



General Assembly

Substitute Bill No. 5450

February Session, 2012

* _____HB05450HS_____032312_____*

AN ACT ESTABLISHING A BASIC HEALTH PROGRAM.

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

1 Section 1. (NEW) (*Effective from passage*) (a) Not later than January 1,
2 2014, the Commissioner of Social Services, in consultation with the
3 Office of Health Reform and Innovation, shall establish and implement
4 a basic health program in accordance with Section 1331 of the federal
5 Affordable Care Act. On and after January 1, 2014, all individuals
6 under sixty-five years of age with income not exceeding two hundred
7 per cent of the federal poverty level, and who are ineligible for medical
8 assistance pursuant to Title XIX of the Social Security Act, and
9 otherwise eligible for medical assistance under Section 1331 of the
10 Affordable Care Act, shall be eligible for medical assistance under a
11 basic health program. For purposes of this section and section 6 of this
12 act, "Affordable Care Act" means the Patient Protection and Affordable
13 Care Act, P.L. 111-148, as amended by the Health Care and Education
14 Reconciliation Act, P.L. 111-152, as both may be amended from time to
15 time, and any regulations adopted under said acts.

16 (b) Medical assistance provided through the basic health program
17 shall include the benefits, limits on cost-sharing and other consumer
18 safeguards that apply to medical assistance provided in accordance
19 with Title XIX of the Social Security Act, unless the commissioner
20 determines that the cost of medical assistance provided to enrollees in

21 the basic health program will exceed the federal subsidies available to
22 the state to fund the program. If the commissioner so determines, the
23 commissioner, in consultation with the Office of Health Reform and
24 Innovation, shall develop and submit a plan, in accordance with
25 section 2 of this act, for the basic health program that maximizes
26 benefits and minimizes cost-sharing, within funds available from
27 federal subsidies to fund the program.

28 (c) Individuals enrolled in the basic health program shall include
29 adults with incomes exceeding one hundred thirty-three per cent of the
30 federal poverty level, but not exceeding two hundred per cent of the
31 federal poverty level, who would otherwise be eligible for HUSKY
32 Plan, Part A benefits.

33 (d) To the extent that federal funds received for the basic health
34 program exceed the cost of medical assistance that would otherwise be
35 provided to program enrollees pursuant to Title XIX of the Social
36 Security Act, the commissioner, to the extent permitted under federal
37 law, shall use the excess of such federal funds to increase
38 reimbursement rates for providers serving enrollees receiving benefits
39 pursuant to the basic health program. The commissioner shall increase
40 reimbursement rates in a manner that will maximize access to needed
41 health services. The commissioner shall establish a committee charged
42 with making recommendations to (1) keep provider rates competitive,
43 (2) provide payment incentives that increase access to primary care
44 offices as an alternative to emergency room care, and (3) streamline
45 paperwork. The committee shall be comprised of representatives of the
46 Department of Social Services and providers who participate in the
47 basic health program and Medicaid.

48 (e) The Commissioner of Social Services shall take all necessary
49 actions to maximize federal funding and seek any necessary approvals
50 from the federal government in connection with the establishment of a
51 basic health program.

52 Sec. 2. (*Effective from passage*) (a) Not later than October 1, 2012, the

53 Commissioner of Social Services, in consultation with the Office of
54 Health Reform and Innovation, shall submit a plan, and any federal
55 waiver application required, for the establishment and implementation
56 of a basic health program to the joint standing committees of the
57 General Assembly having cognizance of matters relating to human
58 services and appropriations and the budgets of state agencies.

59 (b) Not later than thirty days after the date of their receipt of such
60 plan, the joint standing committees shall hold a public hearing. At the
61 conclusion of a public hearing held in accordance with the provisions
62 of this section, the joint standing committees shall advise the
63 commissioner of their approval, denial or modifications, if any, of the
64 plan and any federal waiver required.

