



General Assembly

January Session, 2007

**Committee Bill No. 3**

LCO No. 5431

\*05431SB00003HS\_\*

Referred to Committee on Human Services

Introduced by:  
(HS)

**AN ACT CONCERNING INCREASED ACCESS TO HEALTH CARE THROUGH THE HUSKY PROGRAM.**

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

1 Section 1. Section 17b-261 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective July 1, 2007*):

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

17 property made on behalf of an applicant or recipient or the spouse of  
18 an applicant or recipient by a guardian, conservator, person  
19 authorized to make such disposition pursuant to a power of attorney  
20 or other person so authorized by law shall be attributed to such  
21 applicant, recipient or spouse. A disposition of property ordered by a  
22 court shall be evaluated in accordance with the standards applied to  
23 any other such disposition for the purpose of determining eligibility.  
24 The commissioner shall establish the standards for eligibility for  
25 medical assistance at one hundred forty-three per cent of the benefit  
26 amount paid to a family unit of equal size with no income under the  
27 temporary family assistance program in the appropriate region of  
28 residence. [ ~~pending federal approval, except that the~~] Except as  
29 provided in section 176-277, as amended by this act, the medical  
30 assistance program shall provide coverage to persons under the age of  
31 nineteen [up to one hundred eighty-five per cent of the federal poverty  
32 level 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] eighty-five per cent of the federal poverty level without  
37 an asset limit. [ ~~upon the request of such a person or upon a~~  
38 ~~redetermination of eligibility.~~] Such levels shall be based on the  
39 regional differences in such benefit amount, if applicable, unless such  
40 levels based on regional differences are not in conformance with  
41 federal law. Any income in excess of the applicable amounts shall be  
42 applied as may be required by said federal law, and assistance shall be  
43 granted for the balance of the cost of authorized medical assistance. All  
44 contracts entered into on and after July 1, 1997, pursuant to this section  
45 shall include provisions for collaboration of managed care  
46 organizations with the Nurturing Families Network established  
47 pursuant to section 17a-56. The Commissioner of Social Services shall  
48 provide applicants for assistance under this section, at the time of  
49 application, with a written statement advising them of (1) the effect of  
50 an assignment or transfer or other disposition of property on eligibility

51 for benefits or assistance, (2) the effect that having income that exceeds  
52 the limits prescribed in this subsection will have with respect to  
53 program eligibility, (3) the availability of HUSKY Plan, Part B health  
54 insurance benefits for persons who are not eligible for assistance  
55 pursuant to this subsection or who are subsequently determined  
56 ineligible for assistance pursuant to this subsection, and [(2)] (4) the  
57 availability of, and eligibility for, services provided by the Nurturing  
58 Families Network established pursuant to section 17a-56.

59 (b) For the purposes of the Medicaid program, the Commissioner of  
60 Social Services shall consider parental income and resources as  
61 available to a child under eighteen years of age who is living with his  
62 or her parents and is blind or disabled for purposes of the Medicaid  
63 program, or to any other child under twenty-one years of age who is  
64 living with his or her parents.

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

78 (d) The transfer of an asset in exchange for other valuable  
79 consideration shall be allowable to the extent the value of the other  
80 valuable consideration is equal to or greater than the value of the asset  
81 transferred.

82 (e) The Commissioner of Social Services shall seek a waiver from

83 federal law to permit federal financial participation for Medicaid  
84 expenditures for families with incomes of one hundred forty-three per  
85 cent of the temporary family assistance program payment standard.

86 (f) To the extent permitted by federal law, Medicaid eligibility shall  
87 be extended for one year to a family that becomes ineligible for  
88 medical assistance under Section 1931 of the Social Security Act due to  
89 income from employment by one of its members who is a caretaker  
90 relative or due to receipt of child support income. A family receiving  
91 extended benefits on July 1, 2005, shall receive the balance of such  
92 extended benefits, provided no such family shall receive more than  
93 twelve additional months of such benefits.

