

Department of Social Services

DSS60000

Permanent Full-Time Positions

Fund	Actual FY 17	Actual FY 18	Appropriation FY 19	Governor Recommended		Legislative	
				FY 20	FY 21	FY 20	FY 21
General Fund	1,986	2,009	1,986	2,021	2,021	1,912	1,912

Budget Summary

Account	Actual FY 17	Actual FY 18	Appropriation FY 19	Governor Recommended		Legislative	
				FY 20	FY 21	FY 20	FY 21
Personal Services	116,604,913	112,833,782	117,199,907	132,461,471	139,867,419	132,339,071	139,336,819
Other Expenses	133,475,186	136,457,755	139,311,834	156,674,427	148,773,485	154,204,427	147,663,485
Other Current Expenses							
Genetic Tests in Paternity Actions	67,710	56,292	81,906	81,906	81,906	81,906	81,906
State-Funded Supplemental Nutrition Assistance Program	292,432	9,697	-	-	-	-	-
HUSKY B Program	4,750,000	5,135,793	5,320,000	8,870,000	14,830,000	8,870,000	14,830,000
Other Than Payments to Local Governments							
Medicaid	2,407,142,715	2,513,038,706	2,608,368,000	2,689,940,000	2,771,150,000	2,691,610,660	2,816,874,660
Old Age Assistance	39,228,323	38,867,025	39,826,302	42,600,000	43,550,000	42,619,500	43,569,500
Aid To The Blind	531,532	546,803	584,005	529,100	523,900	529,100	523,900
Aid To The Disabled	60,226,853	59,011,587	61,107,546	59,690,000	59,660,000	59,713,700	59,683,700
Temporary Family Assistance - TANF	78,941,777	74,048,449	75,131,712	62,230,000	60,870,000	59,734,200	58,374,200
Emergency Assistance	-	-	1	1	1	1	1
Food Stamp Training Expenses	6,804	4,527	9,832	9,832	9,832	9,832	9,832
DMHAS-Disproportionate Share	108,935,000	108,935,000	108,935,000	108,935,000	108,935,000	108,935,000	108,935,000
Connecticut Home Care Program	42,920,322	36,489,526	44,350,000	36,810,000	36,900,000	37,040,000	37,830,000
Human Resource Development- Hispanic Programs	701,404	697,307	1,197,307	1,206,885	1,206,885	1,546,885	1,546,885
Community Residential Services	522,416,052	540,950,433	562,902,640	623,412,127	639,014,602	622,412,127	638,014,602
Protective Services to the Elderly	478,300	-	785,204	-	-	-	-
Safety Net Services	2,008,185	1,277,656	1,326,321	1,334,544	1,334,544	1,334,544	1,334,544
Refunds Of Collections	85,849	56,656	94,699	94,699	94,699	94,699	94,699
Services for Persons With Disabilities	469,852	308,080	273,897	276,362	276,362	276,362	276,362
Nutrition Assistance	377,217	580,567	743,095	749,040	749,040	749,040	749,040
State Administered General Assistance	20,008,333	19,601,641	19,334,722	17,810,000	17,470,000	18,062,600	17,722,600
Connecticut Children's Medical Center	12,657,171	11,163,625	10,125,737	10,125,737	10,125,737	10,125,737	10,125,737
Community Services	802,922	364,191	688,676	275,376	275,376	1,775,376	1,805,376
Human Services Infrastructure Community Action Program	2,580,426	2,887,561	3,149,619	3,292,432	3,292,432	3,292,432	3,292,432
Teen Pregnancy Prevention	1,412,540	1,193,349	1,245,860	1,255,827	1,255,827	1,255,827	1,255,827
Programs for Senior Citizens	-	5,777,475	-	-	-	-	-
Family Programs - TANF	352,038	29,337	29,337	-	-	-	-
Domestic Violence Shelters	4,997,814	5,198,424	5,247,072	5,289,049	5,289,049	5,289,049	5,289,049
Hospital Supplemental	35,635,954	597,687,879	496,340,138	453,331,102	453,331,102	453,331,102	453,331,102

Account	Actual FY 17	Actual FY 18	Appropriation FY 19	Governor Recommended		Legislative	
				FY 20	FY 21	FY 20	FY 21
Payments							
Grant Payments to Local Governments							
Human Resource Development-Hispanic Programs - Municipality	4,578	-	-	-	-	-	-
Teen Pregnancy Prevention - Municipality	111,430	94,209	98,281	98,281	98,281	98,281	98,281
Agency Total - General Fund	3,598,223,632	4,273,303,332	4,303,808,650	4,417,383,198	4,518,965,479	4,415,331,458	4,562,649,539
Family Programs - TANF	2,370,629	-	-	-	-	-	-
Agency Total - Special Transportation Fund	2,370,629	-	-	-	-	-	-
Fall Prevention	-	376,023	-	-	-	-	-
Agency Total - Insurance Fund	-	376,023	-	-	-	-	-
Total - Appropriated Funds	3,600,594,261	4,273,679,355	4,303,808,650	4,417,383,198	4,518,965,479	4,415,331,458	4,562,649,539
Additional Funds Available							
Carry Forward Funding	-	-	-	-	-	17,780,000	-
Federal & Other Restricted Act	-	4,113,007,928	4,169,410,037	4,371,170,814	4,434,051,440	4,371,170,814	4,434,051,440
Private Contributions & Other Restricted	-	1,129,005	1,391,743	1,140,572	1,120,901	1,140,572	1,120,901
Agency Grand Total	3,600,594,261	8,387,816,288	8,474,610,430	8,789,694,584	8,954,137,820	8,805,422,844	8,997,821,880

Account	Governor Recommended		Legislative		Difference from Governor	
	FY 20	FY 21	FY 20	FY 21	FY 20	FY 21

Policy Revisions

Increase HUSKY A Eligibility to 160% FPL

Medicaid	-	-	5,300,000	9,100,000	5,300,000	9,100,000
Total - General Fund	-	-	5,300,000	9,100,000	5,300,000	9,100,000

Legislative

Provide funding of \$5.3 million in FY 20 and \$9.1 million in FY 21 to increase HUSKY A adult income eligibility from 155% of FPL to 160% FPL effective October 1, 2019. Section 316 of PA 19-117 implements this change.

Provide Funding for Katie Beckett Waiver

Medicaid	-	-	500,000	500,000	500,000	500,000
Total - General Fund	-	-	500,000	500,000	500,000	500,000

Background

The Katie Beckett Waiver Program allows the Department of Social Services (DSS) to provide Medicaid services to individuals 21 years of age and younger who have a physical disability and may or may not have a co-occurring developmental disability, who would normally not qualify financially for Medicaid due to family income. The program provides home and community-based services, case management, and standard Medicaid covered services such as physician services, therapy services, home health services, hospital inpatient and outpatient services. Clients must meet both the medical and Medicaid financial eligibility requirements specified by the waiver. Under the Waiver, the income of a parent or spouse is not counted when determining Medicaid eligibility; however, the income must be listed. In addition to meeting the financial eligibility requirements, the individual must meet DSS' medical criteria for institutionalized level of care. The cost of services cannot exceed the cost of services if provided in an institutional setting. The average annual Medicaid cost of care is \$33,400 per individual. As of February 2019, 265 individuals were on the wait list.

Legislative

Provide \$500,000 in FY 20 and FY 21 to expand services under the Katie Beckett Waiver.

Account	Governor Recommended		Legislative		Difference from Governor	
	FY 20	FY 21	FY 20	FY 21	FY 20	FY 21

Provide Funding for a New SBHC

Medicaid	-	-	125,000	125,000	125,000	125,000
Total - General Fund	-	-	125,000	125,000	125,000	125,000

Background

School Based Health Centers (SBHCs) are: (1) Located in, or on the grounds of, a school facility of a school district, school board, or an Indian tribe, or tribal organization, (2) Organized through school, community, and health provider relationships, and (3) Administered by a sponsoring facility. They provide comprehensive on-site medical and behavioral health services to children and adolescents in accordance with State and local law. "Expanded SBHC Sites" provide a more limited array of services that may include counseling, dental care, health education, mental and/or physical health screenings, and other prevention activities.

