



Senate

General Assembly

File No. 155

February Session, 2018

Substitute Senate Bill No. 158

Senate, April 3, 2018

The Committee on Aging reported through SEN. MCCRORY of the 2nd Dist. and SEN. KELLY of the 21st Dist., Chairpersons of the Committee on the part of the Senate, that the substitute 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 2018 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective July 1, 2018*):

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 of Social Services shall operate a program [,
17 within 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] Homemaker services; (2)
22 adult day care; (3) temporary care in a licensed medical facility; (4)
23 home-health care; (5) companion services; or (6) personal care assistant
24 services. Such respite care services may be administered directly by the
25 Department of Social Services, or through contracts for services with
26 providers of such services, or by means of direct subsidy to caretakers
27 of individuals with Alzheimer's disease to purchase such services.

28 (c) (1) [No] Effective July 1, 2018, no individual with Alzheimer's
29 disease may participate in the program if such individual (A) has an
30 annual income of more than [forty-one] fifty-one thousand dollars or
31 liquid assets of more than one hundred [nine] twenty thousand
32 dollars, or (B) is receiving services under the Connecticut home-care
33 program for the elderly. On July 1, [2009] 2019, and annually
34 thereafter, the commissioner shall increase such income and asset
35 eligibility criteria over that of the previous fiscal year to reflect the
36 annual cost of living adjustment in Social Security income, if any.

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

45 additional services.

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

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

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

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2018	17b-349e

Statement of Legislative Commissioners:

The effective date was changed to July 1, 2018, for consistency with other provisions of the section.

AGE Joint Favorable Subst. -LCO

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 19 \$	FY 20 \$
Rehabilitation Services, Dept.	GF - Cost	200,000 to 1,000,000	200,000 to 1,000,000

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill increases eligibility for the Alzheimer's Respite Care program and eliminates the requirement that it be operated within available appropriations. This will result in additional annual program costs of at least \$200,000 to \$1,000,000.

The bill increases the income eligibility limit from the current effective maximum of \$45,619 to \$51,000. In FY 17, the program served 685 clients at an average cost of \$2,455.¹ Assuming utilization is similar in the expanded income bracket, the program will serve an additional 81 clients, at an additional annual cost of \$200,000.

Currently, the State Unit on Aging manages the amount of services allocated to each enrollee in order not to 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 \$800,000 would be incurred.

¹State Unit on Aging cost and caseload data for the Alzheimer's Respite Care program.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to the number of people served and the cost of benefits provided under the program.

OLR Bill Analysis**SB 158*****AN ACT EXPANDING ELIGIBILITY FOR THE ALZHEIMER'S DISEASE RESPITE CARE PROGRAM.*****SUMMARY**

Starting July 1, 2018, this bill expands eligibility for individuals with Alzheimer's disease or related disorders to participate in the state's Respite Care Program (see BACKGROUND). It does so by (1) increasing the program's annual income limit from \$45,619 to \$51,000 and (2) decreasing its annual liquid asset limit from \$121,283 to \$120,000. (Current income and asset limits reflect annual Social Security cost of living adjustments.) Under existing law, unchanged by the bill, participants cannot enroll in the Connecticut Home Care Program for Elders.

The bill also (1) eliminates the requirement that the commissioner operate the program within available appropriations and (2) makes technical changes.

EFFECTIVE DATE: July 1, 2018

BACKGROUND***Statewide Respite Care Program***

By law, the Respite Care Program provides respite for caregivers of individuals with Alzheimer's disease or related disorders. Program participants may 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. Participants may be required to pay a portion of the cost.

COMMITTEE ACTION

Aging Committee

Joint Favorable

Yea 12 Nay 0 (03/15/2018)