



Senate

General Assembly

File No. 66

January Session, 2023

Senate Bill No. 931

Senate, March 14, 2023

The Committee on Aging reported through SEN. HOCHADEL of the 13th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

***AN ACT EXPANDING ACCESS TO THE ALZHEIMER'S DISEASE
RESPITE CARE PROGRAM.***

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

1 Section 1. Section 17a-860 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2023*):

3 (a) As used in this section:

4 (1) "Respite care services" means support services which provide
5 short-term relief from the demands of ongoing care for an individual
6 with Alzheimer's disease.

7 (2) "Caretaker" means a person who has the responsibility for the care
8 of an individual with Alzheimer's disease or has assumed the
9 responsibility for such individual voluntarily, by contract or by order of
10 a court of competent jurisdiction.

11 (3) "Copayment" means a payment made by or on behalf of an
12 individual with Alzheimer's disease for respite care services.

13 (4) "Individual with Alzheimer's disease" means an individual with
14 Alzheimer's disease or related disorders.

15 (b) The Commissioner of Aging and Disability Services shall operate
16 a program [, within available appropriations,] to provide respite care
17 services for caretakers of individuals with Alzheimer's disease,
18 provided such individuals with Alzheimer's disease meet the
19 requirements set forth in subsection (c) of this section. Such respite care
20 services may include, but need not be limited to: (1) [homemaker]
21 Homemaker services; (2) adult day care; (3) temporary care in a licensed
22 medical facility; (4) home-health care; (5) companion services; or (6)
23 personal care assistant services. Such respite care services may be
24 administered directly by the Department of Aging and Disability
25 Services, or through contracts for services with providers of such
26 services, or by means of direct subsidy to caretakers of individuals with
27 Alzheimer's disease to purchase such services.

28 (c) (1) No individual with Alzheimer's disease may participate in the
29 program if such individual (A) has an annual income of more than
30 [forty-one] seventy thousand dollars or liquid assets of more than one
31 hundred [nine] seventy-nine thousand dollars, or (B) is receiving
32 services under the Connecticut home-care program for the elderly. [On
33 July 1, 2009, and annually thereafter, the] The commissioner shall
34 increase such income and asset eligibility criteria over that of the
35 previous fiscal year to reflect the annual cost of living adjustment in
36 Social Security income, if any.

37 (2) No individual with Alzheimer's disease who participates in the
38 program may receive more than three thousand five hundred dollars for
39 services under the program in any fiscal year or receive more than thirty
40 days of out-of-home respite care services other than adult day care
41 services under the program in any fiscal year, except that the
42 commissioner shall adopt regulations pursuant to subsection (d) of this
43 section to provide up to seven thousand five hundred dollars for
44 services to a participant in the program who demonstrates a need for
45 additional services.

46 (3) The commissioner may require an individual with Alzheimer's
47 disease who participates in the program to pay a copayment for respite
48 care services under the program, except the commissioner may waive
49 such copayment upon demonstration of financial hardship by such
50 individual.

51 (d) The commissioner shall adopt regulations in accordance with the
52 provisions of chapter 54 to implement the provisions of this section.
53 Such regulations shall include, but need not be limited to: (1) [standards]
54 Standards for eligibility for respite care services; (2) the basis for priority
55 in receiving services; (3) qualifications and requirements of providers,
56 which shall include specialized training in Alzheimer's disease,
57 dementia and related disorders; (4) a requirement that providers
58 accredited by the Joint Commission on the Accreditation of Healthcare
59 Organizations, when available, receive preference in contracting for
60 services; (5) provider reimbursement levels; (6) limits on services and
61 cost of services; and (7) a fee schedule for copayments.

62 (e) The commissioner may allocate any funds appropriated in excess
63 of five hundred thousand dollars for the program among the five area
64 agencies on aging according to need, as determined by the
65 commissioner.

66 Sec. 2. Subsection (g) of section 17a-780 of the general statutes is
67 repealed and the following is substituted in lieu thereof (*Effective July 1,*
68 *2023*):

69 (g) The Department of Aging and Disability Services is designated as
70 the State Unit on Aging to administer, manage, design and advocate for
71 benefits, programs and services for older persons and their families
72 pursuant to the Older Americans Act. The department shall study
73 continuously the conditions and needs of older persons in this state in
74 relation to nutrition, transportation, home care, housing, income,
75 employment, health, recreation and other matters. The department shall
76 be responsible, in cooperation with federal, state, local and area
77 planning agencies on aging, for the overall planning, development and
78 administration of a comprehensive and integrated social service

79 delivery system for older persons. The Department of Aging and
 80 Disability Services is designated as the state agency for the
 81 administration of nutritional programs for elderly persons described in
 82 section 17a-852, the fall prevention program described in section 17a-
 83 859, the CHOICES program described in section 17a-857, the Aging and
 84 Disability Resource Center Program described in section 17a-858 and
 85 the Alzheimer's [respite] disease respite care program described in
 86 section [17b-860] 17a-860, as amended by this act.