Currently, all but two DPH-funded SBHC sites bill public (e.g., Medicaid) and private insurers for their services. The two that do not bill are Madison Public Schools and Regional District 11. The Madison Public School Expanded SBHC Site provides health and risk reduction education programs, but they do not provide direct services. Regional School District 11 administers public education for Chaplin, Hampton, and Scotland residents in Grades 7-12. Its SBHC sites are anticipated to begin billing by next school year (2019-2020).

Legislative

Provide funding of \$125,000 in both FY 20 and FY 21 to support the Mary Morrisson SBHC in Groton, or its successor.

Institute an Asset Test under the Medicare Savings Program

Personal Services	122,400	530,600	-	-	(122,400)	(530,600)
Other Expenses	2,670,000	1,310,000	-	-	(2,670,000)	(1,310,000)
Medicaid	-	(10,500,000)	-	-	-	10,500,000
Total - General Fund	2,792,400	(8,659,400)	-	-	(2,792,400)	8,659,400
Positions - General Fund	9	9	-	-	(9)	(9)

Background

The Medicare Savings Program (MSP) is a Medicaid-funded program that helps Medicare recipients with income up to 246% of the federal poverty level (FPL). Connecticut does not currently have an asset test. The federal minimum asset test is currently \$7,730 for singles and \$11,600 for couples and applies to money in a checking or savings account, stocks and bonds. An individual's home, one car, a burial plot, up to \$1,500 in a burial account, and household and personal items are excluded.

Governor

Provide funding of \$122,400 in FY 20 and \$530,600 in FY 21 in the Personal Services account to support nine positions to assist with ongoing asset verification requirements. Provide funding of \$2,670,000 in FY 20 and \$1,310,000 in FY 21 in the Other Expenses account to support IT upgrades for an asset verification system under ImpaCT and other contract costs.

Reduce funding by \$10.5 million in FY 21 (\$21 million gross) in the Medicaid account to reflect implementing an asset test at the federal minimum, effective July 1, 2020. The savings reflects the current cost of deductibles, coinsurance and copayments for those with income up to 211% FPL. In addition, less federal grants revenue will need to be diverted to cover the costs of premiums, resulting in additional revenue of \$16 million in FY 21. After considering the administrative costs, Medicaid savings, and federal grants revenue impact, the net savings to the budget is \$25.6 million in FY 21.

Legislative

Do not implement an asset test for the Medicare Savings Program.

Achieve Medicaid Savings through Increased Audit and Recoveries Staff

Personal Services	1,300,800	1,389,500	1,300,800	1,389,500	-	-
Medicaid	(6,420,000)	(7,330,000)	(6,420,000)	(7,330,000)	-	-
Total - General Fund	(5,119,200)	(5,940,500)	(5,119,200)	(5,940,500)	-	-
Positions - General Fund	19	19	19	19	-	-

Governor

Provide funding of \$1,300,800 in FY 20 and \$1,389,500 in FY 21 in the Personal Services account to support 19 positions within the department's office of Quality Assurance, including 14 provider audit staff, two special investigations staff, two revenue unit staff, and a federal/state audit compliance manager. Personal Services expenditures will receive 50% federal reimbursement under Medicaid.

Account	Governor Recommended		Legislative		Difference from Governor	
	FY 20	FY 21	FY 20	FY 21	FY 20	FY 21

Reduce funding by \$6,420,000 in FY 20 and \$7,330,000 in FY 21 in the Medicaid account to reflect the savings associated with investing in quality assurance and revenue unit staff to audit and investigate Medicaid related expenses. The gross impact of the Medicaid savings associated with recoveries will total \$16.1 million in FY 20 and \$18.3 million in FY 21.

Legislative

Same as Governor

Strengthen Utilization Management under Medicaid

Other Expenses	2,000,000	2,000,000	2,000,000	2,000,000	-	-
Medicaid	(3,400,000)	(11,800,000)	(3,400,000)	(11,800,000)	-	-
Total - General Fund	(1,400,000)	(9,800,000)	(1,400,000)	(9,800,000)	-	-

Governor

Provide funding of \$2 million in FY 20 and FY 21 in the Other Expenses account to reflect contractual expenses. Reduce funding by \$3.4 million in FY 20 and \$11.8 million in FY 21 (\$8.5 million in FY 20 and \$29.5 million in FY 21 after accounting for the federal share) in the Medicaid account based on the outcome of a review of the state Medicaid program's guidelines, outcomes and requirements in relation to other states.

Legislative

Same as Governor

Expand Pharmacy Purchasing Pool

Medicaid	-	(3,500,000)	-	(5,200,000)	-	(1,700,000)
Total - General Fund	-	(3,500,000)	-	(5,200,000)	-	(1,700,000)

Background

The State of Connecticut on behalf of its Medicaid program is part of a multi-state consortium called TOP\$, wherein Connecticut collaborates with other states (Idaho, Louisiana, Maryland, Nebraska, Wisconsin and Washington) to pool resources to develop and negotiate drug rebate agreements with pharmaceutical manufacturers. In FY 18, drug rebates offset Medicaid pharmacy expenditures of \$1.3 billion by \$875 million.

Governor

Reduce Medicaid funding by \$3.5 million in FY 21 to reflect the state's share of savings in the Medicaid pharmacy benefit resulting from participation in additional pharmacy purchasing pools. The total gross savings is approximately \$8.8 million after factoring in the federal share.

Legislative

Reduce Medicaid funding by \$5.2 million in FY 21 to reflect the state's share of savings in the Medicaid pharmacy benefit resulting from participation in additional or other pharmacy purchasing pools. The total gross savings is approximately \$13.2 million after factoring in the federal share.

Expand Step Therapy to New Drug Classes

Medicaid	(500,000)	(1,840,000)	(500,000)	(1,840,000)	-	-
Total - General Fund	(500,000)	(1,840,000)	(500,000)	(1,840,000)	-	-

Governor

Reduce funding by \$500,000 in FY 20 and \$1,840,000 in FY 21 to reflect requiring step therapy for new prescriptions issued to clients who do not already have an approved prior authorization for drugs used to treat atopic dermatitis (eczema), rheumatoid arthritis, plaque psoriasis and inflammatory bowel disease (including ulcerative colitis and Crohns disease). The total savings after factoring the federal share is \$1.5 million in FY 20 and \$5.6 million in FY 21.

Legislative

Same as Governor

Revise Diabetic Supply Program

Other Expenses	500,000	200,000	500,000	200,000	-	-
Medicaid	(300,000)	(1,190,000)	(300,000)	(1,190,000)	-	-
Total - General Fund	200,000	(990,000)	200,000	(990,000)	-	-

Account	Governor Recommended		Legislative		Difference from Governor	
	FY 20	FY 21	FY 20	FY 21	FY 20	FY 21

Background

Currently claims for diabetic test strips and lancets are processed at the pharmacy point of sale (POS) for those under the age of 21 and through the durable medical equipment (DME) benefit for those age 21 and over. The Governor's Budget proposes processing all diabetic supplies, including diabetic test strips and lancets, at the pharmacy POS and requiring that they be subject to a special type of Medicaid preferred drug list (PDL). In order for a manufacturer's product to be included on Medicaid's PDL the manufacturer must agree to pay a supplemental rebate to the state.

Governor

Provide funding of \$500,000 in FY 20 and \$200,000 in FY 21 in the Other Expenses account to reflect contractual expenses related to the administration of the diabetic supply program. Reduce funding by \$300,000 in FY 20 and \$1,190,000 in FY 21 in the Medicaid account to reflect Medicaid pharmacy and DME savings. After accounting for the federal share, total estimated Medicaid savings in FY 20 are \$800,000 and \$3.2 million in FY 21.

