



General Assembly

February Session, 2024

Raised Bill No. 5296

LCO No. 1858



Referred to Committee on AGING

Introduced by:
(AGE)

***AN ACT CONCERNING FAMILY HOME CARE OVERSIGHT AND
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. (*Effective from passage*) The Commissioner of Social Services
2 shall conduct a study on home care services provided by family
3 members in the state. Such study shall (1) examine the department's
4 procedures for overseeing such services, (2) identify the number of
5 complaints received by the department concerning such services and
6 the resolution of such complaints, and (3) develop recommendations for
7 increasing accountability and oversight of home care services. Not later
8 than January 1, 2025, the commissioner shall report on such study, in
9 accordance with the provisions of section 11-4a of the general statutes,
10 to the joint standing committees of the General Assembly having
11 cognizance of matters relating to human services and aging. For the
12 purposes of this section, "home care" means long-term services and
13 supports provided to adults in a home or community-based program
14 administered by the Department of Social Services.

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 Section 17b-342 of the general statutes is repealed and the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

17 (a) The Commissioner of Social Services shall administer the
18 Connecticut home-care program for the elderly state-wide in order to
19 prevent the institutionalization of elderly persons (1) who are recipients
20 of medical assistance, (2) who are eligible for such assistance, (3) who
21 would be eligible for medical assistance if residing in a nursing facility,
22 or (4) who meet the criteria for the state-funded portion of the program
23 under subsection (i) of this section. For purposes of this section, a long-
24 term care facility is a facility that has been federally certified as a skilled
25 nursing facility or intermediate care facility. The commissioner shall
26 make any revisions in the state Medicaid plan required by Title XIX of
27 the Social Security Act prior to implementing the program. The program
28 shall be structured so that the net cost to the state for long-term facility
29 care in combination with the services under the program shall not
30 exceed the net cost the state would have incurred without the program.
31 The commissioner shall investigate the possibility of receiving federal
32 funds for the program and shall apply for any necessary federal
33 waivers. A recipient of services under the program, and the estate and
34 legally liable relatives of the recipient, shall be responsible for
35 reimbursement to the state for such services to the same extent required
36 of a recipient of assistance under the state supplement program, medical
37 assistance program, temporary family assistance program or
38 supplemental nutrition assistance program. Only a United States citizen
39 or a noncitizen who meets the citizenship requirements for eligibility
40 under the Medicaid program shall be eligible for home-care services
41 under this section, except a qualified alien, as defined in Section 431 of
42 Public Law 104-193, admitted into the United States on or after August
43 22, 1996, or other lawfully residing immigrant alien determined eligible
44 for services under this section prior to July 1, 1997, shall remain eligible
45 for such services. Qualified aliens or other lawfully residing immigrant
46 aliens not determined eligible prior to July 1, 1997, shall be eligible for
47 services under this section subsequent to six months from establishing
48 residency. Notwithstanding the provisions of this subsection, any

49 qualified alien or other lawfully residing immigrant alien or alien who
50 formerly held the status of permanently residing under color of law who
51 is a victim of domestic violence or who has intellectual disability shall
52 be eligible for assistance pursuant to this section. Qualified aliens, as
53 defined in Section 431 of Public Law 104-193, or other lawfully residing
54 immigrant aliens or aliens who formerly held the status of permanently
55 residing under color of law shall be eligible for services under this
56 section provided other conditions of eligibility are met.

57 (b) The commissioner shall solicit bids through a competitive process
58 and shall contract with an access agency, approved by the Office of
59 Policy and Management and the Department of Social Services as
60 meeting the requirements for such agency as defined by regulations
61 adopted pursuant to subsection (e) of this section, that submits
62 proposals which meet or exceed the minimum bid requirements. In
63 addition to such contracts, the commissioner may use department staff
64 to provide screening, coordination, assessment and monitoring
65 functions for the program.

66 (c) The community-based services covered under the program shall
67 include, but not be limited to, the following services to the extent that
68 they are not available under the state Medicaid plan, occupational
69 therapy, homemaker services, companion services, meals on wheels,
70 adult day care, transportation, mental health counseling, care
71 management, [elderly foster care] adult family living, minor home
72 modifications and assisted living services provided in state-funded
73 congregate housing and in other assisted living pilot or demonstration
74 projects established under state law. Personal care assistance services
75 shall be covered under the program to the extent that (1) such services
76 are not available under the Medicaid state plan and are more cost
77 effective on an individual client basis than existing services covered
78 under such plan, and (2) the provision of such services is approved by
79 the federal government. A family caregiver, including, but not limited
80 to, a spouse, who provides personal care assistance services to an
81 individual enrolled in the program shall be compensated to the extent
82 permissible under federal law. Recipients of state-funded services and

83 persons who are determined to be functionally eligible for community-
84 based services who have an application for medical assistance pending
85 shall have the cost of home health and community-based services
86 covered by the program, provided they comply with all medical
87 assistance application requirements. Access agencies shall not use
88 department funds to purchase community-based services or home
89 health services from themselves or any related parties.

