



General Assembly

February Session, 2004

Raised Bill No. 5617

LCO No. 2036

02036_____HS_

Referred to Committee on Human Services

Introduced by:
(HS)

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. Subsection (b) of section 42 of public act 03-3 of the June
2 30 special session is repealed and the following is substituted in lieu
3 thereof (*Effective from passage*):

4 (b) [No earlier than September 1, 2003, but not later than October 1,
5 2003, the] The state-administered general assistance program
6 [pursuant to this section and any general assistance program operated
7 by a town] shall provide cash assistance of (1) [two hundred] three
8 hundred fifty dollars per month to a single unemployable person upon
9 determination of such person's unemployability; (2) two hundred
10 dollars per month for a single transitional individual who is required
11 to pay for shelter; and (3) one hundred fifty dollars per month for a
12 single transitional individual who is not required to pay for shelter.
13 [No earlier than September 1, 2003, but not later than October 1, 2003,
14 eligible families shall receive cash assistance in an amount that is fifty
15 dollars less than the standard of assistance such family would receive
16 under the temporary family assistance program.] The standard of

17 assistance paid for individuals residing in rated boarding facilities,
18 shall remain at the level in effect on August 31, 2003. No individual
19 shall be eligible for cash assistance under the program if eligible for
20 cash assistance under any other state or federal cash assistance
21 program.

22 Sec. 2. Section 17b-257 of the general statutes, as amended by section
23 18 of public act 03-2 and section 43 of public act 03-3 of the June 30
24 special session, is repealed and the following is substituted in lieu
25 thereof (*Effective from passage*):

26 (a) The Commissioner of Social Services shall implement a state
27 medical assistance component of the state-administered general
28 assistance program for persons ineligible for Medicaid. [Not later than
29 October 1, 2003, each] Each person eligible for state-administered
30 general assistance shall be entitled to receive medical care through a
31 federally qualified health center or other primary care provider as
32 determined by the commissioner. The Commissioner of Social Services
33 shall determine appropriate service areas and shall, in the
34 commissioner's discretion, contract with community health centers,
35 other similar clinics, and other primary care providers, if necessary, to
36 assure access to primary care services for recipients who live farther
37 than a reasonable distance from a federally qualified health center. The
38 commissioner shall assign and enroll eligible persons in federally
39 qualified health centers and with any other providers contracted for
40 the program because of access needs. [Not later than October 1, 2003,
41 each] Each person eligible for state-administered general assistance
42 shall be entitled to receive hospital services. Medical services under the
43 program shall be limited to the services provided by a federally
44 qualified health center, hospital, or other provider contracted for the
45 program at the commissioner's discretion because of access needs. The
46 commissioner shall ensure that ancillary services and specialty services
47 are provided by a federally qualified health center, hospital, or other
48 providers contracted for the program at the commissioner's discretion.
49 Ancillary services include, but are not limited to, radiology, laboratory,

50 and other diagnostic services not available from a recipient's assigned
51 primary-care provider, and durable medical equipment. Specialty
52 services are services provided by a physician with a specialty that are
53 not included in ancillary services. In no event, shall ancillary or
54 specialty services provided under the program exceed such services
55 provided under the state-administered general assistance program on
56 July 1, 2003. Eligibility criteria concerning income shall be the same as
57 the medically needy component of the Medicaid program, except that
58 earned monthly gross income of up to one hundred fifty dollars shall
59 be disregarded. Unearned income shall not be disregarded. No person
60 who has family assets exceeding one thousand dollars shall be eligible.
61 No person eligible for Medicaid shall be eligible to receive medical
62 care through the state-administered general assistance program.

63 (b) Recipients covered by a general assistance program operated by
64 a town shall be assigned and enrolled in federally qualified health
65 centers and with any other providers in the same manner as recipients
66 of medical assistance under the state-administered general assistance
67 program pursuant to subsection (a) of this section.