Legislative

Same as Governor

Implement Diabetes Prevention Program

Medicaid	70,000	(520,000)	70,000	(520,000)	-	-
Total - General Fund	70,000	(520,000)	70,000	(520,000)	-	-

Background

The Governor's Budget proposes utilizing the state's Medicaid Administrative Services Organization (ASO) to contract with an administrator of a Diabetes Prevention Program (DPP). The DPP is an evidence-based model recognized by the Centers for Disease Control (CDC), which has proven to reduce an individual's risk of developing type 2 diabetes through weight loss and exercise. The program utilizes a CDC approved curriculum which includes lifestyle coaching, exercise, self-monitoring, maintaining healthy behaviors and handling psychological and social stressors. The Medicaid program currently has approximately 40,000 individuals who are identified as prediabetic. The per-member-per-month (PMPM) gross cost of a Medicaid beneficiary is approximately \$770, prediabetic member PMPM is \$960 and diabetic member PMPM is \$2,020. The annual cost per enrollee in the DPP is approximately \$420. The proposal assumes approximately 4-5% of those eligible will participate in the program.

Governor

Provide funding of \$70,000 in FY 20 and reduce funding by \$520,000 in FY 21 to reflect the implementation of a DPP for prediabetic Medicaid beneficiaries. After factoring in the federal share, the net state cost in FY 20 is \$180,000, with savings of \$1.3 million in FY 21.

Legislative

Same as Governor

Reduce Funding to Reflect Decreased Hospital Payments Due to Readmission Rates

Medicaid	(2,000,000)	(2,400,000)	(2,000,000)	(2,400,000)	-	-
Total - General Fund	(2,000,000)	(2,400,000)	(2,000,000)	(2,400,000)	-	-

Governor

Reduce funding by \$2 million in FY 20 and \$2.4 million in FY 21 (\$6.1 million in FY 20 and \$7.3 million in FY 21 after factoring in the federal share) in the Medicaid account to reflect the impact of a 15% readmission rate reduction for a hospital readmission within 30 days of discharge for a related diagnosis, excluding readmissions for mental health diagnoses.

Legislative

Same as Governor. Section 306 of PA 19-117 implements this change. Section 45 exempts hospital readmission related to a mental health diagnosis, and readmissions at the Connecticut Children's Medical Center and Yale New Haven Children's, from this Medicaid readmission penalty.

Restore Reduction in Hospital Inpatient Reimbursement

Medicaid	59,100,000	61,800,000	59,100,000	61,800,000	-	-
Total - General Fund	59,100,000	61,800,000	59,100,000	61,800,000	-	-

Background

Connecticut uses the 3M All Patient Refined Diagnosis Related Groups (APR-DRG) grouper method as the weighting for inpatient rate changes under Medicaid. DRGs are assigned by a "grouper" program based on diagnoses, procedures, age, sex, discharge status, and the presence of complications or co-morbidities. Codes associated with a patient (diagnosis, surgical procedures, age, etc.) are

Account	Governor Recommended		Legislative		Difference from Governor	
	FY 20	FY 21	FY 20	FY 21	FY 20	FY 21

compiled and the information is run through an algorithm to determine its weight, which is then applied to the hospital’s base rate. DSS’ Medicaid state plan (SPA 17-0011) requires that the department use the current version of the 3M grouper as the basis for weighting rates. 3M’s latest version of the grouper, however, substantially reduced the weighting for Medicaid costs as a result of the transition to the latest International Classification of Diseases (ICD) (i.e., moving from ICD-9 to ICD-10), which has a much more detailed level of coding for providers to bill. This resulted in a significant reduction to Medicaid inpatient hospital payments starting midyear in FY 19; after factoring in expenditures for non-DRG based services, the overall reduction in payments for hospital inpatient services is estimated at approximately 16.8%, or over \$170 million when fully annualized.

Governor

Provide funding of \$59.1 million in FY 20 and \$61.8 million in FY 21 to reflect restoring Medicaid hospital inpatient reimbursement reductions resulting from 3M’s latest grouper. After factoring in the federal share, the total cost is approximately \$171.1 million in FY 20 and \$177.2 million in FY 21.

Legislative

Same as Governor

Adjust Hospital Supplemental Payments

Hospital Supplemental Payments	286,831,102	286,831,102	286,831,102	286,831,102	-	-
Total - General Fund	286,831,102	286,831,102	286,831,102	286,831,102	-	-

Background

Pursuant to PA 17-4 JSS, DSS in consultation with the Connecticut Hospital Association and contingent on approval from the Centers for Medicare and Medicaid Services (CMS), is required to establish at least four hospital Medicaid supplemental payment pools: an inpatient pool, an outpatient pool, a small hospital pool and a mid-size hospital pool. PA 17-4 JSS provided funding of approximately \$598 million in FY 18 and \$496 million in FY 19 for Medicaid hospital supplemental payments. Section 55 of PA 18-81 provided Medicaid hospital supplemental payments of \$166.5 million in FY 20.

The federal upper payment limit (UPL) is the maximum amount a state Medicaid program may pay a given provider type in the aggregate and can vary each year as it is based on what Medicare would have paid for the same services; payments in excess of the UPL are not eligible for federal reimbursement.

Governor

Provide funding of \$286,831,102 in FY 20 and FY 21 in the Hospital Supplemental Payment account to provide Medicaid hospital supplemental payments of approximately \$453 million in FY 20 and FY 21. This is inclusive of a (1) a \$3 million reduction in the small hospital pool to reflect the FY 19 reduction related to the merger of Charlotte Hungerford Hospital with Hartford Healthcare and (2) a \$40 million reduction compared to FY 19 related to the federal UPL to ensure all payments are eligible for federal reimbursement. The combination of these actions (1) providing funding for hospital supplemental payments (\$326.8 million) and (2) reducing hospital supplemental payments due to the federal UPL (\$40 million) result in a net impact to federal grants revenue of approximately \$188.7 million in FY 20 and \$187.3 million in FY 21 (approximately \$214 to \$215 million in increased federal grant revenue related to increased supplemental payments and a reduction of \$26.7 million related to the UPL).

Legislative

Same as Governor. Section 307 of PA 19-117 requires that \$15 million in FY 20 and \$45 million in FY 21 of supplemental payments to hospitals be proportionally distributed based on each hospital’s performance on quality measures, as determined by DSS. Section 50 establishes procedures related to outstanding litigation between the State and Connecticut hospitals.

Provide Funding for Increased Methadone Rates

Medicaid	-	-	655,660	655,660	655,660	655,660
Total - General Fund	-	-	655,660	655,660	655,660	655,660

Legislative

Provide funding of \$665,660 in both FY 20 and FY 21 to reflect increasing the minimum weekly Medicaid rate for methadone maintenance clinics to \$88.52. Section 311 of PA 19-117 is related to this change.

Provide Funding for Natchaug Hospital

Medicaid	-	-	-	454,000	-	454,000
Total - General Fund	-	-	-	454,000	-	454,000

Account	Governor Recommended		Legislative		Difference from Governor	
	FY 20	FY 21	FY 20	FY 21	FY 20	FY 21

Legislative

Provide funding of \$454,000 in FY 21 to increase the inpatient Medicaid rate for Natchaug Hospital from \$829 to \$975; after accounting for the federal share the gross impact is \$908,000. Section 315 of PA 19-117 is related to this change.

Provide Funding for Charter Oak Urgent Care

Community Services	-	-	500,000	430,000	500,000	430,000
Total - General Fund	-	-	500,000	430,000	500,000	430,000

Legislative

Provide funding of \$500,000 in FY 20 and \$430,000 in FY 21 to support Charter Oak Health Care Center urgent care.

Provide Funding for Fair Haven Clinic Grant

Community Services	-	-	200,000	300,000	200,000	300,000
Total - General Fund	-	-	200,000	300,000	200,000	300,000

Legislative

Provide funding of \$200,000 in FY 20 and \$300,000 in FY 21 to support Fair Haven Clinic.

Provide Funding for JFACT Citizen Training

Community Services	-	-	50,000	50,000	50,000	50,000
Total - General Fund	-	-	50,000	50,000	50,000	50,000

Legislative

Provide funding of \$50,000 in both FY 20 and FY 21 to support the Jewish Federation Association of Connecticut (JFACT) citizen training.

Provide Funding for Meals on Wheels Increase

Medicaid	-	-	415,000	415,000	415,000	415,000
Connecticut Home Care Program	-	-	60,000	60,000	60,000	60,000
Total - General Fund	-	-	475,000	475,000	475,000	475,000

Legislative

Provide funding of \$475,000 in FY 20 and FY 21 to provide a one time, 10% increase to the Meals on Wheels fee schedule. Section 308 of PA 19-117 implements this change.

