



General Assembly

## ***Substitute Bill No. 946***

*January Session, 2023*



### ***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2 repealed and the following is substituted in lieu thereof (*Effective July*  
3 *1, 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29 repealed and the following is substituted in lieu thereof (*Effective July*  
30 *1, 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  
38 cent of the federal minimum community spouse protected amount  
39 pursuant to 42 USC 1396r-5(f)(2) or, if married, the couple's assets do  
40 not exceed two hundred per cent of said community spouse protected  
41 amount. [For program applications received by the Department of  
42 Social Services for the fiscal years ending June 30, 2016, and June 30,  
43 2017, only persons who require the level of care provided in a nursing  
44 home shall be eligible for the state-funded portion of the program,  
45 except for persons residing in affordable housing under the assisted  
46 living demonstration project established pursuant to section 17b-347e  
47 who are otherwise 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  
52 poverty level and who is ineligible for Medicaid shall contribute

53 [three] two per cent of the cost of his or her care. Any person whose  
54 income exceeds two hundred per cent of the federal poverty level shall  
55 contribute [three] two per cent of the cost of his or her care in addition  
56 to the amount of applied income determined in accordance with the  
57 methodology established by the Department of Social Services for  
58 recipients of medical assistance. Any person who does not contribute  
59 to the cost of care in accordance with this subdivision shall be  
60 ineligible to receive services under this subsection. Notwithstanding  
61 any provision of sections 17b-60 and 17b-61, the department shall not  
62 be required to provide an administrative hearing to a person found  
63 ineligible for services under this subsection because of a failure to  
64 contribute to the cost of care.

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

82 (4) The annualized cost of services provided to an individual under  
83 the state-funded portion of the program shall not exceed fifty per cent  
84 of the weighted average cost of care in nursing homes in the state, [,  
85 except an individual who received services costing in excess of such

86 amount under the Department of Social Services in the fiscal year  
87 ending June 30, 1992, may continue to receive such services, provided  
88 the annualized cost of such services does not exceed eighty per cent of  
89 the weighted average cost of such nursing home care.] The  
90 commissioner may allow the cost of services provided to an individual  
91 to exceed the maximum cost established pursuant to this subdivision  
92 in a case of extreme hardship, as determined by the commissioner,  
93 provided in no case shall such cost exceed that of the weighted cost of  
94 such nursing home care.

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

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

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

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

138 Sec. 4. Subsection (b) of section 17b-370 of the general statutes is  
139 repealed and the following is substituted in lieu thereof (*Effective July*  
140 *1, 2023*):

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

