



General Assembly

Substitute Bill No. 5296

February Session, 2024



AN ACT EXPANDING 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. Section 17b-342 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2024*):

3 (a) The Commissioner of Social Services shall administer the
4 Connecticut home-care program for the elderly state-wide in order to
5 prevent the institutionalization of elderly persons (1) who are recipients
6 of medical assistance, (2) who are eligible for such assistance, (3) who
7 would be eligible for medical assistance if residing in a nursing facility,
8 or (4) who meet the criteria for the state-funded portion of the program
9 under subsection (i) of this section. For purposes of this section, a long-
10 term care facility is a facility that has been federally certified as a skilled
11 nursing facility or intermediate care facility. The commissioner shall
12 make any revisions in the state Medicaid plan required by Title XIX of
13 the Social Security Act prior to implementing the program. The program
14 shall be structured so that the net cost to the state for long-term facility
15 care in combination with the services under the program shall not
16 exceed the net cost the state would have incurred without the program.
17 The commissioner shall investigate the possibility of receiving federal
18 funds for the program and shall apply for any necessary federal

19 waivers. A recipient of services under the program, and the estate and
20 legally liable relatives of the recipient, shall be responsible for
21 reimbursement to the state for such services to the same extent required
22 of a recipient of assistance under the state supplement program, medical
23 assistance program, temporary family assistance program or
24 supplemental nutrition assistance program. Only a United States citizen
25 or a noncitizen who meets the citizenship requirements for eligibility
26 under the Medicaid program shall be eligible for home-care services
27 under this section, except a qualified alien, as defined in Section 431 of
28 Public Law 104-193, admitted into the United States on or after August
29 22, 1996, or other lawfully residing immigrant alien determined eligible
30 for services under this section prior to July 1, 1997, shall remain eligible
31 for such services. Qualified aliens or other lawfully residing immigrant
32 aliens not determined eligible prior to July 1, 1997, shall be eligible for
33 services under this section subsequent to six months from establishing
34 residency. Notwithstanding the provisions of this subsection, any
35 qualified alien or other lawfully residing immigrant alien or alien who
36 formerly held the status of permanently residing under color of law who
37 is a victim of domestic violence or who has intellectual disability shall
38 be eligible for assistance pursuant to this section. Qualified aliens, as
39 defined in Section 431 of Public Law 104-193, or other lawfully residing
40 immigrant aliens or aliens who formerly held the status of permanently
41 residing under color of law shall be eligible for services under this
42 section provided other conditions of eligibility are met.

43 (b) The commissioner shall solicit bids through a competitive process
44 and shall contract with an access agency, approved by the Office of
45 Policy and Management and the Department of Social Services as
46 meeting the requirements for such agency as defined by regulations
47 adopted pursuant to subsection (e) of this section, that submits
48 proposals which meet or exceed the minimum bid requirements. In
49 addition to such contracts, the commissioner may use department staff
50 to provide screening, coordination, assessment and monitoring
51 functions for the program.

52 (c) The community-based services covered under the program shall
53 include, but not be limited to, the following services to the extent that
54 they are not available under the state Medicaid plan, occupational
55 therapy, homemaker services, companion services, meals on wheels,
56 adult day care, transportation, mental health counseling, care
57 management, [elderly foster care] adult family living, minor home
58 modifications and assisted living services provided in state-funded
59 congregate housing and in other assisted living pilot or demonstration
60 projects established under state law. Personal care assistance services
61 shall be covered under the program to the extent that (1) such services
62 are not available under the Medicaid state plan and are more cost
63 effective on an individual client basis than existing services covered
64 under such plan, and (2) the provision of such services is approved by
65 the federal government. A family caregiver, including, but not limited
66 to, a spouse, who provides personal care assistance services to an
67 individual enrolled in the program shall be compensated to the extent
68 permissible under federal law. Recipients of state-funded services and
69 persons who are determined to be functionally eligible for community-
70 based services who have an application for medical assistance pending
71 shall have the cost of home health and community-based services
72 covered by the program, provided they comply with all medical
73 assistance application requirements. Access agencies shall not use
74 department funds to purchase community-based services or home
75 health services from themselves or any related parties.

