



General Assembly

February Session, 2006

**Raised Bill No. 475**

LCO No. 2326

\*02326\_\_\_\_\_HS\_\*

Referred to Committee on Human Services

Introduced by:  
(HS)

**AN ACT CONCERNING REVISIONS TO THE HUSKY PLAN, PART A  
AND PART B.**

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

1 Section 1. Section 17b-261 of the 2006 supplement to the general  
2 statutes is repealed and the following is substituted in lieu thereof  
3 (*Effective July 1, 2006*):

4 (a) Medical assistance shall be provided for any otherwise eligible  
5 person whose income, including any available support from legally  
6 liable relatives and the income of the person's spouse or dependent  
7 child, is not more than one hundred forty-three per cent, pending  
8 approval of a federal waiver applied for pursuant to subsection (d) of  
9 this section, of the benefit amount paid to a person with no income  
10 under the temporary family assistance program in the appropriate  
11 region of residence and if such person is an institutionalized  
12 individual as defined in Section 1917(c) of the Social Security Act, 42  
13 USC 1396p(c), and has not made an assignment or transfer or other  
14 disposition of property for less than fair market value for the purpose  
15 of establishing eligibility for benefits or assistance under this section.  
16 Any such disposition shall be treated in accordance with Section

17 1917(c) of the Social Security Act, 42 USC 1396p(c). Any disposition of  
18 property made on behalf of an applicant or recipient or the spouse of  
19 an applicant or recipient by a guardian, conservator, person  
20 authorized to make such disposition pursuant to a power of attorney  
21 or other person so authorized by law shall be attributed to such  
22 applicant, recipient or spouse. A disposition of property ordered by a  
23 court shall be evaluated in accordance with the standards applied to  
24 any other such disposition for the purpose of determining eligibility.  
25 The commissioner shall establish the standards for eligibility for  
26 medical assistance at one hundred forty-three per cent of the benefit  
27 amount paid to a family unit of equal size with no income under the  
28 temporary family assistance program in the appropriate region of  
29 residence, pending federal approval, except that the medical assistance  
30 program shall provide coverage to persons under the age of nineteen  
31 up to one hundred eighty-five per cent of the federal poverty level  
32 without an asset limit. Said medical assistance program shall also  
33 provide coverage to persons under the age of nineteen and their  
34 parents and needy caretaker relatives who qualify for coverage under  
35 Section 1931 of the Social Security Act with family income up to one  
36 hundred fifty per cent of the federal poverty level without an asset  
37 limit, upon the request of such a person or upon a redetermination of  
38 eligibility. Such levels shall be based on the regional differences in  
39 such benefit amount, if applicable, unless such levels based on regional  
40 differences are not in conformance with federal law. Any income in  
41 excess of the applicable amounts shall be applied as may be required  
42 by said federal law, and assistance shall be granted for the balance of  
43 the cost of authorized medical assistance. All contracts entered into on  
44 and after July 1, 1997, pursuant to this section shall include provisions  
45 for collaboration of managed care organizations with the Healthy  
46 Families Connecticut Program established pursuant to section 17a-56,  
47 as amended. The Commissioner of Social Services shall provide  
48 applicants for assistance under this section, at the time of application,  
49 with a written statement advising them of the effect of an assignment  
50 or transfer or other disposition of property on eligibility for benefits or

51 assistance.

52 (b) For the purposes of the Medicaid program, the Commissioner of  
53 Social Services shall consider parental income and resources as  
54 available to a child under eighteen years of age who is living with his  
55 or her parents and is blind or disabled for purposes of the Medicaid  
56 program, or to any other child under twenty-one years of age who is  
57 living with his or her parents.

58 (c) For the purposes of determining eligibility for the Medicaid  
59 program, an available asset is one that is actually available to the  
60 applicant or one that the applicant has the legal right, authority or  
61 power to obtain or to have applied for the applicant's general or  
62 medical support. If the terms of a trust provide for the support of an  
63 applicant, the refusal of a trustee to make a distribution from the trust  
64 does not render the trust an unavailable asset. Notwithstanding the  
65 provisions of this subsection, the availability of funds in a trust or  
66 similar instrument funded in whole or in part by the applicant or the  
67 applicant's spouse shall be determined pursuant to the Omnibus  
68 Budget Reconciliation Act of 1993, 42 USC 1396p. The provisions of  
69 this subsection shall not apply to special needs trust, as defined in 42  
70 USC 1396p(d)(4)(A).

71 (d) The transfer of an asset in exchange for other valuable  
72 consideration shall be allowable to the extent the value of the other  
73 valuable consideration is equal to or greater than the value of the asset  
74 transferred.

