



General Assembly

Amendment

January Session, 2025

LCO No. 10404



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Offered by:

REP. CANDELORA V., 86th Dist.

REP. ZUPKUS, 89th Dist.

REP. O'DEA, 125th Dist.

REP. NUCCIO, 53rd Dist.

REP. RUTIGLIANO, 123rd Dist.

REP. POLLETTA, 68th Dist.

REP. ACKERT, 8th 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 After the last section, add the following and renumber sections and
2 internal references accordingly:

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 Section 17b-261 of the general statutes is repealed and the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

5 (a) Medical assistance shall be provided for any otherwise eligible
6 person (1) whose income, including any available support from legally
7 liable relatives and the income of the person's spouse or dependent
8 child, is not more than one hundred fifty-nine per cent, pending
9 approval of a federal waiver applied for pursuant to subsection (e) of
10 this section, of the benefit amount paid to a person with no income
11 under the temporary family assistance program and (2) if such person

12 is an institutionalized individual as defined in Section 1917 of the Social
13 Security Act, 42 USC 1396p(h)(3), and has not made an assignment or
14 transfer or other disposition of property for less than fair market value
15 for the purpose of establishing eligibility for benefits or assistance under
16 this section. Any such disposition shall be treated in accordance with
17 Section 1917(c) of the Social Security Act, 42 USC 1396p(c). Any
18 disposition of property made on behalf of an applicant or recipient or
19 the spouse of an applicant or recipient by a guardian, conservator,
20 person authorized to make such disposition pursuant to a power of
21 attorney or other person so authorized by law shall be attributed to such
22 applicant, recipient or spouse. A disposition of property ordered by a
23 court shall be evaluated in accordance with the standards applied to any
24 other such disposition for the purpose of determining eligibility. The
25 commissioner shall establish the standards for eligibility for medical
26 assistance at one hundred fifty-nine per cent of the benefit amount paid
27 to a household of equal size with no income under the temporary family
28 assistance program. In determining eligibility, the commissioner shall
29 not consider as income Aid and Attendance pension benefits granted to
30 a veteran, as defined in section 27-103, or the surviving spouse of such
31 veteran. Except as provided in section 17b-277 and section 17b-292, the
32 medical assistance program shall provide coverage to persons under the
33 age of nineteen with household income up to one hundred ninety-six
34 per cent of the federal poverty level without an asset limit and to
35 persons under the age of nineteen, who qualify for coverage under
36 Section 1931 of the Social Security Act, with household income not
37 exceeding one hundred ninety-six per cent of the federal poverty level
38 without an asset limit, and their parents and needy caretaker relatives,
39 who qualify for coverage under Section 1931 of the Social Security Act,
40 with household income not exceeding one hundred thirty-three per cent
41 of the federal poverty level without an asset limit. Such levels shall be
42 based on the regional differences in such benefit amount, if applicable,
43 unless such levels based on regional differences are not in conformance
44 with federal law. Any income in excess of the applicable amounts shall
45 be applied as may be required by said federal law, and assistance shall
46 be granted for the balance of the cost of authorized medical assistance.

47 The Commissioner of Social Services shall provide applicants for
48 assistance under this section, at the time of application, with a written
49 statement advising them of (A) the effect of an assignment or transfer or
50 other disposition of property on eligibility for benefits or assistance, (B)
51 the effect that having income that exceeds the limits prescribed in this
52 subsection will have with respect to program eligibility, and (C) the
53 availability of, and eligibility for, services provided by the Connecticut
54 Home Visiting System, established pursuant to section 17b-751b. For
55 coverage dates on or after January 1, 2014, the department shall use the
56 modified adjusted gross income financial eligibility rules set forth in
57 Section 1902(e)(14) of the Social Security Act and the implementing
58 regulations to determine eligibility for HUSKY A, HUSKY B and
59 HUSKY D applicants, as defined in section 17b-290. Persons who are
60 determined ineligible for assistance pursuant to this section shall be
61 provided a written statement notifying such persons of their ineligibility
62 and advising such persons of their potential eligibility for one of the
63 other insurance affordability programs as defined in 42 CFR 435.4.

64 (b) For the purposes of the Medicaid program, the Commissioner of
65 Social Services shall consider parental income and resources as available
66 to a child under eighteen years of age who is living with his or her
67 parents and is blind or disabled for purposes of the Medicaid program,
68 or to any other child under twenty-one years of age who is living with
69 his or her parents.

