



Senate

General Assembly

File No. 585

February Session, 2008

Substitute Senate Bill No. 34

Senate, April 14, 2008

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

***AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET
RECOMMENDATIONS WITH RESPECT TO SOCIAL SERVICES
PROGRAMS.***

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

1 Section 1. Subsection (d) of section 17b-112 of the 2008 supplement
2 to the general statutes is repealed and the following is substituted in
3 lieu thereof (*Effective July 1, 2008*):

4 (d) Under said program (1) no family shall be eligible that has total
5 gross earnings exceeding the federal poverty level, however, in the
6 calculation of the benefit amount for eligible families and previously
7 eligible families that become ineligible temporarily because of receipt
8 of workers' compensation benefits by a family member who
9 subsequently returns to work immediately after the period of receipt of
10 such benefits, earned income shall be disregarded up to the federal
11 poverty level; (2) the increase in benefits to a family in which an infant
12 is born after the initial ten months of participation in the program shall
13 be limited to an amount equal to fifty per cent of the average

14 incremental difference between the amounts paid per each family size;
15 and (3) a disqualification penalty shall be established for failure to
16 cooperate with the biometric identifier system. Except when
17 determining eligibility for a six-month extension of benefits pursuant
18 to subsection (c) of this section, the commissioner shall disregard the
19 first [fifty] one-hundred dollars per month of income attributable to
20 current child support that a family receives in determining eligibility
21 and benefit levels for temporary family assistance. Any current child
22 support in excess of [fifty] one-hundred dollars per month collected by
23 the department on behalf of an eligible child shall be considered in
24 determining eligibility but shall not be considered when calculating
25 benefits and shall be taken as reimbursement for assistance paid under
26 this section, except that when the current child support collected
27 exceeds the family's monthly award of temporary family assistance
28 benefits plus [fifty] one-hundred dollars, the current child support
29 shall be paid to the family and shall be considered when calculating
30 benefits.

31 Sec. 2. (*Effective July 1, 2008*) The Department of Social Services shall
32 consult with the Office of Policy and Management to determine the
33 cost effectiveness of amending the Medicaid state plan to include
34 hospice services. If it is determined to be cost effective and within
35 available appropriations, the Commissioner of Social Services shall
36 amend the Medicaid state plan to include hospice services not later
37 than February 1, 2009.

38 Sec. 3. Section 17a-22h of the general statutes is repealed and the
39 following is substituted in lieu thereof (*Effective July 1, 2008*):

40 (a) The Commissioners of Social Services and Children and Families
41 shall develop and implement an integrated behavioral health service
42 system for HUSKY Part A and HUSKY Part B members, children
43 enrolled in the voluntary services program operated by the
44 Department of Children and Families and may, at the discretion of the
45 Commissioners of Children and Families and Social Services, include
46 other children, adolescents and families served by the Department of

47 Children and Families or the Court Support Services Division of the
48 judicial branch, which shall be known as the Behavioral Health
49 Partnership. The Behavioral Health Partnership shall seek to increase
50 access to quality behavioral health services through: (1) Expansion of
51 individualized, family-centered, community-based services; (2)
52 maximization of federal revenue to fund behavioral health services; (3)
53 reduction in the unnecessary use of institutional and residential
54 services for children; (4) capture and investment of enhanced federal
55 revenue and savings derived from reduced residential services and
56 increased community-based services; (5) improved administrative
57 oversight and efficiencies; and (6) monitoring of individual outcomes,
58 provider performance, taking into consideration the acuity of the
59 patients served by each provider, and overall program performance.

60 (b) The Behavioral Health Partnership shall operate in accordance
61 with the financial requirements specified in this subsection. Prior to the
62 conversion of any grant-funded services to a rate-based, fee-for-service
63 payment system, the Department of Social Services and the
64 Department of Children and Families shall submit documentation
65 verifying that the proposed rates seek to cover the reasonable cost of
66 providing services to the Behavioral Health Partnership Oversight
67 Council, established pursuant to section 17a-22j, as amended by this
68 act.

