



General Assembly

February Session, 2008

Raised Bill No. 378

LCO No. 1819

01819_____AGE

Referred to Committee on Select Committee on Aging

Introduced by:
(AGE)

**AN ACT REDUCING THE AGE FOR ELIGIBILITY IN THE
CONNECTICUT HOME-CARE PROGRAM FOR THE ELDERLY.**

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

1 Section 1. Section 17b-342 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2008*):

3 (a) The Commissioner of Social Services shall administer the
4 Connecticut home-care program for the elderly state-wide in order to
5 prevent the institutionalization of elderly persons (1) who are sixty
6 years of age or older, (2) who are recipients of medical assistance, [(2)]
7 [(3)] (3) who are eligible for such assistance, [(3)] (4) who would be eligible
8 for medical assistance if residing in a nursing facility, or [(4)] (5) who
9 meet the criteria for the state-funded portion of the program under
10 subsection (i) of this section. For purposes of this section, a long-term
11 care facility is a facility which has been federally certified as a skilled
12 nursing facility or intermediate care facility. The commissioner shall
13 make any revisions in the state Medicaid plan required by Title XIX of
14 the Social Security Act prior to implementing the program. The
15 annualized cost of the community-based services provided to such
16 persons under the program shall not exceed sixty per cent of the

17 weighted average cost of care in skilled nursing facilities and
18 intermediate care facilities. The program shall be structured so that the
19 net cost to the state for long-term facility care in combination with the
20 community-based services under the program shall not exceed the net
21 cost the state would have incurred without the program. The
22 commissioner shall investigate the possibility of receiving federal
23 funds for the program and shall apply for any necessary federal
24 waivers. A recipient of services under the program, and the estate and
25 legally liable relatives of the recipient, shall be responsible for
26 reimbursement to the state for such services to the same extent
27 required of a recipient of assistance under the state supplement
28 program, medical assistance program, temporary family assistance
29 program or food stamps program. Only a United States citizen or a
30 noncitizen who meets the citizenship requirements for eligibility under
31 the Medicaid program shall be eligible for home-care services under
32 this section, except a qualified alien, as defined in Section 431 of Public
33 Law 104-193, admitted into the United States on or after August 22,
34 1996, or other lawfully residing immigrant alien determined eligible
35 for services under this section prior to July 1, 1997, shall remain eligible
36 for such services. Qualified aliens or other lawfully residing immigrant
37 aliens not determined eligible prior to July 1, 1997, shall be eligible for
38 services under this section subsequent to six months from establishing
39 residency. Notwithstanding the provisions of this subsection, any
40 qualified alien or other lawfully residing immigrant alien or alien who
41 formerly held the status of permanently residing under color of law
42 who is a victim of domestic violence or who has mental retardation
43 shall be eligible for assistance pursuant to this section. Qualified aliens,
44 as defined in Section 431 of Public Law 104-193, or other lawfully
45 residing immigrant aliens or aliens who formerly held the status of
46 permanently residing under color of law shall be eligible for services
47 under this section provided other conditions of eligibility are met.

48 (b) The commissioner shall solicit bids through a competitive
49 process and shall contract with an access agency, approved by the
50 Office of Policy and Management and the Department of Social

51 Services as meeting the requirements for such agency as defined by
52 regulations adopted pursuant to subsection (e) of this section, that
53 submits proposals which meet or exceed the minimum bid
54 requirements. In addition to such contracts, the commissioner may use
55 department staff to provide screening, coordination, assessment and
56 monitoring functions for the program.

57 (c) The community-based services covered under the program shall
58 include, but not be limited to, the following services to the extent that
59 they are not available under the state Medicaid plan, occupational
60 therapy, homemaker services, companion services, meals on wheels,
61 adult day care, transportation, mental health counseling, care
62 management, elderly foster care, minor home modifications and
63 assisted living services provided in state-funded congregate housing
64 and in other assisted living pilot or demonstration projects established
65 under state law. Recipients of state-funded services and persons who
66 are determined to be functionally eligible for community-based
67 services who have an application for medical assistance pending shall
68 have the cost of home health and community-based services covered
69 by the program, provided they comply with all medical assistance
70 application requirements. Access agencies shall not use department
71 funds to purchase community-based services or home health services
72 from themselves or any related parties.

73 (d) Physicians, hospitals, long-term care facilities and other licensed
74 health care facilities may disclose, and, as a condition of eligibility for
75 the program, elderly persons, their guardians, and relatives shall
76 disclose, upon request from the Department of Social Services, such
77 financial, social and medical information as may be necessary to enable
78 the department or any agency administering the program on behalf of
79 the department to provide services under the program. Long-term care
80 facilities shall supply the Department of Social Services with the names
81 and addresses of all applicants for admission. Any information
82 provided pursuant to this subsection shall be confidential and shall not
83 be disclosed by the department or administering agency.

