



# Senate

General Assembly

**File No. 697**

January Session, 2023

Substitute Senate Bill No. 946

*Senate, May 4, 2023*

The Committee on Appropriations reported through SEN. OSTEN of the 19th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

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

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (c) of section 17b-342 of the general statutes is  
2 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
3 *2023*):

4 (c) The community-based services covered under the program shall  
5 include, but not be limited to, the following services to the extent that  
6 they are not available under the state Medicaid plan, occupational  
7 therapy, homemaker services, companion services, meals on wheels,  
8 adult day care, transportation, mental health counseling, care  
9 management, [elderly foster care] adult family living, minor home  
10 modifications and assisted living services provided in state-funded  
11 congregate housing and in other assisted living pilot or demonstration  
12 projects established under state law. Personal care assistance services  
13 shall be covered under the program to the extent that (1) such services  
14 are not available under the Medicaid state plan and are more cost

15 effective on an individual client basis than existing services covered  
16 under such plan, and (2) the provision of such services is approved by  
17 the federal government. A family caregiver, including, but not limited  
18 to, a spouse, who provides personal care assistance services to an  
19 individual enrolled in the program shall be compensated to the extent  
20 permissible under federal law. Recipients of state-funded services and  
21 persons who are determined to be functionally eligible for community-  
22 based services who have an application for medical assistance pending  
23 shall have the cost of home health and community-based services  
24 covered by the program, provided they comply with all medical  
25 assistance application requirements. Access agencies shall not use  
26 department funds to purchase community-based services or home  
27 health services from themselves or any related parties.

28 Sec. 2. Subsection (i) of section 17b-342 of the general statutes is  
29 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
30 *2023*):

31 (i) (1) The Commissioner of Social Services shall, within available  
32 appropriations, administer a state-funded portion of the program for  
33 persons (A) who are sixty-five years of age and older; (B) who are  
34 inappropriately institutionalized or at risk of inappropriate  
35 institutionalization; (C) whose income is less than or equal to the  
36 amount allowed under subdivision (3) of subsection (a) of this section;  
37 and (D) whose assets, if single, do not exceed one hundred fifty per cent  
38 of the federal minimum community spouse protected amount pursuant  
39 to 42 USC 1396r-5(f)(2) or, if married, the couple's assets do not exceed  
40 two hundred per cent of said community spouse protected amount. [For  
41 program applications received by the Department of Social Services for  
42 the fiscal years ending June 30, 2016, and June 30, 2017, only persons  
43 who require the level of care provided in a nursing home shall be  
44 eligible for the state-funded portion of the program, except for persons  
45 residing in affordable housing under the assisted living demonstration  
46 project established pursuant to section 17b-347e who are otherwise  
47 eligible in accordance with this section.]

48 (2) Except for persons residing in affordable housing under the  
49 assisted living demonstration project established pursuant to section  
50 17b-347e, as provided in subdivision (3) of this subsection, any person  
51 whose income is at or below two hundred per cent of the federal poverty  
52 level and who is ineligible for Medicaid shall contribute [~~three~~] two per  
53 cent of the cost of his or her care. Any person whose income exceeds two  
54 hundred per cent of the federal poverty level shall contribute [~~three~~] two  
55 per cent of the cost of his or her care in addition to the amount of applied  
56 income determined in accordance with the methodology established by  
57 the Department of Social Services for recipients of medical assistance.  
58 Any person who does not contribute to the cost of care in accordance  
59 with this subdivision shall be ineligible to receive services under this  
60 subsection. Notwithstanding any provision of sections 17b-60 and 17b-  
61 61, the department shall not be required to provide an administrative  
62 hearing to a person found ineligible for services under this subsection  
63 because of a failure to contribute to the cost of care.

64 (3) Any person who resides in affordable housing under the assisted  
65 living demonstration project established pursuant to section 17b-347e  
66 and whose income is at or below two hundred per cent of the federal  
67 poverty level, shall not be required to contribute to the cost of care. Any  
68 person who resides in affordable housing under the assisted living  
69 demonstration project established pursuant to section 17b-347e and  
70 whose income exceeds two hundred per cent of the federal poverty  
71 level, shall contribute to the applied income amount determined in  
72 accordance with the methodology established by the Department of  
73 Social Services for recipients of medical assistance. Any person whose  
74 income exceeds two hundred per cent of the federal poverty level and  
75 who does not contribute to the cost of care in accordance with this  
76 subdivision shall be ineligible to receive services under this subsection.  
77 Notwithstanding any provision of sections 17b-60 and 17b-61, the  
78 department shall not be required to provide an administrative hearing  
79 to a person found ineligible for services under this subsection because  
80 of a failure to contribute to the cost of care.

