



General Assembly

February Session, 2006

Raised Bill No. 475

LCO No. 2326



Referred to Committee on

HUMAN SERVICES

Introduced by:

(HS)

**AN ACT CONCERNING REVISIONS TO THE HUSKY PLAN, PART A
AND PART B.**

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

1 Section 1. Section 17b-261 of the 2006 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective July 1, 2006*):

4 (a) Medical assistance shall be provided for any otherwise eligible
5 person whose income, including any available support from legally
6 liable relatives and the income of the person's spouse or dependent
7 child, is not more than one hundred forty-three per cent, pending
8 approval of a federal waiver applied for pursuant to subsection (d) of
9 this section, of the benefit amount paid to a person with no income
10 under the temporary family assistance program in the appropriate
11 region of residence and if such person is an institutionalized
12 individual as defined in Section 1917(c) of the Social Security Act, 42
13 USC 1396p(c), and has not made an assignment or transfer or other
14 disposition of property for less than fair market value for the purpose
15 of establishing eligibility for benefits or assistance under this section.
16 Any such disposition shall be treated in accordance with Section

17 1917(c) of the Social Security Act, 42 USC 1396p(c). Any disposition of
 18 property made on behalf of an applicant or recipient or the spouse of
 19 an applicant or recipient by a guardian, conservator, person
 20 authorized to make such disposition pursuant to a power of attorney
 21 or other person so authorized by law shall be attributed to such
 22 applicant, recipient or spouse. A disposition of property ordered by a
 23 court shall be evaluated in accordance with the standards applied to
 24 any other such disposition for the purpose of determining eligibility.
 25 The commissioner shall establish the standards for eligibility for
 26 medical assistance at one hundred forty-three per cent of the benefit
 27 amount paid to a family unit of equal size with no income under the
 28 temporary family assistance program in the appropriate region of
 29 residence, pending federal approval, except that the medical assistance
 30 program shall provide coverage to persons under the age of nineteen
 31 up to one hundred eighty-five per cent of the federal poverty level
 32 without an asset limit. Said medical assistance program shall also
 33 provide coverage to persons under the age of nineteen and their
 34 parents and needy caretaker relatives who qualify for coverage under
 35 Section 1931 of the Social Security Act with family income up to one
 36 hundred fifty per cent of the federal poverty level without an asset
 37 limit, upon the request of such a person or upon a redetermination of
 38 eligibility. Such levels shall be based on the regional differences in
 39 such benefit amount, if applicable, unless such levels based on regional
 40 differences are not in conformance with federal law. Any income in
 41 excess of the applicable amounts shall be applied as may be required
 42 by said federal law, and assistance shall be granted for the balance of
 43 the cost of authorized medical assistance. All contracts entered into on
 44 and after July 1, 1997, pursuant to this section shall include provisions
 45 for collaboration of managed care organizations with the Healthy
 46 Families Connecticut Program established pursuant to section 17a-56,
 47 as amended. The Commissioner of Social Services shall provide
 48 applicants for assistance under this section, at the time of application,
 49 with a written statement advising them of the effect of an assignment
 50 or transfer or other disposition of property on eligibility for benefits or

51 assistance.

52 (b) For the purposes of the Medicaid program, the Commissioner of
53 Social Services shall consider parental income and resources as
54 available to a child under eighteen years of age who is living with his
55 or her parents and is blind or disabled for purposes of the Medicaid
56 program, or to any other child under twenty-one years of age who is
57 living with his or her parents.

58 (c) For the purposes of determining eligibility for the Medicaid
59 program, an available asset is one that is actually available to the
60 applicant or one that the applicant has the legal right, authority or
61 power to obtain or to have applied for the applicant's general or
62 medical support. If the terms of a trust provide for the support of an
63 applicant, the refusal of a trustee to make a distribution from the trust
64 does not render the trust an unavailable asset. Notwithstanding the
65 provisions of this subsection, the availability of funds in a trust or
66 similar instrument funded in whole or in part by the applicant or the
67 applicant's spouse shall be determined pursuant to the Omnibus
68 Budget Reconciliation Act of 1993, 42 USC 1396p. The provisions of
69 this subsection shall not apply to special needs trust, as defined in 42
70 USC 1396p(d)(4)(A).

71 (d) The transfer of an asset in exchange for other valuable
72 consideration shall be allowable to the extent the value of the other
73 valuable consideration is equal to or greater than the value of the asset
74 transferred.

