



General Assembly

Raised Bill No. 6943

January Session, 2005

LCO No. 4649

* _____HB06943HS_APP033105_____*

Referred to Committee on Human Services

Introduced by:

(HS)

AN ACT CONCERNING ENHANCEMENTS TO THE MEDICAID PROGRAM.

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

Section 1. (NEW) (*Effective July 1, 2005*) Not later than October 1, 2005, the Commissioner of Social Services shall amend the Medicaid state plan to provide coverage under Medicaid for services provided by chiropractors, naturopaths, psychologists, podiatrists, physical therapists, occupational therapists, speech therapists and interpreter services for deaf and hearing impaired individuals while such persons receive medical treatment from a Medicaid provider.

Sec. 2. Section 17b-282a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2005*):

(a) The Commissioner of Social Services, to the extent permitted by federal law, shall amend the Medicaid state plan to provide coverage for general anesthesia, nursing and related hospital services provided in conjunction with dental services, provided such anesthesia, nursing and related hospital services are provided in conjunction with in-patient dental services if the following conditions are met:

(1) The anesthesia, nursing and related hospital services are deemed medically necessary by the

treating dentist or oral surgeon and the patient's primary care physician in accordance with the department's requirements for prior authorization of services, if required; and

(2) The patient is either (A) a child under the age of four who is determined by a licensed dentist, in conjunction with a licensed physician who specializes in primary care, to have a dental condition of significant dental complexity that it requires certain dental procedures to be performed in a hospital, or (B) a person who has a developmental disability, as determined by a licensed physician who specializes in primary care, that places the person at serious risk. The expense of such anesthesia, nursing and related hospital services shall be deemed a medical expense under such health insurance policy and shall not be subject to any limits on dental benefits under such policy.

(b) [The Commissioner of Social Services, shall amend the Medicaid state plan, to provide coverage to the extent permitted by federal law, for screening and treatment of periodontal disease for pregnant women under the Medicaid program.](#)

Sec. 3. Subsection (a) of section 17b-261 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Medical assistance shall be provided for any otherwise eligible person whose income, including any available support from legally liable relatives and the income of the person's spouse or dependent child, is not more than one hundred forty-three per cent, pending approval of a federal waiver applied for pursuant to subsection (d) of this section, of the benefit amount paid to a person with no income under the temporary family assistance program in the appropriate region of residence and if such person is an institutionalized individual as defined in Section 1917(c) of the Social Security Act, 42 USC 1396p(c), and has not made an assignment or transfer or other disposition of property for less than fair market value for the purpose of establishing eligibility for benefits or assistance under this section. Any such disposition shall be treated in accordance with Section 1917(c) of the Social Security Act, 42 USC 1396p(c). Any disposition of property made on behalf of an applicant or recipient or the spouse of an applicant or recipient by a guardian, conservator, person authorized to make such disposition pursuant to a power of attorney or other person so authorized by law shall be attributed to such applicant, recipient or spouse. A disposition of property ordered by a court shall be evaluated in accordance with the standards applied to any other such disposition for the purpose of determining eligibility. The commissioner shall establish the standards for eligibility for medical assistance at one hundred forty-three per cent of the benefit amount paid to a family unit of equal size with no income under the temporary family assistance program in the appropriate region of residence, pending federal approval, except that the medical assistance program shall provide coverage to persons under the age of nineteen up to one hundred eighty-five per cent of the federal poverty level without an asset limit. Said medical assistance program shall also provide coverage to persons under the age of nineteen and their parents and needy caretaker relatives who qualify for coverage under Section 1931 of the Social Security Act with family income up to one hundred per cent of the federal poverty level without an asset limit, upon the request of such a person or upon a redetermination of eligibility. Such levels shall be based on the regional differences in such benefit amount, if applicable, unless such levels based on regional differences are not in conformance with federal law. [On July 1, 2005, and annually thereafter, the commissioner shall](#)

increase the unearned income disregard for recipients of medical assistance by the percentage increase, if any, in the consumer price index for urban consumers over the average of the previous calendar year. Any income in excess of the applicable amounts shall be applied as may be required by said federal law, and assistance shall be granted for the balance of the cost of authorized medical assistance. All contracts entered into on and after July 1, 1997, pursuant to this section shall include provisions for collaboration of managed care organizations with the Healthy Families Connecticut Program established pursuant to section 17a-56. The Commissioner of Social Services shall provide applicants for assistance under this section, at the time of application, with a written statement advising them of the effect of an assignment or transfer or other disposition of property on eligibility for benefits or assistance.

Sec. 4. (*Effective from passage*) (a) The Commissioner of Social Services, in consultation with the advisory council established under section 5 of this act, shall evaluate the necessity of adjusting the asset and income rules under the Medicaid program.

(b) Not later than January 1, 2006, the commissioner shall report on such evaluation, including findings and recommendations, to the joint standing committee of the General Assembly having cognizance of matters relating to human services, in accordance with the provisions of section 11-4a of the general statutes.

Sec. 5. (*Effective from passage*) (a) There is established an advisory council to advise the Commissioner of Social Services on the evaluation required under subsection (a) of section 4 of this act.

(b) The advisory council shall consist of the following members: (1) Four members of the General Assembly, one each appointed by the speaker of the House of Representatives, the president pro tempore of the Senate, the minority leader of the House of Representatives and the minority leader of the Senate; (2) one member representing the legal assistance service programs in this state, appointed by the speaker of the House of Representatives; (3) one member who is a health care provider with experience in providing care to participants in the Medicaid medically needy program, appointed by the president pro tempore of the Senate; (4) one member who is a recipient of benefits under the Medicaid medically needy program, appointed by the minority leader of the House of Representatives; and (5) one member who is a recipient of benefits under the state supplement program and who resides in a noninstitutional setting, appointed by the minority leader of the Senate.

(c) All appointments to the advisory council shall be made no later than thirty days after the effective date of this section. Any vacancy shall be filled by the appointing authority.

(d) The advisory council shall terminate on the date the Commissioner of Social Services submits the report or January 1, 2006, whichever is earlier.

Sec. 6. Section 17b-28e of the general statutes is repealed. (*Effective July 1, 2005*)

This act shall take effect as

follows and shall amend the following sections:		
Section 1	<i>July 1, 2005</i>	New section
Sec. 2	<i>July 1, 2005</i>	17b-282a
Sec. 3	<i>from passage</i>	17b-261(a)
Sec. 4	<i>from passage</i>	New section
Sec. 5	<i>from passage</i>	New section
Sec. 6	<i>July 1, 2005</i>	Repealer section

HS

Joint Favorable C/R

APP