



Senate

General Assembly

File No. 134

January Session, 2015

Senate Bill No. 716

Senate, March 19, 2015

The Committee on Aging reported through SEN. FLEXER of the 29th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

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

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

1 Section 1. Section 17b-349e of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective July 1, 2015*):

3 (a) As used in this section:

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

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

11 (3) "Copayment" means a payment made by or on behalf of an
12 individual with Alzheimer's disease for respite care services.

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

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

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

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

44 (3) The commissioner may require an individual with Alzheimer's
45 disease who participates in the program to pay a copayment for respite

46 care services under the program, except the commissioner may waive
47 such copayment upon demonstration of financial hardship by such
48 individual.

49 (d) The commissioner shall adopt regulations in accordance with the
50 provisions of chapter 54 to implement the provisions of this section.
51 Such regulations shall include, but need not be limited to: (1)
52 [standards] Standards for eligibility for respite care services; (2) the
53 basis for priority in receiving services; (3) qualifications and
54 requirements of providers, which shall include specialized training in
55 Alzheimer's disease, dementia and related disorders; (4) a requirement
56 that providers accredited by the Joint Commission on the
57 Accreditation of Healthcare Organizations, when available, receive
58 preference in contracting for services; (5) provider reimbursement
59 levels; (6) limits on services and cost of services; and (7) a fee schedule
60 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, 2015) The sum of ____ dollars is appropriated
66 to the Department on Aging from the General Fund, for the fiscal year
67 ending June 30, 2016, 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, 2015	17b-349e
Sec. 2	July 1, 2015	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 16 \$	FY 17 \$
State Department of Aging	GF - Cost	300,000 to 706,500	300,000 to 706,500

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 \$300,000 and \$706,500.

The bill increases the income eligibility limit from the current \$43,198 to \$50,000. In FY 14, the program served 713 clients at an average cost of \$3,000. Assuming that utilization is similar in the expanded income bracket, the program would serve an additional 100 clients, at an additional annual cost of \$300,000.

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 all clients receiving additional benefits up to the statutory standard of \$3,500, additional annual costs of \$406,500 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**SB 716*****AN ACT EXPANDING ELIGIBILITY FOR THE ALZHEIMER'S DISEASE RESPITE CARE PROGRAM.*****SUMMARY:**

This bill increases, from \$43,846 to \$50,000, the annual income limit for participants in the Respite Care Program, which provides respite for caregivers who care for people with Alzheimer's disease or related disorders. Under the bill the individual with Alzheimer's or related diseases must (1) meet income and asset limits and (2) not be enrolled in the Connecticut Home Care Program for Elders. The asset limit is \$116,567. Current income and asset limits are set by Department of Aging policy. The law requires the department to annually increase these limits to reflect social security cost of living adjustments.

The bill also (1) appropriates an unspecified amount from the General Fund to the Aging Department in FY 16 to expand the program and (2) removes the stipulation that the aging commissioner operate the program within available appropriations.

EFFECTIVE DATE: July 1, 2015

BACKGROUND***Respite Care Program***

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

COMMITTEE ACTION

Aging Committee

Joint Favorable

Yea 13 Nay 0 (03/05/2015)