

# Aging Committee JOINT FAVORABLE REPORT

**Bill No.:** SB-813

AN ACT CONCERNING RETROACTIVE MEDICAID ELIGIBILITY FOR HOME  
**Title:** CARE SERVICES.

**Vote Date:** 2/16/2021

**Vote Action:** Joint Favorable Change of Reference to Appropriations

**PH Date:** 2/9/2021

**File No.:**

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## **SPONSORS OF BILL:**

Aging Committee

## **REASONS FOR BILL:**

Currently there is a potential gap in coverage when Medicaid is approved for an applicant who is receiving home care. It may then be necessary for the applicant to move to a nursing home. The applicant may then be exposed to disease, such as COVID 19. Additionally, moving an applicant to a nursing home is more of a financial burden to the state, rather than to have the applicant remain at home. This bill will require the Dept. of Social Services to provide medical assistance payments for Medicaid-eligible home care services retroactive to not more than three months before the date an eligible person applied for Medicaid. Any Medicaid applicant who has transferred assets for less than fair market value for purposes of obtaining or maintaining Medicaid eligibility in the sixty months before applying shall not be eligible for retroactive medical assistance payments.

## **RESPONSE FROM ADMINISTRATION/AGENCY:**

**Senator Paul Formica, Connecticut General Assembly:** He offered testimony in support of this legislation. He points out that this bill ensures that elderly residents can continue to receive home care without a gap in the provision of home health services.

**Dept. of Social Services:** They submitted testimony in opposition to this proposal because Centers for Medicare and Medicaid Services guidance and federal law does not allow for the changes sought by the bill and the Dept. cannot support this legislation. They continue to maintain that the current policy is fair and reasonable and supports the original intent of the 1988 Medicare Catastrophic Coverage Act.

## **NATURE AND SOURCES OF SUPPORT:**

### **Tracy Wodatch, President and CEO, The Connecticut Assoc. for Healthcare at Home:**

They support this bill. They state that all Medicaid waiver services require the use of Electronic Visit Verification (EEV) and an approved care plan by one of the Access Agencies they cannot bill for services. It also follows that a non-waiver Medicaid pending case also cannot get prior authorization for services and they cannot bill. Because providers are experiencing difficult financial times which impacts their ability to take pending Medicaid cases at all. Home healthcare agencies have been longtime, willing and collaborative state partners but they are struggling due to inadequate and stagnant Medicaid reimbursement rates. It is important to preserving the financial viability of home health and home care agencies to statewide access to community-based services.

**Marie Allen, Executive Director, Connecticut Assoc. of Area Agencies on Aging:** They are support of this bill and are hopeful that continued solution-based discussion will decrease the period between application and enrollment for home care services. A potential solution would be a thoughtful process of presumptive eligibility as it would serve the purpose of expedited access to home care services while maintaining compliance and maximizing cost sharing with Medicaid.

**Sheldon Toubman, Attorney, New Haven Legal Assistance Assoc., Inc:** They submitted testimony that supports this legislation and have offered an amendment to the proposal. Their reasons for this amendment is included in details of their testimony.

In Section 1 of the bill they add language "provided by Medicaid-participation providers" in line 9, delete language from line 12 through line 17 and add language in line 18, "The Commissioner of Social Services shall review and timely process all requests for prior authorization etc.".

**Stevin Rubin, Attorney, President Elect of the CT Chapter of the National Academy of Elder Law Attorneys:** Their testimony is offered in support of this bill because it ensures that the impoverished, elderly population can receive care in their homes without a gap in coverage and it also assists the Dept. of Social Services in its rebalancing plan to provide care at home for lower costs than in a nursing home. The bill is designed to stop that gap in care for an individual who is otherwise qualified for Medicaid to get payment and preventing them from an unnecessary admission to a facility.

**Linnea Levine, Attorney, Member, Connecticut Chapter of the National Academy of Elder Law Attorneys:** She offered her support for the proposal in her testimony and believes that it will guarantee up to three months of Medicaid home care coverage to applicants who have not gifted their money to others but have spent down their savings to pay for their own care. She concludes that the bill will assure that the impoverished, elderly population can receive care in the home without a gap in the provision of home health care services and assist the Dept of Social Services in moving forward with its rebalancing efforts to provide quality care at home for more elders at a lower cost than for similar services in a nursing home.

## **NATURE AND SOURCES OF OPPOSITION:**

No testimony offered in opposition.

**Reported by: Richard Ferrari, Assistant Clerk  
Richard O'Neil, Assistant Clerk  
Joe Perkus, Clerk**

**Date: 3/5/21**