Provide Funding to Support Minimum Wage Increases

Medicaid	-	-	1,400,000	7,300,000	1,400,000	7,300,000
Connecticut Home Care Program	-	-	170,000	870,000	170,000	870,000
Total - General Fund	-	-	1,570,000	8,170,000	1,570,000	8,170,000

Background

PA 19-4, *An Act Increasing the Minimum Fair Wage*, raises the state minimum hourly wage from \$10.10 to \$11.00 on October 1, 2019; from \$11.00 to \$12.00 on September 1, 2020; from \$12.00 to \$13.00 on August 1, 2021; from \$13.00 to \$14.00 on July 1, 2022; and from \$14.00 to \$15.00 on June 1, 2023.

Legislative

Provide funding of \$1,570,000 in FY 20 and \$8,170,000 in FY 21 to support Medicaid and state-funded home care rate increases to reflect increases in the minimum wage.

Provide Rate Increase for Nursing Homes

Medicaid	-	-	11,000,000	18,500,000	11,000,000	18,500,000
Total - General Fund	-	-	11,000,000	18,500,000	11,000,000	18,500,000

Legislative

Provide funding of \$11 million in FY 20 and \$18.5 million in FY 21 to reflect a 2% rate increase for nursing homes. After the federal share is considered, Medicaid funding totals approximately \$46 million when annualized. Section 302 of PA 19-117 is related to this change.

Account	Governor Recommended		Legislative		Difference from Governor	
	FY 20	FY 21	FY 20	FY 21	FY 20	FY 21

Reduce Funding to Address Excess Capacity in Nursing Homes

Medicaid	(2,430,000)	(2,920,000)	(2,430,000)	(2,920,000)	-	-
Total - General Fund	(2,430,000)	(2,920,000)	(2,430,000)	(2,920,000)	-	-

Governor

Reduce funding by \$2,430,000 in FY 20 and \$2,920,000 in FY 21 to reflect rebasing nursing home rates in FY 20 and eliminating the stop loss provision for nursing homes with low occupancy rates or low federal quality measure scores. Nursing homes with high occupancy and high quality measures will be provided a stop loss of 2% if applicable. After factoring in the federal share, this proposal will reduce total Medicaid expenditures by \$4.9 million in FY 20 and \$5.8 million in FY 21. Section 302 of PA 19-117 implements this change.

Legislative

Same as Governor

Strengthen Rebalancing Efforts under Money Follows the Person

Personal Services	726,400	726,400	726,400	726,400	-	-
Other Expenses	800,000	500,000	800,000	500,000	-	-
Medicaid	(480,000)	(4,740,000)	(480,000)	(4,740,000)	-	-
Total - General Fund	1,046,400	(3,513,600)	1,046,400	(3,513,600)	-	-
Positions - General Fund	7	7	7	7	-	-

Background

The Money Follows the Person (MFP) rebalancing demonstration is a federal initiative that encourages states to reduce their reliance on institutional care for Medicaid recipients by transitioning individuals out of institutional settings and into community settings with appropriate supports.

Governor

Provide funding of \$726,400 in FY 20 and FY 21 in the Personal Services account to support seven positions to increase the agency's capacity to process MFP applications within a tighter timeframe. Provide funding of \$800,000 in FY 20 and \$500,000 in FY 21 in the Other Expenses account to assist with developing a predictive modeling tool to identify older adults who are discharged from hospitals to nursing homes and who are at high risk for a long-term stay without intervention and fund specialized support staff to assist with certain referrals.

Reduce funding by \$480,000 in FY 20 and \$4,470,000 in FY 21 in the Medicaid account to reflect a reduction in Medicaid expenses related to supporting more MFP transitions. After factoring in the federal share, this proposal will reduce total Medicaid expenditures by \$1.0 million in FY 20 and \$9.5 million in FY 21. Funding is also included in the Department of Housing to support this effort.

Legislative

Same as Governor

Implement Medicaid Supportive Housing Benefit for High Cost High Need Individuals

Medicaid	(580,000)	(3,080,000)	(580,000)	(3,080,000)	-	-
Total - General Fund	(580,000)	(3,080,000)	(580,000)	(3,080,000)	-	-

Background

Connecticut was selected to participate in the Medicaid-Housing Partnership Innovation Accelerator Program (IAP) in 2016. The initiative provided technical assistance to the state to help design ways to support individuals served by Medicaid in accessing and retaining stable housing and meaningfully engaging with their health goals.

Governor

Reduce funding by \$580,000 in FY 20 and \$3,080,000 in FY 21 to reflect Medicaid savings associated with a new supportive housing benefit for high cost high need individuals. Under this proposal, the Department of Social Services (DSS) will develop a 1915(i) state plan amendment for a home and community-based services benefit to serve up to 850 individuals who experience homelessness and whose average Medicaid costs exceed \$40,000 per year. By providing stable housing and tenancy-sustaining wraparound services, this initiative is expected to allow participants to effectively access and engage with goals and action steps around their health, resulting in a 40% reduction in DSS Medicaid costs. After factoring in the federal share, this proposal is expected to reduce total Medicaid expenditures by \$2.7 million in FY 20 and \$13.9 million in FY 21. Funding is also included in the Department of Housing to support this effort.

Account	Governor Recommended		Legislative		Difference from Governor	
	FY 20	FY 21	FY 20	FY 21	FY 20	FY 21

Legislative

Same as Governor

Expand PCMH+ to Include Dually Eligible Individuals

Other Expenses	-	750,000	-	750,000	-	-
Total - General Fund	-	750,000	-	750,000	-	-

Background

In January 2017, DSS began the Person-Centered Medical Home Plus or PCMH+ program. PCMH+ provides person-centered, comprehensive and coordinated care for Medicaid beneficiaries. Participating Federally Qualified Health Centers (FQHCs) and advanced networks such as accountable care organizations provide care coordination activities to improve the quality, efficiency, and effectiveness of care delivered to Medicaid beneficiaries. Shared savings payments as well as add-on quality payments are provided to participating entities who achieve the quality outcome measures required of the program as well as primary care case management services.

Governor

Provide funding of \$750,000 in FY 21 for consultant services to assist in the expansion of the PCMH+ program to approximately 70,000 dually-eligible (Medicaid and Medicare eligible) beneficiaries by January 1, 2023. Once fully implemented the annualized gross savings is estimated to be \$7.3 million, with 50% of the savings or \$3.6 million accruing to the state.

Legislative

Same as Governor

Provide Resources to Assist in the Development of an Opioid Plan

Other Expenses	500,000	250,000	500,000	250,000	-	-
Total - General Fund	500,000	250,000	500,000	250,000	-	-

Governor

Provide funding of \$500,000 in FY 20 and \$250,000 in FY 21 to support consultant services to assist state agencies in examining various methodologies to develop and implement a plan to address gaps in the state's treatment of substance use disorder.

Legislative

Same as Governor

Increase Funeral Allowance

Old Age Assistance	-	-	19,500	19,500	19,500	19,500
Aid To The Disabled	-	-	23,700	23,700	23,700	23,700
Temporary Family Assistance - TANF	-	-	4,200	4,200	4,200	4,200
State Administered General Assistance	-	-	252,600	252,600	252,600	252,600
Total - General Fund	-	-	300,000	300,000	300,000	300,000

Background

Upon the death of any beneficiary under the state supplement, temporary family assistance program, and State Administered General Assistance, the Department of Social Services pays up to \$1,200 to support the funeral and burial expenses of such decedent.

Legislative

Provide total funding of \$300,000 in both FY 20 and FY 21 to reflect increasing the funeral and burial allowance by \$150 to \$1,350. Sections 312-313 implement this change.

Provide Funding for Connecticut Diaper Bank

Community Services	-	-	500,000	500,000	500,000	500,000
Total - General Fund	-	-	500,000	500,000	500,000	500,000

Account	Governor Recommended		Legislative		Difference from Governor	
	FY 20	FY 21	FY 20	FY 21	FY 20	FY 21

Legislative

Provide funding of \$500,000 in FY 20 and FY 21 to the Connecticut Diaper Bank to provide diapers to individuals receiving income assistance under the Temporary Family Assistance Program. Funding is intended to provide service statewide, including New London County.