81 (4) The annualized cost of services provided to an individual under

82 the state-funded portion of the program shall not exceed fifty per cent  
83 of the weighted average cost of care in nursing homes in the state, [,  
84 except an individual who received services costing in excess of such  
85 amount under the Department of Social Services in the fiscal year  
86 ending June 30, 1992, may continue to receive such services, provided  
87 the annualized cost of such services does not exceed eighty per cent of  
88 the weighted average cost of such nursing home care.] The  
89 commissioner may allow the cost of services provided to an individual  
90 to exceed the maximum cost established pursuant to this subdivision in  
91 a case of extreme hardship, as determined by the commissioner,  
92 provided in no case shall such cost exceed that of the weighted cost of  
93 such nursing home care.

94 (5) A family caregiver, including, but not limited to, a spouse, shall  
95 be compensated for any personal care assistance services provided to an  
96 individual enrolled in the program.

97 Sec. 3. Section 17b-343 of the general statutes is repealed and the  
98 following is substituted in lieu thereof (*Effective July 1, 2023*):

99 The Commissioner of Social Services shall establish annually the  
100 maximum allowable rate to be paid by agencies for homemaker  
101 services, chore person services, companion services, respite care, meals  
102 on wheels, adult day care services, case management and assessment  
103 services, transportation, mental health counseling and [elderly foster  
104 care] adult family living. The Commissioner of Social Services shall  
105 prescribe uniform forms on which agencies providing such services  
106 shall report their costs for such services. Such rates shall be determined  
107 on the basis of a reasonable payment for necessary services rendered.  
108 The maximum allowable rates established by the Commissioner of  
109 Social Services for the Connecticut home-care program for the elderly  
110 established under section 17b-342, as amended by this act, shall  
111 constitute the rates required under this section until revised in  
112 accordance with this section. The Commissioner of Social Services shall  
113 establish a fee schedule, to be effective on and after July 1, 1994, for  
114 homemaker services, chore person services, companion services, respite

115 care, meals on wheels, adult day care services, case management and  
116 assessment services, transportation, mental health counseling and  
117 [elderly foster care] adult family living. The commissioner may annually  
118 increase the fee schedule based on an increase in the cost of services. The  
119 commissioner shall increase the fee schedule effective July 1, 2000, by  
120 not less than five per cent, for adult day care services. The commissioner  
121 shall increase the fee schedule effective July 1, 2011, by four dollars per  
122 person, per day for adult day care services. The commissioner shall  
123 increase the fee schedule effective July 1, 2019, for meals on wheels by  
124 ten per cent over the fee schedule for meals on wheels for the previous  
125 fiscal year. Effective July 1, 2020, and annually thereafter, the  
126 commissioner may increase the fee schedule for meals on wheels  
127 providers serving participants in the Connecticut home-care program  
128 for the elderly by, at a minimum, the cost-of-living adjustment as  
129 measured by the consumer price index. The commissioner may increase  
130 any fee payable to a meals on wheels provider upon the application of  
131 such provider evidencing extraordinary costs related to delivery of  
132 meals on wheels in sparsely populated rural regions of the state.  
133 Nothing contained in this section shall authorize a payment by the state  
134 to any agency for such services in excess of the amount charged by such  
135 agency for such services to the general public.

136 Sec. 4. Subsection (b) of section 17b-370 of the general statutes is  
137 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
138 *2023*):

139 (b) The plan developed pursuant to subsection (a) of this section shall  
140 detail the structure of the demonstration project, persons served,  
141 services to be provided and how they will be provided. The plan shall  
142 include a timetable for implementation of the demonstration project on  
143 or after July 1, 2009. The plan shall ensure that the demonstration project  
144 includes, but is not limited to, the provision of the following services  
145 through a Medicaid state plan amendment, a new Medicaid waiver or  
146 modification of an existing home and community-based Medicaid  
147 waiver: Personal care assistance services, twenty-four-hour care,  
148 occupational therapy, homemaker services, companion services, meals