65 (c) If the joint standing committees do not concur, the committee
66 chairpersons shall appoint a committee of conference which shall be
67 composed of three members from each joint standing committee
68 specified in subsection (a) of this section. At least one member
69 appointed from each joint standing committee shall be a member of
70 the minority party. The report of the committee of conference shall be
71 made to each joint standing committee specified in subsection (a) of
72 this section, which shall vote to accept or reject the report. The report
73 of the committee of conference may not be amended. If a joint standing
74 committee rejects the report of the committee of conference, such joint
75 standing committee shall notify the commissioner of the rejection and
76 the commissioner's plan shall be deemed approved. If the joint
77 standing committees accept the report, the committee having
78 cognizance of matters relating to appropriations and the budgets of
79 state agencies shall advise the commissioner of their approval, denial
80 or modifications, if any, of the commissioner's plan. If the joint
81 standing committees do not so advise the commissioner during the
82 thirty-day period, the plan shall be deemed approved. Any plan or
83 necessary waiver submitted to the federal government pursuant to this
84 section shall be in accordance with the approval or modifications, if
85 any, of the joint standing committees of the General Assembly having
86 cognizance of matters relating to human services, appropriations and

87 the budgets of state agencies.

88 Sec. 3. Subsection (a) of section 17b-261 of the 2012 supplement to
89 the general statutes is repealed and the following is substituted in lieu
90 thereof (*Effective from passage*):

91 (a) Medical assistance shall be provided for any otherwise eligible
92 person whose income, including any available support from legally
93 liable relatives and the income of the person's spouse or dependent
94 child, is not more than one hundred forty-three per cent, pending
95 approval of a federal waiver applied for pursuant to subsection (e) of
96 this section, of the benefit amount paid to a person with no income
97 under the temporary family assistance program in the appropriate
98 region of residence and if such person is an institutionalized
99 individual as defined in Section 1917(c) of the Social Security Act, 42
100 USC 1396p(c), and has not made an assignment or transfer or other
101 disposition of property for less than fair market value for the purpose
102 of establishing eligibility for benefits or assistance under this section.
103 Any such disposition shall be treated in accordance with Section
104 1917(c) of the Social Security Act, 42 USC 1396p(c). Any disposition of
105 property made on behalf of an applicant or recipient or the spouse of
106 an applicant or recipient by a guardian, conservator, person
107 authorized to make such disposition pursuant to a power of attorney
108 or other person so authorized by law shall be attributed to such
109 applicant, recipient or spouse. A disposition of property ordered by a
110 court shall be evaluated in accordance with the standards applied to
111 any other such disposition for the purpose of determining eligibility.
112 The commissioner shall establish the standards for eligibility for
113 medical assistance at one hundred forty-three per cent of the benefit
114 amount paid to a family unit of equal size with no income under the
115 temporary family assistance program in the appropriate region of
116 residence. Except as provided in section 17b-277, the medical
117 assistance program shall provide coverage to persons under [the age
118 of] nineteen years of age with family income up to one hundred
119 eighty-five per cent of the federal poverty level without an asset limit
120 and to persons under [the age of] nineteen years of age and their

121 parents and needy caretaker relatives, who qualify for coverage under
122 Section 1931 of the Social Security Act, with family income up to one
123 hundred eighty-five per cent of the federal poverty level without an
124 asset limit. On and after January 1, 2014, and contingent upon the
125 implementation of a basic health program with the same benefits,
126 limits on cost sharing and other consumer safeguards provided under
127 Title XIX of the Social Security Act, coverage shall be provided to
128 parents and needy caretaker relatives of persons under nineteen years
129 of age, who qualify for coverage under Section 1931 of the Social
130 Security Act, with family income up to one hundred thirty-three per
131 cent of the federal poverty level without an asset limit. Such levels
132 shall be based on the regional differences in such benefit amount, if
133 applicable, unless such levels based on regional differences are not in
134 conformance with federal law. Any income in excess of the applicable
135 amounts shall be applied as may be required by said federal law, and
136 assistance shall be granted for the balance of the cost of authorized
137 medical assistance. The Commissioner of Social Services shall provide
138 applicants for assistance under this section, at the time of application,
139 with a written statement advising them of (1) the effect of an
140 assignment or transfer or other disposition of property on eligibility
141 for benefits or assistance, (2) the effect that having income that exceeds
142 the limits prescribed in this subsection will have with respect to
143 program eligibility, and (3) the availability of, and eligibility for,
144 services provided by the Nurturing Families Network established
145 pursuant to section 17b-751b. Persons who are determined ineligible
146 for assistance pursuant to this section shall be provided a written
147 statement notifying such persons of their ineligibility and advising
148 such persons of the availability of HUSKY Plan, Part B health
149 insurance benefits.

