

# OFFICE OF FISCAL ANALYSIS

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sHB-5001

AN ACT SUPPORTING CONNECTICUT SENIORS AND THE  
IMPROVEMENT OF NURSING AND HOME-BASED CARE.

As Amended by House "A" (LCO 4772)

House Calendar No.: 107

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## ***OFA Fiscal Note***

***State Impact:*** See Below

***Municipal Impact:*** See Below

## ***OFA Fiscal Note***

The bill results in a fiscal impact to various state agencies associated with changes to long term services and supports for elderly adults including home care, and related monitoring and investigations. Various municipalities may experience a revenue gain related to the expansion of fingerprinting locations.

**Section 1** results in a cost associated with requiring the Department of Social Services (DSS) to develop and maintain a home care provider registry and data processing system to promote awareness and access to qualified home care providers. The development and management of the registry/system is anticipated to cost at least \$200,000 in FY 25 and \$100,000 in FY 26. The state may experience a related federal grants revenue gain to the extent system expenditures are funded through Other Expenses and approved for federal reimbursement.

**Section 1** also results in a potential cost to the Department of Consumer Protection (DCP) to the extent additional complaints are

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4/30/24

received and investigations are required.<sup>1</sup> If there is a significant increase in the number of complaints DCP will have to hire a special investigator for a salary and other expenses cost of \$57,000 in FY 25<sup>2</sup> and \$73,000 in FY 26, along with corresponding fringe benefits costs of \$22,000 in FY 25 and \$29,000 in FY 26.

**Section 2**, which requires each home health care, home health aide, and hospice provider to submit specified information to the Department of Public Health (DPH) so that DPH can forward that information on to DSS for inclusion in a new registry, is anticipated to result in an annual cost to DPH of approximately \$30,000 for a half-time Processing Technician. The cost to the State Comptroller for fringe benefits for this position are estimated at approximately \$12,375 annually.

**Section 6** requires the Department of Emergency Services and Public Protection (DESPP) to develop and implement a plan to expand fingerprinting locations throughout the state for persons requiring criminal history records checks for employment or licensing purposes, resulting in a potential revenue loss to the Applicant Fingerprint Card Submission Account<sup>3</sup> and a potential revenue gain to various municipal police departments to the extent that applicants shift from using state police fingerprinting locations to other fingerprinting locations.

**Section 10** results in a cost to DSS associated with presumptive eligibility for the Medicaid portion of the Connecticut Home Care Program for the Elderly (CHCPE).

The bill requires DSS to establish a presumptive eligibility system and adopt regulations to establish uniform state-wide standards and uniform assessment tools for use in the screening process for the program and the prescreening for presumptive Medicaid eligibility.

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<sup>1</sup>DCP regulates and investigates complaints regarding homemaker companion agencies which are included in the new registry.

<sup>2</sup> FY 25 costs reflect 9 months of salary due to the bill's October 1, 2024 effective date.

<sup>3</sup>DESPP conducts fingerprinting for a fee of \$15 fee per person paid to the Applicant Fingerprint Card Submission Account, a non-lapsing account used for IT support and maintenance for the fingerprinting systems.

This results in administrative costs to the agency of approximately \$500,000 in FY 25 to support eligibility specialists and related costs to meet the requirements of the new presumptive eligibility process.

Additionally, presumptive eligibility for CHCPE could enable certain individuals to achieve Medicaid eligibility sooner than they otherwise would have, resulting in a shift in associated costs. The state may also incur costs to the extent that individuals are enrolled and then determined ineligible. The actual cost to the state will depend on the presumptive eligibility process developed, the number of applicable individuals who enroll earlier, and the number of individuals who are found ineligible and their associated costs. For context, the average monthly gross cost per enrollee is approximately \$3,400. Under the bill, DSS can fund services up to ninety days after the date on which home care services begin.

The fiscal impact to DSS under this section is based on the approval for such process and payments by the Centers for Medicare and Medicaid Services (CMS).

**Section 13** requires the Department of Aging and Disability Services (ADS) to study and report to the Aging and Human Services Committees, by January 1, 2025 on: (1) reimbursement rate options for families receiving TFA benefits in which the head of household is a nonparent caretaker relative and legal guardian of a child, (2) methods to means test these families to target those with the greatest need, and (3) the number of nonparent caretaker relatives who may be eligible under the bill's provisions. These topics are outside of the agency's expertise, as the TFA program is not administered by ADS and relevant data necessary to complete the analysis is not housed within the agency. It is estimated this will result in a cost of \$100,000 in FY 25 to hire a consultant to assist with meeting the study and reporting requirements within this timeframe.

**Sections 21-23** is anticipated to result in a cost to ADS of up to \$400,00 to support up to four new regional ombudsmen. These ombudsmen will

staff the Office of the Long-Term Care Ombudsman and the Community Ombudsman program within that office and will assist in better managing their respective offices' responsibilities.

**Section 25** requires DPH to design a statewide Centers of Excellence Program to provide incentives to licensed nursing homes that deliver services consistent with evidence-based best practices, which is anticipated to cost \$250,000 in FY 25.

**Section 26**, which requires DPH to establish an online nursing home consumer report card dashboard, is anticipated to cost \$500,000 in FY 25.

The bill makes various technical, conforming, and other changes that have no fiscal impact.

House "A" strikes the language in the underlying bill and the associated impact and results in the fiscal impact described above.

### ***The Out Years***

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