70 (c) For the purposes of determining eligibility for the Medicaid
71 program, an available asset is one that is actually available to the
72 applicant or one that the applicant has the legal right, authority or
73 power to obtain or to have applied for the applicant's general or medical
74 support. If the terms of a trust provide for the support of an applicant,
75 the refusal of a trustee to make a distribution from the trust does not
76 render the trust an unavailable asset. Notwithstanding the provisions of
77 this subsection, the availability of funds in a trust or similar instrument
78 funded in whole or in part by the applicant or the applicant's spouse
79 shall be determined pursuant to the Omnibus Budget Reconciliation Act

80 of 1993, 42 USC 1396p. The provisions of this subsection shall not apply
81 to a special needs trust, as defined in 42 USC 1396p(d)(4)(A), as
82 amended from time to time. For purposes of determining whether a
83 beneficiary under a special needs trust, who has not received a disability
84 determination from the Social Security Administration, is disabled, as
85 defined in 42 USC 1382c(a)(3), the Commissioner of Social Services, or
86 the commissioner's designee, shall independently make such
87 determination. The commissioner shall not require such beneficiary to
88 apply for Social Security disability benefits or obtain a disability
89 determination from the Social Security Administration for purposes of
90 determining whether the beneficiary is disabled.

91 (d) The transfer of an asset in exchange for other valuable
92 consideration shall be allowable to the extent the value of the other
93 valuable consideration is equal to or greater than the value of the asset
94 transferred.

95 (e) The Commissioner of Social Services shall seek a waiver from
96 federal law to permit federal financial participation for Medicaid
97 expenditures for families with incomes of one hundred forty-three per
98 cent of the temporary family assistance program payment standard.

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

107 (g) An institutionalized spouse applying for Medicaid and having a
108 spouse living in the community shall be required, to the maximum
109 extent permitted by law, to divert income to such community spouse in
110 order to raise the community spouse's income to the level of the
111 minimum monthly needs allowance, as described in Section 1924 of the

112 Social Security Act. Such diversion of income shall occur before the
113 community spouse is allowed to retain assets in excess of the
114 community spouse protected amount described in Section 1924 of the
115 Social Security Act. The Commissioner of Social Services, pursuant to
116 section 17b-10, may implement the provisions of this subsection while
117 in the process of adopting regulations, provided the commissioner
118 prints notice of intent to adopt the regulations in the Connecticut Law
119 Journal within twenty days of adopting such policy. Such policy shall
120 be valid until the time final regulations are effective.

121 (h) To the extent permissible under federal law, an institutionalized
122 individual, as defined in Section 1917 of the Social Security Act, 42 USC
123 1396p(h)(3), shall not be determined ineligible for Medicaid solely on
124 the basis of the cash value of a life insurance policy worth less than ten
125 thousand dollars provided the individual is pursuing the surrender of
126 the policy.

127 (i) Medical assistance shall be provided, in accordance with the
128 provisions of subsection (e) of section 17a-6, to any child under the
129 supervision of the Commissioner of Children and Families who is not
130 receiving Medicaid benefits, has not yet qualified for Medicaid benefits
131 or is otherwise ineligible for such benefits. Medical assistance shall also
132 be provided to any child in the behavioral services program operated
133 by the Department of Developmental Services who is not receiving
134 Medicaid benefits, has not yet qualified for Medicaid benefits or is
135 otherwise ineligible for benefits. To the extent practicable, the
136 Commissioner of Children and Families and the Commissioner of
137 Developmental Services shall apply for, or assist such child in qualifying
138 for, the Medicaid program.

139 (j) The Commissioner of Social Services shall provide Early and
140 Periodic Screening, Diagnostic and Treatment program services, as
141 required and defined as of December 31, 2005, by 42 USC 1396a(a)(43),
142 42 USC 1396d(r) and 42 USC 1396d(a)(4)(B) and applicable federal
143 regulations, to all persons who are under the age of twenty-one and
144 otherwise eligible for medical assistance under this section.

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

150 [(l) On and after January 1, 2023, and until June 30, 2024, the
151 Commissioner of Social Services shall, within available appropriations,
152 provide state-funded medical assistance to any child twelve years of age
153 and younger, regardless of immigration status, (1) whose household
154 income does not exceed two hundred one per cent of the federal poverty
155 level without an asset limit, and (2) who does not otherwise qualify for
156 Medicaid, the Children's Health Insurance Program, or an offer of
157 affordable, employer-sponsored insurance, as defined in the Affordable
158 Care Act, as an employee or a dependent of an employee. On and after
159 July 1, 2024, the commissioner shall, within available appropriations,
160 provide state-funded medical assistance to any child fifteen years of age
161 and younger, regardless of immigration status, who qualifies pursuant
162 to subdivisions (1) and (2) of this subsection. A child eligible for such
163 assistance under this subsection shall continue to receive such assistance
164 until such child is nineteen years of age, provided the child continues to
165 meet the eligibility requirements prescribed in subdivisions (1) and (2)
166 of this subsection. The provisions of section 17b-265 shall apply with
167 respect to any medical assistance provided pursuant to this subsection.]