69 Sec. 4. Section 17a-22j of the general statutes is repealed and the
70 following is substituted in lieu thereof (*Effective July 1, 2008*):

71 (a) There is established a Behavioral Health Partnership Oversight
72 Council which shall advise the Commissioners of Children and
73 Families and Social Services on the planning and implementation of
74 the Behavioral Health Partnership.

75 (b) The council shall consist of the following members:

76 (1) The chairpersons and ranking members of the joint standing
77 committees of the General Assembly having cognizance of matters
78 relating to human services, public health, appropriations and the

79 budgets of state agencies, or their designees;

80 (2) A member of the Community Mental Health Strategy Board,
81 established pursuant to section 17a-485b, as selected by said board;

82 (3) The Commissioner of Mental Health and Addiction Services, or
83 said commissioner's designee;

84 (4) Sixteen members appointed by the chairpersons of the advisory
85 council on Medicaid managed care, established pursuant to section
86 17b-28 of the 2008 supplement to the general statutes;

87 (A) Two of whom are representatives of general or specialty
88 psychiatric hospitals;

89 (B) One of whom is an adult with a psychiatric disability;

90 (C) One of whom is an advocate for adults with psychiatric
91 disabilities;

92 (D) Two of whom are parents of children who have a behavioral
93 health disorder or have received child protection or juvenile justice
94 services from the Department of Children and Families;

95 (E) One of whom has expertise in health policy and evaluation;

96 (F) One of whom is an advocate for children with behavioral health
97 disorders;

98 (G) One of whom is a primary care provider serving HUSKY
99 children;

100 (H) One of whom is a child psychiatrist serving HUSKY children;

101 (I) One of whom is either an adult with a substance use disorder or
102 an advocate for adults with substance use disorders;

103 (J) One of whom is a representative of school-based health clinics;

104 (K) One of whom is a provider of community-based behavioral

105 health services for adults;

106 (L) One of whom is a provider of residential treatment for children;

107 (M) One of whom is a provider of community-based services for
108 children with behavioral health problems; and

109 (N) One of whom is a member of the advisory council on Medicaid
110 managed care;

111 (5) [Seven] Eight nonvoting ex-officio members, one each appointed
112 by the Commissioners of Social Services, Children and Families,
113 Mental Health and Addiction Services and Education to represent his
114 or her department, one appointed by the Chief Court Administrator to
115 represent the Court Support Services Division and one appointed by
116 the State Comptroller, the Secretary of the Office of Policy and
117 Management and the Office of Health Care Access to represent said
118 offices;

119 (6) One or more consumers appointed by the chairpersons of the
120 council, to be nonvoting ex-officio members; and

121 (7) One representative from the administrative services organization
122 and from each Medicaid managed care organization, to be nonvoting
123 ex-officio members.

124 (c) All appointments to the council shall be made no later than July
125 1, 2005, except that the chairpersons of the council may appoint
126 additional consumers to the council as nonvoting ex-officio members.
127 Any vacancy shall be filled by the appointing authority.

128 (d) The chairpersons of the advisory council on Medicaid managed
129 care shall select the chairpersons of the Behavioral Health Partnership
130 Oversight Council from among the members of such oversight council.
131 Such chairpersons shall convene the first meeting of the council, which
132 shall be held not later than August 1, 2005. The council shall meet at
133 least monthly thereafter.

134 (e) The Joint Committee on Legislative Management shall provide
135 administrative support to the chairpersons and assistance in convening
136 the council's meetings.