84 (e) The commissioner shall adopt regulations, in accordance with
85 the provisions of chapter 54, to define "access agency", to implement
86 and administer the program, to establish uniform state-wide standards
87 for the program and a uniform assessment tool for use in the screening
88 process and to specify conditions of eligibility.

89 (f) The commissioner may require long-term care facilities to inform
90 applicants for admission of the program established under this section
91 and to distribute such forms as the commissioner prescribes for the
92 program. Such forms shall be supplied by and be returnable to the
93 department.

94 (g) The commissioner shall report annually, by June first, to the joint
95 standing committee of the General Assembly having cognizance of
96 matters relating to human services on the program in such detail,
97 depth and scope as said committee requires to evaluate the effect of the
98 program on the state and program participants. Such report shall
99 include information on (1) the number of persons diverted from
100 placement in a long-term care facility as a result of the program, (2) the
101 number of persons screened, (3) the average cost per person in the
102 program, (4) the administration costs, (5) the estimated savings, and (6)
103 a comparison between costs under the different contracts.

104 (h) An individual who is otherwise eligible for services pursuant to
105 this section shall, as a condition of participation in the program, apply
106 for medical assistance benefits pursuant to section 17b-260 when
107 requested to do so by the department and shall accept such benefits if
108 determined eligible.

109 (i) (1) On and after July 1, 1992, the Commissioner of Social Services
110 shall, within available appropriations, administer a state-funded
111 portion of the program for persons (A) who are sixty-five years of age
112 and older; (B) who are inappropriately institutionalized or at risk of
113 inappropriate institutionalization; (C) whose income is less than or
114 equal to the amount allowed under subdivision (3) of subsection (a) of
115 this section; and (D) whose assets, if single, do not exceed the

116 minimum community spouse protected amount pursuant to Section
117 4022.05 of the department's uniform policy manual or, if married, the
118 couple's assets do not exceed one hundred fifty per cent of said
119 community spouse protected amount and on and after April 1, 2007,
120 whose assets, if single, do not exceed one hundred fifty per cent of the
121 minimum community spouse protected amount pursuant to Section
122 4022.05 of the department's uniform policy manual or, if married, the
123 couple's assets do not exceed two hundred per cent of said community
124 spouse protected amount.

125 (2) Any person whose income exceeds two hundred per cent of the
126 federal poverty level shall contribute to the cost of care in accordance
127 with the methodology established for recipients of medical assistance
128 pursuant to Sections 5035.20 and 5035.25 of the department's uniform
129 policy manual.

130 (3) On and after June 30, 1992, the program shall serve persons
131 receiving state-funded home and community-based services from the
132 department, persons receiving services under the promotion of
133 independent living for the elderly program operated by the
134 Department of Social Services, regardless of age, and persons receiving
135 services on June 19, 1992, under the home care demonstration project
136 operated by the Department of Social Services. Such persons receiving
137 state-funded services whose income and assets exceed the limits
138 established pursuant to subdivision (1) of this subsection may continue
139 to participate in the program, but shall be required to pay the total cost
140 of care, including case management costs.

141 (4) Services shall not be increased for persons who received services
142 under the promotion of independent living for the elderly program
143 over the limits in effect under said program in the fiscal year ending
144 June 30, 1992, unless a person's needs increase and the person is
145 eligible for Medicaid.

146 (5) The annualized cost of services provided to an individual under
147 the state-funded portion of the program shall not exceed fifty per cent

148 of the weighted average cost of care in nursing homes in the state,
149 except an individual who received services costing in excess of such
150 amount under the Department of Social Services in the fiscal year
151 ending June 30, 1992, may continue to receive such services, provided
152 the annualized cost of such services does not exceed eighty per cent of
153 the weighted average cost of such nursing home care. The
154 commissioner may allow the cost of services provided to an individual
155 to exceed the maximum cost established pursuant to this subdivision
156 in a case of extreme hardship, as determined by the commissioner,
157 provided in no case shall such cost exceed that of the weighted cost of
158 such nursing home care.

159 (j) The Commissioner of Social Services may implement revised
160 criteria for the operation of the program while in the process of
161 adopting such criteria in regulation form, provided the commissioner
162 prints notice of intention to adopt the regulations in the Connecticut
163 Law Journal within twenty days of implementing the policy. Such
164 criteria shall be valid until the time final regulations are effective.

165 Sec. 2. (*Effective July 1, 2008*) The sum of ____ dollars is appropriated
166 to the Department of Social Services, from the General Fund, for the
167 fiscal year ending June 30, 2009, for the purpose of increasing
168 reimbursement rates paid to providers of home care services under the
169 Connecticut home-care program for the elderly established pursuant to
170 section 17b-342 of the general statutes, as amended by this act.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2008</i>	17b-342
Sec. 2	<i>July 1, 2008</i>	New section

Statement of Purpose:

To provide personal care assistance services and to increase reimbursement rates to providers of home care services under the Connecticut home-care program for the elderly.

[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.]