



General Assembly

January Session, 2001

Bill No. 6705

LCO No. 3622

Referred to Committee on Human Services

Introduced by:

REP. WARD, 86th Dist.

SEN. DELUCA, 32nd Dist.

AN ACT CONCERNING THE STATE-ADMINISTERED GENERAL ASSISTANCE PROGRAM.

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

1 Section 1. Section 17b-111 of the general statutes is repealed and the
2 following is substituted in lieu thereof:

3 On and after [July 1, 1998] July 1, 2001, the commissioner [shall]
4 may, within available appropriations, implement a state-administered
5 general assistance program and on or before April 1, 1997, the
6 commissioner shall implement said program in the fourteen towns in
7 which the regional or district offices of the Department of Social
8 Services are located, subject to the restrictions of section 17b-118. The
9 commissioner may contract for the implementation of such program. A
10 town, with a regional or district office of the department and a general
11 assistance office, may petition the commissioner to allow such town to
12 continue the operation of its general assistance program. The
13 commissioner, in examining such petition, shall consider the cost
14 effectiveness of such town's general assistance program.

15 Sec. 2. Subsection (a) of section 17b-116 of the general statutes is
16 repealed and the following is substituted in lieu thereof:

17 (a) Each person who has not estate sufficient for his or her support,
18 and has no relatives of sufficient ability who are obliged by law to
19 support [him] such person, [shall] may, within available
20 appropriations, be provided for and supported to the extent required
21 under the general assistance program at the expense of the town in
22 which [he] such person resides, except as otherwise provided in this
23 section, or, if [he] such person has no residence, of the town in which
24 [he] such person becomes in need of aid, subject to the provisions of
25 section 17b-118, subsection (a) of section 17b-689, and in accordance
26 with section 17b-220, except that in making a determination of liability
27 for support under this section the income of a stepparent living in the
28 same home as a dependent child or dependent children shall be
29 considered in the same manner and to the same extent as under the
30 temporary family assistance program. Additionally, each person shall
31 be: (1) Eighteen years of age or older; (2) a minor found by a court to
32 be emancipated pursuant to section 46b-150; (3) under eighteen years
33 of age and a member of a family eligible for general assistance; or (4)
34 under eighteen years of age and the commissioner determines good
35 cause for such person's eligibility. Prior to July 1, 1997, any such
36 person who enters an institution, or a series of institutions, shall be
37 provided for and supported at the expense of the town in which [he]
38 such person resided at the time [he] such person entered such
39 institution or institutions for sixty days following his or her discharge
40 from such institution or institutions. If a town is liable for any part of
41 the cost of the institutionalization of such person, the town in which
42 such person resided at the time [he] such person entered the institution
43 or institutions shall be liable for such cost. Upon the admission of any
44 such person to a state-operated facility, as defined in section 17a-458,
45 those persons responsible for the person's discharge planning shall
46 contact the town in which such person resided prior to entering such
47 facility and make arrangements for the support of such person by that
48 town for sixty days following his or her discharge from such facility.

49 As used herein, the term "reside" means "occupy an established place
50 of abode" and "institution" means a health or mental health residential
51 facility such as a hospital or nursing home or any nonpermanent
52 housing facility such as a halfway house or shelter for battered
53 women. When such person is in need of hospital care, it shall be
54 similarly provided subject to the provisions of section 17b-259. A
55 person who is a recipient of financial aid under section 17b-107 or the
56 temporary family assistance program, the state-administered general
57 assistance program or the state supplement program or Social Security
58 disability or supplemental security income shall be considered to be
59 provided for by the state or federal government. On and after
60 September 4, 1991, no such person shall be eligible to receive general
61 assistance financial or medical aid. No town shall be liable to
62 supplement a recipient of financial aid under section 17b-107 or under
63 the temporary family assistance program, the state-administered
64 general assistance program or the state supplement program whose
65 award has been reduced or suspended or who has been penalized with
66 a period of ineligibility, during such period of ineligibility. A person
67 who is a recipient of Medicaid shall be considered to have his or her
68 medical needs provided for by the state and no such person shall be
69 eligible to receive general assistance medical aid.

70 Sec. 3. Section 17b-257 of the general statutes is repealed and the
71 following is substituted in lieu thereof:

72 On and after [July 1, 1998] July 1, 2001, the Commissioner of Social
73 Services [shall] may, within available appropriations, implement a
74 state medical assistance program for persons ineligible for Medicaid
75 and on or before April 1, 1997, the commissioner shall implement said
76 program in the towns in which the fourteen regional or district offices
77 of the Department of Social Services are located. The commissioner
78 shall establish a schedule for the transfer of recipients of medical
79 assistance administered by towns under the general assistance
80 program to the state program. To the extent possible, the
81 administration of the state medical assistance program shall parallel

82 that of the Medicaid program as it is administered to recipients of
83 temporary family assistance, including eligibility criteria concerning
84 income and assets. Payment for medical services shall be made only
85 for individuals determined eligible. The rates of payment for medical
86 services shall be those of the Medicaid program. Medical services
87 covered under the program shall be those covered under the Medicaid
88 program, except that services provided by practitioners other than
89 physicians, vision services, home health services, nonemergency
90 medical transportation, durable medical equipment and long-term care
91 and services available pursuant to a home and community-based
92 services waiver under Section 1915 of the Social Security Act shall not
93 be covered. On or after April 1, 1997, the commissioner shall
94 implement a managed care program for medical services provided
95 under this program, except services provided pursuant to section 17a-
96 453a. Notwithstanding the provisions of sections 4a-51 and 4a-57, the
97 commissioner may enter into contracts, including but not limited to,
98 purchase of service agreements to implement the provisions of this
99 section.

