
OLR Bill Analysis

sHB 5333

AN ACT CONCERNING THE PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY.

SUMMARY

This bill allows the Department of Social Services (DSS) commissioner to submit a Medicaid state plan amendment to the Centers for Medicare and Medicaid Services (CMS) to cover Program of All-Inclusive Care for the Elderly (PACE) services under Medicaid within available appropriations.

Generally, PACE programs provide medical and social services through providers that serve eligible individuals in a provider's defined service area (see BACKGROUND). Under federal law and the bill, PACE programs are operated by PACE providers that provide comprehensive health care services to eligible individuals in accordance with federal regulations and a PACE program agreement (i.e., an agreement between a provider and the U.S. Department of Health and Human Services or the state administering agency to operate a PACE program.) For-profit and nonprofit providers may operate a PACE program. Eligible individuals:

1. are age 55 or older,
2. require a nursing home level of care,
3. live in a PACE program's service area, and
4. meet any other eligibility requirements included in the PACE program agreement (42 U.S.C. § 1395eee).

The bill requires DSS to be the state administering agency responsible for administering PACE program agreement services. If CMS approves the Medicaid state plan amendment, the bill requires DSS to establish

participation criteria for eligible individuals and PACE providers and make payments for PACE program services from funds appropriated to the Medicaid account.

By law, for certain programs including Medicaid, DSS may implement policies and procedures while in the process of adopting them as regulations (CSG § 17b-10(b)). The bill explicitly allows the DSS commissioner to implement policies and procedures this way under the bill and requires her to post notice of her intent to adopt regulations on the eRegulations System within 20 days of implementing the policies and procedures, which are valid until final regulations are adopted.

The bill eliminates two obsolete provisions related to pilot programs for PACE services and makes technical changes.

EFFECTIVE DATE: July 1, 2022

BACKGROUND

PACE Services and Centers

PACE organizations provide services primarily in an adult day health center (a “PACE center”). Each PACE organization must operate at least one PACE center in, or contiguous to, its designated service area with sufficient capacity to allow routine attendance by participants. The PACE center must provide at least primary care, social services, restorative therapies (physical therapy and occupational therapy), personal care and supportive services, nutritional counseling, recreational therapy, and meals (42 C.F.R. § 460.98).

PACE organizations receive a capitated payment to provide Medicare and Medicaid services, as well as other services. While enrolled in PACE, participants receive all their Medicare and Medicaid benefits solely through the PACE organization (42 C.F.R. § 460.90).

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 20 Nay 0 (03/24/2022)