Provide Funding for Center for Medicare Advocacy

Other Expenses	-	-	300,000	300,000	300,000	300,000
Total - General Fund	-	-	300,000	300,000	300,000	300,000

Background

The Center for Medicare Advocacy is a national nonprofit, nonpartisan law organization that provides education, advocacy and legal assistance to help older people and people with disabilities obtain access to Medicare and health care. The Center is headquartered in Connecticut and Washington, DC.

Legislative

Provide funding of \$300,000 in FY 20 and FY 21 in the Other Expenses account for the Center for Medicare Advocacy.

Provide Funding for Person to Person

Community Services	-	-	250,000	250,000	250,000	250,000
Total - General Fund	-	-	250,000	250,000	250,000	250,000

Background

Person to Person is a nonprofit agency that provides emergency assistance for basic needs, and support for individuals and families as they move towards stability, including a mobile food and casework unit, scholarships for undergraduate education, and camperships for school aged children. Person to Person has three locations, Norwalk, Stamford, and Darien.

Legislative

Provide funding of \$250,000 in both FY 20 and FY 21 for Person to Person, Inc.

Provide Grants through Communities of Color Pilot

Other Expenses	-	-	(100,000)	(100,000)	(100,000)	(100,000)
Human Resource Development-Hispanic Programs	-	-	100,000	100,000	100,000	100,000
Total - General Fund	-	-	-	-	-	-

Legislative

Transfer funding of \$100,000 in both FY 20 and FY 21 from Other Expenses to Human Resource Development Hispanic Programs to support the Communities of Color pilot. The two-year pilot, which is anticipated to be administered by the Hispanic Federation, will provide small grants to organizations serving Hispanic and other communities of color to support capacity building, training and technical assistance opportunities. Section 310 of PA 19-117 is related to this change.

Provide Funding for Grantees under HRD - Hispanic

Human Resource Development-Hispanic Programs	-	-	240,000	240,000	240,000	240,000
Total - General Fund	-	-	240,000	240,000	240,000	240,000

Legislative

Provide funding of \$240,000 in both FY 20 and FY 21 for Casa Otonal (\$150,000) and Junta (\$90,000) in New Haven.

Eliminate Use of State Police in DSS' Field Offices

Other Expenses	(380,000)	(380,000)	(380,000)	(380,000)	-	-
Total - General Fund	(380,000)	(380,000)	(380,000)	(380,000)	-	-

Governor

Reduce funding by \$380,000 in FY 20 and FY 21 to reflect the elimination of state police in DSS field offices. Security will continue to be provided by local police and private security officers.

Account	Governor Recommended		Legislative		Difference from Governor	
	FY 20	FY 21	FY 20	FY 21	FY 20	FY 21

Legislative

Same as Governor

Continue to Fund Protective Services for the Elderly under the Social Services Block Grant

Protective Services to the Elderly	(557,200)	(586,900)	(557,200)	(586,900)	-	-
Total - General Fund	(557,200)	(586,900)	(557,200)	(586,900)	-	-

Governor

Reduce funding by \$557,200 in FY 20 and \$586,900 in FY 21 to reflect continuing to support the Protective Services for the Elderly program with Social Services Block Grant (SSBG) funding.

Legislative

Same as Governor

Reduce Funding to Reflect FY 19 Carry Forward

Medicaid	-	-	(17,600,000)	-	(17,600,000)	-
Total - General Fund	-	-	(17,600,000)	-	(17,600,000)	-

Legislative

Reduce funding by \$17.6 million in FY 20 to reflect the utilization of FY 19 carry forward funding in FY 20.

Remove Statutory Rate Increases

Medicaid	(15,210,000)	(32,290,000)	(15,210,000)	(32,290,000)	-	-
Old Age Assistance	(800,000)	(1,730,000)	(800,000)	(1,730,000)	-	-
Aid To The Blind	(9,600)	(20,300)	(9,600)	(20,300)	-	-
Aid To The Disabled	(900,000)	(1,940,000)	(900,000)	(1,940,000)	-	-
Total - General Fund	(16,919,600)	(35,980,300)	(16,919,600)	(35,980,300)	-	-

Governor

Reduce funding by \$16,919,600 in FY 20 and \$35,980,300 in FY 21 to reflect the elimination of rate increases that are statutorily required for nursing homes, intermediate care facilities and boarding homes.

Legislative

Same as Governor. The following sections of PA 19-117 implement this change: sections 293, 295, 297 and 300 for residential care homes, community living arrangements and community companion homes; section 301 for ICF-ID's, and section 302 for nursing homes.

Remove Funding for Statutory Cost of Living Adjustments (COLAs)

Old Age Assistance	(240,000)	(440,000)	(240,000)	(440,000)	-	-
Aid To The Blind	(3,300)	(5,800)	(3,300)	(5,800)	-	-
Aid To The Disabled	(530,000)	(940,000)	(530,000)	(940,000)	-	-
Temporary Family Assistance - TANF	(1,490,000)	(2,710,000)	(1,490,000)	(2,710,000)	-	-
State Administered General Assistance	(370,000)	(680,000)	(370,000)	(680,000)	-	-
Total - General Fund	(2,633,300)	(4,775,800)	(2,633,300)	(4,775,800)	-	-

Governor

Reduce funding by \$2,633,300 in FY 20 and \$4,775,800 in FY 21 to reflect removing cost of living adjustments (COLA) for the following programs: Old Age Assistance, Aid to the Blind, Aid to the Disabled, Temporary Family Assistance, and State Administered General Assistance.

Legislative

Same as Governor. Section 291 for TFA and SAGA and section 292 for supplemental assistance programs of PA 19-117 implement this change.

Account	Governor Recommended		Legislative		Difference from Governor	
	FY 20	FY 21	FY 20	FY 21	FY 20	FY 21

Annualize FY 2019 Holdbacks

Community Services	(414,997)	(414,997)	(414,997)	(414,997)	-	-
Family Programs - TANF	(29,337)	(29,337)	(29,337)	(29,337)	-	-
Total - General Fund	(444,334)	(444,334)	(444,334)	(444,334)	-	-

Background

The Office of Policy and Management implemented FY 19 holdbacks totaling \$18.5 million. The Governor’s FY 20 and FY 21 Budget annualizes \$7.7 million of these holdbacks in both FY 20 and FY 21 across various agencies.

Governor

Reduce funding by \$444,334 in both FY 20 and FY 21 to annualize this agency’s FY 19 holdbacks.

Legislative

Same as Governor

Adjust Funding to Reflect Cellular Services Savings

Other Expenses	(9,486)	(9,486)	(9,486)	(9,486)	-	-
Total - General Fund	(9,486)	(9,486)	(9,486)	(9,486)	-	-

Background

The Governor’s FY 20 and FY 21 Budget reduces funding by \$197,555 in both FY 20 and FY 21, across five appropriated funds, to reflect cellular services savings.

Governor

Reduce funding by \$9,486 in both FY 20 and FY 21 to reflect this agency’s cellular services savings.

Legislative

Same as Governor

Eliminate Unfunded Vacancies

	-	-	-	-	-	-
Total - General Fund	-	-	-	-	-	-
Positions - General Fund	-	-	(100)	(100)	(100)	(100)

Legislative

Reduce the authorized position count by 100 positions to more accurately reflect the agency's funded positions.

Current Services

Update Current Services - Community Residential Services

Community Residential Services	-	-	(1,000,000)	(1,000,000)	(1,000,000)	(1,000,000)
Total - General Fund	-	-	(1,000,000)	(1,000,000)	(1,000,000)	(1,000,000)

Background

The Community Residential Services account provides funding to support consumers served by the Department of Developmental Services through self-direction or a network of private providers. These services may include: Individual Supports in the person’s own home or in his or her family home, Community Companion Homes (CCH), and Community Living Arrangements (CLAs) also known as group homes.

Legislative

Reduce funding by \$1 million in both FY 20 and FY 21 to reflect current services requirements for the Community Residential Services program.