87 Sec. 3. (*Effective July 1, 2023*) (a) The sum of one million dollars is
 88 appropriated to the Department of Aging and Disability Services from
 89 the General Fund, for the fiscal year ending June 30, 2024, to expand
 90 access to the Alzheimer's disease respite care program.

91 (b) The sum of one million dollars is appropriated to the Department
 92 of Aging and Disability Services from the General Fund, for the fiscal
 93 year ending June 30, 2025, to expand access to the Alzheimer's disease
 94 respite care program.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2023</i>	17a-860
Sec. 2	<i>July 1, 2023</i>	17a-780(g)
Sec. 3	<i>July 1, 2023</i>	New section

AGE *Joint Favorable*

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 24 \$	FY 25 \$
Aging and Disability Services, Dept.	GF - Cost	1,000,000 - 1,350,000	1,000,000 - 1,350,000

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill increases eligibility for the Alzheimer's Respite Care program in the Department of Aging and Disability Services (ADS) and eliminates the requirement that it be operated within available appropriations. This is anticipated to result in additional annual program costs of between \$1,000,000 and \$1,350,000.

In FY 23, the program is anticipated to serve 668 caregivers with an average benefit of \$2,167. Currently, the ADS' state unit on aging manages the amount of services allocated to each enrollee in order not to exceed the program's appropriation. The elimination of the requirement that the program be operated within available appropriations may result in participants receiving additional benefits up to the statutory standard annual benefit of \$3,500¹ resulting in an additional cost of approximately \$1 million based on estimated FY 23 participation.

¹ While the statutory language includes a \$3,500 annual cap, the actual benefit amount is based on need. It may exceed the \$3,500 with proper approval based on ADS regulations up to \$7,500.

The bill increases the FY 24 annual income limit from \$55,561 to \$70,000 and increases the FY 24 annual liquid asset limit from \$147,715 to \$179,000. The number of caregivers in that income and asset range is not known. Each additional participant may be eligible for a respite benefit up to the annual cap of \$3,500. Estimating that 100 additional caregivers (representing a 15% increase) may participate, it would result in additional annual program costs of \$350,000.

The bill appropriates \$1 million to the Alzheimer's disease respite care program within the ADS to support expanded access to the program.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to the number of participants.

*Sources: Department of Administrative Services, Digest of Administrative Reports
Department of Aging and Disability Services, Testimony*

OLR Bill Analysis**SB 931*****AN ACT EXPANDING ACCESS TO THE ALZHEIMER'S DISEASE RESPITE CARE PROGRAM.*****SUMMARY**

Starting July 1, 2023, this bill expands eligibility for individuals with Alzheimer's disease or related disorders to participate in the state's Respite Care Program (see BACKGROUND). It does so by increasing the program's (1) annual income limit from \$51,114 to \$70,000 and (2) annual liquid asset limit from \$135,892 to \$179,000. (Current income and asset limits reflect annual Social Security cost of living adjustments.) Under existing law, unchanged by the bill, participants cannot enroll in the Connecticut Home Care Program for Elders.

The bill also (1) eliminates the requirement that the Department of Aging and Disability Services (ADS) commissioner operate the program within available appropriations and (2) appropriates \$1 million from the General Fund to ADS, in each of FYs 24 and 25, to expand program access.

Lastly, the bill makes technical changes.

EFFECTIVE DATE: July 1, 2023

BACKGROUND***Statewide Respite Care Program***

By law, the Respite Care Program provides respite for caregivers of individuals with Alzheimer's disease or related disorders. Program participants may receive up to \$7,500 in services annually, depending on need. The program provides homemaker, personal care assistant, adult day care, short-term medical and facility care, home health care,

and companion services. Participants may be required to pay a portion of the cost.

COMMITTEE ACTION

Aging Committee

Joint Favorable

Yea 15 Nay 0 (02/28/2023)