76 (d) Physicians, hospitals, long-term care facilities and other licensed
77 health care facilities may disclose, and, as a condition of eligibility for
78 the program, elderly persons, their guardians, and relatives shall
79 disclose, upon request from the Department of Social Services, such
80 financial, social and medical information as may be necessary to enable
81 the department or any agency administering the program on behalf of
82 the department to provide services under the program. Long-term care
83 facilities shall supply the Department of Social Services with the names
84 and addresses of all applicants for admission. Any information
85 provided pursuant to this subsection shall be confidential and shall not

86 be disclosed by the department or administering agency.

87 (e) The commissioner shall adopt regulations, in accordance with the
88 provisions of chapter 54, to define "access agency", to implement and
89 administer the program, to establish uniform state-wide standards for
90 the program and a uniform assessment tool for use in the screening
91 process and to specify conditions of eligibility.

92 (f) The commissioner may require long-term care facilities to inform
93 applicants for admission of the program established under this section
94 and to distribute such forms as the commissioner prescribes for the
95 program. Such forms shall be supplied by and be returnable to the
96 department.

97 (g) The commissioner shall report annually, by June first, to the joint
98 standing committee of the General Assembly having cognizance of
99 matters relating to human services on the program in such detail, depth
100 and scope as said committee requires to evaluate the effect of the
101 program on the state and program participants. Such report shall
102 include information on (1) the number of persons diverted from
103 placement in a long-term care facility as a result of the program, (2) the
104 number of persons screened, (3) the average cost per person in the
105 program, (4) the administration costs, (5) the estimated savings, [and]
106 (6) a comparison between costs under the different contracts, and (7) for
107 adult family living services provided under the program, (A) the
108 participation rate of individuals receiving services pursuant to this
109 section, (B) the number of home care agencies that administer adult
110 family living services, (C) the primary languages spoken by individuals
111 receiving adult family living services, and (D) the estimated savings for
112 the state by deferred institutionalization of individuals receiving adult
113 family living services.

114 (h) An individual who is otherwise eligible for services pursuant to
115 this section shall, as a condition of participation in the program, apply
116 for medical assistance benefits pursuant to section 17b-260 when
117 requested to do so by the department and shall accept such benefits if

118 determined eligible.

119 (i) (1) The Commissioner of Social Services shall, within available
120 appropriations, administer a state-funded portion of the program for
121 persons (A) who are sixty-five years of age and older; (B) who are
122 inappropriately institutionalized or at risk of inappropriate
123 institutionalization; (C) whose income is less than or equal to the
124 amount allowed under subdivision (3) of subsection (a) of this section;
125 and (D) whose assets, if single, do not exceed one hundred fifty per cent
126 of the federal minimum community spouse protected amount pursuant
127 to 42 USC 1396r-5(f)(2) or, if married, the couple's assets do not exceed
128 two hundred per cent of said community spouse protected amount. For
129 program applications received by the Department of Social Services for
130 the fiscal years ending June 30, 2016, and June 30, 2017, only persons
131 who require the level of care provided in a nursing home shall be
132 eligible for the state-funded portion of the program, except for persons
133 residing in affordable housing under the assisted living demonstration
134 project established pursuant to section 17b-347e who are otherwise
135 eligible in accordance with this section.