75 (e) The Commissioner of Social Services shall seek a waiver from
76 federal law to permit federal financial participation for Medicaid
77 expenditures for families with incomes of one hundred forty-three per
78 cent of the temporary family assistance program payment standard.

79 (f) To the extent permitted by federal law, Medicaid eligibility shall
80 be extended for one year to a family that becomes ineligible for
81 medical assistance under Section 1931 of the Social Security Act due to

82 income from employment by one of its members who is a caretaker
83 relative is employed or due to receipt of child support income. A
84 family receiving extended benefits on July 1, 2005, shall receive the
85 balance of such extended benefits, provided no such family shall
86 receive more than twelve additional months of such benefits.

87 (g) An institutionalized spouse applying for Medicaid and having a
88 spouse living in the community shall be required, to the maximum
89 extent permitted by law, to divert income to such community spouse
90 in order to raise the community spouse's income to the level of the
91 minimum monthly needs allowance, as described in Section 1924 of
92 the Social Security Act. Such diversion of income shall occur before the
93 community spouse is allowed to retain assets in excess of the
94 community spouse protected amount described in Section 1924 of the
95 Social Security Act. The Commissioner of Social Services, pursuant to
96 section 17b-10, may implement the provisions of this subsection while
97 in the process of adopting regulations, provided the commissioner
98 prints notice of intent to adopt the regulations in the Connecticut Law
99 Journal within twenty days of adopting such policy. Such policy shall
100 be valid until the time final regulations are effective.

101 [(h) The Commissioner of Social Services shall, to the extent
102 permitted by federal law, or, pursuant to an approved waiver of
103 federal law submitted by the commissioner, in accordance with the
104 provisions of section 17b-8, impose the following cost-sharing
105 requirements under the HUSKY Plan, on all parent and needy
106 caretaker relatives with incomes exceeding one hundred per cent of the
107 federal poverty level: (1) A twenty-five-dollar premium per month per
108 parent or needy caretaker relative; and (2) a copayment of one dollar
109 per visit for outpatient medical services delivered by an enrolled
110 Medicaid or HUSKY Plan provider. The commissioner may implement
111 policies and procedures necessary to administer the provisions of this
112 subsection while in the process of adopting such policies and
113 procedures as regulations, provided the commissioner publishes notice
114 of the intent to adopt regulations in the Connecticut Law Journal not

115 later than twenty days after implementation. Policies and procedures
116 implemented pursuant to this subsection shall be valid until the time
117 final regulations are adopted.]

118 [(i)] (h) Medical assistance shall be provided, in accordance with the
119 provisions of subsection (e) of section 17a-6, to any child under the
120 supervision of the Commissioner of Children and Families who is not
121 receiving Medicaid benefits, has not yet qualified for Medicaid benefits
122 or is otherwise ineligible for such benefits because of institutional
123 status. To the extent practicable, the Commissioner of Children and
124 Families shall apply for, or assist such child in qualifying for, the
125 Medicaid program.

126 Sec. 2. Section 17b-292 of the 2006 supplement to the general statutes
127 is repealed and the following is substituted in lieu thereof (*Effective July*
128 *1, 2006*):

129 (a) A child who resides in a household with a family income which
130 exceeds one hundred eighty-five per cent of the federal poverty level
131 and does not exceed three hundred per cent of the federal poverty
132 level may be eligible for subsidized benefits under the HUSKY Plan,
133 Part B.

134 (b) A child who resides in a household with a family income over
135 three hundred per cent of the federal poverty level may be eligible for
136 unsubsidized benefits under the HUSKY Plan, Part B.

137 (c) Whenever a court or family support magistrate orders a
138 noncustodial parent to provide health insurance for a child, such
139 parent may provide for coverage under the HUSKY Plan, Part B.

140 (d) A child who has been determined to be eligible for benefits
141 under either the HUSKY Plan, Part A or Part B shall remain eligible for
142 such plan for a period of twelve months from such child's
143 determination of eligibility unless the child attains the age of nineteen
144 or is no longer a resident of the state, regardless of any changes in

family composition or family income. During the twelve-month period following the date that a child is determined eligible for the HUSKY Plan, Part A or Part B, the department shall not require the family of such child to report changes in family income or family composition.

[(d)] (e) To the extent allowed under federal law, the commissioner shall not pay for services or durable medical equipment under the HUSKY Plan, Part B if the enrollee has other insurance coverage for the services or such equipment.

