



PA 23-30—HB 6677

Aging Committee

Appropriations Committee

AN ACT CONCERNING ADULT DAY CENTERS

SUMMARY: This act makes various changes related to the delivery of, and reimbursement for, adult day services. Specifically, it:

1. requires the Department of Social Services (DSS) commissioner to develop a plan to increase eligibility for adult day services under the Connecticut Home Care Program for Elders and report to the Aging Committee on the plan by February 1, 2024 (§ 1);
2. allows the commissioner to submit a Medicaid state plan amendment to the federal Centers for Medicare and Medicaid Services (CMS) to cover Program of All-Inclusive Care for Elderly (PACE; see BACKGROUND) services under Medicaid, within available appropriations (§ 2); and
3. eliminates an obsolete provision related to a PACE services pilot program (§ 3).

Lastly, the act makes technical changes.

EFFECTIVE DATE: July 1, 2023, except the DSS commissioner's adult day services plan provision takes effect upon passage.

§ 1 — ADULT DAY SERVICES PLAN

Under the act, the DSS commissioner's plan must include recommendations to do the following:

1. lower the eligible age to participate in the program so that people with early onset dementia and similar needs are eligible for adult day services;
2. amend the Medicaid state plan, to the extent federal law allows, to lower age eligibility requirements for these people;
3. increase Medicaid reimbursement rates to adult day centers to offset costs incurred for transporting people to and from the facilities; and
4. establish a PACE program.

§ 2 — PACE PROGRAM

The act allows the DSS commissioner to submit a Medicaid state plan amendment to CMS to cover PACE services under Medicaid, within available appropriations.

Generally, PACE programs deliver medical and social services through providers that serve eligible individuals in a provider's defined services area (see BACKGROUND). Under federal law and the act, PACE programs are operated by PACE providers that deliver comprehensive health care services to eligible

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individuals in keeping with federal regulations and a PACE program agreement (i.e., an agreement between a provider and the federal 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.

The act cites federal law to define “eligible individuals” as people who:

1. are ages 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 act requires DSS to be the state administering agency responsible for administering PACE program agreement services. If CMS approves the Medicaid state plan amendment, the act requires DSS to (1) establish participation criteria for eligible individuals and PACE providers and (2) 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 (CGS § 17b-10(b)). The act explicitly allows the commissioner to implement policies and procedures this way for regulations on the PACE program and requires her to post notice of intent to adopt regulations on the eRegulations System within 20 days after implementing them, which are valid until the adoption of final regulations.

BACKGROUND

PACE Services and Centers

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

Related Act

PA 23-204, §§ 165 & 446, contains the same provisions allowing the DSS commissioner to submit a Medicaid state plan amendment to cover PACE services under Medicaid.