



House of Representatives

General Assembly

File No. 83

February Session, 2014

House Bill No. 5228

House of Representatives, March 25, 2014

The Committee on Aging reported through REP. SERRA of the 33rd Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

AN ACT EXPANDING ELIGIBILITY FOR THE ALZHEIMER'S DISEASE RESPITE PROGRAM.

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

1 Section 1. Section 17b-349e of the 2014 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective July 1, 2014*):

4 (a) As used in this section:

5 (1) "Respite care services" means support services which provide
6 short-term relief from the demands of ongoing care for an individual
7 with Alzheimer's disease.

8 (2) "Caretaker" means a person who has the responsibility for the
9 care of an individual with Alzheimer's disease or has assumed the
10 responsibility for such individual voluntarily, by contract or by order
11 of a court of competent jurisdiction.

12 (3) "Copayment" means a payment made by or on behalf of an

13 individual with Alzheimer's disease for respite care services.

14 (4) "Individual with Alzheimer's disease" means an individual with
15 Alzheimer's disease or related disorders.

16 (b) The Commissioner on Aging shall operate a program [, within
17 available appropriations,] to provide respite care services for
18 caretakers of individuals with Alzheimer's disease, provided such
19 individuals with Alzheimer's disease meet the requirements set forth
20 in subsection (c) of this section. Such respite care services may include,
21 but need not be limited to (1) homemaker services; (2) adult day care;
22 (3) temporary care in a licensed medical facility; (4) home-health care;
23 (5) companion services; or (6) personal care assistant services. Such
24 respite care services may be administered directly by the Department
25 on Aging, or through contracts for services with providers of such
26 services, or by means of direct subsidy to caretakers of individuals
27 with Alzheimer's disease to purchase such services.

28 (c) (1) No individual with Alzheimer's disease may participate in the
29 program if such individual (A) has an annual income of more than
30 [forty-one] fifty thousand dollars or liquid assets of more than one
31 hundred nine thousand dollars, or (B) is receiving services under the
32 Connecticut home-care program for the elderly. On July 1, 2009, and
33 annually thereafter, the commissioner shall increase such income and
34 asset eligibility criteria over that of the previous fiscal year to reflect
35 the annual cost of living adjustment in Social Security income, if any.

36 (2) No individual with Alzheimer's disease who participates in the
37 program may receive more than three thousand five hundred dollars
38 for services under the program in any fiscal year or receive more than
39 thirty days of out-of-home respite care services other than adult day
40 care services under the program in any fiscal year, except that the
41 commissioner shall adopt regulations pursuant to subsection (d) of this
42 section to provide up to seven thousand five hundred dollars for
43 services to a participant in the program who demonstrates a need for
44 additional services.

45 (3) The commissioner may require an individual with Alzheimer's
 46 disease who participates in the program to pay a copayment for respite
 47 care services under the program, except the commissioner may waive
 48 such copayment upon demonstration of financial hardship by such
 49 individual.

50 (d) The commissioner shall adopt regulations in accordance with the
 51 provisions of chapter 54 to implement the provisions of this section.
 52 Such regulations shall include, but need not be limited to (1) standards
 53 for eligibility for respite care services; (2) the basis for priority in
 54 receiving services; (3) qualifications and requirements of providers,
 55 which shall include specialized training in Alzheimer's disease,
 56 dementia and related disorders; (4) a requirement that providers
 57 accredited by the Joint Commission on the Accreditation of Healthcare
 58 Organizations, when available, receive preference in contracting for
 59 services; (5) provider reimbursement levels; (6) limits on services and
 60 cost of services; and (7) a fee schedule for copayments.

61 (e) The Commissioner on Aging may allocate any funds
 62 appropriated in excess of five hundred thousand dollars for the
 63 program among the five area agencies on aging according to need, as
 64 determined by said commissioner.

65 Sec. 2. (Effective July 1, 2014) The sum of ____ dollars is appropriated
 66 to the Department on Aging from the General Fund, for the fiscal year
 67 ending June 30, 2015, for expansion of the Alzheimer's disease respite
 68 care program.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2014	17b-349e
Sec. 2	July 1, 2014	New section

AGE 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.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 15 \$	FY 16 \$
State Department on Aging	GF - Cost	341,000 - 665,000	341,000 - 665,000

Municipal Impact: None

Explanation

The bill increases eligibility for the Alzheimer’s Respite program and eliminates the requirement that it be operated within available appropriations. This will result in additional annual program costs of between \$341,000 and \$665,000.

The bill increases the income eligibility limit from the current \$43,198 to \$50,000. In FY 13, the program served 701 clients at an average cost of \$3,100. Assuming that utilization is similar in the expanded income bracket, the program would serve an additional 110 clients, at an additional annual cost of \$341,000.

Currently, the Department on Aging manages the amount of services allocated to each enrollee in order to not exceed the program's appropriation. Should the elimination of the requirement that the program be operated within available appropriations result in clients receiving additional benefits up to the statutory standard of \$3,500, additional annual costs of \$324,000 would be incurred.

Section 3 of the bill appropriates an unspecified amount of funding for this expansion.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**HB 5228*****AN ACT EXPANDING ELIGIBILITY FOR THE ALZHEIMER'S DISEASE RESPITE PROGRAM.*****SUMMARY:**

This bill increases, from \$41,000 to \$50,000, the annual income limit for participants in the Statewide Respite Care Program, which provides respite for caregivers who care for people with Alzheimer's disease or related disorders, regardless of age, who are not enrolled in the Connecticut Homecare Program for Elders. By law, the commissioner must annually increase the income and asset limits to reflect Social Security cost of living adjustments. The current income limit and the asset limit of \$109,000 were set in 2009 and have not been adjusted since.

The bill also (1) appropriates an unspecified amount from the General Fund to the Aging Department in FY 15 to expand the program and (2) removes the stipulation that the commissioner operate it within available appropriations.

EFFECTIVE DATE: July 1, 2014

BACKGROUND***Statewide Respite Care Program***

By law, program participants are eligible to receive up to \$7,500 in services annually, depending on need. Services include homemaker and personal care assistant services, adult day care, short-term medical facility care, home health care, and companion services.

COMMITTEE ACTION

Aging Committee

Joint Favorable

Yea 12 Nay 0 (03/11/2014)