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

108 [(h) The Commissioner of Social Services shall, to the extent  
109 permitted by federal law, or, pursuant to an approved waiver of  
110 federal law submitted by the commissioner, in accordance with the  
111 provisions of section 17b-8, impose the following cost-sharing  
112 requirements under the HUSKY Plan, on all parent and needy  
113 caretaker relatives with incomes exceeding one hundred per cent of the  
114 federal poverty level: (1) A twenty-five-dollar premium per month per

115 parent or needy caretaker relative; and (2) a copayment of one dollar  
116 per visit for outpatient medical services delivered by an enrolled  
117 Medicaid or HUSKY Plan provider. The commissioner may implement  
118 policies and procedures necessary to administer the provisions of this  
119 subsection while in the process of adopting such policies and  
120 procedures as regulations, provided the commissioner publishes notice  
121 of the intent to adopt regulations in the Connecticut Law Journal not  
122 later than twenty days after implementation. Policies and procedures  
123 implemented pursuant to this subsection shall be valid until the time  
124 final regulations are adopted.]

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

133 [(j)] (i) The Commissioner of Social Services shall provide Early and  
134 Periodic Screening, Diagnostic and Treatment program services, as  
135 required and defined as of December 31, 2005, by 42 USC 1396a(a)(43),  
136 42 USC 1396d(r) and 42 USC 1396d(a)(4)(B) and applicable federal  
137 regulations, to all persons who are under the age of twenty-one and  
138 otherwise eligible for medical assistance under this section.

139 Sec. 2. Section 17b-297 of the general statutes is repealed and the  
140 following is substituted in lieu thereof (*Effective July 1, 2007*):

141 (a) The [commissioner] Commissioner of Social Services, in  
142 consultation with the Children's Health Council, the Medicaid  
143 Managed Care Council and the 2-1-1 Infoline [of Connecticut]  
144 program, shall develop mechanisms [for outreach for] to increase  
145 outreach and maximize enrollment of eligible children and adults in  
146 the HUSKY Plan, Part A [and] or Part B. [, including, but not limited

147 to, development of mail-in applications and appropriate outreach  
148 materials through the Department of Revenue Services, the Labor  
149 Department, the Department of Social Services, the Department of  
150 Public Health, the Department of Children and Families and the Office  
151 of Protection and Advocacy for Persons with Disabilities.] Such  
152 mechanisms shall include, but not be limited to, the development and  
153 implementation of a mail-in and on-line application systems. In  
154 addition, the Commissioner of Social Services shall develop  
155 appropriate outreach materials and in collaboration with the  
156 Departments of Public Health, Children and Families, Mental Health  
157 and Addiction Services, Mental Retardation, Education, Revenue  
158 Services and Motor Vehicles, the Labor Department and the Office of  
159 Protection and Advocacy for Persons with Disabilities and, as  
160 appropriate, disseminate such outreach materials. All outreach  
161 materials shall be approved by the commissioner pursuant to Subtitle J  
162 of Public Law 105-33.

163 [(b) The commissioner shall include in such outreach efforts  
164 information on the Medicaid program for the purpose of maximizing  
165 enrollment of eligible children and the use of federal funds.]

166 [(c)] (b) The commissioner shall, within available appropriations,  
167 contract with severe need schools and community-based organizations  
168 for purposes of public education, outreach and recruitment of eligible  
169 children and adults, including the distribution of applications and  
170 information regarding enrollment in the HUSKY Plan, Part A and Part  
171 B. In awarding such contracts, the commissioner shall consider the  
172 marketing, outreach and recruitment efforts of organizations. For the  
173 purposes of this subsection, (1) "community-based organizations" shall  
174 include, but not be limited to, day care centers, schools, school-based  
175 health clinics, community-based diagnostic and treatment centers and  
176 hospitals, and (2) "severe need school" means a school in which forty  
177 per cent or more of the lunches served are served to students who are  
178 eligible for free or reduced price lunches.

