



General Assembly

**Amendment**

January Session, 2025

LCO No. 10409



Offered by:

REP. CANDELORA V., 86<sup>th</sup> Dist.

REP. O'DEA, 125<sup>th</sup> Dist.

REP. RUTIGLIANO, 123<sup>rd</sup> Dist.

REP. ACKERT, 8<sup>th</sup> Dist.

REP. ZUPKUS, 89<sup>th</sup> Dist.

REP. NUCCIO, 53<sup>rd</sup> Dist.

REP. POLLETTA, 68<sup>th</sup> Dist.

To: House Bill No. 7287

File No.

Cal. No.

**"AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM  
ENDING JUNE 30, 2027, AND MAKING APPROPRIATIONS  
THEREFOR, AND PROVISIONS RELATED TO REVENUE AND  
OTHER ITEMS IMPLEMENTING THE STATE BUDGET."**

- 1 Strike line T363 and insert the following in lieu thereof:

"Medicaid	3,647,280,000	3,889,130,000"
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- 2 In line T386, adjust AGENCY TOTAL accordingly

- 3 Strike line T444 and insert the following in lieu thereof:

"Excess Cost – Student Based	276,219,782	282,319,782"
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- 4 In line T454, adjust AGENCY TOTAL accordingly

5 In line T663, adjust TOTAL - GENERAL FUND accordingly

6 In line T671, adjust NET - GENERAL FUND accordingly

7 After the last section, add the following and renumber sections and  
8 internal references accordingly:

9 "Sec. 501. Section 17b-261 of the general statutes is repealed and the  
10 following is substituted in lieu thereof (*Effective July 1, 2025*):

11 (a) Medical assistance shall be provided for any otherwise eligible  
12 person (1) whose income, including any available support from legally  
13 liable relatives and the income of the person's spouse or dependent  
14 child, is not more than one hundred fifty-nine per cent, pending  
15 approval of a federal waiver applied for pursuant to subsection (e) of  
16 this section, of the benefit amount paid to a person with no income  
17 under the temporary family assistance program and (2) if such person  
18 is an institutionalized individual as defined in Section 1917 of the Social  
19 Security Act, 42 USC 1396p(h)(3), and has not made an assignment or  
20 transfer or other disposition of property for less than fair market value  
21 for the purpose of establishing eligibility for benefits or assistance under  
22 this section. Any such disposition shall be treated in accordance with  
23 Section 1917(c) of the Social Security Act, 42 USC 1396p(c). Any  
24 disposition of property made on behalf of an applicant or recipient or  
25 the spouse of an applicant or recipient by a guardian, conservator,  
26 person authorized to make such disposition pursuant to a power of  
27 attorney or other person so authorized by law shall be attributed to such  
28 applicant, recipient or spouse. A disposition of property ordered by a  
29 court shall be evaluated in accordance with the standards applied to any  
30 other such disposition for the purpose of determining eligibility. The  
31 commissioner shall establish the standards for eligibility for medical  
32 assistance at one hundred fifty-nine per cent of the benefit amount paid  
33 to a household of equal size with no income under the temporary family  
34 assistance program. In determining eligibility, the commissioner shall  
35 not consider as income Aid and Attendance pension benefits granted to  
36 a veteran, as defined in section 27-103, or the surviving spouse of such

37 veteran. Except as provided in section 17b-277 and section 17b-292, the  
38 medical assistance program shall provide coverage to persons under the  
39 age of nineteen with household income up to one hundred ninety-six  
40 per cent of the federal poverty level without an asset limit and to  
41 persons under the age of nineteen, who qualify for coverage under  
42 Section 1931 of the Social Security Act, with household income not  
43 exceeding one hundred ninety-six per cent of the federal poverty level  
44 without an asset limit, and their parents and needy caretaker relatives,  
45 who qualify for coverage under Section 1931 of the Social Security Act,  
46 with household income not exceeding one hundred thirty-three per cent  
47 of the federal poverty level without an asset limit. Such levels shall be  
48 based on the regional differences in such benefit amount, if applicable,  
49 unless such levels based on regional differences are not in conformance  
50 with federal law. Any income in excess of the applicable amounts shall  
51 be applied as may be required by said federal law, and assistance shall  
52 be granted for the balance of the cost of authorized medical assistance.  
53 The Commissioner of Social Services shall provide applicants for  
54 assistance under this section, at the time of application, with a written  
55 statement advising them of (A) the effect of an assignment or transfer or  
56 other disposition of property on eligibility for benefits or assistance, (B)  
57 the effect that having income that exceeds the limits prescribed in this  
58 subsection will have with respect to program eligibility, and (C) the  
59 availability of, and eligibility for, services provided by the Connecticut  
60 Home Visiting System, established pursuant to section 17b-751b. For  
61 coverage dates on or after January 1, 2014, the department shall use the  
62 modified adjusted gross income financial eligibility rules set forth in  
63 Section 1902(e)(14) of the Social Security Act and the implementing  
64 regulations to determine eligibility for HUSKY A, HUSKY B and  
65 HUSKY D applicants, as defined in section 17b-290. Persons who are  
66 determined ineligible for assistance pursuant to this section shall be  
67 provided a written statement notifying such persons of their ineligibility  
68 and advising such persons of their potential eligibility for one of the  
69 other insurance affordability programs as defined in 42 CFR 435.4.

