



# Senate

General Assembly

**File No. 422**

January Session, 2009

Substitute Senate Bill No. 814

*Senate, April 2, 2009*

The Committee on Human Services reported through SEN. DOYLE of the 9th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

***AN ACT CONCERNING PERSONAL CARE ASSISTANCE SERVICES UNDER 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. Subsection (c) of section 17b-342 of the general statutes is  
2 repealed and the following is substituted in lieu thereof (*Effective July*  
3 *1, 2009*):

4 (c) The community-based services covered under the program shall  
5 include, but not be limited to, the following services to the extent that  
6 they are not available under the state Medicaid plan, occupational  
7 therapy, homemaker services, companion services, meals on wheels,  
8 adult day care, transportation, mental health counseling, care  
9 management, elderly foster care, minor home modifications and  
10 assisted living services provided in state-funded congregate housing  
11 and in other assisted living pilot or demonstration projects established  
12 under state law. Personal care assistance services shall be covered  
13 under the program to the extent that such services are (1) not available



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 House thereof for any purpose:

**OFA Fiscal Note**

**State Impact:**

| Agency Affected               | Fund-Effect  | FY 10 \$  | FY 11 \$  |
|-------------------------------|--------------|-----------|-----------|
| Department of Social Services | GF - Savings | Potential | Potential |

**Municipal Impact:** None

**Explanation**

This bill requires the Department of Social Services (DSS) to provide personal care assistance (PCA) services under the Connecticut Home Care program if such services are not available under the Medicaid plan and if they are more cost effective than existing Medicaid state plan services. Given the requirements of the bill, there is a potential for the state to realize savings. The extent of these savings would be dependent upon the cost and utilization of the PCA services and the scope of the offsetting savings in other service areas. These cannot be known in advance.

**The Out Years**

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

**OLR Bill Analysis****sSB 814*****AN ACT CONCERNING PERSONAL CARE ASSISTANCE SERVICES UNDER THE CONNECTICUT HOME CARE PROGRAM FOR THE ELDERLY.*****SUMMARY:**

This bill requires the Department of Social Services (DSS) to provide personal care assistance (PCA) services under the Connecticut Homecare Program for Elders (CHCPE) if these services (1) are not available under the Medicaid state plan and (2) are more cost effective than existing Medicaid state plan services.

Currently, DSS provides PCA services only through (1) a state-funded PCA pilot program for certain qualifying seniors, (2) the PCA Medicaid waiver program for disabled adults, and (3) the acquired brain injury (ABI) Medicaid waiver program.

EFFECTIVE DATE: July 1, 2009

**BACKGROUND*****PCA Services***

Personal care assistants provide non-medical care, such as assistance with bathing, dressing, eating, walking, toileting, or transfer from a bed to a chair. Consumer-directed PCA services provide an alternative to nursing homes or agency-provided home care. Under these programs, participants hire their own assistants to help with personal care and activities of daily living instead of going through a home health care agency. The participant hires and manages the assistant, but a financial intermediary handles the paperwork.

***State-Funded PCA Pilot Program***

Under CHCPE, DSS offers consumer-directed PCA services only

through a state-funded pilot program. To be eligible, individuals must be at least age 65 and meet all of CHCPE’s functional and financial eligibility requirements. Participation is limited to 250 individuals. (Although 2007 legislation removed the 250 person limit, because the law requires the program to operate within available appropriations, DSS has retained the cap.)

**PCA Medicaid Waiver Programs**

DSS also provides consumer-directed PCA services under the Medicaid PCA waiver for disabled adults and acquired brain injury waiver. Both programs serve adults ages 18 to 64 and have only a limited number of program slots available. (2006 legislation eliminated the upper age limit for the PCA waiver program so that people who turn 65 can remain in the program if they choose.)

**CHCPE**

CHCPE is a Medicaid waiver and state-funded program that provides home and community-based services for qualifying individuals age 65 and older who are institutionalized or at risk of institutionalization. Services include care management, adult day care, adult foster care, homemaker services, transportation, meals-on-wheels, minor home modifications, and certain assisted living services. An “access” agency determines the most appropriate service package for each participant.

**COMMITTEE ACTION**

Select Committee on Aging

Joint Favorable Substitute Change of Reference  
Yea 11 Nay 0 (03/05/2009)

Human Services Committee

Joint Favorable  
Yea 19 Nay 0 (03/17/2009)