



Senate

General Assembly

File No. 366

February Session, 2022

Substitute Senate Bill No. 283

Senate, April 7, 2022

The Committee on Human Services reported through SEN. MOORE of the 22nd Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT ELIMINATING INCOME AND ASSET LIMITS FOR THE MED-CONNECT PROGRAM FOR PERSONS WITH DISABILITIES AND INCREASING INCOME AND ASSET LIMITS FOR HUSKY C.

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

1 Section 1. Section 17b-597 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2022*):

3 (a) The Department of Social Services shall establish and implement
4 a working persons with disabilities program to provide medical
5 assistance as authorized under 42 USC 1396a(a)(10)(A)(ii), as amended
6 from time to time, to persons who are disabled and regularly employed.

7 (b) The Commissioner of Social Services shall amend the Medicaid
8 state plan to allow persons specified in subsection (a) of this section to
9 qualify for medical assistance. The amendment shall [include the
10 following requirements: (1) That the person be engaged in a substantial
11 and reasonable work effort as determined by the commissioner and as
12 permitted by federal law and have an annual adjusted gross income, as

13 defined in Section 62 of the Internal Revenue Code of 1986, or any
14 subsequent corresponding internal revenue code of the United States,
15 as amended from time to time, of no more than seventy-five thousand
16 dollars per year; (2) a disregard of all countable income up to two
17 hundred per cent of the federal poverty level; (3) for an unmarried
18 person, an asset limit of ten thousand dollars, and for a married couple,
19 an asset limit of fifteen thousand dollars; (4) a disregard of any
20 retirement and medical savings accounts established pursuant to 26
21 USC 220 and held by either the person or the person's spouse; (5) a
22 disregard of any moneys in accounts designated by the person or the
23 person's spouse for the purpose of purchasing goods or services that
24 will increase the employability of such person, subject to approval by
25 the commissioner; (6) a disregard of spousal income solely for purposes
26 of determination of eligibility; and (7)] require (1) that the person be
27 engaged in a substantial and reasonable work effort as determined by
28 the commissioner and as permitted by federal law; and (2) a
29 contribution of any countable income of the person or the person's
30 spouse which exceeds two hundred per cent of the federal poverty level,
31 as adjusted for the appropriate family size, equal to ten per cent of the
32 excess minus any premiums paid from income for health insurance by
33 any family member, but which does not exceed the maximum
34 contribution allowable under Section 201(a)(3) of Public Law 106-170, as
35 amended from time to time.

36 (c) The Commissioner of Social Services shall implement the policies
37 and procedures necessary to carry out the provisions of this section
38 while in the process of adopting such policies and procedures in
39 regulation form, provided notice of intent to adopt the regulations is
40 [published in the Connecticut Law Journal within twenty days after
41 implementation] posted on the eRegulations System in accordance with
42 section 17b-10. The commissioner shall define "countable income" for
43 purposes of subsection (b) of this section which shall take into account
44 impairment-related work expenses as defined in the Social Security Act.
45 Such policies and procedures shall be valid until the time final
46 regulations are effective.

47 Sec. 2. (NEW) (*Effective July 1, 2022*) The Commissioner of Social
48 Services shall increase the asset limits used to determine eligibility for
49 HUSKY C, as defined in section 17b-290 of the general statutes, from (1)
50 one thousand six hundred dollars to five thousand dollars for a single
51 person, and (2) two thousand four hundred dollars to seven thousand
52 five hundred dollars for a married couple.

53 Sec. 3. Section 17b-261 of the 2022 supplement to the general statutes
54 is repealed and the following is substituted in lieu thereof (*Effective July*
55 *1, 2022*):

