

Legislative History for Connecticut Act

PA 16-19

SB135

Senate 581-582, 649-650 4

Human Services 272, 277-278, 401, 404-405, 498-501 10

House Transcripts have not been received. They are available on CGA website, but are not the Official copy. Contact House Clerk for assistance (860) 240-0400 **14**

Transcripts from the Joint Standing Committee Public Hearing(s) and/or Senate and House of Representatives Proceedings

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**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2016**

**VOL. 59
PART 2
356 - 678**

/je
SENATE

April 19, 2016

On Calendar page 18, Calendar 321, Senate Bill 87,
Go.

On Calendar page 34, Calendar 93, Senate Bill 211,
Go.

On Calendar page 37, Calendar 173, Senate Bill 152,
I'd like to mark that PT.

On Calendar page 1, Calendar 395, House Joint
Resolution 169, I'd like to mark that Go and also
place that item on our Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR DUFF (25TH):

On Calendar page 1, Calendar 396, House Joint
Resolution 170, I'd like to mark that Go and also
place that item on our Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR DUFF (25TH):

On Calendar page 2, Calendar 67, Senate Bill 181,
I'd like to mark that Go.

On Calendar page 3, Calendar 84, Senate Bill 185,
I'd like to mark that Go.

On Calendar page 3, Calendar 89, Senate Bill 135,
I'd like to place that item on our Consent Calendar.

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SENATE

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April 19, 2016

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR DUFF (25TH):

Thank you, Madam President. On Calendar page 3, Calendar 113, Senate Bill 189, I'd like to mark that item as Go and also place that item on our Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR DUFF (25TH):

On Calendar page 3, Calendar 117, Senate Bill 273, I'd like to mark that item as Go and place that item on our Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR DUFF (25TH):

Thank you, Madam President. On Calendar page 4, Calendar 121, Senate Bill 147, I'd like to mark that as Go.

THE CHAIR:

Seeing no, okay sir.

SENATOR DUFF (25TH):

THE CLERK:

On page 1, Calendar 395, House Joint Resolution number 169.

Page 1 Calendar 396, House Joint Resolution number 170.

Page 2, Calendar 67, Senate Bill 181.

Page 3, Calendar 89, Senate Bill 135.

Also on page 3, Calendar 113, Senate Bill 189.

Page 3, Calendar 117, Senate Bill 273.

Also on page 3, Calendar 84, Senate Bill 185.

Page 6, Calendar 159, Senate Bill number 309.

Page 7, Calendar 166, Senate Bill 218.

On page 9, Calendar 206, Senate Bill 220.

Page 13, Calendar 273, Senate Bill 219.

On page 18, Calendar 321, Senate Bill 87.

Page 22, Calendar 366, Senate Bill 334.

Page 34, Calendar 93, Senate Bill 211.

On page 35, Calendar 142, Senate Bill 127.

Page 38, Calendar 241, Senate Bill number 249.

THE CHAIR:

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SENATE

April 19, 2016

The Consent Calendar is before the Chamber. The machine is open.

THE CLERK:

Immediate roll call has been ordered in the Senate.
Immediate roll call on the first Consent Calendar for today has been ordered in the Senate.

THE CHAIR:

Members please check the board to see that your vote has been properly recorded. If all members have voted and all votes have been properly recorded, the machine will be locked. Would the Clerk please take a tally.

THE CLERK:

On today's, the first Consent Calendar for today,

| | |
|-----------------------|----|
| Total Number Voting | 35 |
| Those voting Yea | 35 |
| Those voting Nay | 0 |
| Absent and not voting | 1 |

THE CHAIR:

The Consent Calendar is passed. Senator Duff.

SENATOR DUFF (25TH):

Thank you, Mr. President. If we could just stand at ease for a moment.

THE CHAIR:

**JOINT
STANDING
COMMITTEE
HEARINGS**

**HUMAN SERVICES
PART 1
1 – 632**

**2016
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HUMAN SERVICES COMMITTEE

February 23, 2016
1:00 P.M.

CHAIRPERSONS:

Senator Moore
Representative Abercrombie

SENATORS:

Markley, Slossberg

REPRESENTATIVES:

Buck-Taylor, Butler, Byron,
Case, Cook, Ferrero, McGee,
Morris, Porter, Randall,
Santiago, Stallworth, Wood,
Zupkus

REP. ABERCROMBIE (83RD): Good afternoon, everyone. I'd like to welcome everybody to the Human Services public hearing for today, Tuesday, February 23rd. I'm Co-Chairwoman Representative Abercrombie, and I'd like to welcome you here today.

