



Senate

General Assembly

January Session, 2005

File No. 673

Senate Bill No. 87

Senate, May 4, 2005

The Committee on Appropriations reported through SEN. HARP of the 10th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

AN ACT CONCERNING ELIGIBILITY FOR THE STATE-FUNDED PORTION OF THE HOME-CARE PROGRAM FOR THE ELDERLY.

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

1 Section 1. Subsection (i) of section 17b-342 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective July*
3 *1, 2005*):

4 (i) (1) On and after July 1, 1992, the Commissioner of Social Services
5 shall, within available appropriations, administer a state-funded
6 portion of the program for persons (A) who are sixty-five years of age
7 and older; (B) who are inappropriately institutionalized or at risk of
8 inappropriate institutionalization; (C) whose income is less than or
9 equal to the amount allowed under subdivision (3) of subsection (a) of
10 this section; and (D) whose assets, if single, do not exceed one hundred
11 fifty per cent of the minimum community spouse protected amount
12 pursuant to Section 4022.05 of the department's uniform policy manual
13 or, if married, the couple's assets do not exceed [one hundred fifty] two

14 hundred per cent of said community spouse protected amount.

15 (2) Any person whose income exceeds two hundred per cent of the
16 federal poverty level shall contribute to the cost of care in accordance
17 with the methodology established for recipients of medical assistance
18 pursuant to Sections 5035.20 and 5035.25 of the department's uniform
19 policy manual.

20 (3) On and after June 30, 1992, the program shall serve persons
21 receiving state-funded home and community-based services from the
22 department, persons receiving services under the promotion of
23 independent living for the elderly program operated by the
24 Department of Social Services, regardless of age, and persons receiving
25 services on June 19, 1992, under the home care demonstration project
26 operated by the Department of Social Services. Such persons receiving
27 state-funded services whose income and assets exceed the limits
28 established pursuant to subdivision (1) of this subsection may continue
29 to participate in the program, but shall be required to pay the total cost
30 of care, including case management costs.

31 (4) Services shall not be increased for persons who received services
32 under the promotion of independent living for the elderly program
33 over the limits in effect under said program in the fiscal year ending
34 June 30, 1992, unless a person's needs increase and the person is
35 eligible for Medicaid.

36 (5) The annualized cost of services provided to an individual under
37 the state-funded portion of the program shall not exceed fifty per cent
38 of the weighted average cost of care in nursing homes in the state,
39 except an individual who received services costing in excess of such
40 amount under the Department of Social Services in the fiscal year
41 ending June 30, 1992, may continue to receive such services, provided
42 the annualized cost of such services does not exceed eighty per cent of
43 the weighted average cost of such nursing home care. The
44 commissioner may allow the cost of services provided to an individual
45 to exceed the maximum cost established pursuant to this subdivision
46 in a case of extreme hardship, as determined by the commissioner,

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note**State Impact:**

Agency Affected	Fund-Effect	FY 06 \$	FY 07 \$
Department of Social Services	GF - Cost	\$900,000	\$2,600,000

Municipal Impact: None

Explanation

This bill increases the asset limits under the state funded portion of the Connecticut Home Care program. It is estimated that this change will increase enrollment by 17 cases per month and cost the Department of Social Services \$900,000 in FY06 and \$2,600,000 in FY07.

OLR Bill Analysis

SB 87

AN ACT CONCERNING ELIGIBILITY FOR THE STATE-FUNDED PORTION OF THE HOME-CARE PROGRAM FOR THE ELDERLY**SUMMARY:**

This bill increases the amount of assets that people in the state-funded side of the Connecticut Home Care Program for Elders (CHCPE) can keep and still be eligible for the program, from \$19,020 to \$28,530 for single people and from \$28,530 to \$38,040 for married couples.

It does this by tying these limits, respectively, to 150% and 200% of the federally required minimum community spouse protected amount (CSPA) of assets for people entering nursing homes on Medicaid (\$19,020 for 2005). Currently, these asset limits are 100% of CSPA for a single person and 150% for a couple.

EFFECTIVE DATE: July 1, 2005

BACKGROUND**CSPA**

The CSPA is the federally set asset amount that a Medicaid-eligible nursing home resident's spouse living in the community can keep. A single person who enters a nursing home and becomes eligible for Medicaid can only keep assets of \$1,600. But federal and state law allow a spouse still living in community to keep a "community spouse protected amount" (CSPA) of assets for his or her own needs. To calculate the protected amount, the couple must go through a "community spousal assessment." DSS adds up the couple's assets (excluding the house and a number of other exclusions) and divides them by two. The CSPA is equal to the spouse's share up to a maximum of \$95,100 or a minimum of \$19,020.

Connecticut Home Care Program for Elders

The CHCPE provides home- and community-based care to seniors age

65 and over who would otherwise be at risk of going to a nursing home, meet certain financial requirements, and have incomes too high for regular Medicaid in the community.

Financial eligibility differs for the two portions of the program:

- Under the state-funded portion, there is currently no specific income limit; asset limits are \$19,020 for an individual and \$28,530 for a couple, regardless of whether one or both are receiving services.
- For the Medicaid-funded portion, the income limit is currently \$1,737 a month for the individual who receives the services. Assets are limited to \$1,600 per individual, \$3,200 per couple if both receive services, and \$20,620 per couple if only one receives services (the patient's \$1,600 plus the \$19,020 CSPA). These limits can be higher for the Medicaid side if the couple undergoes a "community spousal assessment" as they would when one of them enters a nursing home.

COMMITTEE ACTION

Select Committee on Aging

Joint Favorable Change of Reference

Yea 12 Nay 0

Appropriations Committee

Joint Favorable Report

Yea 49 Nay 0