56 (a) Medical assistance shall be provided for any otherwise eligible
57 person (1) whose income, including any available support from legally
58 liable relatives and the income of the person's spouse or dependent
59 child, is not more than one hundred [forty-three per cent, pending
60 approval of a federal waiver applied for pursuant to subsection (e) of
61 this section, of the benefit amount paid to a person with no income
62 under the temporary family assistance program in the appropriate
63 region of residence and if] thirty-eight per cent of the federal poverty
64 level, and (2) if such person is an institutionalized individual as defined
65 in Section 1917 of the Social Security Act, 42 USC 1396p(h)(3), [and] such
66 person has not made an assignment or transfer or other disposition of
67 property for less than fair market value for the purpose of establishing
68 eligibility for benefits or assistance under this section. Any such
69 disposition shall be treated in accordance with Section 1917(c) of the
70 Social Security Act, 42 USC 1396p(c). Any disposition of property made
71 on behalf of an applicant or recipient or the spouse of an applicant or
72 recipient by a guardian, conservator, person authorized to make such
73 disposition pursuant to a power of attorney or other person so
74 authorized by law shall be attributed to such applicant, recipient or
75 spouse. A disposition of property ordered by a court shall be evaluated
76 in accordance with the standards applied to any other such disposition
77 for the purpose of determining eligibility. [The commissioner shall
78 establish the standards for eligibility for medical assistance at one
79 hundred forty-three per cent of the benefit amount paid to a household
80 of equal size with no income under the temporary family assistance

81 program in the appropriate region of residence.] In determining
82 eligibility, the commissioner shall not consider as income Aid and
83 Attendance pension benefits granted to a veteran, as defined in section
84 27-103, or the surviving spouse of such veteran. Except as provided in
85 section 17b-277 and section 17b-292, the medical assistance program
86 shall provide coverage to persons under the age of nineteen with
87 household income up to one hundred ninety-six per cent of the federal
88 poverty level without an asset limit and to persons under the age of
89 nineteen, who qualify for coverage under Section 1931 of the Social
90 Security Act, with household income not exceeding one hundred
91 ninety-six per cent of the federal poverty level without an asset limit,
92 and their parents and needy caretaker relatives, who qualify for
93 coverage under Section 1931 of the Social Security Act, with household
94 income not exceeding one hundred fifty-five per cent of the federal
95 poverty level without an asset limit. Such levels shall be based on the
96 regional differences in such benefit amount, if applicable, unless such
97 levels based on regional differences are not in conformance with federal
98 law. Any income in excess of the applicable amounts shall be applied as
99 may be required by said federal law, and assistance shall be granted for
100 the balance of the cost of authorized medical assistance. The
101 Commissioner of Social Services shall provide applicants for assistance
102 under this section, at the time of application, with a written statement
103 advising them of [(1)] (A) the effect of an assignment or transfer or other
104 disposition of property on eligibility for benefits or assistance, [(2)] (B)
105 the effect that having income that exceeds the limits prescribed in this
106 subsection will have with respect to program eligibility, and [(3)] (C) the
107 availability of, and eligibility for, services provided by the Connecticut
108 Home Visiting System, established pursuant to section 17b-751b. For
109 coverage dates on or after January 1, 2014, the department shall use the
110 modified adjusted gross income financial eligibility rules set forth in
111 Section 1902(e)(14) of the Social Security Act and the implementing
112 regulations to determine eligibility for HUSKY A, HUSKY B and
113 HUSKY D applicants, as defined in section 17b-290. Persons who are
114 determined ineligible for assistance pursuant to this section shall be
115 provided a written statement notifying such persons of their ineligibility

116 and advising such persons of their potential eligibility for one of the
117 other insurance affordability programs as defined in 42 CFR 435.4.

118 (b) For the purposes of the Medicaid program, the Commissioner of
119 Social Services shall consider parental income and resources as available
120 to a child under eighteen years of age who is living with his or her
121 parents and is blind or disabled for purposes of the Medicaid program,
122 or to any other child under twenty-one years of age who is living with
123 his or her parents.

124 (c) For the purposes of determining eligibility for the Medicaid
125 program, an available asset is one that is actually available to the
126 applicant or one that the applicant has the legal right, authority or
127 power to obtain or to have applied for the applicant's general or medical
128 support. If the terms of a trust provide for the support of an applicant,
129 the refusal of a trustee to make a distribution from the trust does not
130 render the trust an unavailable asset. Notwithstanding the provisions of
131 this subsection, the availability of funds in a trust or similar instrument
132 funded in whole or in part by the applicant or the applicant's spouse
133 shall be determined pursuant to the Omnibus Budget Reconciliation Act
134 of 1993, 42 USC 1396p. The provisions of this subsection shall not apply
135 to a special needs trust, as defined in 42 USC 1396p(d)(4)(A), as
136 amended from time to time. For purposes of determining whether a
137 beneficiary under a special needs trust, who has not received a disability
138 determination from the Social Security Administration, is disabled, as
139 defined in 42 USC 1382c(a)(3), the Commissioner of Social Services, or
140 the commissioner's designee, shall independently make such
141 determination. The commissioner shall not require such beneficiary to
142 apply for Social Security disability benefits or obtain a disability
143 determination from the Social Security Administration for purposes of
144 determining whether the beneficiary is disabled.

