
OLR Bill Analysis

HB 6469

AN ACT CONCERNING THE CONNECTICUT HOME-CARE PROGRAM FOR THE ELDERLY.

SUMMARY

This bill eliminates the required co-payments for participants in the state-funded portion of the Connecticut Home Care Program for Elders (CHCPE, see BACKGROUND). Under current law, the required co-payments are as follows:

1. Participants with income at or below 200% of the federal poverty level (FPL) and who are Medicaid-ineligible must generally contribute nine percent of the cost of their care each month.
2. Participants with income greater than 200% of the FPL must also contribute an applied income amount (calculated by subtracting certain personal needs allowances from their gross income).
3. Participants living in government-subsidized affordable housing programs are exempt from the 9% co-pay but must pay the applied income copay if their income exceeds 200% of the FPL.

(In 2021, 200% of the FPL is \$25,760 for an individual and \$34,840 for a family of two.)

Current law allows the Department of Social Services (DSS) commissioner to implement revised criteria for CHCPE's operation while in the process of adopting them as regulations, provided she publishes notice of intent to adopt the regulations in the Connecticut Law Journal within 20 days of implementing the policy. The bill requires DSS to generally conform to the Uniform Administrative

Procedure Act by instead posting the notice on the department's website and the state's eRegulations System.

The bill also makes technical and conforming changes.

EFFECTIVE DATE: July 1, 2021

BACKGROUND

Connecticut Home Care Program for Elders

CHCPE is a Medicaid-waiver and state-funded program that provides a range of home- and community-based services for eligible individuals age 65 or older who are at risk of inappropriate institutionalization (e.g., nursing home placement). In comparison to the Medicaid-waiver component, the program's state-funded portion has no income limit and has higher asset limits. The state has authority to limit program enrollment or establish wait lists based on available resources.

COMMITTEE ACTION

Human Services Committee

Joint Favorable

Yea 14 Nay 5 (03/09/2021)