70 (b) For the purposes of the Medicaid program, the Commissioner of

71 Social Services shall consider parental income and resources as available  
72 to a child under eighteen years of age who is living with his or her  
73 parents and is blind or disabled for purposes of the Medicaid program,  
74 or to any other child under twenty-one years of age who is living with  
75 his or her parents.

76 (c) For the purposes of determining eligibility for the Medicaid  
77 program, an available asset is one that is actually available to the  
78 applicant or one that the applicant has the legal right, authority or  
79 power to obtain or to have applied for the applicant's general or medical  
80 support. If the terms of a trust provide for the support of an applicant,  
81 the refusal of a trustee to make a distribution from the trust does not  
82 render the trust an unavailable asset. Notwithstanding the provisions of  
83 this subsection, the availability of funds in a trust or similar instrument  
84 funded in whole or in part by the applicant or the applicant's spouse  
85 shall be determined pursuant to the Omnibus Budget Reconciliation Act  
86 of 1993, 42 USC 1396p. The provisions of this subsection shall not apply  
87 to a special needs trust, as defined in 42 USC 1396p(d)(4)(A), as  
88 amended from time to time. For purposes of determining whether a  
89 beneficiary under a special needs trust, who has not received a disability  
90 determination from the Social Security Administration, is disabled, as  
91 defined in 42 USC 1382c(a)(3), the Commissioner of Social Services, or  
92 the commissioner's designee, shall independently make such  
93 determination. The commissioner shall not require such beneficiary to  
94 apply for Social Security disability benefits or obtain a disability  
95 determination from the Social Security Administration for purposes of  
96 determining whether the beneficiary is disabled.

97 (d) The transfer of an asset in exchange for other valuable  
98 consideration shall be allowable to the extent the value of the other  
99 valuable consideration is equal to or greater than the value of the asset  
100 transferred.

101 (e) The Commissioner of Social Services shall seek a waiver from  
102 federal law to permit federal financial participation for Medicaid  
103 expenditures for families with incomes of one hundred forty-three per

104 cent of the temporary family assistance program payment standard.

105 (f) To the extent permitted by federal law, Medicaid eligibility shall  
106 be extended for one year to a family that becomes ineligible for medical  
107 assistance under Section 1931 of the Social Security Act due to income  
108 from employment by one of its members who is a caretaker relative or  
109 due to receipt of child support income. A family receiving extended  
110 benefits on July 1, 2005, shall receive the balance of such extended  
111 benefits, provided no such family shall receive more than twelve  
112 additional months of such benefits.

113 (g) An institutionalized spouse applying for Medicaid and having a  
114 spouse living in the community shall be required, to the maximum  
115 extent permitted by law, to divert income to such community spouse in  
116 order to raise the community spouse's income to the level of the  
117 minimum monthly needs allowance, as described in Section 1924 of the  
118 Social Security Act. Such diversion of income shall occur before the  
119 community spouse is allowed to retain assets in excess of the  
120 community spouse protected amount described in Section 1924 of the  
121 Social Security Act. The Commissioner of Social Services, pursuant to  
122 section 17b-10, may implement the provisions of this subsection while  
123 in the process of adopting regulations, provided the commissioner  
124 prints notice of intent to adopt the regulations in the Connecticut Law  
125 Journal within twenty days of adopting such policy. Such policy shall  
126 be valid until the time final regulations are effective.