145 (d) The transfer of an asset in exchange for other valuable
146 consideration shall be allowable to the extent the value of the other
147 valuable consideration is equal to or greater than the value of the asset
148 transferred.

149 (e) The Commissioner of Social Services [shall seek a waiver from
150 federal law to permit federal financial participation for Medicaid
151 expenditures for families with incomes of one hundred forty-three per
152 cent of the temporary family assistance program payment standard]
153 may seek federal approval for a Medicaid waiver or a Medicaid state
154 plan amendment to implement the provisions of this section.

155 (f) To the extent [permitted by] permissible under federal law,
156 Medicaid eligibility shall be extended for one year to a family that
157 becomes ineligible for medical assistance under Section 1931 of the
158 Social Security Act due to income from employment by one of its
159 members who is a caretaker relative or due to receipt of child support
160 income. A family receiving extended benefits on July 1, 2005, shall
161 receive the balance of such extended benefits, provided no such family
162 shall receive more than twelve additional months of such benefits.

163 (g) An institutionalized spouse applying for Medicaid and having a
164 spouse living in the community shall be required, to the maximum
165 extent permitted by law, to divert income to such community spouse in
166 order to raise the community spouse's income to the level of the
167 minimum monthly needs allowance, as described in Section 1924 of the
168 Social Security Act. Such diversion of income shall occur before the
169 community spouse is allowed to retain assets in excess of the
170 community spouse protected amount described in Section 1924 of the
171 Social Security Act. The Commissioner of Social Services, pursuant to
172 section 17b-10, may implement the provisions of this subsection while
173 in the process of adopting regulations, provided the commissioner
174 [prints] posts notice of intent to adopt the regulations [in the
175 Connecticut Law Journal within] on the eRegulations System not later
176 than twenty days [of] after adopting such policy. Such policy shall be
177 valid until the time final regulations are effective.

178 (h) To the extent permissible under federal law, an institutionalized
179 individual, as defined in Section 1917 of the Social Security Act, 42 USC
180 1396p(h)(3), shall not be determined ineligible for Medicaid solely on
181 the basis of the cash value of a life insurance policy worth less than ten

182 thousand dollars provided the individual is pursuing the surrender of
183 the policy.

184 (i) Medical assistance shall be provided, in accordance with the
185 provisions of subsection (e) of section 17a-6, to any child under the
186 supervision of the Commissioner of Children and Families who is not
187 receiving Medicaid benefits, has not yet qualified for Medicaid benefits
188 or is otherwise ineligible for such benefits. Medical assistance shall also
189 be provided to any child in the behavioral services program operated
190 by the Department of Developmental Services who is not receiving
191 Medicaid benefits, has not yet qualified for Medicaid benefits or is
192 otherwise ineligible for benefits. To the extent practicable, the
193 Commissioner of Children and Families and the Commissioner of
194 Developmental Services shall apply for, or assist such child in qualifying
195 for, the Medicaid program.

196 (j) The Commissioner of Social Services shall provide Early and
197 Periodic Screening, Diagnostic and Treatment program services, as
198 required and defined as of December 31, 2005, by 42 USC 1396a(a)(43),
199 42 USC 1396d(r) and 42 USC 1396d(a)(4)(B) and applicable federal
200 regulations, to all persons who are under the age of twenty-one and
201 otherwise eligible for medical assistance under this section.

