

OFFICE OF FISCAL ANALYSIS

Legislative Office Building, Room 5200
Hartford, CT 06106 ◊ (860) 240-0200
<http://www.cga.ct.gov/ofa>

sHB-5001

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

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 25 \$	FY 26 \$
Social Services, Dept.	GF - Cost	See Below	See Below
Aging and Disability Services, Dept.	GF - Cost	620,000	None
Public Health, Dept.	GF - Cost	170,000	None
Consumer Protection, Dept.	GF - Cost	150,000	None
Consumer Protection, Dept.	GF - Potential Cost	57,237	72,983
State Comptroller - Fringe Benefits ¹	GF - Potential Cost	21,960	29,280
Department of Emergency Services and Public Protection	Applicant Fingerprint Card Submission Account - Potential Revenue Loss	See Below	See Below
Treasurer, Debt Serv.	GF - Cost	See Below	See Below

Note: ZPM17=Applicant Fingerprint Card Submission Account; GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 25 \$	FY 26 \$
Various Municipal Police Departments	Potential Revenue Gain	See Below	See Below

¹The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 41.25% of payroll in FY 25.

Explanation

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.

Section 1 also results in a potential cost to the Department of Consumer Protection (DCP) to the extent additional complaints are received and investigations are required.² 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 \$57,237 in FY 25³ and \$72,893 in FY 26, along with corresponding fringe benefits costs of \$21,960 in FY 25 and \$29,280 in FY 26.

Section 5 requires DCP to develop certain training for homemaker-companion agency employees resulting in a cost of \$150,000 in FY 25. DCP does not have the necessary in-house expertise to meet the requirements of this section and will have to hire a consultant to develop the training materials.

Section 7 results in a cost to DSS of at least \$250,000 in FY 25 to develop and implement a training program for family caregivers providing personal care assistance services under the Community First Choice program and the Connecticut home-care program for the elderly. The training program must be established by 10/1/24 and family caregivers must complete the program on and after 1/1/25. The ongoing cost to DSS depends on the scope of the training program.

Section 10 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

²DCP regulates and investigates complaints regarding homemaker companion agencies which are included in the new registry.

³ FY 25 costs reflect 9 months of salary due to the bill's October 1, 2024 effective date.

criminal history records checks for employment or licensing purposes, resulting in a potential revenue loss to the Applicant Fingerprint Card Submission Account⁴ 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 14 results in a cost to DSS associated with presumptive eligibility and retroactive payments 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. This results in administrative costs to the agency of approximately \$500,000 in FY 25. 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. Making retroactive payments for the three months prior to applying for Medicaid results in a state Medicaid cost of \$5,100 per client. This assumes approval for such payments by the Centers for Medicare and Medicaid Services (CMS).

Section 19 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

⁴DESPP 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.

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 would 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 29 and 31 expand the roles and duties of both Regional Long Term Care Ombudsmen and Regional Community Ombudsmen, which is anticipated to increase the workload of the two offices. **Section 34** appropriates \$400,000 in FY 25 to staff four additional positions: two regional ombudsmen for the Office of the Long-Term Care Ombudsman and two regional community ombudsmen for the Community Ombudsman program, to better manage their respective offices' responsibilities.

Section 32, which requires the Department of Public Health (DPH) to conduct a study of current practices used by skilled nursing facilities to diagnose a resident with a cognitive disorder, is anticipated to result in a consultant cost of approximately \$300,000 in FY 25 as department staff do not have needed expertise to complete this study.

Section 33 authorizes \$1 million in General Obligation bonding for the purpose of expanding the Aging in Place Safely program, to be administered by the Department of Aging and Disability Services. To the extent bonds are fully allocated and expended, total debt service is expected to be approximately \$1.43 million over the 20-year duration of the bonds, with annual payments starting no earlier than FY 26.

Section 35 appropriates \$20,000 in FY 25 to ADS for the purchase of a new data system that will support the Community Ombudsman program.

Section 36 appropriates \$20,000 to DPH in FY 25 to support contracting for the analysis of certain Centers for Medicare and Medicaid Services nursing facility data.

Section 37 appropriates \$100,000 in FY 25 to ADS' Area Agencies on Aging for outreach and marketing campaigns.

Section 38 appropriates \$150,000 to DPH in FY 25 so that the department can provide a grant-in-aid to the Connecticut chapter of the Alzheimer's Association for the development and implementation of a state awareness campaign targeting underserved communities.

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

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation, the terms of any bonds issued, the scope of the training program for family caregivers, and CHCPE cases associated with retroactive payments and presumptive eligibility.