137 (f) The council shall make specific recommendations on matters
138 related to the planning and implementation of the Behavioral Health
139 Partnership which shall include, but not be limited to: (1) Review of
140 any contract entered into by the Departments of Children and Families
141 and Social Services with an administrative services organization, to
142 assure that the administrative services organization's decisions are
143 based solely on clinical management criteria developed by the clinical
144 management committee established in section 17a-22k; (2) review of
145 behavioral health services pursuant to Title XIX and Title XXI of the
146 Social Security Act to assure that federal revenue is being maximized;
147 and (3) review of periodic reports on the program activities, finances
148 and outcomes, including reports from the director of the Behavioral
149 Health Partnership on achievement of service delivery system goals,
150 pursuant to section 17a-22i. The council may conduct or cause to be
151 conducted an external, independent evaluation of the Behavioral
152 Health Partnership.

153 (g) On or before March 1, 2006, and annually thereafter, the council
154 shall submit a report to the Governor and, in accordance with section
155 11-4a, to the joint standing committees of the General Assembly having
156 cognizance of matters relating to human services, public health and
157 appropriations and the budgets of state agencies, on the council's
158 activities and progress.

159 Sec. 5. Section 17b-600 of the general statutes is repealed and the
160 following is substituted in lieu thereof (*Effective July 1, 2008*):

161 The Commissioner of Social Services shall administer a program of
162 optional state supplementation as provided for by Title XVI of the
163 Social Security Act, as amended, and shall administer the program in
164 accordance with the requirements provided therein. In accordance
165 with the requirements of Title XVI of said Social Security Act, optional
166 state supplementation may be provided to aged, blind and disabled

167 individuals who receive supplemental security income benefits or who
168 would be eligible to receive such benefits except for income, provided
169 that any applicant or recipient of optional state supplementation shall
170 be ineligible for such supplementary assistance if such person has
171 made, within twenty-four months prior to the date of application for
172 such aid, an assignment or transfer or other disposition of property for
173 less than fair market value, for the purpose of establishing eligibility
174 for benefits or assistance under this section, provided ineligibility
175 because of such disposition shall continue only for either (1) twenty-
176 four months after the date of disposition, or (2) that period of time
177 from date of disposition over which the fair market value of such
178 property, less any consideration received in exchange for its
179 disposition, together with all other income and resources, would
180 furnish support on a reasonable standard of health and decency,
181 whichever period is shorter, except that in any case where the
182 uncompensated value of disposed of resources exceeds twelve
183 thousand dollars, the Commissioner of Social Services shall provide for
184 a period of ineligibility based on the uncompensated value which
185 exceeds twenty-four months. Any disposition shall be presumed to
186 have been made for the purpose of establishing eligibility for benefits
187 or assistance unless the individual furnishes convincing evidence to
188 establish that the transaction was exclusively for some other purpose
189 or the disposition was made to a trust that complies with Section
190 1917(d)(4) of the Social Security Act, 42 USC 1396p(d)(4), as from time
191 to time amended, and (A) the individual resides in a residential care
192 home, as defined in subdivision (17) of subsection (a) of section 19-13-
193 D6 of the regulations of Connecticut state agencies or resides in the
194 facility established by New Horizons, Inc. pursuant to section 19a-507;
195 (B) the individual's available income, as defined in section 5000.01 of
196 the department's uniform policy manual (i) exceeds three hundred per
197 cent of the maximum Supplemental Security Income program benefit
198 for an individual, and (ii) is below the private rate for the residential
199 care home in which the individual resides or for the facility established
200 by New Horizons, Inc., as applicable; (C) the trust is funded solely
201 with the excess income described in subparagraph (B) of this

