STATE OF CONNECTICUT

Senate

General Assembly File No. 105

January Session, 2025

Substitute Senate Bill No. 1300

Senate, March 18, 2025

The Committee on Human Services reported through SEN. LESSER of the 9th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING COMPENSATING SPOUSES FOR STATE-FUNDED HOME CARE.

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

- 1 Section 1. Subsection (i) of section 17b-342 of the general statutes is
- 2 repealed and the following is substituted in lieu thereof (*Effective July 1*,
- 3 2025):
- 4 (i) (1) The Commissioner of Social Services shall, within available
- 5 appropriations, administer a state-funded portion of the Connecticut
- 6 home-care program for the elderly for persons (A) who are sixty-five
- 7 years of age and older and are not eligible for Medicaid; (B) who are
- 8 inappropriately institutionalized or at risk of inappropriate
- 9 institutionalization; (C) whose income is less than or equal to the
- 10 amount allowed for a person who would be eligible for medical
- assistance if residing in a nursing facility; and (D) whose assets, if single,
- 12 do not exceed one hundred fifty per cent of the federal minimum
- community spouse protected amount pursuant to 42 USC 1396r-5(f)(2)
- or, if married, the couple's assets do not exceed two hundred per cent of
- 15 said community spouse protected amount. For program applications

received by the Department of Social Services for the fiscal years ending June 30, 2016, and June 30, 2017, only persons who require the level of care provided in a nursing home shall be eligible for the state-funded portion of the program, except for persons residing in affordable housing under the assisted living demonstration project established pursuant to section 17b-347e who are otherwise eligible in accordance with this section.

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

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who does not contribute to the cost of care in accordance with this subdivision shall be ineligible to receive services under this subsection. Notwithstanding any provision of sections 17b-60 and 17b-61, the department shall not be required to provide an administrative hearing to a person found ineligible for services under this subsection because of a failure to contribute to the cost of care.

- (4) The annualized cost of services provided to an individual under the state-funded portion of the program shall not exceed fifty per cent of the weighted average cost of care in nursing homes in the state, except an individual who received services costing in excess of such amount under the Department of Social Services in the fiscal year ending June 30, 1992, may continue to receive such services, provided the annualized cost of such services does not exceed eighty per cent of the weighted average cost of such nursing home care. The commissioner may allow the cost of services provided to an individual to exceed the maximum cost established pursuant to this subdivision in a case of extreme hardship, as determined by the commissioner, provided in no case shall such cost exceed that of the weighted cost of such nursing home care.
- (5) A person who provides personal care assistance to an individual enrolled in the state-funded portion of the program, including a spouse of such individual, may be compensated for such assistance. The Commissioner of Social Services shall prescribe training and documentation requirements for such person to receive compensation under the program.

This act shall take effect as follows and shall amend the following sections:

Section 1	July 1, 2025	17b-342(i)

Statement of Legislative Commissioners:

The title was changed.

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HS Joint Favorable Subst. -LCO

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 26 \$	FY 27 \$
Social Services, Dept.	GF - Potential	See Below	See Below
_	Cost		

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill could result in a cost to the Department of Social Services (DSS) due to allowing payment for personal care assistance services for individuals enrolled in the state-funded Connecticut Home Care Program, including care provided by spouses. The bill increases costs to DSS associated with clients who would not otherwise access PCA services but will do so if provided by their spouse or other caregivers currently ineligible for such payments. For context, there are approximately 2,600 clients on the state-funded on the home care program. In FY 24, PCA related expenditures totaled approximately \$28.4 million.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis sSB 1300

AN ACT CONCERNING COMPENSATING SPOUSES FOR STATE-FUNDED HOME CARE.

SUMMARY

This bill authorizes compensation for people, including spouses, who provide personal care assistance to someone enrolled in the state-funded portion of the Connecticut Home Care Program for Elders (see BACKGROUND). The bill requires the Department of Social Services commissioner to set training and documentation requirements for these people to receive compensation under the program.

EFFECTIVE DATE: July 1, 2025

BACKGROUND

Connecticut Home Care Program for Elders

The Connecticut Home Care Program for Elders (CHCPE) provides many services for eligible people age 65 or older and at risk of institutionalization. Services include care management, adult day care, homemaker services, transportation, meals-on-wheels, minor home modifications, and certain personal care assistant and assisted living services. Because CHCPE is funded with federal and state dollars, it has two parts, each with different eligibility requirements. For the state-funded part, no income limit is imposed, but the applicant must meet a state-prescribed asset limit and pay a certain percentage of the cost of their care.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Yea 21 Nay 2 (03/04/2025)