75 (e) The Commissioner of Social Services shall seek a waiver from  
76 federal law to permit federal financial participation for Medicaid  
77 expenditures for families with incomes of one hundred forty-three per  
78 cent of the temporary family assistance program payment standard.

79 (f) To the extent permitted by federal law, Medicaid eligibility shall  
80 be extended for one year to a family that becomes ineligible for  
81 medical assistance under Section 1931 of the Social Security Act due to

82 income from employment by one of its members who is a caretaker  
83 relative is employed or due to receipt of child support income. A  
84 family receiving extended benefits on July 1, 2005, shall receive the  
85 balance of such extended benefits, provided no such family shall  
86 receive more than twelve additional months of such benefits.

87 (g) An institutionalized spouse applying for Medicaid and having a  
88 spouse living in the community shall be required, to the maximum  
89 extent permitted by law, to divert income to such community spouse  
90 in order to raise the community spouse's income to the level of the  
91 minimum monthly needs allowance, as described in Section 1924 of  
92 the Social Security Act. Such diversion of income shall occur before the  
93 community spouse is allowed to retain assets in excess of the  
94 community spouse protected amount described in Section 1924 of the  
95 Social Security Act. The Commissioner of Social Services, pursuant to  
96 section 17b-10, may implement the provisions of this subsection while  
97 in the process of adopting regulations, provided the commissioner  
98 prints notice of intent to adopt the regulations in the Connecticut Law  
99 Journal within twenty days of adopting such policy. Such policy shall  
100 be valid until the time final regulations are effective.

101 [(h) The Commissioner of Social Services shall, to the extent  
102 permitted by federal law, or, pursuant to an approved waiver of  
103 federal law submitted by the commissioner, in accordance with the  
104 provisions of section 17b-8, impose the following cost-sharing  
105 requirements under the HUSKY Plan, on all parent and needy  
106 caretaker relatives with incomes exceeding one hundred per cent of the  
107 federal poverty level: (1) A twenty-five-dollar premium per month per  
108 parent or needy caretaker relative; and (2) a copayment of one dollar  
109 per visit for outpatient medical services delivered by an enrolled  
110 Medicaid or HUSKY Plan provider. The commissioner may implement  
111 policies and procedures necessary to administer the provisions of this  
112 subsection while in the process of adopting such policies and  
113 procedures as regulations, provided the commissioner publishes notice  
114 of the intent to adopt regulations in the Connecticut Law Journal not

115 later than twenty days after implementation. Policies and procedures  
116 implemented pursuant to this subsection shall be valid until the time  
117 final regulations are adopted.]

118 [(i)] (h) Medical assistance shall be provided, in accordance with the  
119 provisions of subsection (e) of section 17a-6, to any child under the  
120 supervision of the Commissioner of Children and Families who is not  
121 receiving Medicaid benefits, has not yet qualified for Medicaid benefits  
122 or is otherwise ineligible for such benefits because of institutional  
123 status. To the extent practicable, the Commissioner of Children and  
124 Families shall apply for, or assist such child in qualifying for, the  
125 Medicaid program.

126 Sec. 2. Section 17b-292 of the 2006 supplement to the general statutes  
127 is repealed and the following is substituted in lieu thereof (*Effective July*  
128 *1, 2006*):

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

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

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

140 (d) A child who has been determined to be eligible for benefits  
141 under either the HUSKY Plan, Part A or Part B shall remain eligible for  
142 such plan for a period of twelve months from such child's  
143 determination of eligibility unless the child attains the age of nineteen  
144 or is no longer a resident of the state, regardless of any changes in

145 family composition or family income. During the twelve-month period  
146 following the date that a child is determined eligible for the HUSKY  
147 Plan, Part A or Part B, the department shall not require the family of  
148 such child to report changes in family income or family composition.

149 [(d)] (e) To the extent allowed under federal law, the commissioner  
150 shall not pay for services or durable medical equipment under the  
151 HUSKY Plan, Part B if the enrollee has other insurance coverage for  
152 the services or such equipment.

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

157 [(f)] (g) The commissioner shall implement presumptive eligibility  
158 for children applying for Medicaid. Such presumptive eligibility  
159 determinations shall be in accordance with applicable federal law and  
160 regulations. The commissioner shall adopt regulations, in accordance  
161 with chapter 54, to establish standards and procedures for the  
162 designation of organizations as qualified entities to grant presumptive  
163 eligibility. Qualified entities shall ensure that, at the time a  
164 presumptive eligibility determination is made, a completed application  
165 for Medicaid is submitted to the department for a full eligibility  
166 determination. In establishing such standards and procedures, the  
167 commissioner shall ensure the representation of state-wide and local  
168 organizations that provide services to children of all ages in each  
169 region of the state.