90 (d) Physicians, hospitals, long-term care facilities and other licensed
91 health care facilities may disclose, and, as a condition of eligibility for
92 the program, elderly persons, their guardians, and relatives shall
93 disclose, upon request from the Department of Social Services, such
94 financial, social and medical information as may be necessary to enable
95 the department or any agency administering the program on behalf of
96 the department to provide services under the program. Long-term care
97 facilities shall supply the Department of Social Services with the names
98 and addresses of all applicants for admission. Any information
99 provided pursuant to this subsection shall be confidential and shall not
100 be disclosed by the department or administering agency.

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

106 (f) The commissioner may require long-term care facilities to inform
107 applicants for admission of the program established under this section
108 and to distribute such forms as the commissioner prescribes for the
109 program. Such forms shall be supplied by and be returnable to the
110 department.

111 (g) The commissioner shall report annually, by June first, to the joint
112 standing committee of the General Assembly having cognizance of
113 matters relating to human services on the program in such detail, depth
114 and scope as said committee requires to evaluate the effect of the

115 program on the state and program participants. Such report shall
116 include information on (1) the number of persons diverted from
117 placement in a long-term care facility as a result of the program, (2) the
118 number of persons screened, (3) the average cost per person in the
119 program, (4) the administration costs, (5) the estimated savings, [and]
120 (6) a comparison between costs under the different contracts, and (7) for
121 adult family living services provided under the program, (A) the
122 participation rate of individuals receiving services pursuant to this
123 section, (B) the number of home care agencies that administer adult
124 family living services, (C) the primary languages spoken by individuals
125 receiving adult family living services, and (D) the estimated savings for
126 the state by deferred institutionalization of individuals receiving adult
127 family living services.

128 (h) An individual who is otherwise eligible for services pursuant to
129 this section shall, as a condition of participation in the program, apply
130 for medical assistance benefits pursuant to section 17b-260 when
131 requested to do so by the department and shall accept such benefits if
132 determined eligible.

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

149 eligible in accordance with this section.

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

166 (3) Any person who resides in affordable housing under the assisted
167 living demonstration project established pursuant to section 17b-347e
168 and whose income is at or below two hundred per cent of the federal
169 poverty level, shall not be required to contribute to the cost of care. Any
170 person who resides in affordable housing under the assisted living
171 demonstration project established pursuant to section 17b-347e and
172 whose income exceeds two hundred per cent of the federal poverty
173 level, shall contribute to the applied income amount determined in
174 accordance with the methodology established by the Department of
175 Social Services for recipients of medical assistance. Any person whose
176 income exceeds two hundred per cent of the federal poverty level and
177 who does not contribute to the cost of care in accordance with this
178 subdivision shall be ineligible to receive services under this subsection.
179 Notwithstanding any provision of sections 17b-60 and 17b-61, the
180 department shall not be required to provide an administrative hearing
181 to a person found ineligible for services under this subsection because
182 of a failure to contribute to the cost of care.

183 (4) The annualized cost of services provided to an individual under
184 the state-funded portion of the program shall not exceed fifty per cent
185 of the weighted average cost of care in nursing homes in the state, except
186 an individual who received services costing in excess of such amount
187 under the Department of Social Services in the fiscal year ending June
188 30, 1992, may continue to receive such services, provided the annualized
189 cost of such services does not exceed eighty per cent of the weighted
190 average cost of such nursing home care. The commissioner may allow
191 the cost of services provided to an individual to exceed the maximum
192 cost established pursuant to this subdivision in a case of extreme
193 hardship, as determined by the commissioner, provided in no case shall
194 such cost exceed that of the weighted cost of such nursing home care.

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

198 (j) The Commissioner of Social Services shall collect data on services
199 provided under the program, including, but not limited to, the: (1)
200 Number of participants before and after copayments are reduced
201 pursuant to subsection (i) of this section, (2) average hours of care
202 provided under the program per participant, and (3) estimated cost
203 savings to the state by providing home care to participants who may
204 otherwise receive care in a nursing home facility. The commissioner
205 shall, in accordance with the provisions of section 11-4a, report on the
206 results of the data collection to the joint standing committees of the
207 General Assembly having cognizance of matters relating to aging,
208 appropriations and the budgets of state agencies and human services
209 not later than July 1, 2022. The commissioner may implement revised
210 criteria for the operation of the program while in the process of adopting
211 such criteria in regulation form, provided the commissioner publishes
212 notice of intention to adopt the regulations in accordance with section
213 17b-10. Such criteria shall be valid until the time final regulations are
214 effective.

