



AN ACT CONCERNING THE HUSKY PROGRAM.

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

1 Section 1. Section 17b-292 of the general statutes, as amended by
2 sections 1, 3, and 4 of public act 01-137, is repealed and the following is
3 substituted in lieu thereof (*Effective July 1, 2002*):

4 (a) A child who resides in a household with a family income which
5 exceeds one hundred eighty-five per cent of the federal poverty level
6 and does not exceed three hundred per cent of the federal poverty
7 level may be eligible for subsidized benefits under the HUSKY Plan,
8 Part B.

9 (b) A child who resides in a household with a family income over
10 three hundred per cent of the federal poverty level may be eligible for
11 unsubsidized benefits under the HUSKY Plan, Part B.

12 (c) Whenever a court or family support magistrate orders a
13 noncustodial parent to provide health insurance for a child, such
14 parent may provide for coverage under the HUSKY Plan, Part B.

15 (d) The commissioner shall apply for a federal waiver to allow child
16 care providers and workers (1) with incomes that do not exceed three
17 hundred per cent of the federal poverty level, and (2) who are
18 ineligible for HUSKY Plan, Part B benefits because they do not have
19 children, to become eligible for unsubsidized benefits under HUSKY

20 Plan, Part B.

21 [(d)] (e) A child who has been determined to be eligible for benefits
22 under either the HUSKY Plan, Part A or Part B shall remain eligible for
23 said plan for a period of twelve months from such child's
24 determination of eligibility unless the child attains the age of nineteen
25 years or is no longer a resident of the state.

26 [(e)] (f) To the extent allowed under federal law, the commissioner
27 shall not pay for services or durable medical equipment under the
28 HUSKY Plan, Part B if the enrollee has other insurance coverage for
29 the services or such equipment.

30 [(f)] (g) A newborn child who otherwise meets the eligibility criteria
31 for the HUSKY Plan, Part B shall be eligible for benefits retroactive to
32 his date of birth, provided an application is filed on behalf of the child
33 within thirty days of such date.

34 [(g)] (h) The commissioner shall implement presumptive eligibility
35 for children applying for Medicaid. Such presumptive eligibility
36 determinations shall be in accordance with applicable federal law and
37 regulations. The commissioner shall adopt regulations, in accordance
38 with chapter 54, to establish standards and procedures for the
39 designation of organizations as qualified entities to grant presumptive
40 eligibility. In establishing such regulations, the commissioner shall
41 ensure the representation of state-wide and local organizations that
42 provide services to children of all ages in each region of the state.

43 [(h)] (i) The commissioner shall enter into a contract with an entity
44 to be a single point of entry servicer for applicants and enrollees under
45 the HUSKY Plan, Part A and Part B. The servicer shall jointly market
46 both Part A and Part B together as the HUSKY Plan. Such servicer shall
47 develop and implement public information and outreach activities
48 with community programs. Such servicer shall electronically transmit
49 data with respect to enrollment and disenrollment in the HUSKY Plan,
50 Part B to the commissioner who may transmit such data to the
51 Children's Health Council.

52 [(i)] (j) To the extent permitted by federal law, the single point of
53 entry servicer may be one of the entities authorized to grant
54 presumptive eligibility under the HUSKY Plan, Part A.

55 [(j)] (k) The single point of entry servicer shall send an application
56 and supporting documents to the commissioner for determination of
57 eligibility of a child who resides in a household with a family income
58 of one hundred eighty-five per cent or less of the federal poverty level.
59 The servicer shall enroll eligible beneficiaries in the applicant's choice
60 of managed care plan.

61 [(k)] (l) Not more than twelve months after the determination of
62 eligibility for benefits under the HUSKY Plan, Part A and Part B and
63 annually thereafter, the commissioner or the servicer, as the case may
64 be, shall determine if the child continues to be eligible for the plan. The
65 commissioner or the servicer shall mail an application form to each
66 participant in the plan for the purposes of obtaining information to
67 make a determination on eligibility. To the extent permitted by federal
68 law, in determining eligibility for benefits under the HUSKY Plan, Part
69 A and Part B with respect to family income, the commissioner or the
70 servicer shall rely upon information provided in such form by the
71 participant unless the commissioner or the servicer has reason to
72 believe that such information is inaccurate or incomplete. The
73 determination of eligibility shall be coordinated with health plan open
74 enrollment periods.

75 [(l)] (m) The commissioner shall implement the HUSKY Plan, Part B
76 while in the process of adopting necessary policies and procedures in
77 regulation form in accordance with the provisions of section 17b-10.