Any comments from ranking Members? Then we're going to get started.

The first hour is dedicated to the commissioners and public officials, and then after that we go into the public, and there's a three-minute timeline.

So with that, I'd like Commissioner Bremby to come up please, sir. Good afternoon.

COMMISSIONER BREMBY: Good afternoon, Representative Abercrombie; distinguished Members of the Committee. My name is Rod Bremby, and I am the Commissioner of the Department of Social Services, and I'm pleased to be here to testify before you today on -- and ask for your support on ten agency bills. In addition, I'll

SB105 SB106
SB107 SB109
SB116 SB135
HB5250 HB5253
HB5254 HB5256
SB114 SB115
SB108

that delay or prevent nursing home institutionalization, or the usage of home and community-based services.

Since the passage of the federal Deficit Reduction Act of 2006, the department has seen an increase in improper asset transfers under the guise of these unregulated caregiver agreements. This practice has resulted in a cost shift from the applicant to the Medicaid program because those assets, instead of being transferred improperly, should have been paid -- used to pay for needed services.

This bill will improve the department's ability to review caregiver agreements by creating consistent guidelines and measures of evaluation. It will also limit the abuse of these contracts as asset transfer devices. Unnecessary Medicaid payments would be deferred, and those who are faithfully caring for a relative will receive reasonable compensation for their efforts. And we ask for your support of this bill.

S.B. 135 is AN ACT CONCERNING REVISIONS TO HUSKY PLUS. It's primarily a clean-up bill; a technical adjustment. But this bill before you aligns the HUSKY Plus appeal process with that used to review HUSKY B determinations.

Because HUSKY Plus supplements services available to certain HUSKY B members, the bill also specifies that providers, who are not enrolled in the department's medical assistance program, must accept Medicaid rates as payment in full if they provide HUSKY Plus services to those eligible. This language

ensures all providers of HUSKY Plus are reimbursed at the same rates as other providers in the program.

Lastly, the bill removes the advisory committee reference established by the Department of Public Health. This advisory committee has not been in practice for over 12 years. And we ask for your support of this bill.

H.B. 5250 is AN ACT CONCERNING CONTRIBUTIONS FROM SPOUSES OF INSTITUTIONALIZED MEDICAID RECIPIENTS. This bill permits the department to consider taxable and non-taxable income received by a community spouse when determining such spouse's contribution to the care -- cost of care for his or her institutionalized spouse who has applied, or is receiving, Medicaid long-term services and supports.

CGS Section 4a-12 requires the department to examine the financial situation of the spouse of an institutionalized Medicaid recipient, and make a determination of whether they are legally required to contribute funds for their institutionalized spouse's cost of care. That statute limits the community spouse's contribution to no more than 12 percent of the difference between the state median income for their family size, and federally deemed taxable income.

Annuities are often structured to produce little or no taxable income. In situations where the community spouse receives such an annuity, because Section 4a-12 refers only to taxable income, the department cannot consider the non-taxable annuity payments to determine the amount the community spouse must contribute towards their institutionalized

Connecticut Department
of Social Services

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***Testimony before the Human Services Committee
Roderick L. Bremby, Commissioner
February 23, 2016***

Good afternoon Senator Moore, Representative Abercrombie and distinguished members of the Human Services Committee. My name is Roderick Bremby, and I am the Commissioner of the Department of Social Services.

I am pleased to appear before you today and respectfully request your support of the following ten agency bills –