Account	Governor Recommended		Legislative		Difference from Governor	
	FY 20	FY 21	FY 20	FY 21	FY 20	FY 21

Annualize Private Provider Wage Adjustments Pursuant to SA 18-5

Community Residential Services	40,000,000	40,000,000	40,000,000	40,000,000	-	-
Total - General Fund	40,000,000	40,000,000	40,000,000	40,000,000	-	-

Background

SA-18-5 authorizes an increase in funding for the wages of certain employees who provide services to individuals with intellectual disability authorized to receive supports and services through the Department of Developmental Services (DDS), effective January 1, 2018. PA 18-81, the Revised FY 19 budget, appropriated private provider funding to the Office of Policy and Management to support a partial year increase to DDS private providers and a total of \$24.7 million was distributed to DDS and DSS. The state receives a 50% reimbursement for Medicaid waiver programs.

Governor

Provide funding of \$40 million in the Community Residential Services account in both FY 20 and FY 21 to reflect the fully annualized cost of the increase.

Legislative

Same as Governor

Provide Funding to Support the PCA Collective Bargaining Agreement

Medicaid	2,180,000	3,600,000	2,180,000	3,600,000	-	-
Community Residential Services	1,685,273	2,280,748	1,685,273	2,280,748	-	-
Total - General Fund	3,865,273	5,880,748	3,865,273	5,880,748	-	-

Governor

Provide funding of \$3,865,273 in FY 20 and \$5,880,748 in FY 21 to support the memorandum of agreement between the Personal Care Attendant (PCA) Workforce Council and the New England Health Care Employees Union. Funding supports annualization of wage increases in FY 19, wages increases in both FY 20 and FY 21, and costs for workers' compensation coverage, training and orientation.

Legislative

Same as Governor

Provide Funds to Reflect the FY 19 Private Provider COLA

Old Age Assistance	292,668	292,668	292,668	292,668	-	-
Aid To The Disabled	229,954	229,954	229,954	229,954	-	-
Human Resource Development-Hispanic Programs	9,578	9,578	9,578	9,578	-	-
Safety Net Services	8,223	8,223	8,223	8,223	-	-
Services for Persons With Disabilities	2,465	2,465	2,465	2,465	-	-
Nutrition Assistance	5,945	5,945	5,945	5,945	-	-
Community Services	1,697	1,697	1,697	1,697	-	-
Human Services Infrastructure Community Action Program	142,813	142,813	142,813	142,813	-	-
Teen Pregnancy Prevention	9,967	9,967	9,967	9,967	-	-
Domestic Violence Shelters	41,977	41,977	41,977	41,977	-	-
Total - General Fund	745,287	745,287	745,287	745,287	-	-

Background

The Revised FY 19 budget (PA 18-81, Sec. 69) provided a 1% COLA to employees of human services providers. In FY 19, funding to support these increases was appropriated to the Office of Policy and Management and a total of \$5.8 million was distributed to individual agencies.

Governor

Provide funding of \$745,287 in FY 20 and FY 21 to reflect the rollout of FY 19 Private Provider COLA.

Legislative

Same as Governor

Account	Governor Recommended		Legislative		Difference from Governor	
	FY 20	FY 21	FY 20	FY 21	FY 20	FY 21

Provide Funding for Wage Increases

Personal Services	5,621,717	12,530,765	5,621,717	12,530,765	-	-
Total - General Fund	5,621,717	12,530,765	5,621,717	12,530,765	-	-

Background

The Governor's FY 20 and FY 21 Budget provides funding of \$70.3 million in FY 20 and \$165.9 million in FY 21, across seven appropriated funds, for state employee wages and collective bargaining increases.

Governor

Provide funding of \$5,621,717 in FY 20 and \$12,530,765 in FY 21 to reflect this agency's increased wage costs.

Legislative

Same as Governor

Annualize FY 2019 CLA Conversions and Closures

Aid To The Disabled	555,000	555,000	555,000	555,000	-	-
Community Residential Services	7,102,389	7,102,389	7,102,389	7,102,389	-	-
Total - General Fund	7,657,389	7,657,389	7,657,389	7,657,389	-	-

Background

In FY 19, ten Department of Developmental (DDS) group homes are converting from public operation to private providers. The state receives 50% federal reimbursement for Medicaid waiver programs. Group homes for DDS consumers, operated by private providers, are funded in the Community Residential Services account which is budgeted in the DSS.

The employees associated with the ten homes are offered placements in vacancies within DDS or other state agencies, per the provisions of the 2017 SEBAC agreement. The annualized savings of \$8.2 million associated with the conversions is reflected in the DDS budget, resulting in net saving of \$500,000 between the two agencies.

Governor

Provide funding of \$7,657,389 in both FY 20 and FY 21 to annualize the costs associated with the FY 19 conversion of DDS operated group homes to private provider operation.

Legislative

Same as Governor

Update Current Services- Other Expenses and Personal Services

Personal Services	7,490,247	7,490,247	7,490,247	7,490,247	-	-
Other Expenses	11,282,079	4,841,137	11,282,079	4,841,137	-	-
Total - General Fund	18,772,326	12,331,384	18,772,326	12,331,384	-	-

Governor

Provide funding of \$18,772,326 in FY 20 and \$12,331,384 in FY 21 to reflect current services needs under Personal Services and Other Expenses. Personal Services adjustments reflect the annualization of positions funded in FY 19 including eligibility workers, quality assurance staff, MFP transition support, system modernization, and shared services positions. Other Expenses funding primarily reflects changes in federal support for certain ongoing operations and changes to contractual requirements. These costs are federally reimbursed at 50% or more.

Legislative

Same as Governor

Update Current Services- Medicaid

Medicaid	(27,778,000)	45,682,000	(27,903,000)	45,557,000	(125,000)	(125,000)
Total - General Fund	(27,778,000)	45,682,000	(27,903,000)	45,557,000	(125,000)	(125,000)

Background

DSS' Medicaid program provides remedial, preventive, and long-term medical care for income eligible aged, blind or disabled individuals (HUSKY C), low-income adults (HUSKY D) and families with children (HUSKY A). Payment is made directly to health care providers, by the department, for services delivered to eligible individuals. Medicaid services individuals across the HUSKY

Account	Governor Recommended		Legislative		Difference from Governor	
	FY 20	FY 21	FY 20	FY 21	FY 20	FY 21

Health programs as follows: 450,000 individuals in HUSKY A, 94,000 in HUSKY C, and 240,000 in HUSKY D. The program complies with federal Medicaid law (Title XIX of the Social Security Act) and regulations.

Governor

Reduce funding by \$27,778,000 in FY 20 and increase funding by \$45,682,000 in FY 21 to reflect current services requirements for the Medicaid program. This update reflects caseload, utilization and associated costs, as well as processing and contractual-related savings.

Legislative

Reduce funding by \$27,903,000 in FY 20 and increase funding by \$45,557,000 in FY 21 to reflect current services requirements for the Medicaid program. This update reflects caseload, utilization and associated costs, as well as processing and contractual-related savings.

Reflect Increased Funding Requirements Pursuant to Federal Law

Medicaid	55,820,000	90,730,000	55,820,000	90,730,000	-	-
Total - General Fund	55,820,000	90,730,000	55,820,000	90,730,000	-	-

Background

The Affordable Care Act authorized increased federal medical assistance percentages (FMAP) for states who expanded Medicaid to support low-income individuals in a new adult group. Connecticut covers these individuals under HUSKY D. The FMAP has decreased from 100% in calendar years 2014-2016 to 95% in calendar 2017, 94% in calendar year 2018, and 93% in calendar year 2019. As of January 1, 2020, the FMAP will decrease to and remain at 90%.

Governor

Provide funding of \$55,820,000 in FY 20 and \$90,730,000 in FY 21 to reflect a change in the federal reimbursement level for HUSKY D.

Legislative

Same as Governor

Update Current Services- HUSKY B

HUSKY B Program	3,550,000	9,510,000	3,550,000	9,510,000	-	-
Total - General Fund	3,550,000	9,510,000	3,550,000	9,510,000	-	-

Background

The HUSKY B Program provides health coverage for children of families with incomes in excess of 201% of the Federal Poverty Level (FPL) up to 323% FPL. HUSKY program expenditures typically receive 65% federal reimbursement. From October 1, 2015 through September 30, 2019, the reimbursement rate is increased to 88% and 76.5% for the period October 1, 2019 through September 30, 2020.

