



General Assembly

February Session, 2006

Raised Bill No. 478

LCO No. 2403

02403_____HS_

Referred to Committee on Human Services

Introduced by:
(HS)

***AN ACT CONCERNING REVISIONS TO THE STATE-ADMINISTERED
GENERAL ASSISTANCE PROGRAM.***

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

1 Section 1. Subsection (a) of section 17b-192 of the 2006 supplement
2 to the general statutes is repealed and the following is substituted in
3 lieu thereof (*Effective July 1, 2006*):

4 (a) The Commissioner of Social Services shall implement a state
5 medical assistance component of the state-administered general
6 assistance program for persons ineligible for Medicaid. Not later than
7 October 1, 2003, each person eligible for state-administered general
8 assistance shall be entitled to receive medical care through a federally
9 qualified health center or other primary care provider as determined
10 by the commissioner. The Commissioner of Social Services shall
11 determine appropriate service areas and shall, in the commissioner's
12 discretion, contract with community health centers, other similar
13 clinics, and other primary care providers, if necessary, to assure access
14 to primary care services for recipients who live farther than a
15 reasonable distance from a federally qualified health center. The
16 commissioner shall ensure the provision of transportation for eligible

17 persons to and from primary care providers, hospital care, and for all
18 other services covered under the program to the same extent as
19 provided under the Medicaid program. The commissioner shall assign
20 and enroll eligible persons in federally qualified health centers and
21 with any other providers contracted for the program because of access
22 needs. [Not later than October 1, 2003, each] Each person eligible for
23 state-administered general assistance shall be entitled to receive
24 hospital services. Medical services under the program shall be limited
25 to the services provided by a federally qualified health center, hospital,
26 or other provider contracted for the program at the commissioner's
27 discretion because of access needs. The commissioner shall ensure that
28 ancillary services and specialty services are provided by a federally
29 qualified health center, hospital, or other providers contracted for the
30 program at the commissioner's discretion. Ancillary services include,
31 but are not limited to, radiology, laboratory, and other diagnostic
32 services not available from a recipient's assigned primary-care
33 provider, [and] durable medical equipment and optical hardware.
34 Specialty services are: [services] (1) Services provided by a physician
35 with a specialty that are not included in ancillary services, (2) services
36 provided by a practitioner of the healing arts, as defined in section 20-
37 1, and (3) services provided by any of the following: (A) A
38 psychologist licensed under chapter 383, (B) an optometrist licensed
39 chapter 380, (C) an audiologist licensed under chapter 399, and (D) a
40 speech pathologist licensed under chapter 399. [In no event shall
41 ancillary or specialty services provided under the program exceed
42 such services provided under the state-administered general assistance
43 program on July 1, 2003.] Eligibility criteria concerning income shall be
44 the same as the medically needy component of the Medicaid program,
45 except that earned monthly gross income of up to one hundred fifty
46 dollars shall be disregarded. Unearned income shall not be
47 disregarded. No person who has family assets exceeding one thousand
48 dollars shall be eligible. No person eligible for Medicaid shall be
49 eligible to receive medical care through the state-administered general
50 assistance program. No person shall be eligible for assistance under

51 this section if such person made, during the three months prior to the
52 month of application, an assignment or transfer or other disposition of
53 property for less than fair market value. The number of months of
54 ineligibility due to such disposition shall be determined by dividing
55 the fair market value of such property, less any consideration received
56 in exchange for its disposition, by five hundred dollars. Such period of
57 ineligibility shall commence in the month in which the person is
58 otherwise eligible for benefits. Any assignment, transfer or other
59 disposition of property, on the part of the transferor, shall be
60 presumed to have been made for the purpose of establishing eligibility
61 for benefits or services unless such person provides convincing
62 evidence to establish that the transaction was exclusively for some
63 other purpose.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2006	17b-192(a)

Statement of Purpose:

To expand the scope of medical services available under the state-administered general assistance program and to require the Commissioner of Social Services to ensure that medical transportation services are available to program beneficiaries.

[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.]