136 (2) Except for persons residing in affordable housing under the
137 assisted living demonstration project established pursuant to section
138 17b-347e, as provided in subdivision (3) of this subsection, any person
139 whose income is at or below two hundred per cent of the federal poverty
140 level and who is ineligible for Medicaid shall contribute three per cent
141 of the cost of his or her care. Any person whose income exceeds two
142 hundred per cent of the federal poverty level shall contribute three per
143 cent of the cost of his or her care in addition to the amount of applied
144 income determined in accordance with the methodology established by
145 the Department of Social Services for recipients of medical assistance.
146 Any person who does not contribute to the cost of care in accordance
147 with this subdivision shall be ineligible to receive services under this
148 subsection. Notwithstanding any provision of sections 17b-60 and 17b-
149 61, the department shall not be required to provide an administrative
150 hearing to a person found ineligible for services under this subsection

151 because of a failure to contribute to the cost of care.

152 (3) Any person who resides in affordable housing under the assisted
153 living demonstration project established pursuant to section 17b-347e
154 and whose income is at or below two hundred per cent of the federal
155 poverty level, shall not be required to contribute to the cost of care. Any
156 person who resides in affordable housing under the assisted living
157 demonstration project established pursuant to section 17b-347e and
158 whose income exceeds two hundred per cent of the federal poverty
159 level, shall contribute to the applied income amount determined in
160 accordance with the methodology established by the Department of
161 Social Services for recipients of medical assistance. Any person whose
162 income exceeds two hundred per cent of the federal poverty level and
163 who does not contribute to the cost of care in accordance with this
164 subdivision shall be ineligible to receive services under this subsection.
165 Notwithstanding any provision of sections 17b-60 and 17b-61, the
166 department shall not be required to provide an administrative hearing
167 to a person found ineligible for services under this subsection because
168 of a failure to contribute to the cost of care.

169 (4) The annualized cost of services provided to an individual under
170 the state-funded portion of the program shall not exceed fifty per cent
171 of the weighted average cost of care in nursing homes in the state, except
172 an individual who received services costing in excess of such amount
173 under the Department of Social Services in the fiscal year ending June
174 30, 1992, may continue to receive such services, provided the annualized
175 cost of such services does not exceed eighty per cent of the weighted
176 average cost of such nursing home care. The commissioner may allow
177 the cost of services provided to an individual to exceed the maximum
178 cost established pursuant to this subdivision in a case of extreme
179 hardship, as determined by the commissioner, provided in no case shall
180 such cost exceed that of the weighted cost of such nursing home care.

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

184 (j) The Commissioner of Social Services shall collect data on services
185 provided under the program, including, but not limited to, the: (1)
186 Number of participants before and after copayments are reduced
187 pursuant to subsection (i) of this section, (2) average hours of care
188 provided under the program per participant, and (3) estimated cost
189 savings to the state by providing home care to participants who may
190 otherwise receive care in a nursing home facility. The commissioner
191 shall, in accordance with the provisions of section 11-4a, report on the
192 results of the data collection to the joint standing committees of the
193 General Assembly having cognizance of matters relating to aging,
194 appropriations and the budgets of state agencies and human services
195 not later than July 1, 2022. The commissioner may implement revised
196 criteria for the operation of the program while in the process of adopting
197 such criteria in regulation form, provided the commissioner publishes
198 notice of intention to adopt the regulations in accordance with section
199 17b-10. Such criteria shall be valid until the time final regulations are
200 effective.

201 (k) The commissioner shall notify any access agency or area agency
202 on aging that administers the program when the department sends a
203 redetermination of eligibility form to an individual who is a client of
204 such agency.

205 (l) In determining eligibility for the program described in this section,
206 the commissioner shall not consider as income (1) Aid and Attendance
207 pension benefits granted to a veteran, as defined in section 27-103, or the
208 surviving spouse of such veteran, and (2) any tax refund or advance
209 payment with respect to a refundable credit to the same extent such
210 refund or advance payment would be disregarded under 26 USC 6409
211 in any federal program or state or local program financed in whole or in
212 part with federal funds.

