



General Assembly

February Session, 2024

Raised Bill No. 310

LCO No. 2106



Referred to Committee on HUMAN SERVICES

Introduced by:
(HS)

***AN ACT CONCERNING COMPENSATION FOR FAMILY CAREGIVERS,
RETROACTIVE ELIGIBILITY FOR MEDICAID AND TREATMENT OF
ASSETS DISCOVERED AFTER AN APPLICATION FOR MEDICAL
ASSISTANCE.***

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

1 Section 1. (NEW) (*Effective July 1, 2024*) To the extent permissible
2 under federal law, payment rates for family caregivers authorized to
3 receive compensation in programs administered by the Department of
4 Social Services shall be equal to the rates set for nonfamily professional
5 caregivers providing the same types of services to participants in such
6 programs. The Commissioner of Social Services shall use the fair market
7 value of services provided by a family caregiver in determining whether
8 a Medicaid applicant who transferred assets to such caregiver as part of
9 a legally enforceable compensation agreement for such services violated
10 any provision of federal law regarding the transfer of assets.

11 Sec. 2. Subsection (h) of section 17b-342 of the general statutes is
12 repealed and the following is substituted in lieu thereof (*Effective July 1,*
13 *2024*):

14 (h) An individual who is otherwise eligible for services pursuant to
15 this section shall, as a condition of participation in the program, apply
16 for medical assistance benefits pursuant to section 17b-260 when
17 requested to do so by the department and shall accept such benefits if
18 determined eligible. To the extent permissible under 42 CFR 435.915, as
19 amended from time to time, the Commissioner of Social Services shall
20 provide medical assistance for Medicaid-eligible home care services
21 retroactive to not more than three months before the date an eligible
22 individual applied for medical assistance benefits, provided such
23 individual was otherwise eligible for such benefits in the three-month
24 period prior to the date of application.

25 Sec. 3. Section 17b-261 of the 2024 supplement to the general statutes
26 is repealed and the following is substituted in lieu thereof (*Effective July*
27 *1, 2024*):

28 (a) Medical assistance shall be provided for any otherwise eligible
29 person (1) whose income, including any available support from legally
30 liable relatives and the income of the person's spouse or dependent
31 child, is not more than one hundred forty-three per cent, pending
32 approval of a federal waiver applied for pursuant to subsection (e) of
33 this section, of the benefit amount paid to a person with no income
34 under the temporary family assistance program, and (2) if such person
35 is an institutionalized individual as defined in Section 1917 of the Social
36 Security Act, 42 USC 1396p(h)(3), and has not made an assignment or
37 transfer or other disposition of property for less than fair market value
38 for the purpose of establishing eligibility for benefits or assistance under
39 this section. Any such disposition shall be treated in accordance with
40 Section 1917(c) of the Social Security Act, 42 USC 1396p(c). Any
41 disposition of property made on behalf of an applicant or recipient or
42 the spouse of an applicant or recipient by a guardian, conservator,
43 person authorized to make such disposition pursuant to a power of
44 attorney or other person so authorized by law shall be attributed to such
45 applicant, recipient or spouse. A disposition of property ordered by a
46 court shall be evaluated in accordance with the standards applied to any
47 other such disposition for the purpose of determining eligibility. The

48 commissioner shall establish the standards for eligibility for medical
49 assistance at one hundred forty-three per cent of the benefit amount
50 paid to a household of equal size with no income under the temporary
51 family assistance program. In determining eligibility, the commissioner
52 shall not consider as income Aid and Attendance pension benefits
53 granted to a veteran, as defined in section 27-103, or the surviving
54 spouse of such veteran. Except as provided in section 17b-277 and
55 section 17b-292, the medical assistance program shall provide coverage
56 to persons under the age of nineteen with household income up to one
57 hundred ninety-six per cent of the federal poverty level without an asset
58 limit and to persons under the age of nineteen, who qualify for coverage
59 under Section 1931 of the Social Security Act, with household income
60 not exceeding one hundred ninety-six per cent of the federal poverty
61 level without an asset limit, and their parents and needy caretaker
62 relatives, who qualify for coverage under Section 1931 of the Social
63 Security Act, with household income not exceeding one hundred fifty-
64 five per cent of the federal poverty level without an asset limit. Such
65 levels shall be based on the regional differences in such benefit amount,
66 if applicable, unless such levels based on regional differences are not in
67 conformance with federal law. Any income in excess of the applicable
68 amounts shall be applied as may be required by said federal law, and
69 assistance shall be granted for the balance of the cost of authorized
70 medical assistance. The Commissioner of Social Services shall provide
71 applicants for assistance under this section, at the time of application,
72 with a written statement advising them of (A) the effect of an
73 assignment or transfer or other disposition of property on eligibility for
74 benefits or assistance, (B) the effect that having income that exceeds the
75 limits prescribed in this subsection will have with respect to program
76 eligibility, and (C) the availability of, and eligibility for, services
77 provided by the Connecticut Home Visiting System, established
78 pursuant to section 17b-751b. For coverage dates on or after January 1,
79 2014, the department shall use the modified adjusted gross income
80 financial eligibility rules set forth in Section 1902(e)(14) of the Social
81 Security Act and the implementing regulations to determine eligibility
82 for HUSKY A, HUSKY B and HUSKY D applicants, as defined in section