179 [(d) All outreach materials shall be approved by the commissioner  
180 pursuant to Subtitle J of Public Law 105-33.]

181 [(e)] (c) Not later than January 1, [1999] 2008, and annually  
182 thereafter, the commissioner shall [submit a] report, in accordance  
183 with section 11-4a, to the Governor and the joint standing committees  
184 of the General Assembly having cognizance of matters relating to  
185 human services, public health and appropriations and the budgets of  
186 state agencies on the implementation of and the results of the  
187 [community-based outreach program] outreach efforts specified in  
188 subsections (a) [to (c), inclusive,] and (b) of this section.

189 Sec. 3. Section 17b-297b of the general statutes is repealed and the  
190 following is substituted in lieu thereof (*Effective July 1, 2007*):

191 (a) Each local or regional board of education or similar body  
192 governing a nonpublic school or schools shall, at the beginning of each  
193 school year, provide to the parent or guardian of any pupil attending  
194 such school outreach materials concerning eligibility for health  
195 insurance coverage under the HUSKY Plan, Part A or Part B. Such  
196 outreach materials shall be developed by the Department of Social  
197 Services in accordance with the provisions of sections 17b-297, as  
198 amended by this act, and disseminated by the department to schools.

199 [(a)] (b) To the extent permitted by federal law, the Commissioners  
200 of Social Services and Education shall jointly establish procedures for  
201 the sharing of information contained in applications for free and  
202 reduced price meals under the National School Lunch Program for the  
203 purpose of determining whether children participating in said  
204 program are eligible for coverage under the HUSKY Plan, Part A and  
205 Part B. The Commissioner of Social Services shall take all actions  
206 necessary to ensure that children identified as eligible for the HUSKY  
207 Plan are able to enroll in said plan.

208 [(b)] (c) The Commissioner of Education shall establish procedures  
209 whereby an individual may apply for the HUSKY Plan, Part A or Part

210 B, at the same time such individual applies for the National School  
211 Lunch Program.

212 Sec. 4. (NEW) (*Effective July 1, 2007*) (a) The Department of Social  
213 Services, in consultation with the Department of Public Health, shall  
214 establish a joint program between public and private entities for the  
215 establishment and implementation of a multiyear, state-wide public  
216 information campaign for the purpose of promoting enrollment in the  
217 HUSKY Plan, Parts A and B of all persons who may be eligible for such  
218 health insurance benefits.

219 (b) Notwithstanding the provisions of sections 4-212 to 4-219,  
220 inclusive, of the general statutes the Department of Social Services, in  
221 consultation with the Department of Public Health, shall solicit bids  
222 from private organizations for the design and operation of said media  
223 campaign. Such bids shall be solicited by sending notice to prospective  
224 organizations and by posting notice on public bulletin boards within  
225 said departments. Each bid shall be opened publicly at the time stated  
226 in the notice soliciting such bid. Acceptance of a bid by said  
227 departments shall be based on standard specifications adopted by said  
228 departments. The Department of Social Services may accept gifts,  
229 donations, bequests, grants or funds from public or private agencies  
230 for any or all of the purposes of this section.

231 (c) On January 1, 2008, and annually thereafter, the Commissioner  
232 of Social Services shall report, in accordance with section 11-4a of the  
233 general statutes, to the joint standing committees of the General  
234 Assembly having cognizance of matters relating to human services,  
235 public health and appropriations and the budgets of state agencies on  
236 the status of the program established pursuant to this section.

237 Sec. 5. Section 17b-289 of the general statutes is repealed and the  
238 following is substituted in lieu thereof (*Effective July 1, 2007*):

239 (a) Sections 17b-289 to 17b-303, inclusive, and section 16 of public  
240 act 97-1 of the October 29 special session\* shall be known as the

241 "HUSKY and HUSKY Plus Act".