78 [(m)] (n) The commissioner shall adopt regulations, in accordance
79 with chapter 54, to establish residency requirements and income
80 eligibility for participation in the HUSKY Plan, Part B and procedures
81 for a simplified mail-in application process. Notwithstanding the
82 provisions of section 17b-257b, as amended, such regulations shall
83 provide that any child adopted from another country by an individual

84 who is a citizen of the United States and a resident of this state shall be
85 eligible for benefits under the HUSKY Plan, Part B upon arrival in this
86 state.

87 Sec. 2. Section 17b-294 of the general statutes is repealed and the
88 following is substituted in lieu thereof (*Effective July 1, 2002*):

89 (a) The commissioner shall, within available appropriations,
90 establish two supplemental health insurance programs, to be known as
91 HUSKY Plus programs, for enrollees of the subsidized portion of the
92 HUSKY Plan, Part B with family incomes which do not exceed three
93 hundred per cent of the federal poverty level, whose medical needs
94 cannot be accommodated within the basic benefit package offered
95 enrollees. One program shall supplement coverage for those medically
96 eligible enrollees with intensive physical health needs and one shall
97 supplement coverage for those medically eligible enrollees with
98 intensive behavioral health needs.

99 (b) The commissioner shall apply for a federal waiver, if required, to
100 permit families with private health insurance and incomes which
101 exceed three hundred per cent of the federal poverty level, to enroll
102 and access, at their own expense, the HUSKY Plus programs
103 established pursuant to subsection (a) of this section.

104 [(b)] (c) Within available appropriations, the commissioner shall
105 contract with entities to administer and operate the HUSKY Plus
106 program for medically eligible enrollees with intensive physical health
107 needs. Such entities shall be the same entities that the Department of
108 Public Health contracts with to administer and operate the program
109 under Title V of the Social Security Act. The advisory committee
110 established by the Department of Public Health for Title V of the Social
111 Security Act shall be the steering committee for such program, except
112 that such committee shall include representatives of the Departments
113 of Social Services and Children and Families.

114 [(c)] (d) Within available appropriations, the commissioner shall
115 contract with one or more entities to operate the HUSKY Plus program

116 for medically eligible enrollees with intensive behavioral health needs.
117 The steering committee for such program shall be established by the
118 commissioner, in consultation with the Commissioner of Children and
119 Families. The steering committee shall include representatives of the
120 Departments of Social Services and Children and Families.

121 ~~[(d)]~~ (e) The acuity standards or diagnostic eligibility criteria, or
122 both, the service benefits package and the provider network for the
123 HUSKY Plus program for intensive physical health needs shall be
124 consistent with that of Title V of the Social Security Act. Such service
125 benefit package shall include powered wheelchairs.

126 ~~[(e)]~~ (f) The steering committee for intensive behavioral health needs
127 shall submit recommendations to the commissioner for acuity
128 standards or diagnostic eligibility criteria, or both, for admission to the
129 program for intensive behavioral health needs as well as a service
130 benefits package. The criteria shall reflect the severity of psychiatric or
131 substance abuse symptoms, the level of functional impairment
132 secondary to symptoms and the intensity of service needs. The
133 network of community-based providers in the program shall include
134 the services generally provided by child guidance clinics, family
135 service agencies, youth service bureaus and other community-based
136 organizations.

137 ~~[(f)]~~ (g) The commissioner shall adopt regulations, in accordance
138 with chapter 54, to establish a procedure for the appeal of a denial of
139 coverage under any of the HUSKY Plus programs. Such regulations
140 shall provide that (1) an appeal of a denial of coverage for a medically
141 eligible enrollee with intensive physical health needs shall be taken to
142 the steering committee for intensive physical health needs, (2) an
143 appeal of a denial of coverage for a medically eligible enrollee with
144 intensive behavioral health needs shall be taken to the steering
145 committee for intensive behavioral health needs, and (3) a medically
146 eligible enrollee with intensive physical or behavioral health needs
147 may appeal the decision of any such steering committee to the
148 commissioner.

149 ~~[(g)]~~ (h) The commissioner shall contract for an external quality
150 review of the HUSKY Plus programs. Not later than January 1, 1999,
151 and annually thereafter, the commissioner shall submit a report to the
152 Governor and the General Assembly on the HUSKY Plus programs
153 which shall include an evaluation of the health outcomes and access to
154 care for medically eligible enrollees in the HUSKY Plus programs.

155 ~~[(h)]~~ (i) On and after the date on which any medically eligible
156 enrollee begins receiving benefits under the HUSKY Plus programs,
157 such enrollee shall not be eligible for services under Title V of the
158 Social Security Act.