100 Sec. 4. Section 17b-259 of the general statutes is repealed and the
101 following is substituted in lieu thereof:

102 (a) Each town [shall] may, within available appropriations, provide
103 medically necessary services by one or more competent physicians for
104 all persons twenty-one to sixty-four years of age who are receiving
105 general assistance benefits from such town, or eligible to be supported
106 by such town, or unable to pay for the same over a two-year period,
107 when such persons are in need thereof, and each town [shall] may,
108 within available appropriations, furnish necessary hospitalization, in
109 accordance with section 17b-220, for all such persons if such persons
110 have not made, within twenty-four months prior to the date of
111 application for such aid, an assignment or transfer or other disposition
112 of property for less than fair market value, for the purpose of
113 establishing eligibility for benefits or assistance under the general
114 assistance program. Any such disposition shall be presumed to have

115 been made for the purpose of establishing eligibility for benefits or
116 assistance unless such person furnishes convincing evidence to
117 establish that the transaction was exclusively for some other purpose.
118 Ineligibility because of such disposition shall continue only for either
119 (1) twenty-four months after the date of disposition or (2) that period
120 of time from the date of disposition over which the fair market value of
121 such property, less any consideration received in exchange for its
122 disposition, together with all other income and resources, would
123 furnish support on a reasonable standard of health and decency,
124 whichever period is shorter, except that in any case where the
125 uncompensated value of disposed of resources exceeds twelve
126 thousand dollars, the Commissioner of Social Services shall provide for
127 a period of ineligibility based on the uncompensated value which
128 exceeds twenty-four months. The ability of a person to pay for
129 medically necessary services over a two-year period shall be
130 determined by a town in accordance with regulations adopted by the
131 Department of Social Services in accordance with the provisions of
132 chapter 54, provided income in excess of the maximum income levels
133 established pursuant to such regulations and any assets in excess of
134 two hundred fifty dollars shall be applied toward medical bills
135 incurred during the two-year period and assistance shall be granted
136 only for the remaining balance of the cost of medically necessary
137 services. Any recipient who becomes ineligible for benefits under the
138 general assistance program due to employment may continue to
139 receive medical assistance for up to three months. Persons under
140 twenty-one or over sixty-four years of age who are otherwise eligible
141 under this section and who have applied for Medicaid but have not yet
142 been determined eligible by the Department of Social Services, may
143 receive assistance under this section. Any person receiving medical
144 treatment or hospitalization under this section shall make to the
145 selectmen full disclosure of his or her financial condition as provided
146 in section 17b-123. A completed application for medical assistance
147 under this section may be filed by the person seeking assistance, a
148 member of such person's immediate family or a medical provider,

149 including a physician or a hospital, within sixty days of
150 commencement of treatment or hospitalization. A town shall be liable
151 for medical bills only for those persons whose eligibility can be
152 determined in accordance with standards established pursuant to
153 section 17b-78, and those persons under twenty-one or over sixty-four
154 years of age who are otherwise eligible under this section and who
155 have applied for Medicaid but have not yet been determined eligible
156 by the Department of Social Services. No applicant who may be
157 eligible for a third-party payment to which [he] such applicant is
158 entitled, including private insurance, hospital or medical service
159 corporation benefits, veterans' benefits, Medicare and Medicaid shall
160 be eligible for general assistance medical aid until [he] such applicant
161 has completed the application process for such benefits. On and after
162 October 1, 1991, a town shall not be liable for payment of the
163 applicant's medical bills if the applicant fails to provide sufficient
164 documentation to determine [his] eligibility for such benefits. Failure
165 of a person or a legally liable relative of the person to cooperate in the
166 general assistance application process shall not prevent payment to a
167 medical provider for services rendered to the person if adequate
168 information is otherwise available to determine the person's eligibility
169 under this section. On or after April 1, 1997, the commissioner shall
170 implement a managed care program for medical services provided
171 under this program, except services provided pursuant to section 17a-
172 453a. Notwithstanding the provisions of sections 4a-51 and 4a-57, the
173 commissioner may enter into contracts, including but not limited to,
174 purchase of service agreements to implement the provisions of this
175 section.

176 (b) The medical services for which a town shall be liable under this
177 section and for which a town shall be reimbursed by the state shall be
178 limited to the following medically necessary services provided such
179 services are covered under the Medicaid program: (1) Physician
180 services, (2) hospital services, on an inpatient basis subject to the
181 provisions of section 17b-220 and outpatient care, (3) community clinic
182 services, (4) prescription drugs, excluding over-the-counter drugs, [(5)

183 glasses, (6) (5) hearing aids, [(7)] (6) laboratory and x-ray services, [(8)]
184 (7) emergency dental services, [(9)] (8) emergency medical
185 transportation, and [(10)] (9) examinations (A) needed to determine
186 unemployability, or (B) requested by an attorney to establish the
187 eligibility of a person receiving general assistance benefits for federal
188 supplementary security income benefits pursuant to section 17b-119.
189 Services not covered under this program include, but are not limited
190 to, services provided by practitioners other than physicians,
191 nonemergency medical transportation, home health services, vision
192 services and durable medical equipment. In lieu of providing medical
193 services, in accordance with this section, a town or group of towns
194 may submit a plan to the Department of Social Services for approval to
195 provide medical services in some other manner. The department shall
196 approve the plan only if the persons served under it receive at least the
197 services listed in this subsection and the plan offers the possibility of
198 improved medical care or cost savings. The department shall
199 encourage a town or group of towns to contract for the management of
200 such medically necessary services.

201 Sec. 5. This act shall take effect July 1, 2001.

Statement of Purpose:

To implement the Governor's budget recommendations.

[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.]