83 17b-290. Persons who are determined ineligible for assistance pursuant
84 to this section shall be provided a written statement notifying such
85 persons of their ineligibility and advising such persons of their potential
86 eligibility for one of the other insurance affordability programs as
87 defined in 42 CFR 435.4.

88 (b) For the purposes of the Medicaid program, the Commissioner of
89 Social Services shall consider parental income and resources as available
90 to a child under eighteen years of age who is living with his or her
91 parents and is blind or disabled for purposes of the Medicaid program,
92 or to any other child under twenty-one years of age who is living with
93 his or her parents.

94 (c) For the purposes of determining eligibility for the Medicaid
95 program, an available asset is one that is actually available to the
96 applicant or one that the applicant has the legal right, authority or
97 power to obtain or to have applied for the applicant's general or medical
98 support. If the terms of a trust provide for the support of an applicant,
99 the refusal of a trustee to make a distribution from the trust does not
100 render the trust an unavailable asset. Notwithstanding the provisions of
101 this subsection, the availability of funds in a trust or similar instrument
102 funded in whole or in part by the applicant or the applicant's spouse
103 shall be determined pursuant to the Omnibus Budget Reconciliation Act
104 of 1993, 42 USC 1396p. The provisions of this subsection shall not apply
105 to a special needs trust, as defined in 42 USC 1396p(d)(4)(A), as
106 amended from time to time. For purposes of determining whether a
107 beneficiary under a special needs trust, who has not received a disability
108 determination from the Social Security Administration, is disabled, as
109 defined in 42 USC 1382c(a)(3), the Commissioner of Social Services, or
110 the commissioner's designee, shall independently make such
111 determination. The commissioner shall not require such beneficiary to
112 apply for Social Security disability benefits or obtain a disability
113 determination from the Social Security Administration for purposes of
114 determining whether the beneficiary is disabled.

115 (d) The transfer of an asset in exchange for other valuable

116 consideration shall be allowable to the extent the value of the other
117 valuable consideration is equal to or greater than the value of the asset
118 transferred.

119 (e) The Commissioner of Social Services shall seek a waiver from
120 federal law to permit federal financial participation for Medicaid
121 expenditures for families with incomes of one hundred forty-three per
122 cent of the temporary family assistance program payment standard.

123 (f) To the extent [permitted by] permissible under federal law,
124 Medicaid eligibility shall be extended for one year to a family that
125 becomes ineligible for medical assistance under Section 1931 of the
126 Social Security Act due to income from employment by one of its
127 members who is a caretaker relative or due to receipt of child support
128 income. A family receiving extended benefits on July 1, 2005, shall
129 receive the balance of such extended benefits, provided no such family
130 shall receive more than twelve additional months of such benefits.

131 (g) An institutionalized spouse applying for Medicaid and having a
132 spouse living in the community shall be required, to the maximum
133 extent permitted by law, to divert income to such community spouse in
134 order to raise the community spouse's income to the level of the
135 minimum monthly needs allowance, as described in Section 1924 of the
136 Social Security Act. Such diversion of income shall occur before the
137 community spouse is allowed to retain assets in excess of the
138 community spouse protected amount described in Section 1924 of the
139 Social Security Act. The Commissioner of Social Services, pursuant to
140 section 17b-10, may implement the provisions of this subsection while
141 in the process of adopting regulations, provided the commissioner
142 [prints] posts notice of intent to adopt the regulations [in the
143 Connecticut Law Journal within] on the Internet web site of the
144 Department of Social Services and the eRegulations System not later
145 than twenty days of adopting such policy. Such policy shall be valid
146 until the time final regulations are effective.