242 (b) Children, caretaker relatives and pregnant women receiving  
243 assistance under section 17b-261 or 17b-277 shall be participants in the  
244 HUSKY Plan, Part A and children receiving assistance under sections  
245 17b-289 to 17b-303, inclusive, and section 16 of public act 97-1 of the  
246 October 29 special session\* shall be participants in the HUSKY Plan,  
247 Part B. For purposes of marketing and outreach and enrollment of  
248 persons eligible for assistance, both parts shall be known as the  
249 HUSKY Plan.

250 Sec. 6. Section 17b-292 of the general statutes is repealed and the  
251 following is substituted in lieu thereof (*Effective July 1, 2007*):

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

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

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

263 (d) A child who has been determined to be eligible for benefits  
264 under either the HUSKY Plan, Part A or Part B shall remain eligible for  
265 such plan for a period of twelve months from such child's  
266 determination of eligibility unless the child attains the age of nineteen  
267 or is no longer a resident of the state. An adult who has been  
268 determined to be eligible for benefits under the HUSKY Plan, Part A  
269 shall remain eligible for such plan for a period of twelve months from  
270 such adult's determination of eligibility unless the adult is no longer a

271 resident of the state. During the twelve-month period following the  
272 date that an adult or child is determined eligible for the HUSKY Plan,  
273 Part A or Part B, the adult or family of such child shall comply with  
274 federal requirements concerning the reporting of information to the  
275 department, including, but not limited to, change of address  
276 information.

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

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

285 [(f)] (g) The commissioner shall implement presumptive eligibility  
286 for children applying for Medicaid. Such presumptive eligibility  
287 determinations shall be in accordance with applicable federal law and  
288 regulations. The commissioner shall adopt regulations, in accordance  
289 with chapter 54, to establish standards and procedures for the  
290 designation of organizations as qualified entities to grant presumptive  
291 eligibility. Qualified entities shall ensure that, at the time a  
292 presumptive eligibility determination is made, a completed application  
293 for Medicaid is submitted to the department for a full eligibility  
294 determination. In establishing such standards and procedures, the  
295 commissioner shall ensure the representation of state-wide and local  
296 organizations that provide services to children of all ages in each  
297 region of the state.

298 [(g)] (h) The commissioner shall enter into a contract with an entity  
299 to be a single point of entry servicer for applicants and enrollees under  
300 the HUSKY Plan, Part A and Part B. [The servicer] The commissioner,  
301 in consultation with the servicer, shall establish a centralized unit that  
302 is responsible for processing all applications for assistance under the

303 HUSKY Plan, Part A and Part B. The department, through its contract  
304 with the servicer, shall ensure that a child who is determined to be  
305 eligible for benefits under the HUSKY Plan, Part A, or the HUSKY  
306 Plan, Part B has uninterrupted health insurance coverage for as long as  
307 the parent or guardian elects to enroll or re-enroll such child in the  
308 HUSKY Plan, Part A or Part B. The commissioner, in consultation with  
309 the servicer, and in accordance with the provisions of section 17b-297,  
310 as amended by this act, shall jointly market both Part A and Part B  
311 together as the HUSKY Plan [ . Such servicer] and shall develop and  
312 implement public information and outreach activities with community  
313 programs. Such servicer shall electronically transmit data with respect  
314 to enrollment and disenrollment in the HUSKY Plan, Part A and Part B  
315 to the commissioner.

316 [(h)] (i) Upon the expiration of any contractual provisions entered  
317 into pursuant to subsection [(g)] (h) of this section, the commissioner  
318 shall develop a new contract for single point of entry services and  
319 managed care enrollment brokerage services. The commissioner may  
320 enter into one or more contractual arrangements for such services for a  
321 contract period not to exceed seven years. Such contracts shall include  
322 performance measures, including, but not limited to, specified time  
323 limits for the processing of applications, parameters setting forth the  
324 requirements for a completed and reviewable application and the  
325 percentage of applications forwarded to the department in a complete  
326 and timely fashion. Such contracts shall also include a process for  
327 identifying and correcting noncompliance with established  
328 performance measures, including sanctions applicable for instances of  
329 continued noncompliance with performance measures.