Governor

Increase funding by \$3,550,000 in FY 20 and \$9,510,000 to reflect the increased state share of HUSKY B expenditures due to scheduled changes in federal reimbursement, as well as caseload and utilization adjustments.

Legislative

Same as Governor

Update Current Services- Supplemental Assistance Programs

Old Age Assistance	2,391,030	3,431,030	2,391,030	3,431,030	-	-
Aid To The Blind	(56,005)	(60,105)	(56,005)	(60,105)	-	-
Aid To The Disabled	(2,302,500)	(2,232,500)	(2,302,500)	(2,232,500)	-	-
Total - General Fund	32,525	1,138,425	32,525	1,138,425	-	-

Background

State Supplemental programs consist of Old Age Assistance, Aid to the Blind, Aid to the Disabled. These programs provide monthly financial assistance to low-income individuals. These programs are entirely state funded, but operate under both state and federal guidelines. In order to receive benefits, an individual must have another source of income to supplement, such as federal Social Security, Supplemental Security Income, or Veteran's Benefits. All recipients are automatically eligible for health care benefits under the state's Medicaid program. In FY 18, the number of unduplicated paid cases averaged 8,200 per month under Aid to the Disabled, 3,500 under Old Age Assistance, and 40 under Aid to the Blind.

Account	Governor Recommended		Legislative		Difference from Governor	
	FY 20	FY 21	FY 20	FY 21	FY 20	FY 21

Governor

Provide net funding of \$32,525 in FY 20 and \$1,138,425 in FY 21 to reflect current expenditure requirements under Old Age Assistance, and the Aid to the Disabled and Blind line items.

Legislative

Same as Governor

Update Current Services- Connecticut Home Care Program for Elders

Connecticut Home Care Program	(7,540,000)	(7,450,000)	(7,540,000)	(7,450,000)	-	-
Total - General Fund	(7,540,000)	(7,450,000)	(7,540,000)	(7,450,000)	-	-

Background

The state-funded Connecticut Home Care Program for Elders (CHCPE) provides home and community-based services to elderly who are at risk of nursing home placement and meet the program's financial eligibility criteria. Category 1 is targeted to individuals who are at risk of hospitalization or short-term nursing facility placement if preventive home care services are not provided. Category 2 is targeted to individuals who are frail enough to require nursing facility care, but have resources that would prevent them from qualifying for Medicaid upon admission to a nursing facility. In FY 18 the average number of state-funded clients per month was approximately 3,000 and is projected to decrease to a monthly average of 2,600 in FY 19.

Governor

Reduce funding by \$7,540,000 in FY 20 and \$7,450,000 in FY 21 to reflect current expenditure requirements under the Connecticut Home Care Program line item.

Legislative

Same as Governor

Update Current Services- Temporary Family Assistance (TFA)

Temporary Family Assistance - TANF	(12,901,712)	(14,261,712)	(15,401,712)	(16,761,712)	(2,500,000)	(2,500,000)
Total - General Fund	(12,901,712)	(14,261,712)	(15,401,712)	(16,761,712)	(2,500,000)	(2,500,000)

Background

The Temporary Family Assistance (TFA) program provides cash assistance to eligible low-income families. The TFA program limits assistance to 21 months for non-exempt cases, with possible six month extensions for good cause. Individuals in the TFA program are usually eligible for health care services provided under the state's Medicaid program. The average monthly caseload under this (and its predecessor) program has declined from over 60,000 families in FY 95 to approximately 12,800 in FY 18 with an average cost per case of \$483. For December 2018, the number of paid cases totaled 11,116 with an average cost per case of \$485.

Governor

Reduce funding by \$12,901,712 in FY 20 and \$14,261,712 in FY 21 to reflect anticipated expenditure requirements under the TFA program.

Legislative

Reduce funding by \$15,401,712 in FY 20 and \$16,761,712 in FY 21 to reflect anticipated expenditure requirements under the TFA program.

Update Current Services- State Administered General Assistance

State Administered General Assistance	(1,524,722)	(1,864,722)	(1,524,722)	(1,864,722)	-	-
Total - General Fund	(1,524,722)	(1,864,722)	(1,524,722)	(1,864,722)	-	-

Background

The State Administered General Assistance (SAGA) program provides limited cash assistance to individuals who are unable to work for medical or other prescribed reasons. Enrollees receive an average of \$219 a month. In FY 18 the number of unduplicated paid cases averaged 7,200 per month. Based on data through December 2018, the number of unduplicated paid cases averaged approximately 6,900.

Account	Governor Recommended		Legislative		Difference from Governor	
	FY 20	FY 21	FY 20	FY 21	FY 20	FY 21

Governor

Reduce funding by \$1,524,722 in FY 20 and \$1,864,722 in FY 21 to reflect anticipated expenditure requirements under SAGA.

Legislative

Same as Governor

Update Current Services- Protective Services for the Elderly

Protective Services to the Elderly	(228,004)	(198,304)	(228,004)	(198,304)	-	-
Total - General Fund	(228,004)	(198,304)	(228,004)	(198,304)	-	-

Background

The Protective Services for the Elderly Program is designed to safeguard people 60 years and older from physical, mental and emotional abuse, neglect and abandonment and/or financial abuse and exploitation. The Department of Social Services' social workers devise a plan of care aimed at assuring an elder's safety while preserving the person's right of self-determination. Staff may help the person remain in the living situation he or she prefers, safeguard legal rights, prevent bodily injury or harm, determine service needs and then mobilize resources to provide necessary services. In FY 18, the number of unduplicated paid cases averaged 65 per month.

Governor

Reduce funding by \$228,004 in FY 20 and \$198,304 in FY 21 to reflect current caseload requirements under the Protective Services for the Elderly line item.

Legislative

Same as Governor

Provide Funding for Nursing Home Fair Rent Additions

Medicaid	1,000,000	2,000,000	1,000,000	2,000,000	-	-
Total - General Fund	1,000,000	2,000,000	1,000,000	2,000,000	-	-

Governor

Provide funding of \$1 million in FY 20 and \$2 million in FY 21 to reflect nursing home fair rent additions.

Legislative

Same as Governor

Provide Funding for Medicare Part D Clawback Requirements

Medicaid	4,400,000	8,790,000	4,400,000	8,790,000	-	-
Total - General Fund	4,400,000	8,790,000	4,400,000	8,790,000	-	-

Background

The Medicare Part D clawback payment is the monthly cost-sharing payment to the federal government for the Medicare Part D prescription drug program for dually-eligible beneficiaries. A state's monthly clawback amount is calculated by multiplying its monthly Part D dual-eligible enrollment by CMS's estimate of the state's share of its per capita expenditure (PCE) for Medicaid covered drugs for dual-eligible persons. Part D expenditures have increased in recent years with the availability of new specialty drugs (such as those for Hepatitis C), growth in prescription drug utilization, and rising drug prices overall.

Governor

Provide funding of \$4,400,000 in FY 20 and \$8,790,000 in FY 21 for increases in the Medicare Part D clawback payment.

Legislative

Same as Governor

Provide Funding for Caseload Growth for Community Residential Services Placements

Community Residential Services	10,179,625	26,728,825	10,179,625	26,728,825	-	-
Total - General Fund	10,179,625	26,728,825	10,179,625	26,728,825	-	-

Background

The Community Residential Services account funds individuals supported by the DDS. As of December, 2018, the DDS Management Information Report shows that 6,906 individuals are funded through this account as follows: 2,629 individuals are funded for in-home

Account	Governor Recommended		Legislative		Difference from Governor	
	FY 20	FY 21	FY 20	FY 21	FY 20	FY 21

supports and 4,277 individuals are funded for group homes, community companion homes or continuous residential supports (24-hour supports).

Governor

Provide funding of \$10,179,625 in FY 20 and \$26,728,825 in FY 21 to support residential services for 77 individuals in FY 20 and 67 individuals in FY 21 who will be aging out of residential services provided by the Department of Children and Families or local education agencies and 65 individuals in FY 20 and 53 individuals in FY 21 who will be transitioning from long-term facilities under Money Follows the Person.