147 (h) To the extent permissible under federal law, an institutionalized

148 individual, as defined in Section 1917 of the Social Security Act, 42 USC
149 1396p(h)(3), shall not be determined ineligible for Medicaid solely on
150 the basis of the cash value of a life insurance policy worth less than ten
151 thousand dollars provided the individual is pursuing the surrender of
152 the policy.

153 (i) To the extent permissible under federal law, an individual who has
154 applied for medical assistance shall not be determined ineligible solely
155 on the basis of an asset discovered by such individual after the date of
156 application, provided (1) the individual reports the discovery of the
157 asset to the Commissioner of Social Services not later than ten days after
158 the discovery, (2) the individual takes steps to liquidate such
159 individual's interest in the asset and spend down the proceeds in
160 accordance with applicable income and asset limits, and (3) in the event
161 the individual is unable to gain access to the asset, the Department of
162 Social Services provides assistance to the individual to gain access to the
163 asset.

164 [(i)] (j) Medical assistance shall be provided, in accordance with the
165 provisions of subsection (e) of section 17a-6, to any child under the
166 supervision of the Commissioner of Children and Families who is not
167 receiving Medicaid benefits, has not yet qualified for Medicaid benefits
168 or is otherwise ineligible for such benefits. Medical assistance shall also
169 be provided to any child in the behavioral services program operated
170 by the Department of Developmental Services who is not receiving
171 Medicaid benefits, has not yet qualified for Medicaid benefits or is
172 otherwise ineligible for benefits. To the extent practicable, the
173 Commissioner of Children and Families and the Commissioner of
174 Developmental Services shall apply for, or assist such child in qualifying
175 for, the Medicaid program.

176 [(j)] (k) The Commissioner of Social Services shall provide Early and
177 Periodic Screening, Diagnostic and Treatment program services, as
178 required and defined as of December 31, 2005, by 42 USC 1396a(a)(43),
179 42 USC 1396d(r) and 42 USC 1396d(a)(4)(B) and applicable federal
180 regulations, to all persons who are under the age of twenty-one and

181 otherwise eligible for medical assistance under this section.

182 [(k)] (l) A veteran, as defined in section 27-103, and any member of
183 his or her family, who applies for or receives assistance under the
184 Medicaid program, shall apply for all benefits for which he or she may
185 be eligible through the United States Department of Veterans Affairs or
186 the United States Department of Defense.

187 [(l)] (m) On and after January 1, 2023, and until June 30, 2024, the
188 Commissioner of Social Services shall, within available appropriations,
189 provide state-funded medical assistance to any child twelve years of age
190 and younger, regardless of immigration status, (1) whose household
191 income does not exceed two hundred one per cent of the federal poverty
192 level without an asset limit, and (2) who does not otherwise qualify for
193 Medicaid, the Children's Health Insurance Program, or an offer of
194 affordable, employer-sponsored insurance, as defined in the Affordable
195 Care Act, as an employee or a dependent of an employee. On and after
196 July 1, 2024, the commissioner shall, within available appropriations,
197 provide state-funded medical assistance to any child fifteen years of age
198 and younger, regardless of immigration status, who qualifies pursuant
199 to subdivisions (1) and (2) of this subsection. A child eligible for such
200 assistance under this subsection shall continue to receive such assistance
201 until such child is nineteen years of age, provided the child continues to
202 meet the eligibility requirements prescribed in subdivisions (1) and (2)
203 of this subsection. The provisions of section 17b-265 shall apply with
204 respect to any medical assistance provided pursuant to this subsection.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2024	New section
Sec. 2	July 1, 2024	17b-342(h)
Sec. 3	July 1, 2024	17b-261

Statement of Purpose:

To pay family caregivers authorized to receive compensation in Medicaid-funded programs at the rate of professional caregivers, grant

retroactive Medicaid eligibility to eligible home care clients and remove penalties for assets discovered after Medicaid applications.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]