330 [(i)] (j) The single point of entry servicer shall send [an application]  
331 all applications and supporting documents to the commissioner for  
332 determination of eligibility. [of a child who resides in a household with  
333 a family income of one hundred eighty-five per cent or less of the  
334 federal poverty level.] The servicer shall enroll eligible beneficiaries in  
335 the applicant's choice of managed care plan. Upon enrollment in a

336 managed care plan, an eligible HUSKY Plan Part A or Part B  
337 beneficiary shall remain enrolled in such managed care plan for twelve  
338 months from the date of such enrollment unless (1) an eligible  
339 beneficiary demonstrates good cause to the satisfaction of the  
340 commissioner of the need to enroll in a different managed care plan, or  
341 (2) the beneficiary no longer meets program eligibility requirements.

342 [(j)] (k) Not [more than twelve] later than ten months after the  
343 determination of eligibility for benefits under the HUSKY Plan, Part A  
344 and Part B and annually thereafter, the commissioner or the servicer,  
345 as the case may be, shall determine if the child continues to be eligible  
346 for the plan. The commissioner or the servicer shall mail or, upon  
347 request of a participant, electronically transmit an application form to  
348 each participant in the plan for the purposes of obtaining information  
349 to make a determination on continued eligibility beyond the twelve  
350 months of initial eligibility. To the extent permitted by federal law, in  
351 determining eligibility for benefits under the HUSKY Plan, Part A or  
352 Part B with respect to family income, the commissioner or the servicer  
353 shall rely upon information provided in such form by the participant  
354 unless the commissioner or the servicer has reason to believe that such  
355 information is inaccurate or incomplete. The Department of Social  
356 Services shall annually review a random sample of cases to confirm  
357 that, based on the statistical sample, relying on such information is not  
358 resulting in ineligible clients receiving benefits under HUSKY Plan  
359 Part A or Part B. The determination of eligibility shall be coordinated  
360 with health plan open enrollment periods.

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

364 [(l)] (m) The commissioner shall adopt regulations, in accordance  
365 with chapter 54, to establish residency requirements and income  
366 eligibility for participation in the HUSKY Plan, Part B and procedures  
367 for a simplified mail-in application process. Notwithstanding the

368 provisions of section 17b-257b, such regulations shall provide that any  
369 child adopted from another country by an individual who is a citizen  
370 of the United States and a resident of this state shall be eligible for  
371 benefits under the HUSKY Plan, Part B upon arrival in this state.

372 Sec. 7. Section 17b-192 of the general statutes is repealed and the  
373 following is substituted in lieu thereof (*Effective July 1, 2007*):

374 (a) The Commissioner of Social Services shall implement a state  
375 medical assistance component of the state-administered general  
376 assistance program for persons with income that does not exceed one  
377 hundred per cent of the federal poverty level and who are ineligible  
378 for Medicaid. Earned monthly gross income of up to one hundred fifty  
379 dollars shall be disregarded. Unearned income shall not be  
380 disregarded. No person who has family assets exceeding one thousand  
381 dollars shall be eligible. No person shall be eligible for assistance  
382 under this section if such person made, during the three months prior  
383 to the month of application, an assignment or transfer or other  
384 disposition of property for less than fair market value. The number of  
385 months of ineligibility due to such disposition shall be determined by  
386 dividing the fair market value of such property, less any consideration  
387 received in exchange for its disposition, by five hundred dollars. Such  
388 period of ineligibility shall commence in the month in which the  
389 person is otherwise eligible for benefits. Any assignment, transfer or  
390 other disposition of property, on the part of the transferor, shall be  
391 presumed to have been made for the purpose of establishing eligibility  
392 for benefits or services unless such person provides convincing  
393 evidence to establish that the transaction was exclusively for some  
394 other purpose.

