



Senate

General Assembly

File No. 196

January Session, 2009

Senate Bill No. 989

Senate, March 25, 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 bill ought to pass.

AN ACT CONCERNING THE ALZHEIMER'S RESPITE CARE PROGRAM.

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

1 Section 1. Section 17b-349e of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective July 1, 2009*):

3 (a) As used in this section:

4 (1) "Respite care services" means support services which provide
5 short-term relief from the demands of ongoing care for an individual
6 with Alzheimer's disease.

7 (2) "Caretaker" means a person who has the responsibility for the
8 care of an individual with Alzheimer's disease or has assumed the
9 responsibility for such individual voluntarily, by contract or by order
10 of a court of competent jurisdiction.

11 (3) "Copayment" means a payment made by or on behalf of an
12 individual with Alzheimer's disease for respite care services.

13 (4) "Individual with Alzheimer's disease" means an individual with
14 Alzheimer's disease or related disorders.

15 (b) The Commissioner of Social Services shall establish a
16 demonstration program, within available appropriations, to provide
17 respite care services for caretakers of individuals with Alzheimer's
18 disease, provided such individuals with Alzheimer's disease meet the
19 requirements set forth in subsection (c) of this section. Such respite
20 care services may include, but need not be limited to (1) homemaker
21 services; (2) adult day care; (3) temporary care in a licensed medical
22 facility; (4) home-health care; [or] (5) companion services; or (6)
23 personal care assistant services. Such respite care services may be
24 administered directly by the department, or through contracts for
25 services with providers of such services, or by means of direct subsidy
26 to caretakers of individuals with Alzheimer's disease to purchase such
27 services.

28 (c) (1) No individual with Alzheimer's disease may participate in the
29 program if such individual (A) has an annual income of more than
30 [thirty] forty-one thousand dollars or liquid assets of more than
31 [eighty] one hundred nine thousand dollars, or (B) is receiving services
32 under the Connecticut home-care program for the elderly. On July 1,
33 2009, and annually thereafter, the commissioner shall increase such
34 income and asset eligibility criteria over that of the previous fiscal year
35 to reflect the annual cost of living adjustment in Social Security
36 income, if any.

37 (2) No individual with Alzheimer's disease who participates in the
38 program may receive more than three thousand five hundred dollars
39 for services under the program in any fiscal year or receive more than
40 thirty days of out-of-home respite care services other than adult day
41 care services under the program in any fiscal year, except that the
42 commissioner may adopt regulations pursuant to subsection (d) of this
43 section to provide up to seven thousand five hundred dollars for
44 services to a participant in the program who demonstrates a need for
45 additional services.

46 (3) The commissioner may require an individual with Alzheimer's
 47 disease who participates in the program to pay a copayment for respite
 48 care services under the program, except the commissioner may waive
 49 such copayment upon demonstration of financial hardship by such
 50 individual.

51 (d) The commissioner shall adopt regulations in accordance with the
 52 provisions of chapter 54 to implement the provisions of this section.
 53 Such regulations shall include, but need not be limited to (1) standards
 54 for eligibility for respite care services; (2) the basis for priority in
 55 receiving services; (3) qualifications and requirements of providers,
 56 which shall include specialized training in Alzheimer's disease,
 57 dementia and related disorders; (4) a requirement that providers
 58 accredited by the Joint Commission on the Accreditation of Healthcare
 59 Organizations, when available, receive preference in contracting for
 60 services; (5) provider reimbursement levels; (6) limits on services and
 61 cost of services; and (7) a fee schedule for copayments.

62 (e) The Commissioner of Social Services may allocate any funds
 63 appropriated in excess of five hundred thousand dollars for the
 64 demonstration program among the five area agencies on aging
 65 according to need, as determined by said commissioner.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2009	17b-349e

HS *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

This bill expands the eligibility requirements and grant maximums for the Alzheimer's Respite program. As this program is not an entitlement and is operated within available appropriations, these changes will not result in any additional costs to the state.

The Out Years

None

OLR Bill Analysis**SB 989*****AN ACT CONCERNING THE ALZHEIMER'S RESPITE CARE PROGRAM.*****SUMMARY:**

The State-Wide Respite Care Program provides respite care for people with Alzheimer's disease or related disorders, regardless of age, who are not enrolled in the Connecticut Homecare Program for Elders (CHCPE). The bill increases from \$30,000 to \$41,000 the program's annual income limit and increases its asset limit from \$80,000 to \$109,000. Beginning July 1, 2009, the bill requires the Department of Social Services (DSS) commissioner to annually increase the income and asset limits to reflect Social Security cost of living adjustments.

The bill also authorizes the commissioner to adopt regulations allowing program participants who demonstrate a need for additional services to receive up to \$7,500 for respite care services. Current law limits respite care services to \$3,500 annually. (Respite care services other than adult day care are also limited to 30 days annually.)

Finally, the bill adds personal care assistant (PCA) services to the list of respite care services the program provides. Respite care services provide short-term relief for family caregivers from the demands of continual care for an individual with Alzheimer's or related diseases. Under current law, they include homemaker services, adult day care, short-term medical facility care, home-health care, and companion services.

BACKGROUND***PCA Services***

PCAs provide non-medical care, such as assistance with bathing,

dressing, eating, walking, toileting, or transfer from a bed to a chair.

DSS currently offers PCA services under the following Medicaid Home-and Community Based-Service waiver programs: the CHCPE's PCA Pilot program, the Acquired Brain Injury program, and the PCA Waiver program for disabled adults. 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.

EFFECTIVE DATE: July 1, 2009

COMMITTEE ACTION

Human Services Committee

Joint Favorable

Yea 18 Nay 0 (03/10/2009)