202 subdivision; and (D) the trust provides that the state will receive, after
 203 repayment of Medicaid assistance paid to or on behalf of the
 204 individual as set forth in Section 1917 (d)(4) of the Social Security Act,
 205 all amounts remaining in the trust upon the death of such individual
 206 up to an amount equal to the total state supplemental assistance paid
 207 on behalf of the individual under this section. Property which is
 208 exempted from consideration in determining the financial eligibility of
 209 an individual for benefits or assistance, such as a house in which the
 210 individual resides, shall not be subject to the provisions of this section
 211 regarding transfers of property if such property is disposed of while an
 212 individual is receiving benefits or assistance under this section. The
 213 program of optional state supplementation shall be administered in
 214 accordance with regulations to be adopted by the Department of Social
 215 Services, which regulations shall be consistent with the requirements
 216 of Title XVI of the Social Security Act pertaining to programs of
 217 optional state supplementation. Until such time as regulations are
 218 adopted by the department governing the program of optional state
 219 supplementation, the department is authorized to administer said
 220 program in accordance with the regulations and departmental policy
 221 manual provisions applicable to the aid to the elderly, aid to the blind
 222 and aid to the disabled programs, which regulations and policy
 223 manual provisions shall be fully applicable to the program of optional
 224 state supplementation, except that in no event shall optional state
 225 supplementation be given to persons who either are not recipients of
 226 federal supplemental security income benefits or are not persons who,
 227 except for income, would be eligible for supplemental security income
 228 benefits.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2008</i>	17b-112(d)
Sec. 2	<i>July 1, 2008</i>	New section
Sec. 3	<i>July 1, 2008</i>	17a-22h
Sec. 4	<i>July 1, 2008</i>	17a-22j
Sec. 5	<i>July 1, 2008</i>	17b-600

HS *Joint Favorable Subst. C/R*

APP

APP *Joint Favorable*

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 chamber thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect
Department of Social Services	GF - Implements the Budget
Judicial Department	GF - Implements the Budget

Municipal Impact: None

Explanation

Section 1 of this bill increases the monthly child support disregard under the Temporary Family Assistance program from \$50 to \$100. This will result in an annual loss of revenue to the state of approximately \$600,000. sHB 5021 (the budget bill, as reported by the Appropriations Committee) assumes this change.

Section 2 of the bill requires DSS to amend the Medicaid state plan to include hospice services, if cost effective. Depending on how the hospice benefit is structured, this can be implemented with no additional cost to the state.

Section 3 permits the Department of Children and Families and Department of Social Services to enroll approximately 290 court-involved children in the Behavioral Health Partnership so that they may receive limited home-based services (Intensive In-Home Child and Adolescent Psychiatric Services or IICAPS). Funding of \$3.3 million is provided in the Judicial Department’s budget in sHB 5021 to support this change. Approximately \$1 million of these expenditures would be reimbursed by the federal government since they relate to court-involved children who are also Husky A or B clients.

Section 4 changes the membership of the Behavioral Health oversight Council. There is no associated fiscal impact.

Section 5 of the bill allows for the establishment of special needs trusts for certain boarding home residents. This is expected to result in a net savings to the state of \$284,000 in FY09, which is reflected in sHB 5021.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sSB 34*****AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS WITH RESPECT TO SOCIAL SERVICES PROGRAMS.*****SUMMARY:**

This bill makes several unrelated changes in the law governing the Department of Social Services' (DSS) programs.

It requires DSS, in consultation with the Office of Policy and Management (OPM) to determine whether it would be cost effective to offer hospice services as a benefit under the Medicaid state plan. If it is, DSS must amend the plan to include the benefit by February 1, 2009.

It allows individuals (1) living in residential care homes (RCH) or New Horizons, Inc. (a residential facility for individuals with severe physical disabilities) and (2) applying for State Supplement benefits to transfer to a trust any excess income without jeopardizing their eligibility for benefits.

And it increases the amount of child support income that DSS disregards when determining a family's eligibility for Temporary Family Assistance (TFA) benefits.

The bill also allows the Behavioral Health Partnership (BHP) to serve families served by the Judicial Department's Court Support Services Division, and adds a representative of the division to the BHP oversight council.

EFFECTIVE DATE: July 1, 2008

HOSPICE BENEFIT IN MEDICAID

The bill requires DSS to consult with OPM to determine the cost

effectiveness of amending the Medicaid State Plan to include hospice services. The DSS commissioner must amend the state plan to include the services by February 1, 2009 if it is determined to be cost effective to do so.

Currently, Medicaid pays for certain home health care services but not the full panoply of hospice benefits, such as bereavement counseling.

