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## OLR Bill Analysis

### HB 5339

#### ***AN ACT EXPANDING ACCESS TO THE CONNECTICUT HOME-CARE PROGRAM FOR THE ELDERLY.***

#### **SUMMARY**

This bill expands eligibility to the state-funded portion of the Connecticut Homecare Program for the Elderly (CHCPE, see BACKGROUND) by increasing program asset limits. It also reduces the required co-payments for participants in the state-funded portion.

EFFECTIVE DATE: July 1, 2022

#### **STATE-FUNDED CHCPE**

##### ***Asset Limits***

The bill increases asset limits under the state-funded portion of CHCPE to \$45,000 if single and \$65,000 if married. Current law limits an eligible individual's assets to 150% of the federal minimum community spouse protected amount (CSPA) if single (\$41,220 in 2022) or 200% if married (\$54,960 in 2022). The bill also eliminates annual adjustments to these asset limits by removing the link to the CSPA, which is updated annually.

##### ***Copayments***

The bill reduces, from 4.5% to 3.5%, the required co-payments for participants in the state-funded portion as shown in Table 1 below.

**Table 1: CHCPE Participant Copayments Under Current Law and the Bill**

<b><i>Participant Category</i></b>	<b><i>Copayments Under Current Law</i></b>	<b><i>Copayments Under the Bill</i></b>
Participants with income at or below 200% FPL* and Medicaid-ineligible	4.5% of care costs/month	3.5% of care costs/month
Participants with income greater than 200% FPL	4.5% of care costs/month and an applied income amount (calculated by subtracting certain personal	3.5% of care costs/month and the applied income amount

<b>Participant Category</b>	<b>Copayments Under Current Law</b>	<b>Copayments Under the Bill</b>
	needs allowances from their gross income)	
Participants living in government-subsidized affordable housing programs	An applied income copay if income is greater than 200% FPL	No change
*In 2022, 200% of the FPL is \$27,180 for an individual and \$36,620 for a family of two		

## **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 20 Nay 0 (03/24/2022)