[(e)] (f) A newborn child who otherwise meets the eligibility criteria for the HUSKY Plan, Part B shall be eligible for benefits retroactive to his date of birth, provided an application is filed on behalf of the child within thirty days of such date.

[(f)] (g) The commissioner shall implement presumptive eligibility for children applying for Medicaid. Such presumptive eligibility determinations shall be in accordance with applicable federal law and regulations. The commissioner shall adopt regulations, in accordance with chapter 54, to establish standards and procedures for the designation of organizations as qualified entities to grant presumptive eligibility. Qualified entities shall ensure that, at the time a presumptive eligibility determination is made, a completed application for Medicaid is submitted to the department for a full eligibility determination. In establishing such standards and procedures, the commissioner shall ensure the representation of state-wide and local organizations that provide services to children of all ages in each region of the state.

[(g)] (h) The commissioner shall enter into a contract with an entity to be a single point of entry servicer for applicants and enrollees under the HUSKY Plan, Part A and Part B. The servicer shall jointly market both Part A and Part B together as the HUSKY Plan. Such servicer shall develop and implement public information and outreach activities with community programs. Such servicer shall electronically transmit data with respect to enrollment and disenrollment in the HUSKY Plan,

177 Part B to the commissioner.

178 [(h)] (i) Upon the expiration of any contractual provisions entered
179 into pursuant to subsection [(g)] (h) of this section, the commissioner
180 shall develop a new contract for single point of entry services and
181 managed care enrollment brokerage services. The commissioner may
182 enter into one or more contractual arrangements for such services for a
183 contract period not to exceed seven years. Such contracts shall include
184 performance measures, including, but not limited to, specified time
185 limits for the processing of applications, parameters setting forth the
186 requirements for a completed and reviewable application and the
187 percentage of applications forwarded to the department in a complete
188 and timely fashion. Such contracts shall also include a process for
189 identifying and correcting noncompliance with established
190 performance measures, including sanctions applicable for instances of
191 continued noncompliance with performance measures.

192 [(i)] (j) The single point of entry servicer shall send an application
193 and supporting documents to the commissioner for determination of
194 eligibility of a child who resides in a household with a family income
195 of one hundred eighty-five per cent or less of the federal poverty level.
196 The servicer shall enroll eligible beneficiaries in the applicant's choice
197 of managed care plan. Upon enrollment in a managed care plan, an
198 eligible HUSKY Plan Part A or Part B beneficiary shall remain enrolled
199 in such managed care plan for twelve months from the date of such
200 enrollment unless (1) an eligible beneficiary demonstrates good cause
201 to the satisfaction of the commissioner of the need to enroll in a
202 different managed care plan, or (2) the beneficiary no longer meets
203 program eligibility requirements.

204 [(j)] (k) Not more than twelve months after the determination of
205 eligibility for benefits under the HUSKY Plan, Part A and Part B and
206 annually thereafter, the commissioner or the servicer, as the case may
207 be, shall determine if the child continues to be eligible for the plan. The
208 commissioner or the servicer shall mail an application form to each

participant in the plan for the purposes of obtaining information to make a determination on eligibility. To the extent permitted by federal law, in determining eligibility for benefits under the HUSKY Plan, Part A and Part B with respect to family income, the commissioner or the servicer shall rely upon information provided in such form by the participant unless the commissioner or the servicer has reason to believe that such information is inaccurate or incomplete. The determination of eligibility shall be coordinated with health plan open enrollment periods.

[(k)] [(l)] The commissioner shall implement the HUSKY Plan, Part B while in the process of adopting necessary policies and procedures in regulation form in accordance with the provisions of section 17b-10.

[(l)] [(m)] The commissioner shall adopt regulations, in accordance with chapter 54, to establish residency requirements and income eligibility for participation in the HUSKY Plan, Part B and procedures for a simplified mail-in application process. Notwithstanding the provisions of section 17b-257b, such regulations shall provide that any child adopted from another country by an individual who is a citizen of the United States and a resident of this state shall be eligible for benefits under the HUSKY Plan, Part B upon arrival in this state.

Sec. 3. (Effective July 1, 2006) The sum of ____ dollars is appropriated to the Department of Social Services, from the General Fund, for the fiscal year ending June 30, 2007, for the purpose of providing the department with the funds to implement the public information and outreach activities specified in section 17b-297 of the general statutes.

Sec. 4. Section 17b-261c of the general statutes is repealed. (Effective July 1, 2006)

This act shall take effect as follows and shall amend the following sections:

[1067]

Raised Bill No.