Legislative

Same as Governor

Provide Funding for Statutorily Required Rate Increases

Medicaid	15,210,000	32,290,000	15,210,000	32,290,000	-	-
Old Age Assistance	800,000	1,730,000	800,000	1,730,000	-	-
Aid To The Blind	9,600	20,300	9,600	20,300	-	-
Aid To The Disabled	900,000	1,940,000	900,000	1,940,000	-	-
Total - General Fund	16,919,600	35,980,300	16,919,600	35,980,300	-	-

Governor

Provide funding of \$16,919,600 in FY 20 and \$35,980,300 in FY 21 to reflect rate increases. This funding is eliminated in a separate policy action.

Legislative

Same as Governor

Provide Funding for Statutorily Required Cost of Living Adjustments

Old Age Assistance	240,000	440,000	240,000	440,000	-	-
Aid To The Blind	3,300	5,800	3,300	5,800	-	-
Aid To The Disabled	530,000	940,000	530,000	940,000	-	-
Temporary Family Assistance - TANF	1,490,000	2,710,000	1,490,000	2,710,000	-	-
State Administered General Assistance	370,000	680,000	370,000	680,000	-	-
Total - General Fund	2,633,300	4,775,800	2,633,300	4,775,800	-	-

Governor

Provide funding of \$2,633,300 in FY 20 and \$4,775,800 in FY 21 for cost of living adjustments (COLA) effective 7/1/19 and 7/1/20 for the following programs: Old Age Assistance, Aid to the Blind, Aid to the Disabled, Temporary Family Assistance, and State Administered General Assistance. This funding is eliminated in a separate policy action.

Legislative

Same as Governor

Adjust Funding to Reflect Leap Year Costs

Medicaid	2,890,000	-	2,890,000	-	-	-
Old Age Assistance	90,000	-	90,000	-	-	-
Aid To The Blind	1,100	-	1,100	-	-	-
Aid To The Disabled	100,000	-	100,000	-	-	-
Community Residential Services	1,542,200	-	1,542,200	-	-	-
Total - General Fund	4,623,300	-	4,623,300	-	-	-

Background

Calendar year 2020 is a leap year. The Governor’s FY 20 and FY 21 budget provides a total of \$5.4 million to four General Fund agencies for leap year costs.

Governor

Provide funding of \$4,623,300 in FY 20 to reflect this agency’s leap year costs.

Account	Governor Recommended		Legislative		Difference from Governor	
	FY 20	FY 21	FY 20	FY 21	FY 20	FY 21

Legislative

Same as Governor

Reduce Hospital Supplemental Payments to Align with Current Law

Hospital Supplemental Payments	(329,840,138)	(329,840,138)	(329,840,138)	(329,840,138)	-	-
Total - General Fund	(329,840,138)	(329,840,138)	(329,840,138)	(329,840,138)	-	-

Governor

Reduce funding by \$329,840,138 in FY 20 and FY 21 in the Hospital Supplemental Payments account to reflect funding the account at the level required by Section 55 of PA 18-81 of \$166.5 million compared to the FY 19 level of approximately \$496.3 million.

Legislative

Same as Governor

Carry Forward**Carry Forward Medicaid**

Medicaid	-	-	17,600,000	-	17,600,000	-
Total - Carry Forward Funding	-	-	17,600,000	-	17,600,000	-

Background

Section 38 of PA 19-117 carries forward \$17.6 million in FY 19 Medicaid funding for use in FY 20.

Carry Forward Funding for HRD- Hispanic Programs

Human Resource Development-Hispanic Programs	-	-	180,000	-	180,000	-
Total - Carry Forward Funding	-	-	180,000	-	180,000	-

Background

FY 19 funding of \$180,000 for Human Resources Development- Hispanic Programs is carried forward for use in FY 20, per CGS section 4-89(c).

Totals

Budget Components	Governor Recommended		Legislative		Difference from Governor	
	FY 20	FY 21	FY 20	FY 21	FY 20	FY 21
FY 19 Appropriation - GF	4,303,808,650	4,303,808,650	4,303,808,650	4,303,808,650	-	-
Policy Revisions	317,566,782	264,290,782	319,140,042	311,599,842	1,573,260	47,309,060
Current Services	(203,992,234)	(49,133,953)	(207,617,234)	(52,758,953)	(3,625,000)	(3,625,000)
Total Recommended - GF	4,417,383,198	4,518,965,479	4,415,331,458	4,562,649,539	(2,051,740)	43,684,060

Positions	Governor Recommended		Legislative		Difference from Governor	
	FY 20	FY 21	FY 20	FY 21	FY 20	FY 21
FY 19 Appropriation - GF	1,986	1,986	1,986	1,986	-	-
Policy Revisions	35	35	(74)	(74)	(109)	(109)
Total Recommended - GF	2,021	2,021	1,912	1,912	(109)	(109)

Estimated FY 20 - FY 21 Gross Medicaid Account Expenditures \$
By Category of Service

Category of Service	FY 20 Estimated	FY 21 Estimated
Hospital Services		
Inpatient & Outpatient Hospital Services	1,908,247,304	1,978,703,124
Total Expenditures	1,908,247,304	1,978,703,124
Professional Medical Care		
Physician	547,668,705	569,001,331
Clinic	475,030,391	496,659,407
Dental	191,375,435	198,634,381
Other Practitioner	174,067,582	180,573,461
Vision	41,066,766	42,654,090
Total Expenditures	1,429,208,879	1,487,522,670
Other Medical Services		
Pharmacy	1,393,949,216	1,432,369,825
Pharmacy Rebates	(970,604,258)	(1,009,636,027)
Medicare Part D Clawback	170,104,550	174,500,194
Durable Medical Equipment	101,438,733	101,994,896
Non-Emergency Transportation (NEMT)	61,084,402	63,272,038
Lab & X-Ray	46,149,271	48,081,590
Transportation	44,577,052	46,269,465
Alcohol & Drug Services	19,146,417	20,065,759
Total Expenditures	865,845,383	876,917,740
Home and Community Based/ Waiver Services		
CT Home Care (CHC) Waiver Services	458,750,270	515,801,556
Home Health	203,590,444	207,661,116
Community First Choice	131,156,441	149,521,143
Acquired Brain Injury (ABI) Waivers	72,022,950	74,171,666
Birth to Three	30,212,000	30,814,000
Autism Services	23,224,592	26,224,592
Hospice Services	3,509,698	3,600,656
Personal Care Assistance (PCA) Waiver Services	2,568,672	2,837,399
Mental Health Waiver	1,444,000	1,494,000
Other Services	916,621	906,022
CHC / PCA Assessments	832,437	915,897
Total Expenditures	928,228,125	1,013,948,047

Category of Service	FY 20 Estimated	FY 21 Estimated
Long-Term Care Facilities		
Nursing Facilities	1,212,928,110	1,221,573,332
Chronic Disease Hospital	78,086,330	80,044,055
ICF/IID	66,317,176	66,765,226
Hospice Services	45,911,861	45,876,145
Total Expenditures	1,403,243,477	1,414,258,758
Administrative Services		
Medical ASO	76,711,708	76,975,546
Behavioral Health Partnership ASO	13,622,641	13,743,609
Fiscal Intermediaries/Waiver Admin	11,222,384	11,222,384
NEMT Broker	8,766,092	8,918,632
Dental ASO	7,456,285	7,609,053
Other CoreCT Medicaid Expenditures	1,670,000	1,895,000
Non-Claim Specific Adjustments	(21,245,019)	(21,245,019)
Total Expenditures	98,204,091	99,119,205
Medicare Premiums and Offsets		
Medicare Part B Premiums	301,023,041	319,235,710
Medicare Premiums Offsets	(300,872,529)	(319,076,092)
School Based Child Health (SBCH)	(12,066,996)	(12,517,414)
Total Expenditures	(11,916,484)	(12,357,796)
Other Policy Adjustments	(70,895,000)	(71,470,000)
Medicaid Total (Gross)	6,550,165,775	6,786,641,748
Federal Share	3,858,555,115	3,969,767,088
General Fund Total (Net)	2,691,610,660	2,816,874,660