213 (m) Not later than January 1, 2025, the Commissioner of Social
214 Services shall develop and implement a multilingual public awareness
215 campaign to promote adult family living services offered under the
216 program. Any materials developed for the public awareness campaign

217 shall be translated into the fifteen most commonly spoken languages in
218 the state, as determined by the commissioner. The commissioner shall
219 (1) make paper copies of such materials available to the public at various
220 times and at various locations throughout the state, as determined by
221 the commissioner, and (2) post a link to such materials on the
222 department's Internet web site.

223 Sec. 2. Section 17b-343 of the general statutes is repealed and the
224 following is substituted in lieu thereof (*Effective July 1, 2024*):

225 The Commissioner of Social Services shall establish annually the
226 maximum allowable rate to be paid by agencies for homemaker
227 services, chore person services, companion services, respite care, meals
228 on wheels, adult day care services, case management and assessment
229 services, transportation, mental health counseling and [elderly foster
230 care] adult family living. The Commissioner of Social Services shall
231 prescribe uniform forms on which agencies providing such services
232 shall report their costs for such services. Such rates shall be determined
233 on the basis of a reasonable payment for necessary services rendered.
234 The maximum allowable rates established by the Commissioner of
235 Social Services for the Connecticut home-care program for the elderly
236 established under section 17b-342, as amended by this act, shall
237 constitute the rates required under this section until revised in
238 accordance with this section. The Commissioner of Social Services shall
239 establish a fee schedule, to be effective on and after July 1, 1994, for
240 homemaker services, chore person services, companion services, respite
241 care, meals on wheels, adult day care services, case management and
242 assessment services, transportation, mental health counseling and
243 [elderly foster care] adult family living. The commissioner may annually
244 increase the fee schedule based on an increase in the cost of services. The
245 commissioner shall increase the fee schedule effective July 1, 2000, by
246 not less than five per cent, for adult day care services. The commissioner
247 shall increase the fee schedule effective July 1, 2011, by four dollars per
248 person, per day for adult day care services. The commissioner shall
249 increase the fee schedule effective July 1, 2019, for meals on wheels by

250 ten per cent over the fee schedule for meals on wheels for the previous
251 fiscal year. Effective July 1, 2020, and annually thereafter, the
252 commissioner may increase the fee schedule for meals on wheels
253 providers serving participants in the Connecticut home-care program
254 for the elderly by, at a minimum, the cost-of-living adjustment as
255 measured by the consumer price index. The commissioner may increase
256 any fee payable to a meals on wheels provider upon the application of
257 such provider evidencing extraordinary costs related to delivery of
258 meals on wheels in sparsely populated rural regions of the state.
259 Nothing contained in this section shall authorize a payment by the state
260 to any agency for such services in excess of the amount charged by such
261 agency for such services to the general public.

262 Sec. 3. Subsection (b) of section 17b-370 of the general statutes is
263 repealed and the following is substituted in lieu thereof (*Effective July 1,*
264 *2024*):

265 (b) The plan developed pursuant to subsection (a) of this section shall
266 detail the structure of the demonstration project, persons served,
267 services to be provided and how they will be provided. The plan shall
268 include a timetable for implementation of the demonstration project on
269 or after July 1, 2009. The plan shall ensure that the demonstration project
270 includes, but is not limited to, the provision of the following services
271 through a Medicaid state plan amendment, a new Medicaid waiver or
272 modification of an existing home and community-based Medicaid
273 waiver: Personal care assistance services, twenty-four-hour care,
274 occupational therapy, homemaker services, companion services, meals
275 on wheels, adult day care, transportation, mental health counseling, care
276 management, [elderly foster care] adult family living, minor home
277 modifications, assistive technology and assisted living services. The
278 plan shall ensure that a person participating in the demonstration
279 project receives the level of care and services appropriate to maintain
280 such person in such person's home or community.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2024</i>	17b-342
Sec. 2	<i>July 1, 2024</i>	17b-343
Sec. 3	<i>July 1, 2024</i>	17b-370(b)

AGE *Joint Favorable Subst.*