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

170 (a) A child who resides in a household with household income that
171 exceeds one hundred ninety-six per cent of the federal poverty level but
172 does not exceed three hundred eighteen per cent of the federal poverty
173 level may be eligible for benefits under HUSKY B. [Until June 30, 2024,
174 the Commissioner of Social Services shall, within available
175 appropriations, provide state-funded medical assistance to any child
176 twelve years of age and younger, regardless of immigration status, (1)
177 with a household income that exceeds two hundred one per cent of the

178 federal poverty level but does not exceed three hundred twenty-three
179 per cent of the federal poverty level, and (2) who does not otherwise
180 qualify for Medicaid, the Children's Health Insurance Program, or an
181 offer of affordable, employer-sponsored insurance, as defined in the
182 Affordable Care Act, as an employee or a dependent of an employee.
183 On and after July 1, 2024, the commissioner shall, within available
184 appropriations, provide state-funded medical assistance to any child
185 fifteen years of age and younger, regardless of immigration status, who
186 qualifies pursuant to subdivisions (1) and (2) of this subsection. A child
187 eligible for such assistance under this subsection shall continue to
188 receive such assistance until such child is nineteen years of age,
189 provided the child continues to meet the eligibility requirements
190 prescribed in subdivisions (1) and (2) of this subsection.] The provisions
191 of section 17b-265 shall apply with respect to any medical assistance
192 provided pursuant to this subsection.

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

196 (c) To the extent allowed under federal law, the commissioner shall
197 not pay for services or durable medical equipment under HUSKY B if
198 the member has other insurance coverage for such services or
199 equipment. If a HUSKY B member has limited benefit insurance
200 coverage for services that are also covered under HUSKY B, the
201 commissioner shall require such other coverage to pay for the goods or
202 services prior to any payment under HUSKY B.

203 (d) On or after [April 1, 2022] July 1, 2025, the commissioner shall
204 provide medical assistance for prenatal care and extend medical
205 assistance for postpartum care for twelve months after birth to a HUSKY
206 B beneficiary with legal immigration status, to the extent permissible
207 under federal law. The commissioner shall amend the state plan for the
208 Children's Health Insurance Program in accordance with the American
209 Rescue Plan Act of 2021 to provide federal reimbursement to the state
210 for such postpartum care extension and shall extend such coverage

211 following federal approval, provided such coverage shall not be
212 extended to HUSKY B beneficiaries without legal immigration status.
213 The commissioner shall take any other action necessary under federal
214 law to maintain federal reimbursement for such postpartum coverage.
215 A newborn child who otherwise meets the eligibility criteria for HUSKY
216 B shall be eligible for benefits retroactive to his or her date of birth,
217 provided an application is filed on behalf of the child not later than
218 thirty days after such date. Any uninsured child born in a hospital in
219 this state or in a border state hospital shall be enrolled on an expedited
220 basis in HUSKY B, provided (1) the parent or caretaker relative of such
221 child resides in this state, and (2) the parent or caretaker relative of such
222 child authorizes enrollment in the program. The commissioner shall pay
223 any premium cost such household would otherwise incur for the first
224 four months of coverage.

225 (e) The commissioner shall implement presumptive eligibility for
226 children applying for Medicaid and may, if cost effective, implement
227 presumptive eligibility for children in households with income not
228 exceeding three hundred eighteen per cent of the federal poverty level
229 applying for HUSKY B. Such presumptive eligibility determinations
230 shall be in accordance with applicable federal law and regulations. The
231 commissioner shall adopt regulations, in accordance with chapter 54, to
232 establish standards and procedures for the designation of an
233 organization as a qualified entity to grant presumptive eligibility. A
234 qualified entity shall, at the time a presumptive eligibility determination
235 is made, provide assistance to applicants with the completion and
236 submission of an application for a full eligibility determination. In
237 establishing such standards and procedures, the commissioner shall
238 ensure the representation of state-wide and local organizations that
239 provide services to children of all ages in each region of the state.

240 (f) In accordance with 42 CFR 435.1110, the commissioner shall
241 provide Medicaid during a presumptive eligibility period to individuals
242 who are determined presumptively eligible by a qualified hospital. A
243 hospital making such a presumptive eligibility determination shall

244 provide assistance to individuals in completing and submitting an
245 application for full Medicaid benefits.

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

249 Sec. 503. (*Effective from passage*) For the fiscal years ending June 30,
250 2026, and June 30, 2027, the Commissioner of Social Services shall use
251 savings realized from the elimination of medical assistance for persons
252 without legal immigration status pursuant to this act to fund increases
253 in Medicaid rates of reimbursements for health care providers and
254 health care services pursuant to the Medicaid rate study commissioned
255 by the Department of Social Services pursuant to section 1 of public act
256 23-186.

257 Sec. 504. Section 17b-257e and 17b-292b of the general statutes are
258 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>from passage</i>	New section
Sec. 504	<i>July 1, 2025</i>	Repealer section