

Brief Summary of Items of Interest and Concern to Older Adults and Individuals with Disabilities in Public Act 09-5 (the DSS Implementer, all sections effective from passage on 10/5/09)

Link directs you to the full text of Public Act 09-5:

<http://www.cga.ct.gov/2009/ACT/PA/2009PA-00005-R00HB-07005SS3-PA.htm>

Sections 1-18

define, prohibit and establish penalties for various aspects of Medicaid fraud, including, but not limited to, knowing presentation of a false or fraudulent claim, knowing use of a false record, and conspiracy to defraud the state

Section 19

defers implementation of the Department on Aging to July 1, 2010

Section 20

requires DSS to seek federal funds to provide medical coverage to qualified alien children and pregnant women whose date of admission to the US is less than five years prior to the date on which medical services are provided

Sections 30 & 47

require full-benefit, dually-eligible Medicare D beneficiaries (Section 30) and ConnPACE applicants and recipients (Section 47) to enroll in a Medicare D benchmark plan (eliminates DSS subsidy of higher cost Part D plans; mandatory “shall” language does not appear to permit participants to enroll in a higher cost plan and cover the cost differential out-of-pocket, but DSS has indicated on a preliminary basis that this will be allowed)

Section 31

caps state coverage of Part D co-payments (in 2009, these range from \$1.10 to \$6.00 per prescription), with the result that dually-eligible individuals will be expected to pay up to \$15 per month in co-payments

Sections 32, 40, 41, 42

eliminate nursing facility, residential care home and ICF-MR rate increases

Section 33

increases the annual enrollment fee for participation in ConnPACE from \$30 to \$45

provides that individuals may enroll in ConnPACE only 1) within 31 days of turning age 65 or becoming eligible for SSDI or SSI benefits on the basis of disability; or 2) during an open enrollment period that will coincide with the annual Part D open enrollment period (November

15 - December 31)

defers implementation of the COLA in the income eligibility limits until 2012 (this freezes income eligibility limits at the 2009 levels until January 1, 2012)

Section 34

limits automatic fills of drugs that are subject to prior authorization to 14 days pending receipt of authorization

retains language requiring that if prior authorization is not granted or denied within 2 hours of receipt by DSS of the request for PA, the request is deemed granted

permits DSS to establish maximum dosage quantities per fill for over-the-counter drugs

Section 36

eliminates the increase (which would have equaled the increase in the CPI, if any) in the payment standard for TFA and SAGA in SFY's '10 and '11

Section 37

eliminates the increase (which would have equaled the amount, if any, of the federal COLA under the SSI program) in the unearned income disregard for recipients of State Supplement in SFY's '10 and '11

Section 38

except where a drug has been filled or re-filled to an individual at least once in the one-year period prior to presentation of the prescription at the pharmacy, subjects mental health drugs to prior authorization requirements

Section 39

starting in SFY'11, defers to July disbursement of one-half of the June Medicaid payments to nursing homes

Section 43

through SFY'11, limits the small house nursing home pilot to one project with 280 beds

Section 44

by January 1, 2010, requires certification of staff who administer medication in residential care homes

Section 48

subjects state-funded non-emergency dental services to prior authorization

exempts from PA: diagnostic, preventative, basic restorative services and non-surgical extractions that are consistent with standard and reasonable dental practices and, it is suggested by later language, medically necessary (e.g. potentially subject to being denied under the new more restrictive definition)

Section 50

requires DSS to submit to the committees of cognizance notice of any proposed amendments to the Medicaid state plan

Sections 52-54

provides authorizing language for the fall prevention program and a mechanism for supporting it out of the Insurance Fund

Section 56

directs DSS to create billing codes to implement the Medicaid foreign language interpreter benefit not later than 2/1/11, and requires that contractors for this service report to the legislature on their activities

Sections 60

directs DSS to contract with one or more entities to administer Medicaid services for older adults and individuals with disabilities through special needs plans (this is of concern in that SNP's have neither demonstrated effective integration of care nor cost savings, costs on average having significantly exceeded per capita spending in traditional Medicare)

Section 63

requires DSS to report to the committees of cognizance if the application for the HIV/AIDS waiver is not timely submitted

Section 64

for specified immigration categories of non-citizens who were receiving home care or nursing facility care on September 8, 2009, maintains state-funded non-emergency medical assistance pending approval of a state Medicaid plan amendment to cover such individuals

Section 66

imposes new cost-sharing requirements on participants of the state-funded tiers (Levels 1 & 2) of the Connecticut Home Care Program for Elders:

except for individuals who reside in an affordable assisted living demonstration project, each participant whose income is at or below 200% of the FPL (in 2009, \$1,806 per month) must make a 15% co-payment and individuals whose income exceeds 200% of the FPL must make a 15% co-payment over and above their current applied income obligations

individuals who fail to make the required co-payment will be considered ineligible for services, and will not be permitted to seek relief through an administrative hearing

Section 69

liberalizes some of the eligibility requirements for receipt of guardianship subsidies by relative caregivers: 1) reduces the minimum duration of time that a child must have lived with a relative caregiver from 18 to 6 months; 2) establishes that the monthly subsidy, the amount of which cannot exceed the foster care maintenance payment, must be based on the circumstances of the

relative caregiver and the needs of the child; and 3) permits DSS, on the death, severe disability or serious illness of a relative caregiver, to transfer the subsidized guardianship to another relative caregiver who meets DCF requirements and has been appointed as legal guardian by a court of competent jurisdiction

Section 70

moves up the effective date for ConnPACE Plus, which has been dubbed “Medicare Savings Plan Plus” by DSS, to October 1, 2009 (by increasing income disregards, ConnPACE Plus will permit many additional individuals to qualify for the Medicare Cost Sharing Programs: QMB, SLIMB, and QI) and prohibits DSS from utilizing an asset test for eligibility

Section 73

requires DSS to allocate \$300,000 to process pending Medicaid applications for “Medicaid recipients residing in nursing homes”

Section 77

subject to available appropriations, requires DSS to increase reimbursement rates to adult day care providers under the CHCPE by not less than \$700,000 on an annualized basis

Section 83

requires DSS, WITHIN AVAILABLE APPROPRIATIONS, to contract with 1) the Center for Medicare Advocacy to provide assistance with Medicare D exceptions; and 2) a pharmacy association or pharmacist to assist consumers in selecting well tailored Part D plans

Section 84

defers implementation of the Long-Term Care Reinvestment Account for the enhanced FMAP from the Money Follows the Person project until July 1, 2011

Section 86

expands the membership of the Nursing Home Finance Advisory Committee and requires DSS to report to the committee on requests for interim rate increases

Section 88

permits DECD to designate as an assisted living demonstration project a 202 or 236 elderly housing development that is licensed to provide assisted living services, for purposes of qualifying residents for services under the waiver or state-funded tiers of the CHCPE

Section 89

repeals the authorizing language for the never-implemented Medicare D Council