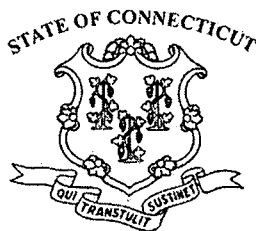
475

Section 1	<u>July 1, 2006</u>	17b-261
Sec. 2	<u>July 1, 2006</u>	17b-292
Sec. 3	<u>July 1, 2006</u>	New section
Sec. 4	<u>July 1, 2006</u>	Repealer section

Statement of Purpose:

To restore the self-declaration of income and continuous eligibility in the HUSKY Plan, Part A and Part B, eliminate cost-sharing requirements under the HUSKY Plan, Part A and appropriate moneys to the Department of Social Services for the purpose of allowing the department to enhance public information and outreach activities with respect to HUSKY Plan, Part A and Part B.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]



General Assembly

Substitute Bill No. 475

February Session, 2006



**AN ACT CONCERNING REVISIONS TO THE HUSKY PLAN, PART A
AND PART B.**

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2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective July 1, 2006*):

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5 person whose income, including any available support from legally
6 liable relatives and the income of the person's spouse or dependent
7 child, is not more than one hundred forty-three per cent, pending
8 approval of a federal waiver applied for pursuant to subsection (d) of
9 this section, of the benefit amount paid to a person with no income
10 under the temporary family assistance program in the appropriate
11 region of residence and if such person is an institutionalized
12 individual as defined in Section 1917(c) of the Social Security Act, 42
13 USC 1396p(c), and has not made an assignment or transfer or other
14 disposition of property for less than fair market value for the purpose
15 of establishing eligibility for benefits or assistance under this section.
16 Any such disposition shall be treated in accordance with Section
17 1917(c) of the Social Security Act, 42 USC 1396p(c). Any disposition of
18 property made on behalf of an applicant or recipient or the spouse of
19 an applicant or recipient by a guardian, conservator, person

20 authorized to make such disposition pursuant to a power of attorney
21 or other person so authorized by law shall be attributed to such
22 applicant, recipient or spouse. A disposition of property ordered by a
23 court shall be evaluated in accordance with the standards applied to
24 any other such disposition for the purpose of determining eligibility.
25 The commissioner shall establish the standards for eligibility for
26 medical assistance at one hundred forty-three per cent of the benefit
27 amount paid to a family unit of equal size with no income under the
28 temporary family assistance program in the appropriate region of
29 residence, pending federal approval, except that the medical assistance
30 program shall provide coverage to persons under the age of nineteen
31 up to one hundred eighty-five per cent of the federal poverty level
32 without an asset limit. Said medical assistance program shall also
33 provide coverage to persons under the age of nineteen and their
34 parents and needy caretaker relatives who qualify for coverage under
35 Section 1931 of the Social Security Act with family income up to one
36 hundred fifty per cent of the federal poverty level without an asset
37 limit, upon the request of such a person or upon a redetermination of
38 eligibility. Such levels shall be based on the regional differences in
39 such benefit amount, if applicable, unless such levels based on regional
40 differences are not in conformance with federal law. Any income in
41 excess of the applicable amounts shall be applied as may be required
42 by said federal law, and assistance shall be granted for the balance of
43 the cost of authorized medical assistance. All contracts entered into on
44 and after July 1, 1997, pursuant to this section shall include provisions
45 for collaboration of managed care organizations with the Healthy
46 Families Connecticut Program established pursuant to section 17a-56,
47 as amended. The Commissioner of Social Services shall provide
48 applicants for assistance under this section, at the time of application,
49 with a written statement advising them of the effect of an assignment
50 or transfer or other disposition of property on eligibility for benefits or
51 assistance.

52 (b) For the purposes of the Medicaid program, the Commissioner of
53 Social Services shall consider parental income and resources as

54 available to a child under eighteen years of age who is living with his
55 or her parents and is blind or disabled for purposes of the Medicaid
56 program, or to any other child under twenty-one years of age who is
57 living with his or her parents.

58 (c) For the purposes of determining eligibility for the Medicaid
59 program, an available asset is one that is actually available to the
60 applicant or one that the applicant has the legal right, authority or
61 power to obtain or to have applied for the applicant's general or
62 medical support. If the terms of a trust provide for the support of an
63 applicant, the refusal of a trustee to make a distribution from the trust
64 does not render the trust an unavailable asset. Notwithstanding the
65 provisions of this subsection, the availability of funds in a trust or
66 similar instrument funded in whole or in part by the applicant or the
67 applicant's spouse shall be determined pursuant to the Omnibus
68 Budget Reconciliation Act of 1993, 42 USC 1396p. The provisions of
69 this subsection shall not apply to special needs trust, as defined in 42
70 USC 1396p(d)(4)(A).