1. S.B. No. 105 (RAISED) - AN ACT CONCERNING THE PAYMENT OF FUNERAL AND BURIAL EXPENSES BY THE DEPARTMENT OF SOCIAL SERVICES
2. S.B. No. 106 (RAISED) - AN ACT CONCERNING A MEDICAID AMBULATORY PAYMENT CLASSIFICATION SYSTEM FOR CERTAIN HOSPITAL SERVICES
3. S.B. No. 107 (RAISED) - AN ACT CONCERNING THE TREATMENT OF THE CASH VALUE OF LIFE INSURANCE POLICIES WHEN EVALUATING MEDICAID ELIGIBILITY
4. S.B. No. 109 (RAISED) - AN ACT RENAMING THE BUREAU OF CHILD SUPPORT ENFORCEMENT TO THE OFFICE OF CHILD SUPPORT SERVICES
5. S.B. No. 116 (RAISED) - AN ACT CONCERNING CAREGIVER AGREEMENT REQUIREMENTS FOR MEDICAID APPLICANTS OR RECIPIENTS
6. S.B. No. 135 (RAISED) - AN ACT CONCERNING REVISIONS TO HUSKY PLUS
7. H.B. No. 5250 (RAISED) - AN ACT CONCERNING CONTRIBUTIONS FROM SPOUSES OF INSTITUTIONALIZED MEDICAID RECIPIENTS
8. H.B. No. 5253 (RAISED) - AN ACT CONCERNING IMPROVEMENTS TO INCOME WITHHOLDING FOR CHILD SUPPORT
9. H.B. No. 5254 (RAISED) - AN ACT EXPANDING THE COMMISSION FOR CHILD SUPPORT GUIDELINES
10. H.B. No. 5256 (RAISED) AN ACT EXPEDITING CHILD SUPPORT MODIFICATION ORDERS FOR INCARCERATED OR INSTITUTIONALIZED OBLIGORS

In addition, I will offer remarks on several other bills on the agenda.

SB114 SB115 SB108

Although the Department remains responsible for administrative enforcement, and collects tens of millions of dollars each year on behalf of Connecticut's children, the Judicial Branch's Support Enforcement Services division maintains primary responsibility for court-based enforcement of support orders. Changing the name will more accurately reflect the bureau's expanded mission and purpose.

We ask for your support of this bill.

5. S.B. No. 116 - AN ACT CONCERNING CAREGIVER AGREEMENT REQUIREMENTS FOR MEDICAID APPLICANTS OR RECIPIENTS

The Department is required to determine, as part of the federally required 60-month look-back, whether assets were improperly transferred in order to qualify for Medicaid-funded long-term services and supports. This bill creates standards for caregiver agreements between family members to purchase services that delay or prevent nursing home institutionalization or the usage of home and community-based services.

Since the passage of the federal Deficit Reduction Act of 2006 (DRA), the Department has seen an increase in improper assets transfers under the guise of these unregulated caregiver agreements. This practice has resulted in a cost shift from the applicant to the Medicaid program because those assets, instead of being transferred improperly, should have been used to pay for needed services.

This bill will improve the Department's ability to review caregiver agreements by creating consistent guidelines and measures of evaluation. It will also limit the abuse of these contracts as asset transfer devices. Unnecessary Medicaid payments would be deferred and those who are faithfully caring for a relative will receive reasonable compensation for their efforts.

We ask for your support of this bill.

6. S.B. No. 135 - AN ACT CONCERNING REVISIONS TO HUSKY PLUS

This bill makes numerous technical changes to the HUSKY Plus statute. HUSKY Plus is a supplemental health program that provides additional coverage of goods and services for children active on HUSKY B with intensive physical needs that cannot be accommodated within the basic benefit package offered through HUSKY B.

The bill aligns the HUSKY Plus appeal process with that used to review HUSKY B determinations because HUSKY Plus supplements services available to certain HUSKY B members.

The bill also specifies that providers, who are not enrolled in the Department's medical assistance program, must accept Medicaid rates as payment in full if they provide HUSKY Plus services to those eligible. This language ensures that all providers of HUSKY Plus are reimbursed at the same rates as other providers in the program.

Lastly, the bill removes the advisory committee reference established by the Department of Public Health. This advisory committee has not been in practice for over 12 years.

We ask for your support of this bill.

7. H.B. No. 5250 - AN ACT CONCERNING CONTRIBUTIONS FROM SPOUSES OF INSTITUTIONALIZED MEDICAID RECIPIENTS

This bill permits the Department to consider taxable and non-taxable income received by a community spouse when determining such spouse's contribution to the cost of care for his or her institutionalized spouse who has applied for or is receiving Medicaid long-term services and supports.

Connecticut General Statute section 4a-12 requires the Department to examine the financial situation of the spouse of an institutionalized Medicaid recipient and make a determination of whether they are legally required to contribute funds for their institutionalized spouse's cost of care. That statute limits the community spouse's contribution to no more than 12% of the difference between the state median income for their family size and federally deemed "taxable" income.

Annuities often are structured to produce little to no taxable income. In situations where the community spouse receives such annuity income, because section 4a-12 refers only to "taxable" income, the Department cannot consider the "non-taxable" annuity payments to determine the amount the community spouse must contribute towards their institutionalized spouse's cost of care. The proposal corrects this inequitable cost shift to the Medicaid program.