395 (b) [Not later than October 1, 2003, each] Each person eligible for  
396 state-administered general assistance shall be entitled to receive  
397 medical care through a federally qualified health center or other  
398 primary care provider as determined by the commissioner. The  
399 Commissioner of Social Services shall determine appropriate service

400 areas and shall, in the commissioner's discretion, contract with  
401 community health centers, other similar clinics, and other primary care  
402 providers, if necessary, to assure access to primary care services for  
403 recipients who live farther than a reasonable distance from a federally  
404 qualified health center. The commissioner shall assign and enroll  
405 eligible persons in federally qualified health centers and with any  
406 other providers contracted for the program because of access needs.  
407 [Not later than October 1, 2003, each] Each person eligible for state-  
408 administered general assistance shall be entitled to receive hospital  
409 services. Medical services under the program shall be limited to the  
410 services provided by a federally qualified health center, hospital, or  
411 other provider contracted for the program at the commissioner's  
412 discretion because of access needs. The commissioner shall ensure that  
413 ancillary services and specialty services are provided by a federally  
414 qualified health center, hospital, or other providers contracted for the  
415 program at the commissioner's discretion. Ancillary services include,  
416 but are not limited to, radiology, laboratory, and other diagnostic  
417 services not available from a recipient's assigned primary-care  
418 provider, and durable medical equipment. Specialty services are  
419 services provided by a physician with a specialty that are not included  
420 in ancillary services. In no event shall ancillary or specialty services  
421 provided under the program exceed such services provided under the  
422 state-administered general assistance program on July 1, 2003.  
423 [Eligibility criteria concerning income shall be the same as the  
424 medically needy component of the Medicaid program, except that  
425 earned monthly gross income of up to one hundred fifty dollars shall  
426 be disregarded. Unearned income shall not be disregarded. No person  
427 who has family assets exceeding one thousand dollars shall be eligible.  
428 No person eligible for Medicaid shall be eligible to receive medical  
429 care through the state-administered general assistance program. No  
430 person shall be eligible for assistance under this section if such person  
431 made, during the three months prior to the month of application, an  
432 assignment or transfer or other disposition of property for less than  
433 fair market value. The number of months of ineligibility due to such

434 disposition shall be determined by dividing the fair market value of  
435 such property, less any consideration received in exchange for its  
436 disposition, by five hundred dollars. Such period of ineligibility shall  
437 commence in the month in which the person is otherwise eligible for  
438 benefits. Any assignment, transfer or other disposition of property, on  
439 the part of the transferor, shall be presumed to have been made for the  
440 purpose of establishing eligibility for benefits or services unless such  
441 person provides convincing evidence to establish that the transaction  
442 was exclusively for some other purpose.]

443 [(b) Recipients covered by a general assistance program operated by  
444 a town shall be assigned and enrolled in federally qualified health  
445 centers and with any other providers in the same manner as recipients  
446 of medical assistance under the state-administered general assistance  
447 program pursuant to subsection (a) of this section.]

448 (c) [On and after October 1, 2003, pharmacy] Pharmacy services  
449 shall be provided to recipients of state-administered general assistance  
450 through the federally qualified health center to which they are  
451 assigned or through a pharmacy with which the health center  
452 contracts. [Prior to said date, pharmacy services shall be provided as  
453 provided under the Medicaid program.] Recipients who are assigned  
454 to a community health center or similar clinic or primary care provider  
455 other than a federally qualified health center or to a federally qualified  
456 health center that does not have a contract for pharmacy services shall  
457 receive pharmacy services at pharmacies designated by the  
458 commissioner. The Commissioner of Social Services or the managed  
459 care organization or other entity performing administrative functions  
460 for the program as permitted in subsection (d) of this section, shall  
461 require prior authorization for coverage of drugs for the treatment of  
462 erectile dysfunction. The commissioner or the managed care  
463 organization or other entity performing administrative functions for  
464 the program may limit or exclude coverage for drugs for the treatment  
465 of erectile dysfunction for persons who have been convicted of a sexual  
466 offense who are required to register with the Commissioner of Public

