OLR Bill Analysis
sSB 372

AN ACT CONCERNING THE PROVISION OF RESOURCES TO GUARDIANS OF ADULT CHILDREN WITH INTELLECTUAL DISABILITY.

SUMMARY

This bill requires the Department of Social Services (DSS) commissioner to apply for any applicable Medicaid state plan amendment, waiver, or waiver amendment to allow guardians or family members of adults with intellectual disability to receive a stipend for providing personal care services to such individuals.

Under specified conditions, the bill requires the Department of Developmental Services (DDS) to provide stipends to guardians or family members who provide such care. This applies if the adult with intellectual disability is at least age 21 and (1) has complex medical or behavioral needs, according to DDS’s level of need (LON) assessment; (2) has an income at or below the federal poverty level; and (3) is at risk of institutionalization. (The bill does not specify which LON score constitutes complex needs.)

Under the bill, DDS must begin providing such stipends by the earlier of (1) July 1, 2020, or (2) 15 days after DSS receives federal approval for the Medicaid state plan amendment, waiver, or waiver amendment described above. DDS must pay the stipend at the rate DSS sets by law for home health services under the Connecticut home care program for the elderly.

EFFECTIVE DATE: July 1, 2019

GUARDIAN OR FAMILY MEMBER DEFINED

For purposes of the bill, “guardian or family member” means:

1. one or more biological or adoptive parents of an adult with
intellectual disability,

2. one or more persons granted legal custody of an adult with intellectual disability when that adult was a minor and in whose home the adult resides, or

3. any other adult family member of an adult with intellectual disability who resides with and has a primary responsibility for providing continuous care to the individual.

**MEDICAID WAIVER APPLICATION**

Under the bill, the DSS commissioner must apply to the Centers for Medicare and Medicaid Services (CMS) for any applicable Medicaid state plan amendment, waiver, or waiver amendment to allow the stipends described above. The commissioner must do so in collaboration with the DDS commissioner.

The bill applies existing requirements on legislative approval of Medicaid waivers and certain state plan amendments to waivers and amendments under the bill (see BACKGROUND).

**BACKGROUND**

*Medicaid Waiver and Amendment Approval Process*

By law, before submitting a waiver application or certain state plan amendments to CMS, DSS must (1) publish a notice of intention to seek a waiver in the Connecticut Law Journal and on the department’s website and (2) submit the waiver application to the Appropriations and Human Services committees. The committees must hold a public hearing (for waivers) or notify DSS as to whether they intend to hold a public hearing (for state plan amendments) and advise the DSS commissioner of their approval, disapproval, or modifications of the waiver application or state plan amendment (CGS § 17b-8).

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 25 Nay 0 (03/29/2019)