



General Assembly

**Substitute Bill No. 478**

February Session, 2006

\* SB00478HS\_APP032106 \*

**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2 to the general statutes is repealed and the following is substituted in  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 any of the following: (A) A psychologist licensed under  
37 chapter 383, (B) an optometrist licensed chapter 380, (C) an audiologist  
38 licensed under chapter 399, (D) a speech pathologist licensed under  
39 chapter 399, (E) a chiropractor licensed under chapter 372, (F) a  
40 natureopath licensed under chapter 373, (G) a podiatrist licensed  
41 under chapter 375, (H) an optician licensed under chapter 381, (3)  
42 hospice services, and (4) personal care assistance services. [In no event  
43 shall ancillary or specialty services provided under the program  
44 exceed such services provided under the state-administered general  
45 assistance program on July 1, 2003.] Eligibility criteria concerning  
46 income shall be the same as the medically needy component of the  
47 Medicaid program, except that earned monthly gross income of up to  
48 one hundred fifty dollars shall be disregarded. Unearned income shall  
49 not be disregarded. No person who has family assets exceeding one  
50 thousand dollars shall be eligible. No person eligible for Medicaid  
51 shall be eligible to receive medical care through the state-administered  
52 general assistance program. No person shall be eligible for assistance  
53 under this section if such person made, during the three months prior  
54 to the month of application, an assignment or transfer or other

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

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

**HS**

*Joint Favorable Subst. C/R*

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