



General Assembly

Substitute Bill No. 1087

January Session, 2013



**AN ACT CONCERNING A RESPITE PILOT PROGRAM TO SAVE
MEDICAID HOSPITALIZATION COSTS.**

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

1 Section 1. (*Effective from passage*) (a) Not later than October 1, 2013,
2 the Commissioner of Social Services, in consultation with the
3 Commissioner of Public Health, shall establish a five-year medical
4 respite pilot program for homeless persons in the city of New Haven.

5 (b) The Commissioner of Social Services shall convene a pilot
6 program planning group that includes, but is not limited to, a
7 representative from: (1) Yale-New Haven Hospital, (2) the Columbus
8 House Inc., and (3) other community service organizations. The
9 planning group shall design a medical respite program that serves not
10 less than one hundred fifty persons who require recuperative medical
11 care but whose medical needs do not require hospitalization. The
12 planning group shall pursue public and private funding sources for
13 the medical respite program.

14 (c) The pilot medical respite program shall operate until July 1, 2018,
15 and include, but not be limited to: (1) A twelve-bed unit equipped to
16 provide care to persons with a projected average length of stay of four
17 weeks, (2) twenty-four hour supervision of persons in the program, (3)
18 referrals to health care providers, and (4) case management services,
19 which include the provision of housing and support opportunities to

20 help such persons avert homelessness.

21 (d) Not later than January 1, 2015, the pilot program planning group
22 established pursuant to subsection (b) of this section shall submit a
23 report, in accordance with section 11-4a of the general statutes, to the
24 joint standing committees of the General Assembly having cognizance
25 of matters relating to human services, public health and appropriations
26 and the budgets of state agencies. The report shall include, but not be
27 limited to: (1) The number of persons served since the start of the
28 medical respite pilot program, (2) a fiscal analysis of projected
29 Medicaid cost savings related to a decrease in hospital admissions and
30 other health care costs for persons served by the program, (3)
31 recommendations on whether the pilot program should be expanded,
32 and (4) potential funding sources to expand the pilot program.

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

HS

Joint Favorable Subst. C/R

APP