

OLR BILL ANALYSIS

SB 30 (LCO 518)

***AN ACT IMPLEMENTING PROVISIONS OF THE BUDGET
CONCERNING HUMAN SERVICES.***

SUMMARY:

This bill makes changes in human services programs, most of which the Department of Social Services (DSS) administers. Specifically, it:

1. eliminates a statutory formula DSS has used to set hospital inpatient rates;
2. provides that Medicaid dental service limits are per-client limits and apply regardless of the number of providers the client sees;
3. extends by one year the process DSS uses to calculate interim hospital disproportionate share payments;
4. permits DSS to reduce the amount it reimburses certain facilities that serve people with disabilities when their land and building costs go down;
5. freezes for one year the rates DSS pays residential care homes, community living arrangements, and community companion homes;
6. requires veterans and their families who apply for or receive Medicaid to apply for any federal veterans' benefits for which they might qualify;
7. increases the number of private assisted living pilot program slots;
8. requires individuals participating in the Medicaid Personal Care Assistance (PCA) waiver program to move into the Connecticut Home Care Program for Elders to continue receiving PCA services once they turn 65;
9. makes the new Bureau of Rehabilitative Services a stand-alone

state agency;

10. moves from DSS to the State Department of Education certain child care functions;
11. requires certain unlicensed employees of home health care agencies to be certified to administer medications by January 1, 2013; and
12. repeals (a) the Jobs First pilot program providing intensive case management services, (b) a pilot transportation program that served job seekers, and (c) a Medicaid rate setting formula for long-term, acute care hospitals or related satellite facilities.

EFFECTIVE DATE: Various, see below

§ 1—CALCULATING INPATIENT HOSPITAL RATES

The bill eliminates the target-amount-per-discharge formula that the Department of Social Services (DSS) uses to reimburse hospitals for providing inpatient services to Medicaid recipients. It is unclear how these rates will be calculated in the future.

EFFECTIVE DATE: Upon passage

§ 2—DENTAL SERVICES FOR ADULT MEDICAID RECIPIENTS

The law (1) subjects most nonemergency Medicaid dental services to prior authorization and (2) directs the DSS commissioner to limit nonemergency dental services provided to adult recipients. This latter provision includes allowing for one periodic dental exam, one dental cleaning, and one set of x-rays yearly for healthy adults. The bill provides that these dental benefit limitations apply to each client regardless of how many providers (presumably dental providers) serve the client.

DSS is in the process of establishing client-centered medical homes that include a dental home that coordinates a client's dental care.

EFFECTIVE DATE: July 1, 2012

§3—INTERIM DISPROPORTIONATE SHARE HOSPITAL PAYMENTS

The bill extends, from October 1, 2012 to October 1, 2013, the years for which interim disproportionate share hospital (DSH) payments (1) are calculated based on 2009 federal fiscal year data and (2) can be

adjusted for accuracy by the DSS commissioner. DSH payments provide financial assistance to hospitals that serve a large number of low-income patients, such as the uninsured and Medicaid recipients. By law, DSH payments are in addition to Medicaid inpatient hospital payments.

EFFECTIVE DATE: Upon passage

§§ 4 & 5—DSS PAYMENTS TO PRIVATE FACILITIES OPERATED BY REGIONAL EDUCATION SERVICE CENTERS FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AND AUTISM AND INTERMEDIATE CARE FACILITIES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES (ICF-MR)

The bill permits DSS to reduce the amount it reimburses (1) private facilities operated by regional education service centers for individuals with developmental disabilities and autism and (2) ICF-MRs if these facilities experience a “significant” decrease in their land and building costs to reflect these cost reductions. (The bill does not define significant.) PA 11-44 (1) froze the payments to these facilities for FYs 12-13 unless they made a required capital improvement for resident safety and (2) allowed DSS to make lower payments over previous years to facilities for which it had issued interim rates.

EFFECTIVE DATE: July 1, 2012

§ 6—MEDICAID RATES FROZEN FOR CERTAIN FACILITIES

The bill freezes at FY 12 levels the rates DSS pays in FY 13 to residential care homes, community living arrangements, and community companion homes. But, facilities that would have received a lower rate on July 1, 2013 because of a reduction in land and building costs will receive that lower rate.

EFFECTIVE DATE: July 1, 2012

§ 7—VETERANS REQUIRED TO APPLY FOR FEDERAL BENEFITS

The bill requires veterans and their families who apply for or receive Medicaid benefits to apply for any benefits for which they might be eligible through the federal Veteran’s Administration (VA) or Department of Defense. VA medical benefits are available to all veterans who served honorably for at least two years in any branch of the military.

The law defines veterans as individuals honorably discharged from, or released under honorable conditions from, active service in the

armed forces.

EFFECTIVE DATE: July 1, 2012

§ 8 & 9—PRIVATE ASSISTED LIVING PILOT PROGRAM EXPANSION

The bill increases, from 75 to 125, the maximum number of slots in the state's Private Assisted Living Pilot Program. As under existing law, eligible participants must (1) live in private assisted living facilities and (2) qualify for either the state-funded or Medicaid waiver portion of the Connecticut Home Care Program for Elders (CHCPE). CHCPE provides home and community based services to qualifying individuals age 65 or older to enable them to remain at home and avoid unnecessary institutionalization.