127 (h) To the extent permissible under federal law, an institutionalized  
128 individual, as defined in Section 1917 of the Social Security Act, 42 USC  
129 1396p(h)(3), shall not be determined ineligible for Medicaid solely on  
130 the basis of the cash value of a life insurance policy worth less than ten  
131 thousand dollars provided the individual is pursuing the surrender of  
132 the policy.

133 (i) Medical assistance shall be provided, in accordance with the  
134 provisions of subsection (e) of section 17a-6, to any child under the  
135 supervision of the Commissioner of Children and Families who is not

136 receiving Medicaid benefits, has not yet qualified for Medicaid benefits  
137 or is otherwise ineligible for such benefits. Medical assistance shall also  
138 be provided to any child in the behavioral services program operated  
139 by the Department of Developmental Services who is not receiving  
140 Medicaid benefits, has not yet qualified for Medicaid benefits or is  
141 otherwise ineligible for benefits. To the extent practicable, the  
142 Commissioner of Children and Families and the Commissioner of  
143 Developmental Services shall apply for, or assist such child in qualifying  
144 for, the Medicaid program.

145 (j) The Commissioner of Social Services shall provide Early and  
146 Periodic Screening, Diagnostic and Treatment program services, as  
147 required and defined as of December 31, 2005, by 42 USC 1396a(a)(43),  
148 42 USC 1396d(r) and 42 USC 1396d(a)(4)(B) and applicable federal  
149 regulations, to all persons who are under the age of twenty-one and  
150 otherwise eligible for medical assistance under this section.

151 (k) A veteran, as defined in section 27-103, and any member of his or  
152 her family, who applies for or receives assistance under the Medicaid  
153 program, shall apply for all benefits for which he or she may be eligible  
154 through the United States Department of Veterans Affairs or the United  
155 States Department of Defense.

156 [(l) On and after January 1, 2023, and until June 30, 2024, the  
157 Commissioner of Social Services shall, within available appropriations,  
158 provide state-funded medical assistance to any child twelve years of age  
159 and younger, regardless of immigration status, (1) whose household  
160 income does not exceed two hundred one per cent of the federal poverty  
161 level without an asset limit, and (2) who does not otherwise qualify for  
162 Medicaid, the Children's Health Insurance Program, or an offer of  
163 affordable, employer-sponsored insurance, as defined in the Affordable  
164 Care Act, as an employee or a dependent of an employee. On and after  
165 July 1, 2024, the commissioner shall, within available appropriations,  
166 provide state-funded medical assistance to any child fifteen years of age  
167 and younger, regardless of immigration status, who qualifies pursuant  
168 to subdivisions (1) and (2) of this subsection. A child eligible for such

169 assistance under this subsection shall continue to receive such assistance  
170 until such child is nineteen years of age, provided the child continues to  
171 meet the eligibility requirements prescribed in subdivisions (1) and (2)  
172 of this subsection. The provisions of section 17b-265 shall apply with  
173 respect to any medical assistance provided pursuant to this subsection.]

174 Sec. 502. Section 17b-292 of the general statutes is repealed and the  
175 following is substituted in lieu thereof (*Effective July 1, 2025*):

176 (a) A child who resides in a household with household income that  
177 exceeds one hundred ninety-six per cent of the federal poverty level but  
178 does not exceed three hundred eighteen per cent of the federal poverty  
179 level may be eligible for benefits under HUSKY B. [Until June 30, 2024,  
180 the Commissioner of Social Services shall, within available  
181 appropriations, provide state-funded medical assistance to any child  
182 twelve years of age and younger, regardless of immigration status, (1)  
183 with a household income that exceeds two hundred one per cent of the  
184 federal poverty level but does not exceed three hundred twenty-three  
185 per cent of the federal poverty level, and (2) who does not otherwise  
186 qualify for Medicaid, the Children's Health Insurance Program, or an  
187 offer of affordable, employer-sponsored insurance, as defined in the  
188 Affordable Care Act, as an employee or a dependent of an employee.  
189 On and after July 1, 2024, the commissioner shall, within available  
190 appropriations, provide state-funded medical assistance to any child  
191 fifteen years of age and younger, regardless of immigration status, who  
192 qualifies pursuant to subdivisions (1) and (2) of this subsection. A child  
193 eligible for such assistance under this subsection shall continue to  
194 receive such assistance until such child is nineteen years of age,  
195 provided the child continues to meet the eligibility requirements  
196 prescribed in subdivisions (1) and (2) of this subsection.] The provisions  
197 of section 17b-265 shall apply with respect to any medical assistance  
198 provided pursuant to this subsection.

