility and cost effectiveness of delivering
464 comprehensive health insurance coverage [in a managed care setting] to
465 such recipients. The commissioner may include medical assistance
466 services in the pilot program not presently covered in the state medical
467 assistance program or other modifications to the state medical assistance
468 program to encourage voluntary participation in the pilot program.

469 Sec. 9. Section 17b-10a of the general statutes is repealed and the
470 following is substituted in lieu thereof (*Effective July 1, 2025*):

471 The Commissioner of Social Services, pursuant to section 17b-10, may
472 implement policies and procedures necessary to administer [section
473 17b-197, subsection (d) of section 17b-266, section] sections 17b-197, 17b-
474 280a and subsection (a) of section 17b-295, while in the process of

475 adopting such policies and procedures as regulation, provided the
476 commissioner prints notice of intent to adopt regulations on the
477 department's Internet web site and the eRegulations System not later
478 than twenty days after the date of implementation. Policies and
479 procedures implemented pursuant to this section shall be valid until the
480 time final regulations are adopted.

481 Sec. 10. Sections 17b-28b and 17b-266 of the general statutes are
482 repealed. (*Effective July 1, 2025*)"

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2025</i>	17b-8(a)
Sec. 2	<i>July 1, 2025</i>	17b-8(b)
Sec. 3	<i>July 1, 2025</i>	New section
Sec. 4	<i>July 1, 2025</i>	17a-460c(a)
Sec. 5	<i>July 1, 2025</i>	17b-28
Sec. 6	<i>July 1, 2025</i>	17b-28h
Sec. 7	<i>July 1, 2025</i>	17b-90(b)
Sec. 8	<i>July 1, 2025</i>	17b-265c
Sec. 9	<i>July 1, 2025</i>	17b-10a
Sec. 10	<i>July 1, 2025</i>	Repealer section