467 Safety pursuant to chapter 969.

468 (d) The Commissioner of Social Services shall contract with  
469 federally qualified health centers or other primary care providers as  
470 necessary to provide medical services to eligible state-administered  
471 general assistance recipients pursuant to this section. The  
472 commissioner shall, within available appropriations, make payments  
473 to such centers based on their pro rata share of the cost of services  
474 provided or the number of clients served, or both. The Commissioner  
475 of Social Services shall, within available appropriations, make  
476 payments to other providers based on a methodology determined by  
477 the commissioner. The Commissioner of Social Services may reimburse  
478 for extraordinary medical services, provided such services are  
479 documented to the satisfaction of the commissioner. For purposes of  
480 this section, the commissioner may contract with a managed care  
481 organization or other entity to perform administrative functions,  
482 including a grievance process for recipients to access review of a denial  
483 of coverage for a specific medical service, and to operate the program  
484 in whole or in part. Provisions of a contract for medical services  
485 entered into by the commissioner pursuant to this section shall  
486 supersede any inconsistent provision in the regulations of Connecticut  
487 state agencies. A recipient who has exhausted the grievance process  
488 established through such contract and wishes to seek further review of  
489 the denial of coverage for a specific medical service may request a  
490 hearing in accordance with the provisions of section 17b-60.

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

498 (f) The Commissioner of Social Services shall, within available

499 appropriations, make payments to hospitals for inpatient services  
500 based on their pro rata share of the cost of services provided or the  
501 number of clients served, or both. The Commissioner of Social Services  
502 shall, within available appropriations, make payments for any  
503 ancillary or specialty services provided to state-administered general  
504 assistance recipients under this section based on a methodology  
505 determined by the commissioner.

506 (g) On or before [March 1, 2004,] January 1, 2008, the Commissioner  
507 of Social Services shall seek a waiver of federal law [under the Health  
508 Insurance Flexibility and Accountability demonstration initiative] for  
509 the purpose of extending health insurance coverage under Medicaid to  
510 persons qualifying for medical assistance under the state-administered  
511 general assistance program. The provisions of section 17b-8 shall apply  
512 to this section.

513 (h) The commissioner, pursuant to section 17b-10, may implement  
514 policies and procedures to administer the provisions of this section  
515 while in the process of adopting such policies and procedures as  
516 regulation, provided the commissioner prints notice of the intent to  
517 adopt the regulation in the Connecticut Law Journal not later than  
518 twenty days after the date of implementation. Such policy shall be  
519 valid until the time final regulations are adopted.

520 Sec. 8. Subsection (a) of section 17b-277 of the general statutes is  
521 repealed and the following is substituted in lieu thereof (*Effective July*  
522 *1, 2007*):

523 (a) The Commissioner of Social Services shall provide, in accordance  
524 with federal law and regulations, medical assistance under the  
525 Medicaid program to needy pregnant women [and children up to one  
526 year of age] whose families have an income [up to one hundred eighty-  
527 five] not exceeding three hundred per cent of the federal poverty level.

528 Sec. 9. (NEW) (*Effective July 1, 2007*) On or before January 1, 2008,  
529 the Commissioner of Social Services, shall seek a waiver under federal

530 law under the Health Insurance Flexibility and Accountability  
531 demonstration proposal to provide health insurance coverage to  
532 pregnant women, who do not otherwise have creditable coverage, as  
533 defined in 42 USC 300gg(c), and with incomes above one hundred  
534 eighty-five per cent of the federal poverty level but not in excess of  
535 three hundred per cent of the federal poverty level. The waiver  
536 submitted by the commissioner shall specify that funding for such  
537 health insurance coverage shall be provided through a reallocation of  
538 unspent state children's health insurance plan funds.

