
OLR Bill Analysis

sSB 882

AN ACT CONCERNING ADDING THE PACE PROGRAM TO THE MEDICAID STATE PLAN.

SUMMARY:

This bill requires the Department of Social Services (DSS) commissioner, by September 30, 2013, to submit a Medicaid state plan amendment to add federal Program for All-Inclusive Care of the Elderly (PACE) services (see BACKGROUND) to the state Medicaid program. (By law, DSS must receive legislative approval for any proposed state plan amendment.)

The bill designates DSS as the state agency responsible for administering PACE services and requires the department to establish participation criteria for eligible individuals and PACE providers.

The bill allows the commissioner to implement policies and procedures to carry out these provisions while in the process of adopting them in regulation. He must publish notice of intent to adopt the regulations in the *Connecticut Law Journal* no later than 20 days after implementing the policies and procedures. They are valid until the final regulations are adopted.

Finally, the bill repeals an obsolete provision allowing the DSS commissioner to apply for a federal Medicaid waiver to implement a PACE pilot program. It also deletes obsolete statutory language regarding this pilot program, which was never implemented.

EFFECTIVE DATE: July 1, 2013, except that the provision repealing the PACE pilot program Medicaid waiver takes effect on July 1, 2014.

BACKGROUND

PACE Program

PACE is a joint Medicare and Medicaid program administered by

the federal Centers for Medicare and Medicaid Services (CMS). It provides comprehensive preventive, acute, primary, and long-term care services to frail seniors to help them remain in the community and delay or avoid institutional care.

The program is available to certain individuals age 55 and older who are certified by the state as needing nursing home care and able to live safely in the community at the time of enrollment. Generally, participants are enrolled in Medicare, Medicaid, or both (i.e., dually eligible).

PACE is a capitated, risk-based, voluntary program funded primarily through monthly Medicare and Medicaid capitation payments to eligible enrollees. Services are provided by PACE organizations approved by CMS. Participants must agree to receive all of their medical and support services through these organizations.

COMMITTEE ACTION

Aging Committee

Joint Favorable

Yea 12 Nay 0 (03/07/2013)