68 (c) On and after October 1, 2003, pharmacy services shall be
69 provided to recipients of state-administered general assistance through
70 the federally qualified health center to which they are assigned or
71 through a pharmacy with which the health center contracts. Prior to
72 said date, pharmacy services shall be provided as provided under the
73 Medicaid program. Recipients who are assigned to a community
74 health center or similar clinic or primary care provider other than a
75 federally qualified health center or to a federally qualified health
76 center that does not have a contract for pharmacy services shall receive
77 pharmacy services at pharmacies designated by the commissioner.

78 [(d) Recipients of state-administered general assistance shall
79 contribute a copayment of one dollar and fifty cents for each
80 prescription.]

81 [(e)] (d) The Commissioner of Social Services shall contract with

82 federally qualified health centers or other primary care providers as
83 necessary to provide medical services to eligible state-administered
84 general assistance recipients pursuant to this section. The
85 commissioner shall [, within available appropriations,] make payments
86 to such centers based on their pro rata share of the cost of services
87 provided or the number of clients served, or both. The Commissioner
88 of Social Services shall [, within available appropriations,] make
89 payments to other providers based on a methodology determined by
90 the commissioner. The Commissioner of Social Services may reimburse
91 for extraordinary medical services, provided such services are
92 documented to the satisfaction of the commissioner. For purposes of
93 this section, the commissioner may contract with a managed care
94 organization or other entity to perform administrative functions.
95 Provisions of a contract for medical services entered into by the
96 commissioner pursuant to this section shall supersede any inconsistent
97 provision in the regulations of Connecticut state agencies.

98 [(f)] (e) Each federally qualified health center participating in the
99 program shall, within thirty days of August 20, 2003, enroll in the
100 federal Office of Pharmacy Affairs Section 340B drug discount
101 program established pursuant to 42 USC 256b to provide pharmacy
102 services to recipients at Federal Supply Schedule costs. Each such
103 health center may establish an on-site pharmacy or contract with a
104 commercial pharmacy to provide such pharmacy services.

105 [(g)] (f) The Commissioner of Social Services shall [, within available
106 appropriations,] make payments to hospitals for inpatient services
107 based on their pro rata share of the cost of services provided or the
108 number of clients served, or both. The Commissioner of Social Services
109 shall [, within available appropriations,] make payments for any
110 ancillary or specialty services provided to state-administered general
111 assistance recipients under this section based on a methodology
112 determined by the commissioner.

113 [(h)] (g) [On or before March 1, 2004, the] The Commissioner of

114 Social Services shall seek a waiver of federal law under the Health
115 Insurance Flexibility and Accountability demonstration initiative for
116 the purpose of extending health insurance coverage under Medicaid to
117 persons qualifying for medical assistance under the state-administered
118 general assistance program. The provisions of section 17b-8 shall apply
119 to this section.

120 Sec. 3. Subsection (b) of section 44 of public 03-3 of the June 30
121 special session is repealed and the following is substituted in lieu
122 thereof (*Effective from passage*):

123 (b) A recipient of state-administered general assistance cash
124 assistance aggrieved by a decision of the Commissioner of Social
125 Services under the program operated pursuant to section 42 of [this
126 act] public act 03-3 of the June 30 special session may request a hearing
127 pursuant to section 17b-60, [but shall not be] and shall remain eligible
128 for the continuation of cash assistance pending a hearing decision.

This act shall take effect as follows:	
Section 1	<i>from passage</i>
Sec. 2	<i>from passage</i>
Sec. 3	<i>from passage</i>

Statement of Purpose:

To enhance the state-administered general assistance program by: (1) Increasing cash assistance benefit levels; (2) eliminating copayment requirements for prescription drugs; (3) ensuring that medical service providers are fully reimbursed for services provided; and (4) allowing cash assistance beneficiaries to remain eligible for such benefits pending the outcome of an administrative hearing concerning the continuation of benefits.

[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.]