539 Sec. 10. (NEW) (*Effective July 1, 2007*) The Commissioner of Social  
540 Services, pursuant to 42 USC 1396a(r)(2), shall file an amendment to  
541 the Medicaid state plan to allow the commissioner, when making  
542 Medicaid eligibility determinations, to raise the medically needy  
543 income limit for persons who are aged, blind or disabled to an amount  
544 not to exceed one hundred per cent of the federal poverty level.

545 Sec. 11. Section 17b-282b of the general statutes is repealed and the  
546 following is substituted in lieu thereof (*Effective July 1, 2007*):

547 [(a) Not later than July 1, 2004, and prior to the implementation of a  
548 state-wide dental plan that provides for the administration of the  
549 dental services portion of the department's medical assistance, the  
550 Commissioner of Social Services shall amend the federal waiver  
551 approved pursuant to Section 1915(b) of the Social Security Act. Such  
552 waiver amendment shall be submitted to the joint standing committees  
553 of the General Assembly having cognizance of matters relating to  
554 human services and appropriations and the budgets of state agencies  
555 in accordance with the provisions of section 17b-8.

556 (b) Prior to the implementation of a state-wide dental plan that  
557 provides for the administration of the dental services portion of the  
558 department's medical assistance program, the Commissioner of Social  
559 Services shall review eliminating prior authorization requirements for  
560 basic and routine dental services. In the event the commissioner adopts  
561 regulations to eliminate such prior authorization requirements, the

562 commissioner may implement policies and procedures for the  
563 purposes of this subsection while in the process of adopting such  
564 regulations, provided the commissioner prints notice of intention to  
565 adopt the regulations in the Connecticut Law Journal not later than  
566 twenty days after implementing the policies and procedures.]

567 (a) The Commissioner of Social Services shall establish a fee  
568 schedule for dental services provided to children under nineteen years  
569 of age who are eligible for medical assistance under section 17b-261, as  
570 amended by this act, or section 17b-292, as amended by this act. The  
571 schedule shall provide for a fee for each dental service provided on or  
572 after July 1, 2007, except for an orthodontic service, that is equal to the  
573 seventieth percentile of normal and customary private provider fees,  
574 as defined by the National Dental Advisory Service Comprehensive  
575 Fee Report. The schedule shall provide for a fee for each orthodontic  
576 service, which may be less than the seventieth percentile of normal and  
577 customary private provider fees, as defined by the National Dental  
578 Advisory Service Comprehensive Fee Report.

579 (b) The Commissioner of Social Services shall evaluate whether the  
580 fee schedule established pursuant to subsection (a) of this section, as  
581 amended, results in improved access to oral health care for medical  
582 assistance recipients under nineteen years of age, as measured by the  
583 increase in the number of providers registered to provide dental  
584 services under the medical assistance programs described in section  
585 17b-261, as amended by this act, and section 17b-292, as amended by  
586 this act. Not later than December 31, 2008, the commissioner shall  
587 submit the evaluation and any recommendations that the  
588 commissioner may have with respect to improving access to oral  
589 health care for medical assistance recipients to the joint standing  
590 committees of the General Assembly having cognizance of matters  
591 relating to human services, public health and appropriation and the  
592 budgets of state agencies, in accordance with the provisions of section  
593 11-4a.



SEN. DAILY, 33rd Dist.; SEN. DEFRONZO, 6th Dist.  
SEN. DOYLE, 9th Dist.; SEN. DUFF, 25th Dist.  
SEN. FINCH, 22nd Dist.; SEN. FONFARA, 1st Dist.  
SEN. GAFFEY, 13th Dist.; SEN. GOMES, 23rd Dist.  
SEN. HANDLEY, 4th Dist.; SEN. HARP, 10th Dist.  
SEN. HARTLEY, 15th Dist.; SEN. LEBEAU, 3rd Dist.  
SEN. MAYNARD, 18th Dist.; SEN. MCDONALD, 27th Dist.  
SEN. MEYER, 12th Dist.; SEN. PRAGUE, 19th Dist.  
SEN. SLOSSBERG, 14th Dist.; SEN. STILLMAN, 20th Dist.

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