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

207 (l) On and after January 1, 2023, the Commissioner of Social Services
208 shall, within available appropriations, provide state-funded medical
209 assistance to any child eight years of age and younger, regardless of
210 immigration status, (1) whose household income does not exceed two
211 hundred one per cent of the federal poverty level without an asset limit,
212 and (2) who does not otherwise qualify for (A) Medicaid, (B) the
213 Children's Health Insurance Program, or (C) an offer of affordable,
214 employer-sponsored insurance, as defined in the Affordable Care Act,

215 as an employee or a dependent of an employee.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2022</i>	17b-597
Sec. 2	<i>July 1, 2022</i>	New section
Sec. 3	<i>July 1, 2022</i>	17b-261

HS *Joint Favorable Subst.*

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 23 \$	FY 24 \$
Social Services, Dept.	GF - Cost	Significant	Significant

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill results in a significant cost to the Department of Social services (DSS) due to expanding Medicaid eligibility under HUSKY C and the Medicaid for Employees with Disabilities (MED-Connect) program.

The bill eliminates the annual income limit (\$75,000) and asset limit (\$10,000 for individuals and \$15,000 for married couples) for purposes of eligibility for MED-Connect. The number of individuals who would become eligible under the bill is unknown. For context, there are approximately 3,600 individuals currently enrolled in the program, 900 of which make more than 200% of the federal poverty level (FPL). The average Medicaid cost per person is approximately \$6,900 annually.

The bill also results in a significant cost to DSS associated with increasing HUSKY C asset limits (from \$1,600 to \$5,000 for an individual and \$2,400 to \$7,500 for a married couple) and income limits. Current income limits are based on regional Temporary Family Assistance benefit standards and are generally around 60% FPL, compared to the 138% FPL proposed under the bill. If an average distribution of enrollees across income brackets is assumed, the HUSKY C population would

double, resulting in increased state costs of approximately \$1.1 billion.

The actual cost will depend on the number of individuals who meet the new income and asset requirements under the bill.

The Out Years

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

OLR Bill Analysis**sSB 283*****AN ACT ELIMINATING INCOME AND ASSET LIMITS FOR THE MED-CONNECT PROGRAM FOR PERSONS WITH DISABILITIES AND INCREASING INCOME AND ASSET LIMITS FOR HUSKY C.*****SUMMARY**

This bill expands eligibility for certain Medicaid programs by (1) eliminating the income and asset limits for Medicaid for Employees with Disabilities (MED-Connect, see BACKGROUND) and (2) increasing these limits for HUSKY C, which provides Medicaid coverage for people who are at least age 65, blind, or living with a disability.

Specifically, the bill eliminates the MED-Connect program's current annual income limit of \$75,000 and its asset limit of \$10,000 for individuals and \$15,000 for married couples. By law, unchanged by the bill, enrollees must (1) be engaged in substantial and reasonable work effort as determined by the Department of Social Services (DSS) and as permitted by federal law and (2) pay a premium based on their countable income over 200% of the federal poverty level (FPL).

Additionally, the bill raises the income limit to 138% of FPL for HUSKY C (for 2022, 138% FPL is \$18,754 for an individual and \$25,268 for a couple). It authorizes the DSS Commissioner to seek federal approval for a Medicaid waiver or a Medicaid state plan amendment to implement this provision. Under current law, HUSKY C income limits are 143% of Temporary Family Assistance (TFA) benefit levels, which vary by region, with certain types of income excluded when determining eligibility, as shown in Table 1.

**Table 1: HUSKY C Annual Net Income Limits After Deductions
Under Current Law**

	Region A (Southwestern CT)	Regions B & C (Northern, Eastern, & Western CT)
Single Person	\$11,814	\$10,493
Married Couple	\$18,085	\$16,781

The bill also generally increases HUSKY C asset limits from \$1,600 to \$5,000 for individuals and from \$2,400 to \$7,500 for married couples. Under federal law, certain assets are not counted when calculating the applicant's assets (e.g., one car per household, certain burial expenses, home property, and certain life insurance policies) and long-term care enrollees are subject to separate financial requirements.

The bill conforms to practice by requiring DSS to post required notices of its intent to adopt regulations on the eRegulations system rather than in the Connecticut Law Journal. It also makes several technical and conforming changes.

EFFECTIVE DATE: July 1, 2022

BACKGROUND

Medicaid for Employees with Disabilities

MED-Connect provides full Medicaid coverage to employed individuals who have a medically certified disability or blindness and are working for taxable wages. Self-employed individuals must pay self-employment taxes to the Internal Revenue Service to qualify.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 20 Nay 0 (03/24/2022)