We ask for your support of this bill.

8. H.B. No. 5253 - AN ACT CONCERNING IMPROVEMENTS TO INCOME WITHHOLDING FOR CHILD SUPPORT

This bill requires an employer to send to its workers' compensation carrier an income withholding order it possesses regarding an employee that subsequently makes a claim for workers' compensations benefits.



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YEARS
OF ADVANCING OPPORTUNITIES
FOR CHILDREN AND FAMILIES

Testimony Regarding An Act Concerning Revisions to HUSKY PLUS

Raised Bill No. 135

Sharon D. Langer, M.Ed., J.D.

Human Services Committee

February 23, 2016

Senator Moore, Representative Abercrombie, and Members of the Human Services Committee:

I am the Acting Executive Director and Advocacy Director at Connecticut Voices for Children, a research-based public education and advocacy organization that works statewide to promote the well-being of Connecticut's children, youth, and families. Connecticut Voices for Children has a long history of monitoring and advocating for improvements to the HUSKY program.¹ We conduct independent monitoring of HUSKY A and HUSKY B (see below for a description of the programs), as well as coordinating Covering Connecticut's Kids & Families Coalition that brings together HUSKY administrators, community outreach workers, and many others to share information about the program and to work together to make improvements.²

I am submitting these comments concerning specific provisions in the Raised Bill No. 135, An Act Concerning Revisions to HUSKY Plus. It is well past time that the administration and the legislature determine whether this small but important program to children with special health care needs should be fully integrated into HUSKY B (Connecticut's Children's Health Insurance Program, known as CHIP). Currently, the state contracts with the Connecticut Children's Medical Center (CCMC) to administer the program which serves approximately 300 children. We are in support of maintaining this important service for children in HUSKY B but the design of this program needs to be rethought after careful review.

After the enactment of the federal CHIP legislation in 1997 Connecticut created a separate CHIP program for children with family income above the Medicaid income eligibility limits and named it HUSKY B to distinguish it from HUSKY A (Medicaid for children, parents, other relative caretakers of children, and pregnant women). The HUSKY B program has always been a much smaller health coverage program than its sister Medicaid program.

Currently HUSKY B serves approximately 13,500 children with family income between 201% of the federal poverty limit (FPL) and 323 % FPL in contrast to HUSKY A which covers about 290,000 lower income children. Instead of providing HUSKY B children with all medically necessary services as is required under Medicaid through the Early and Periodic, Screening and Diagnostic Treatment (EPSDT) guarantee, Connecticut chose to limit the benefit package for HUSKY B and to create a separate "wrap around" package of benefits for children with intensive health needs.

¹ See, Independent Performance Monitoring in the HUSKY Program: Ensuring Accountability for Scarce State Public Dollars (February 2016), retrieved from <http://www.ctvoices.org/sites/default/files/h16huskyperfmomonitoring.pdf>.

² See description of Covering Connecticut's Kids & Families at <http://www.ctvoices.org/issue-areas/health/covering-kids-families-protect>

First, we support the requirement that there be “an external quality review of the HUSKY Plus program” but suggest that the legislature mandate a date certain by which such a review be done. As far as we know such a review has never been done although almost identical language has been in the statute from its inception (proposed deleted subsection (e) which reads, “The commissioner shall contract for an external quality review of the HUSKY Plus program.”) The only past reporting to the Council on Medical Assistance Oversight (MAPOC) has been the count of children who receive HUSKY Plus services, and even that information hasn’t been reported for a year or more.

Second, if the state is going to maintain a separate HUSKY Plus program we agree that establishing criteria and specifying services for the program makes sense. However, given that the state has never finalized the HUSKY B regulations in twenty years we are concerned about imposing this requirement without attaching a date certain and requiring, for example, that the Council on Medical Assistance Program Oversight weigh in on the proposed regulations.

Third, we support the alignment of HUSKY Plus with Title V services, including respite care services. These are children with complicated “special health care needs” as defined in the federal law whose families benefit enormously from such services. However, without knowing whether HUSKY Plus services align with Title V services it is difficult to determine whether children should be denied other Title V services.

Fourth, we support access to HUSKY Plus services for all eligible children in HUSKY B, not just those living in households with income below 249% FPL. Medical necessity and not an arbitrary standard should determine whether children with special needs receive adaptive equipment, occupational, physical and/or speech therapy, and other services. Given the small number of children who receive these services and the fact that the federal government reimburses the state 88 cents on the dollar for CHIP coverage, we think this provision is outdated and should be deleted.