EFFECTIVE DATE: July 1, 2012.

§ 10—PEOPLE TRANSITIONING FROM PERSONAL CARE ASSISTANCE WAIVER AT AGE 65

The Medicaid Personal Care Assistance (PCA) Waiver Program offers PCA services to adults with severe disabilities age 18 and older who meet the program's eligibility criteria (e.g., income no higher than \$2,094 per month). PCAs help clients perform activities of daily living, enabling them to remain in their communities and, when possible, work.

The bill requires program participants, once turning 65, to be transitioned to the Connecticut Home Care Program for Elders (CHCPE) to receive these services. CHCPE is a Medicaid- and state-funded program that provides home- and community-based services to frail individuals age 65 and older.

In 2006, the legislature removed the PCA Waiver program's upper age limit and directed DSS to amend the waiver to allow individuals to continue receiving benefits once they turned 65. The state's current waiver allows individuals to either stay on the PCA waiver program or transition to the CHCPE.

EFFECTIVE DATE: July 1, 2012

§11—MAKING THE BUREAU OF REHABILITATIVE SERVICES A STAND-ALONE ENTITY

The bill makes the Bureau of Rehabilitative Services created under PA 11-44 a stand-alone entity, rather than one in DSS for

administrative purposes only. The bureau provides services to individuals who are (1) blind or visually impaired, (2) deaf or hearing impaired, or (3) in need of rehabilitation services.

Under the bill, DSS must provide the bureau administrative support services until the earlier of (1) the bureau's request that it no longer do so or (2) June 30, 2013. .

EFFECTIVE DATE: July 1, 2012

§§ 12 & 13—MOVING CERTAIN DSS CHILD CARE FUNCTIONS TO STATE DEPARTMENT OF EDUCATION (SDE)

By law, DSS is the state's lead agency for child day care services. The bill removes the department's responsibility for developing and implementing a statewide coordinated child day care and early childhood education training system for licensed child care facilities that makes available to them and their staff scholarship assistance, career counseling, training, and other assistance. (Presumably, the SDE takes over this responsibility.)

The bill also makes the SDE commissioner, instead of the DSS commissioner, responsible for providing grants to local school districts that use school facilities to provide before- and after-school child care. As a corollary, it also removes the DSS commissioner's authority to (1) use available child care subsidies to implement the grant program and (2) encourage cooperation with the Head Start grant program. DSS continues to consult with the SDE commissioner on the latter grant program.

EFFECTIVE DATE: July 1, 2012

§ 14—MEDICATION ADMINISTRATION BY UNLICENSED HOME HEALTH CARE AGENCY PERSONNEL

The bill requires each home health care agency serving clients who need medication assistance to ensure that by January 1, 2013, a sufficient number of its unlicensed employees are certified by the Department of Public Health (DPH) to administer those medications, except by injection. The home health care agency must designate the number of unlicensed employees to be certified, ensure certification, and follow the criteria DPH sets in regulations adopted under the Uniform Administrative Procedure Act (UAPA). The authority to administer medication to this population is currently limited to nurses and other licensed medical personnel.

The law already permits residential care homes that admit residents requiring medication administration assistance to employ a sufficient number of certified, unlicensed personnel to perform this function in accordance with DPH regulations. The bill subjects these regulations to UAPA adoption procedures.

The bill also requires home health care agencies that serve clients who need assistance with taking psychiatric medication to specify how often licensed, rather than certified unlicensed personnel, must administer this type of medication. This requirement is intended to enable licensed personnel to monitor the client's health and safety.

There is no parallel requirement under current law or the bill for monitoring such residents by licensed residential care home personnel.

Disciplinary Action Against Nurses Prohibited

The bill prohibits DPH-licensed nurses working for either a home health care agency or residential care home from being disciplined for medication administration he or she delegates to a certified, unlicensed employee unless (1) the employee acts under the nurse's specific instructions or (2) the nurse fails to leave instructions when he or she should have done so.

EFFECTIVE DATE: July 1, 2012

§ 15—REPEALERS

The bill repeals a (1) Jobs First pilot program for Temporary Family Assistance recipients that includes intensive case management services (CGS § 17b-112k); (2) pilot program to assist Connecticut workers and job seekers secure reliable transportation to and from employment, educational programs, job training, or child care facilities (CGS § 17b-688j); and (3) Medicaid hospital rate-setting formula for long-term, acute care hospitals or related satellite facilities (CGS § 19a-617c).

EFFECTIVE DATE: July 1, 2012

BACKGROUND

Veterans Medical Benefits

DSS' Medicaid eligibility determination form requires applicants to self-report information about household members who are veterans. Additionally, DSS' Fraud and Recoveries unit uses a federal matching system to identify individuals receiving both Medicaid and federal veterans' medical benefit and recovers Medicaid funds improperly

paid. (The Medicaid program serves as a “wrap around” program for those services that the federal veteran programs do not cover.) Since 2009, DSS and the Department of Veteran’s Affairs have had a memorandum of agreement for sharing data on mutual clients to ensure that federal veterans’ benefits are exhausted before Medicaid pays.

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