TRUSTS FOR STATE SUPPLEMENT APPLICANTS RESIDING IN RESIDENTIAL CARE HOMES AND NEW HORIZONS, INC.

In general, State Supplement applicants who transfer assets within 24 months before applying for assistance are presumed to have done so to qualify. Such transfers generally render the transferor ineligible for State Supplement for a period of time based on the value of the asset. But if the applicant can provide convincing evidence that the transfer was made for another reason, eligibility is not affected.

The bill adds a second exception by allowing transfers to “special needs trusts” by individuals who (1) are living in residential care homes or New Horizons, Inc. (a facility for people with severe physical disabilities, located in Farmington) and (2) have available income that is more than 300% of the maximum federal Supplemental Security Income (SSI) program benefit for an individual (\$1,911 per month in 2008) and below the private rate that the RCH or New Horizons charges. Currently, an individual cannot qualify for State Supplement benefits if his or her income exceeds 300% of the SSI benefit.

The bill does not explicitly provide that individuals with such trusts can have the excess income they deposit into them disregarded for purposes of State Supplement eligibility. So it appears that individuals who create these trusts could lose their eligibility on that basis.

The bill requires the trust to be funded solely with the individual’s excess income. The trust must provide that once the individual dies, the state will receive all amounts remaining in it after the Medicaid program is reimbursed for Medicaid-funded services the individual

received, up to an amount equaling the amount of State Supplement provided. The type of trust someone may establish is the same that federal law allows for purposes of Medicaid eligibility (42 USC § 1396p(d)(4)).

CHILD SUPPORT DISREGARD IN TEMPORARY FAMILY ASSISTANCE (TFA) PROGRAM

The bill increases, from \$50 to \$100, the amount of monthly child support that DSS must disregard when determining income eligibility and benefit levels in the TFA program. Raising this limit allows families to keep more child support income without affecting their TFA benefits. If DSS collects more than the disregard limit, the excess counts towards eligibility but not the benefit amount and is considered reimbursement for TFA benefits. But when the current support collected exceeds the family's monthly TFA benefit plus the limit, the child support is paid directly to the family and is counted for purposes of determining the TFA benefit.

The current monthly TFA benefit for a family of three living in most parts of the state is \$560. To initially qualify for TFA, a family's income can be no higher than the TFA benefit for that family's size, plus \$90 (from earnings). Once receiving TFA, families can have income up to the federal poverty level without losing eligibility.

BEHAVIORAL HEALTH PARTNERSHIP

The bill allows the Behavioral Health Partnership to provide integrated behavioral health services to children, adolescents, and families served by the Court Support Services Division (CSSD) of the Judicial Department. By law, these services must be offered to HUSKY A and B enrollees and children enrolled in the Department of Children and Families' (DCF) voluntary services program. At DSS' and DCF's discretion, the program can also serve other children, adolescents, and families.

As a corollary, the bill also adds a nonvoting, ex-officio member representing the CSSD to the partnership's oversight council. The chief court administrator appoints this member.

BACKGROUND
State Supplement

State Supplement is a state-funded program offering cash assistance to aged, blind, and disabled residents, most of whom receive SSI. To qualify, an individual may not have income above 300% of the maximum SSI benefit and assets cannot exceed \$1,600 for a single person. The amount of the State Supplement benefit is based on the individual's living arrangement, with individuals living in institutional settings receiving higher amounts than individuals residing in the community.

Related Bills

HB 5447, reported by Public Health and Human Services, changes who appoints the BHP council. sHB 5910 requires DSS, when adopting regulations pertaining to the BHP, to submit them to the BHP oversight council for its approval.

sSB 558, reported by Human Services and Appropriations, requires DSS to amend the Medicaid state plan to include hospice services, effective July 1, 2008.

sSB 666, reported by Human Services and Appropriations, contains the same child support disregard provision.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute Change of Reference
 Yea 19 Nay 0 (03/13/2008)

Appropriations Committee

Joint Favorable
 Yea 54 Nay 0 (03/28/2008)