199 (b) Whenever a court or family support magistrate orders a  
200 noncustodial parent to provide health insurance for a child, such parent  
201 may provide for coverage under HUSKY B.

202 (c) To the extent allowed under federal law, the commissioner shall  
203 not pay for services or durable medical equipment under HUSKY B if  
204 the member has other insurance coverage for such services or  
205 equipment. If a HUSKY B member has limited benefit insurance  
206 coverage for services that are also covered under HUSKY B, the  
207 commissioner shall require such other coverage to pay for the goods or  
208 services prior to any payment under HUSKY B.

209 (d) On or after [April 1, 2022] July 1, 2025, the commissioner shall  
210 provide medical assistance for prenatal care and extend medical  
211 assistance for postpartum care for twelve months after birth to a HUSKY  
212 B beneficiary with legal immigration status, to the extent permissible  
213 under federal law. The commissioner shall amend the state plan for the  
214 Children's Health Insurance Program in accordance with the American  
215 Rescue Plan Act of 2021 to provide federal reimbursement to the state  
216 for such postpartum care extension and shall extend such coverage  
217 following federal approval, provided such coverage shall not be  
218 extended to HUSKY B beneficiaries without legal immigration status.  
219 The commissioner shall take any other action necessary under federal  
220 law to maintain federal reimbursement for such postpartum coverage.  
221 A newborn child who otherwise meets the eligibility criteria for HUSKY  
222 B shall be eligible for benefits retroactive to his or her date of birth,  
223 provided an application is filed on behalf of the child not later than  
224 thirty days after such date. Any uninsured child born in a hospital in  
225 this state or in a border state hospital shall be enrolled on an expedited  
226 basis in HUSKY B, provided (1) the parent or caretaker relative of such  
227 child resides in this state, and (2) the parent or caretaker relative of such  
228 child authorizes enrollment in the program. The commissioner shall pay  
229 any premium cost such household would otherwise incur for the first  
230 four months of coverage.

231 (e) The commissioner shall implement presumptive eligibility for  
232 children applying for Medicaid and may, if cost effective, implement  
233 presumptive eligibility for children in households with income not  
234 exceeding three hundred eighteen per cent of the federal poverty level



235 applying for HUSKY B. Such presumptive eligibility determinations  
 236 shall be in accordance with applicable federal law and regulations. The  
 237 commissioner shall adopt regulations, in accordance with chapter 54, to  
 238 establish standards and procedures for the designation of an  
 239 organization as a qualified entity to grant presumptive eligibility. A  
 240 qualified entity shall, at the time a presumptive eligibility determination  
 241 is made, provide assistance to applicants with the completion and  
 242 submission of an application for a full eligibility determination. In  
 243 establishing such standards and procedures, the commissioner shall  
 244 ensure the representation of state-wide and local organizations that  
 245 provide services to children of all ages in each region of the state.

246 (f) In accordance with 42 CFR 435.1110, the commissioner shall  
 247 provide Medicaid during a presumptive eligibility period to individuals  
 248 who are determined presumptively eligible by a qualified hospital. A  
 249 hospital making such a presumptive eligibility determination shall  
 250 provide assistance to individuals in completing and submitting an  
 251 application for full Medicaid benefits.

252 (g) The commissioner shall implement HUSKY B while in the process  
 253 of adopting necessary policies and procedures in regulation form in  
 254 accordance with the provisions of section 17b-10.

255 Sec. 503. Sections 17b-257e and 17b-292b of the general statutes are  
 256 repealed. (*Effective July 1, 2025*)"

This act shall take effect as follows and shall amend the following sections:		
Sec. 501	<i>July 1, 2025</i>	17b-261
Sec. 502	<i>July 1, 2025</i>	17b-292
Sec. 503	<i>July 1, 2025</i>	Repealer section

Sec. 501	<i>July 1, 2025</i>	17b-261
Sec. 502	<i>July 1, 2025</i>	17b-292
Sec. 503	<i>July 1, 2025</i>	Repealer section