149 on wheels, adult day care, transportation, mental health counseling, care  
 150 management, [elderly foster care] adult family living, minor home  
 151 modifications, assistive technology and assisted living services. The  
 152 plan shall ensure that a person participating in the demonstration  
 153 project receives the level of care and services appropriate to maintain  
 154 such person in such person's home or community.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2023	17b-342(c)
Sec. 2	July 1, 2023	17b-342(i)
Sec. 3	July 1, 2023	17b-343
Sec. 4	July 1, 2023	17b-370(b)

**Statement of Legislative Commissioners:**

In Section 1(c), "family caregivers" was changed to "a family caregiver", ", but not limited to," was added after "including", "spouses" was changed to "spouse", "provide" was changed to "provides" and "participants in the program" was changed to "an individual enrolled in the program"; in Section 2(i)(5), "services" was added after "assistance" and "individual in the program" was changed to "individual enrolled in the program", for clarity and consistency; and Sections 3 and 4 were added to change "elderly foster care" to "[elderly foster care] adult family living", for consistency.

**HS** Joint Favorable Subst. C/R

APP

**APP** Joint Favorable Subst.-LCO

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

**OFA Fiscal Note**

**State Impact:**

Agency Affected	Fund-Effect	FY 24 \$	FY 25 \$
Social Services, Dept.	GF - Cost	See Below	See Below

Note: GF=General Fund

**Municipal Impact:** None

**Explanation**

The bill results in increased costs to the Department of Social Services (DSS) associated with decreasing client cost sharing requirements under the Connecticut Home Care Program from three percent to two percent of the cost of care, resulting in a state cost of approximately \$300,000 annually.

The bill also results in a cost to DSS due to requiring that family caregivers, including spouses, be compensated for personal care assistance services. This increases costs to DSS associated with clients who would not otherwise access PCA services, but will do so if provided by their spouse. The extent of the cost is unknown and is based on the number of home care clients who would utilize PCA services through a family member not currently eligible for such reimbursement. For context, there are approximately 12,400 clients on the Home Care Waiver program and 1,700 on the state-funded program.

**The Out Years**

The annualized ongoing fiscal impact identified above would continue into the future subject to service utilization.

**OLR Bill Analysis****sSB 946*****AN ACT CONCERNING THE CONNECTICUT HOME-CARE PROGRAM FOR THE ELDERLY.*****SUMMARY**

This bill requires the Department of Social Services (DSS) to compensate family caregivers, including spouses, who provide personal care assistance services in the Connecticut Home-Care Program for the Elderly (CHCPE). CHCPE is a Medicaid waiver- and state-funded program that offers a range of home- and community-based services for eligible people ages 65 or older who are at risk of inappropriate institutionalization. The bill's requirement to compensate family caregivers is generally limited to the extent allowed under federal law, but this limit does not apply to the state-funded portion of the program.

The bill also reduces cost sharing for the state funded portion of the program from 3% to 2% of service costs (see below).

Lastly, the bill removes obsolete provisions and makes a technical change to reference "adult family living" rather than "elderly foster care."

EFFECTIVE DATE: July 1, 2023

**CHCPE COST SHARING REDUCTION**

The bill reduces cost sharing for the state funded portion of the program from 3% to 2% of service costs as shown in the table below.



**Table: CHCPE Participant Cost Sharing Under Current Law and the Bill**

<b>Participant Category</b>	<b>Cost Sharing Under Current Law</b>	<b>Cost Sharing Under the Bill</b>
Participants with income at or below 200% of the federal poverty level (FPL)* and Medicaid-ineligible	3% of care costs/ month	2% of care costs/ month
Participants with income greater than 200% FPL	3% of care costs/ month and an applied income amount (calculated by subtracting certain personal needs allowances from gross income)	2% of care costs/ month and the applied income amount
Participants living in government-subsidized affordable housing programs	An applied income copay if income is greater than 200% FPL	No change
* In 2023, 200% of the FPL is \$29,160 for an individual and \$39,440 for a family of two		

**BACKGROUND**

**Related Bill**

sSB 412, favorably reported by the Appropriations and Human Services committees, requires DSS to raise the rate for adult complex care nursing services to equal the pediatric rate for these services, which are provided by home health care agencies or home health aide agencies in DSS programs.

**COMMITTEE ACTION**

Human Services Committee

Joint Favorable Substitute Change of Reference - APP  
 Yea 22 Nay 0 (03/16/2023)

Appropriations Committee

Joint Favorable  
 Yea 47 Nay 1 (04/21/2023)