



# Senate

General Assembly

**File No. 430**

January Session, 2011

Senate Bill No. 1150

*Senate, April 6, 2011*

The Committee on Human Services reported through SEN. MUSTO of the 22nd Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

**AN ACT CONCERNING THE PROVISION OF MEDICAID BENEFITS TO CERTAIN CHILDLESS ADULTS.**

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

1 Section 1. Subsection (a) of section 17b-261 of the general statutes is  
2 repealed and the following is substituted in lieu thereof (*Effective July*  
3 *1, 2011*):

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

15 of establishing eligibility for benefits or assistance under this section.  
16 Any such disposition shall be treated in accordance with Section  
17 1917(c) of the Social Security Act, 42 USC 1396p(c). Any disposition of  
18 property made on behalf of an applicant or recipient or the spouse of  
19 an applicant or recipient by a guardian, conservator, person  
20 authorized to make such disposition pursuant to a power of attorney  
21 or other person so authorized by law shall be attributed to such  
22 applicant, recipient or spouse. A disposition of property ordered by a  
23 court shall be evaluated in accordance with the standards applied to  
24 any other such disposition for the purpose of determining eligibility.  
25 The commissioner shall establish the standards for eligibility for  
26 medical assistance at one hundred forty-three per cent of the benefit  
27 amount paid to a family unit of equal size with no income under the  
28 temporary family assistance program in the appropriate region of  
29 residence. Except as provided in section 17b-277, the medical  
30 assistance program shall provide coverage to (1) persons under the age  
31 of nineteen with family income up to one hundred eighty-five per cent  
32 of the federal poverty level without an asset limit, [and to] (2) persons  
33 under the age of nineteen and their parents and needy caretaker  
34 relatives, who qualify for coverage under Section 1931 of the Social  
35 Security Act, with family income up to one hundred eighty-five per  
36 cent of the federal poverty level without an asset limit, and (3) on and  
37 after January 1, 2014, childless adults with income that does not exceed  
38 one hundred thirty-three per cent of the federal poverty level without  
39 an asset limit in accordance with the provisions of the Patient  
40 Protection and Affordable Care Act, P.L. 111-148. Such levels shall be  
41 based on the regional differences in such benefit amount, if applicable,  
42 unless such levels based on regional differences are not in  
43 conformance with federal law. Any income in excess of the applicable  
44 amounts shall be applied as may be required by said federal law, and  
45 assistance shall be granted for the balance of the cost of authorized  
46 medical assistance. The Commissioner of Social Services shall provide  
47 applicants for assistance under this section, at the time of application,  
48 with a written statement advising them of [(1)] (A) the effect of an  
49 assignment or transfer or other disposition of property on eligibility

50 for benefits or assistance, [(2)] (B) the effect that having income that  
51 exceeds the limits prescribed in this subsection will have with respect  
52 to program eligibility, and [(3)] (C) the availability of, and eligibility  
53 for, services provided by the Nurturing Families Network established  
54 pursuant to section 17b-751b. Persons who are determined ineligible  
55 for assistance pursuant to this section shall be provided a written  
56 statement notifying such persons of their ineligibility and advising  
57 such persons of the availability of HUSKY Plan, Part B health  
58 insurance benefits.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2011	17b-261(a)

**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.

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### **OFA Fiscal Note**

**State Impact:** None

**Municipal Impact:** None

### **Explanation**

The bill expands the Medicaid Low Income Adult coverage group, effective January 1, 2014. Currently, childless adults are covered under this group with incomes up to approximately 68% of the federal poverty level (FPL). The bill raises this income limit to 133% FPL, as required by the Patient Protection and Affordable Care Act (PPACA). PPACA requires states to submit an amendment to the state Medicaid plan to implement this expansion. As the bill is codifying an existing federal mandate, there is no direct fiscal impact from this language.<sup>1</sup>

### **The Out Years**

**State Impact:** None

**Municipal Impact:** None

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<sup>1</sup> It is estimated that by 2014, there will be approximately 81,000 enrollees in the existing LIA coverage group, at a cost of \$728 million annually. Based on this enrollment pattern, the expansion to 133% FPL would add an additional 32,000 clients, with annual costs of \$288 million.

Under PPACA, the cost of the expansion of coverage to childless adults is fully covered by the federal government until January 1, 2017. Therefore, there is no cost to the state for this expansion until that date. After January 1, 2017, the federal government's share gradually declines from 100% to 90% by 2020. Therefore, the state's cost for this expansion grows from \$8.9 million in FY 17 to \$32.8 million in FY 20.

**OLR Bill Analysis****SB 1150*****AN ACT CONCERNING THE PROVISION OF MEDICAID BENEFITS TO CERTAIN CHILDLESS ADULTS.*****SUMMARY:**

This bill requires the state's Medicaid program, beginning January 1, 2014, to cover childless adults with income up to 133% of the federal poverty level (FPL) with no asset test. In 2011, 133% of the FPL is \$14,484 annually for one person. Currently, these individuals are covered if their income, if living in most parts of the state, is 56% of the FPL, although it is higher if they have earnings. There is no asset test.

The income increase must be implemented in accordance with the federal Patient Protection and Affordable Care Act, which requires all state Medicaid programs to offer this coverage starting in January 2014.

EFFECTIVE DATE: July 1, 2011

**COMMITTEE ACTION**

Human Services Committee

Joint Favorable

Yea 18 Nay 0 (03/22/2011)