215 (k) The commissioner shall notify any access agency or area agency

216 on aging that administers the program when the department sends a
217 redetermination of eligibility form to an individual who is a client of
218 such agency.

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

227 (m) Not later than January 1, 2025, the Commissioner of Social
228 Services shall develop and implement a multilingual public awareness
229 campaign to promote adult family living services offered under the
230 program. Any materials developed for the public awareness campaign
231 shall be translated into the fifteen most commonly spoken languages in
232 the state, as determined by the commissioner. The commissioner shall
233 (1) make paper copies of such materials available to the public at various
234 times and at various locations throughout the state, as determined by
235 the commissioner, and (2) post a link to such materials on the
236 department's Internet web site.

237 Sec. 3. Section 17b-343 of the general statutes is repealed and the
238 following is substituted in lieu thereof (*Effective July 1, 2024*):

239 The Commissioner of Social Services shall establish annually the
240 maximum allowable rate to be paid by agencies for homemaker
241 services, chore person services, companion services, respite care, meals
242 on wheels, adult day care services, case management and assessment
243 services, transportation, mental health counseling and [elderly foster
244 care] adult family living. The Commissioner of Social Services shall
245 prescribe uniform forms on which agencies providing such services
246 shall report their costs for such services. Such rates shall be determined
247 on the basis of a reasonable payment for necessary services rendered.

248 The maximum allowable rates established by the Commissioner of
249 Social Services for the Connecticut home-care program for the elderly
250 established under section 17b-342 shall constitute the rates required
251 under this section until revised in accordance with this section. The
252 Commissioner of Social Services shall establish a fee schedule, to be
253 effective on and after July 1, 1994, for homemaker services, chore person
254 services, companion services, respite care, meals on wheels, adult day
255 care services, case management and assessment services, transportation,
256 mental health counseling and [elderly foster care] adult family living.
257 The commissioner may annually increase the fee schedule based on an
258 increase in the cost of services. The commissioner shall increase the fee
259 schedule effective July 1, 2000, by not less than five per cent, for adult
260 day care services. The commissioner shall increase the fee schedule
261 effective July 1, 2011, by four dollars per person, per day for adult day
262 care services. The commissioner shall increase the fee schedule effective
263 July 1, 2019, for meals on wheels by ten per cent over the fee schedule
264 for meals on wheels for the previous fiscal year. Effective July 1, 2020,
265 and annually thereafter, the commissioner may increase the fee
266 schedule for meals on wheels providers serving participants in the
267 Connecticut home-care program for the elderly by, at a minimum, the
268 cost-of-living adjustment as measured by the consumer price index. The
269 commissioner may increase any fee payable to a meals on wheels
270 provider upon the application of such provider evidencing
271 extraordinary costs related to delivery of meals on wheels in sparsely
272 populated rural regions of the state. Nothing contained in this section
273 shall authorize a payment by the state to any agency for such services in
274 excess of the amount charged by such agency for such services to the
275 general public.

276 Sec. 4. Subsection (b) of section 17b-370 of the general statutes is
277 repealed and the following is substituted in lieu thereof (*Effective July 1,*
278 *2024*):

279 (b) The plan developed pursuant to subsection (a) of this section shall
280 detail the structure of the demonstration project, persons served,
281 services to be provided and how they will be provided. The plan shall

282 include a timetable for implementation of the demonstration project on
 283 or after July 1, 2009. The plan shall ensure that the demonstration project
 284 includes, but is not limited to, the provision of the following services
 285 through a Medicaid state plan amendment, a new Medicaid waiver or
 286 modification of an existing home and community-based Medicaid
 287 waiver: Personal care assistance services, twenty-four-hour care,
 288 occupational therapy, homemaker services, companion services, meals
 289 on wheels, adult day care, transportation, mental health counseling, care
 290 management, [elderly foster care] adult family living, minor home
 291 modifications, assistive technology and assisted living services. The
 292 plan shall ensure that a person participating in the demonstration
 293 project receives the level of care and services appropriate to maintain
 294 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>from passage</i>	New section
Sec. 2	<i>July 1, 2024</i>	17b-342
Sec. 3	<i>July 1, 2024</i>	17b-343
Sec. 4	<i>July 1, 2024</i>	17b-370(b)

Statement of Purpose:

To require the Commissioner of Social Services to (1) study family home care oversight in the state, (2) compensate family caregivers, including spouses, who provide personal care assistance services in the Connecticut home-care program for the elderly, (3) collect data regarding adult family living services in the state and report on such data, and (4) develop and implement a marketing campaign to promote adult family living services.

[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.]