159 ~~[(i)]~~ (j) Not later than December 1, 1997, or not less than fifteen days
160 before submission of the state children's health insurance plan to the
161 joint standing committees of the General Assembly having cognizance
162 of matters relating to human services, public health, insurance and
163 appropriations and the budgets of state agencies, whichever is sooner,
164 the commissioner shall submit to said joint standing committees of the
165 General Assembly any part of the state children's health insurance plan
166 that refers to the HUSKY Plus programs. Such submission shall
167 address acuity standards and diagnostic eligibility criteria, the service
168 benefit package and coordination between the HUSKY Plan, Part B
169 and the HUSKY Plus programs and coordination with other state
170 agencies. Within fifteen days of receipt of such submission, said joint
171 standing committees of the General Assembly may advise the
172 commissioner of their approval, denial or modifications, if any, of the
173 submission. If the joint standing committees do not concur, the
174 committee chairmen shall appoint a committee on conference which
175 shall be comprised of three members from each joint standing
176 committee. At least one member appointed from each committee shall
177 be a member of the minority party. The report of the committee on
178 conference shall be made to each committee, which shall vote to accept
179 or reject the report. The report of the committee on conference may not
180 be amended. If a joint standing committee rejects the report of the
181 committee on conference, the submission shall be deemed approved. If
182 the joint standing committees accept the report, the committee having

183 cognizance of matters relating to appropriations and the budgets of
184 state agencies shall advise the commissioner of their approval or
185 modifications, if any, of the submission, provided if the committees do
186 not act within fifteen days, the submission shall be deemed approved.

187 [(j)] (k) The commissioner shall adopt regulations, in accordance
188 with the provisions of chapter 54, to establish criteria and specify
189 services for the HUSKY Plus programs. Such regulations shall state
190 that the HUSKY Plus programs shall give priority in such programs to
191 enrollees with family incomes at or below two hundred thirty-five per
192 cent of the federal poverty level.

193 [(k)] (l) As used in this section, "medically eligible enrollee" means
194 any enrollee with special needs related to either physical or behavioral
195 health who meets the acuity standards or diagnostic eligibility criteria
196 adopted by the commissioner regarding the acuity, diagnosis,
197 functional impairment and intensive service needs of the enrollee.

198 Sec. 3. Section 17b-303 of the general statutes is repealed and the
199 following is substituted in lieu thereof (*Effective July 1, 2002*):

200 (a) For purposes of determining eligibility for the HUSKY Plan, Part
201 B and to the extent permitted by federal law and to the extent federal
202 financial participation is available, the commissioner may disregard
203 family income. Such disregard of family income shall allow subsidized
204 coverage for an eligible beneficiary who resides in a household with a
205 family income of not more than three hundred per cent of the federal
206 poverty level. No such income disregard shall have the effect of
207 granting eligibility for a child under the HUSKY Plan, Part A. On July
208 1, 2002, and annually thereafter, when determining continued
209 eligibility for HUSKY Plan, Part B, the commissioner shall disregard
210 increases in family income that are less than three per cent higher than
211 the prior year's income.

212 (b) The commissioner may submit an application for a waiver under
213 Section 1115 of the Social Security Act (1) to authorize the use of funds
214 received under Title XXI of the Social Security Act to establish a non-

215 Medicaid health insurance program for eligible beneficiaries who
216 reside in a household with a family income of more than two hundred
217 thirty-five per cent of the federal poverty level but less than three
218 hundred per cent of the federal poverty level, and (2) to allow families
219 under Section 2105(c)(3) of Title XXI of the Social Security Act to
220 purchase health insurance under the HUSKY Plan, Part B with a
221 sliding fee scale for families with an income up to three hundred per
222 cent of the federal poverty level and at full premium for those
223 uninsured families with an income of over three hundred per cent of
224 the federal poverty level. The commissioner may submit an application
225 for a waiver of allowable expenditures in excess of ten per cent under
226 the provisions of Section 2105(c)(2) of Subtitle J of Public Law 105-33.

227 (c) The commissioner shall submit any application for a federal
228 waiver or proposed modification of any such waiver in connection
229 with the HUSKY Plan, Part A and Part B, except the initial waivers
230 specified under subsection (b) of this section, to the joint standing
231 committees of the General Assembly having cognizance of matters
232 relating to human services, public health, insurance and
233 appropriations and the budgets of state agencies prior to the
234 submission of such application or proposed modification to the federal
235 government in accordance with the provisions of section 17b-8.

236 (d) If the waiver specified in subdivision (1) of subsection (b) of this
237 section is denied and the income disregard under subsection (a) of this
238 section is not available, uninsured children who reside in a household
239 with a family income of more than two hundred thirty-five per cent of
240 the federal poverty level but less than three hundred per cent of the
241 federal poverty level shall be eligible for unsubsidized benefits under
242 the provisions of subsection (b) of section 17b-292, as amended by this
243 act.

This act shall take effect as follows:	
Section 1	July 1, 2002
Sec. 2	July 1, 2002

Sec. 3	July 1, 2002
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Joint Favorable Subst. C/R

APP