



General Assembly

Substitute Bill No. 297

January Session, 2011

* SB00297HS 032311 *

AN ACT CONCERNING AN AMENDMENT TO THE MEDICAID STATE PLAN UNDER SECTION 1915(i) OF THE SOCIAL SECURITY ACT TO PROVIDE HOME CARE SERVICES.

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

1 Section 1. (NEW) (*Effective from passage*) (a) The Commissioner of
2 Social Services shall seek to amend the Medicaid state plan pursuant to
3 Section 1915(i) of the Social Security Act to improve access to home
4 and community-based services by using needs-based eligibility
5 criteria. The commissioner may amend a previously submitted waiver
6 application submitted under Section 1915(c) of the Social Security Act
7 if necessary to implement the provisions of this section.

8 (b) A person shall be financially eligible for coverage of home and
9 community-based services under the Section 1915(i) Medicaid state
10 plan amendment if the person meets the categorical eligibility special
11 income requirements established by the commissioner and described
12 in section 2540.92 of the Department of Social Services uniform policy
13 manual.

14 (c) Except for a person having mental retardation, as defined in
15 section 1-1g of the general statutes, a person shall be functionally
16 eligible for coverage of home and community-based services under the
17 Section 1915(i) Medicaid state plan amendment if the person is
18 assessed as having a functional limitation that is expected to last for a

19 continuous period of more than ninety days and that is characterized
20 by: (1) An inability, without substantial assistance, substantial
21 supervision or substantial cueing, to perform two or more (A)
22 activities of daily living, that shall include, but not be limited to,
23 eating, toileting, transferring from one place to another, bathing,
24 dressing and continence; or (B) instrumental activities of daily living,
25 that shall include, but not be limited to, housework, meal preparation,
26 administering medications, managing money, shopping and
27 communicating by telephone or other means; or (2) a serious and
28 persistent mental health condition.

29 (d) A person who is otherwise eligible to receive services under this
30 section shall, as a condition of participation in the program (1) apply
31 for benefits under a state medical assistance program at the request of
32 the Department of Social Services, and (2) if determined eligible for
33 state medical assistance benefits, accept such benefits.

34 (e) A person whose income exceeds two hundred per cent of the
35 federal poverty level shall contribute to the person's cost of care in
36 accordance with the methodology established for recipients of medical
37 assistance pursuant to sections 5035.20 and 5035.25 of the department's
38 uniform policy manual.

39 (f) Except for a person with acquired brain injury, who is eligible for
40 Medicaid-financed home and community-based services pursuant to
41 section 17b-260a of the general statutes, a person who is determined to
42 be financially and functionally eligible for home and community-based
43 services under this section shall qualify for payment of such services in
44 an amount not to exceed a monthly care plan cost cap equal to one
45 hundred per cent of the weighted average cost of the state's monthly
46 payment for services in a skilled nursing facility or intermediate care
47 facility.

48 (g) The community-based services covered under the Section 1915(i)
49 Medicaid state plan amendment shall include, but not be limited to,
50 home and community-based services that have been approved for

51 Medicaid waivers under Section 1915(c) of the Social Security Act and
 52 described in sections 17b-260a, 17b-283, 17b-342, 17b-602a and 17b-
 53 605a of the general statutes, to the extent that such services are not
 54 otherwise available under the Medicaid state plan.

55 Sec. 2. (NEW) (*Effective from passage*) The Commissioner of Social
 56 Services shall submit an application in accordance with the State
 57 Balancing Incentive Payment Program, established pursuant to Section
 58 10202 of the Patient Protection and Affordable Care Act, P.L. 111-148,
 59 to the Centers for Medicare and Medicaid Services to increase the
 60 state's federal matching assistance payments for Medicaid home and
 61 community-based services. The commissioner shall make the
 62 administrative changes required in accordance with the terms of said
 63 program including, but not limited to: (1) The establishment of a no
 64 wrong door-single entry point system to enable consumers to gain
 65 access to information on services available, including referral services,
 66 and to receive an assessment to determine eligibility for various
 67 programs; (2) the provision of conflict free case management services
 68 to develop individual service plans and to arrange for and conduct
 69 ongoing monitoring of services; and (3) the utilization of a core
 70 standardized assessment instrument to determine eligibility and
 71 appropriate services.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	New section

Statement of Legislative Commissioners:

In section 2, "pursuant to the Patient Protection and Affordable Care Act" was changed to "pursuant to Section 10202 of the Patient Protection and Affordable Care Act" for clarity. In section 2 (2), "conflict free case management" was changed to "conflict-free case management services" for conformity with the reference in the federal act.

HS *Joint Favorable Subst.*