150 Sec. 4. Subsection (a) of section 17a-22h of the general statutes is
151 repealed and the following is substituted in lieu thereof (*Effective from*
152 *passage*):

153 (a) The Commissioners of Social Services, Children and Families,
154 and Mental Health and Addiction Services shall develop and

155 implement an integrated behavioral health service system for HUSKY
156 Plan Parts A and B members and children enrolled in the voluntary
157 services program operated by the Department of Children and
158 Families and may, at the discretion of the commissioners, include: (1)
159 Other children, adolescents and families served by the Department of
160 Children and Families or the Court Support Services Division of the
161 Judicial Branch; (2) Medicaid recipients who are not enrolled in
162 HUSKY Plan Part A; [and] (3) Charter Oak Health Plan members; and
163 (4) on and after January 1, 2014, enrollees in the basic health program.
164 The integrated behavioral health service system shall be known as the
165 Behavioral Health Partnership. The Behavioral Health Partnership
166 shall seek to increase access to quality behavioral health services by:
167 (A) Expanding individualized, family-centered and community-based
168 services; (B) maximizing federal revenue to fund behavioral health
169 services; (C) reducing unnecessary use of institutional and residential
170 services for children and adults; (D) capturing and investing enhanced
171 federal revenue and savings derived from reduced residential services
172 and increased community-based services for HUSKY Plan Parts A and
173 B recipients; (E) improving administrative oversight and efficiencies;
174 and (F) monitoring individual outcomes and provider performance,
175 taking into consideration the acuity of the patients served by each
176 provider, and overall program performance.

177 Sec. 5. (*Effective from passage*) (a) For the fiscal years ending June 30,
178 2014, and June 30, 2015, the sum of thirty-six million dollars, reflecting
179 fifty per cent of any projected savings from reducing HUSKY Plan,
180 Part A adult coverage from those with family incomes up to one
181 hundred eighty-five per cent of the federal poverty level to those with
182 family incomes up to one hundred thirty-three per cent of the federal
183 poverty level, is appropriated to the Department of Social Services for
184 the state basic health program.

185 (b) Funds appropriated to the Department of Social Services under
186 this section shall be used (1) to provide the same benefits and limits on
187 cost-sharing in the state basic health program as apply to medical
188 assistance provided in accordance with Title XIX of the Social Security

189 Act, and (2) to increase reimbursement rates for providers serving
 190 individuals receiving benefits pursuant to the basic health program.
 191 Reimbursement rates shall be increased pursuant to this section in a
 192 manner that will maximize individuals' access to needed health care
 193 services.

194 Sec. 6. (NEW) (*Effective from passage*) There is established an account
 195 to be known as the "basic health program account", which shall be a
 196 separate, nonlapsing account within the General Fund. The account
 197 shall contain any moneys required by law to be deposited in the
 198 account. Moneys in the account shall be expended by the Department
 199 of Social Services for the purposes of operating a basic health plan in
 200 conformance with Section 1331 of the Affordable Care Act.

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
Sec. 3	<i>from passage</i>	17b-261(a)
Sec. 4	<i>from passage</i>	17a-22h(a)
Sec. 5	<i>from passage</i>	New section
Sec. 6	<i>from passage</i>	New section

Statement of Legislative Commissioners:

In section 2(c) references to each committee were clarified and in section 4(a) "recipients of" was changed to "enrollees in" for internal consistency.

HS *Joint Favorable Subst.*