We believe that HUSKY Plus needs to be maintained, strengthened, updated and subject to meaningful review and oversight.

Thank you for this opportunity to submit testimony regarding Raised Bill No. 135.

Please feel free to contact me if you have questions or need additional information.

I can be reached at slanger@ctvoices.org or (203) 498-4240 (x 121).



**Testimony of the Connecticut Children's Medical Center
to the Human Services Committee regarding
Senate Bill 135 An Act Concerning Revisions to Husky Plus
February 23, 2016**

Senator Moore, Representative Abercrombie, members of the Human Services Committee, thank you for the opportunity to share our thoughts about Senate Bill 135 An Act Concerning Revisions to Husky Plus. We are Paul Dworkin, MD, Executive Vice President for Community Child Health and Ann Riley, Lead Care Coordinator at the Center for Care Coordination at Connecticut Children's Medical Center. We are submitting this testimony in opposition to this bill.

Connecticut Children's is a nationally recognized, 187-bed not-for-profit children's hospital serving as the primary teaching hospital for the University of Connecticut School of Medicine Department of Pediatrics. Connecticut Children's is consistently named among the best in the nation for several of its pediatric specialties in the annual *U.S. News & World Report* "Best Children's Hospitals" rankings.

A comprehensive array of pediatric services are available at our hospitals in Hartford and Waterbury, with neonatal intensive care units in Hartford (Level 4) and the University of Connecticut Health Center (Level 3), along with a state-of-the-art ambulatory surgery center, five specialty care centers and 10 practices across the state and in Massachusetts. Our Level 1 Pediatric Trauma Center and Primary Care Center are the busiest between Boston and New York. Connecticut Children's has more than 2,400 employees with a medical staff of nearly 1,100, practicing in more than 30 subspecialties.

If the State of Connecticut wants to maintain access to the full spectrum of pediatric health care services for all of its children, there must be a relationship between Medicaid cost coverage for the services Connecticut Children's provides and Medicaid volumes. While the number of children served by Connecticut Children's has risen, Medicaid cost coverage has decreased since 2008 from 91% to a projected 65% in 2016. This has resulted in Connecticut Children's Medicaid shortfall increasing from \$7.6 million to \$65 million per year during the same time period.

Connecticut Children's has taken its commitment to promoting children's healthy development to a new level through the establishment of the Office for Community Child Health (OCCH). Social determinants—the circumstances in which people live and work—powerfully affect health. In fact, social and environmental factors are estimated to have twice the impact on the overall health of individuals as does the health care they receive. OCCH has embraced a broader definition of community benefit that includes community-building activities. Indeed, even a cursory review of our community-oriented programs reveals the extent to which they address such social determinants of health as housing (e.g., Connecticut Children's Healthy Homes), community safety (e.g., Injury Prevention Center), and

early childhood development (e.g., *Help Me Grow*[®] National Center). OCCH helps the Medical Center make our children healthier through community based prevention and wellness.

Our concerns about Senate Bill 135 come from our long-standing experience of providing intensive care coordination services to children who rely on HUSKY. Our Center for Care Coordination (formerly the Special Kids Support Center) serves about 300 HUSKY B families, and nearly half fall into Band 2 which covers HUSKY families with incomes at or above 250% of the federal poverty line. Since this proposed legislation appears to eliminate HUSKY Plus coverage for Band 2, it would create a situation where there is a significant impact on a relatively small number of children. Therapy services comprise one of the largest components of HUSKY Plus services we provide. Many of the children we care for, such as those on the autism spectrum, would have a significant need for ongoing physical, occupational and speech therapy services beyond the 60 day limit on HUSKY B. For families at HUSKY B income levels, these services would be unaffordable without HUSKY Plus coverage. It is also important to remember that the federal government pays 88% of the cost of these services since they fall under the Children's Health Insurance Program.

As an alternative to making this change now, we would propose that the Department of Social Services evaluate the current status of the HUSKY Plus program, including who is served and for what conditions. This information would allow for a more meaningful conversation about the cost impact to the State and the impact on the children and families who currently rely on these covered services. We would be happy to serve as a resource for you as you debate this proposed legislation.

Thank you for your consideration of our position. If you have any questions about this testimony, please contact Jane Baird, Connecticut Children's Director of Government Relations, at 860-837-5557.