170 [(g)] (h) The commissioner shall enter into a contract with an entity  
171 to be a single point of entry servicer for applicants and enrollees under  
172 the HUSKY Plan, Part A and Part B. The servicer shall jointly market  
173 both Part A and Part B together as the HUSKY Plan. Such servicer shall  
174 develop and implement public information and outreach activities  
175 with community programs. Such servicer shall electronically transmit  
176 data with respect to enrollment and disenrollment in the HUSKY Plan,

177 Part B to the commissioner.

178       [(h)] (i) Upon the expiration of any contractual provisions entered  
179 into pursuant to subsection [(g)] (h) of this section, the commissioner  
180 shall develop a new contract for single point of entry services and  
181 managed care enrollment brokerage services. The commissioner may  
182 enter into one or more contractual arrangements for such services for a  
183 contract period not to exceed seven years. Such contracts shall include  
184 performance measures, including, but not limited to, specified time  
185 limits for the processing of applications, parameters setting forth the  
186 requirements for a completed and reviewable application and the  
187 percentage of applications forwarded to the department in a complete  
188 and timely fashion. Such contracts shall also include a process for  
189 identifying and correcting noncompliance with established  
190 performance measures, including sanctions applicable for instances of  
191 continued noncompliance with performance measures.

192       [(i)] (j) The single point of entry servicer shall send an application  
193 and supporting documents to the commissioner for determination of  
194 eligibility of a child who resides in a household with a family income  
195 of one hundred eighty-five per cent or less of the federal poverty level.  
196 The servicer shall enroll eligible beneficiaries in the applicant's choice  
197 of managed care plan. Upon enrollment in a managed care plan, an  
198 eligible HUSKY Plan Part A or Part B beneficiary shall remain enrolled  
199 in such managed care plan for twelve months from the date of such  
200 enrollment unless (1) an eligible beneficiary demonstrates good cause  
201 to the satisfaction of the commissioner of the need to enroll in a  
202 different managed care plan, or (2) the beneficiary no longer meets  
203 program eligibility requirements.

204       [(j)] (k) Not more than twelve months after the determination of  
205 eligibility for benefits under the HUSKY Plan, Part A and Part B and  
206 annually thereafter, the commissioner or the servicer, as the case may  
207 be, shall determine if the child continues to be eligible for the plan. The  
208 commissioner or the servicer shall mail an application form to each

209 participant in the plan for the purposes of obtaining information to  
210 make a determination on eligibility. To the extent permitted by federal  
211 law, in determining eligibility for benefits under the HUSKY Plan, Part  
212 A and Part B with respect to family income, the commissioner or the  
213 servicer shall rely upon information provided in such form by the  
214 participant unless the commissioner or the servicer has reason to  
215 believe that such information is inaccurate or incomplete. The  
216 determination of eligibility shall be coordinated with health plan open  
217 enrollment periods.

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

221 [(l)] (m) The commissioner shall adopt regulations, in accordance  
222 with chapter 54, to establish residency requirements and income  
223 eligibility for participation in the HUSKY Plan, Part B and procedures  
224 for a simplified mail-in application process. Notwithstanding the  
225 provisions of section 17b-257b, such regulations shall provide that any  
226 child adopted from another country by an individual who is a citizen  
227 of the United States and a resident of this state shall be eligible for  
228 benefits under the HUSKY Plan, Part B upon arrival in this state.

229 Sec. 3. (*Effective July 1, 2006*) The sum of \_\_\_\_ dollars is  
230 appropriated to the Department of Social Services, from the General  
231 Fund, for the fiscal year ending June 30, 2007, for the purpose of  
232 providing the department with the funds to implement the public  
233 information and outreach activities specified in section 17b-297 of the  
234 general statutes.

235 Sec. 4. Section 17b-261c of the general statutes is repealed. (*Effective*  
236 *July 1, 2006*)

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>July 1, 2006</i>	17b-261
Sec. 2	<i>July 1, 2006</i>	17b-292
Sec. 3	<i>July 1, 2006</i>	New section
Sec. 4	<i>July 1, 2006</i>	Repealer section

***Statement of Purpose:***

To restore the self-declaration of income and continuous eligibility in the HUSKY Plan, Part A and Part B, eliminate cost-sharing requirements under the HUSKY Plan, Part A and appropriate moneys to the Department of Social Services for the purpose of allowing the department to enhance public information and outreach activities with respect to HUSKY Plan, Part A and Part B.

*[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.]*