71 (d) The transfer of an asset in exchange for other valuable
72 consideration shall be allowable to the extent the value of the other
73 valuable consideration is equal to or greater than the value of the asset
74 transferred.

75 (e) The Commissioner of Social Services shall seek a waiver from
76 federal law to permit federal financial participation for Medicaid
77 expenditures for families with incomes of one hundred forty-three per
78 cent of the temporary family assistance program payment standard.

79 (f) To the extent permitted by federal law, Medicaid eligibility shall
80 be extended for one year to a family that becomes ineligible for
81 medical assistance under Section 1931 of the Social Security Act due to
82 income from employment by one of its members who is a caretaker
83 relative is employed or due to receipt of child support income. A
84 family receiving extended benefits on July 1, 2005, shall receive the
85 balance of such extended benefits, provided no such family shall

86 receive more than twelve additional months of such benefits.

87 (g) An institutionalized spouse applying for Medicaid and having a
88 spouse living in the community shall be required, to the maximum
89 extent permitted by law, to divert income to such community spouse
90 in order to raise the community spouse's income to the level of the
91 minimum monthly needs allowance, as described in Section 1924 of
92 the Social Security Act. Such diversion of income shall occur before the
93 community spouse is allowed to retain assets in excess of the
94 community spouse protected amount described in Section 1924 of the
95 Social Security Act. The Commissioner of Social Services, pursuant to
96 section 17b-10, may implement the provisions of this subsection while
97 in the process of adopting regulations, provided the commissioner
98 prints notice of intent to adopt the regulations in the Connecticut Law
99 Journal within twenty days of adopting such policy. Such policy shall
100 be valid until the time final regulations are effective.

101 [(h) The Commissioner of Social Services shall, to the extent
102 permitted by federal law, or, pursuant to an approved waiver of
103 federal law submitted by the commissioner, in accordance with the
104 provisions of section 17b-8, impose the following cost-sharing
105 requirements under the HUSKY Plan, on all parent and needy
106 caretaker relatives with incomes exceeding one hundred per cent of the
107 federal poverty level: (1) A twenty-five-dollar premium per month per
108 parent or needy caretaker relative; and (2) a copayment of one dollar
109 per visit for outpatient medical services delivered by an enrolled
110 Medicaid or HUSKY Plan provider. The commissioner may implement
111 policies and procedures necessary to administer the provisions of this
112 subsection while in the process of adopting such policies and
113 procedures as regulations, provided the commissioner publishes notice
114 of the intent to adopt regulations in the Connecticut Law Journal not
115 later than twenty days after implementation. Policies and procedures
116 implemented pursuant to this subsection shall be valid until the time
117 final regulations are adopted.]

118 [(i)] (h) Medical assistance shall be provided, in accordance with the

119 provisions of subsection (e) of section 17a-6, to any child under the
120 supervision of the Commissioner of Children and Families who is not
121 receiving Medicaid benefits, has not yet qualified for Medicaid benefits
122 or is otherwise ineligible for such benefits because of institutional
123 status. To the extent practicable, the Commissioner of Children and
124 Families shall apply for, or assist such child in qualifying for, the
125 Medicaid program.

126 (i) The Commissioner of Social Services shall provide Early and
127 Periodic, Screening, Diagnostic and Treatment program services, as
128 required by 42 USC 1396a(a)(43), 42 USC 1396d(a)(4)(B) and 42 USC
129 1396d(r) and applicable federal regulations to all persons who are
130 under the age of twenty-one and otherwise eligible for medical
131 assistance under this section.

132 Sec. 2. Section 17b-292 of the 2006 supplement to the general statutes
133 is repealed and the following is substituted in lieu thereof (*Effective July*
134 *1, 2006*):

135 (a) A child who resides in a household with a family income which
136 exceeds one hundred eighty-five per cent of the federal poverty level
137 and does not exceed three hundred per cent of the federal poverty
138 level may be eligible for subsidized benefits under the HUSKY Plan,
139 Part B.

140 (b) A child who resides in a household with a family income over
141 three hundred per cent of the federal poverty level may be eligible for
142 unsubsidized benefits under the HUSKY Plan, Part B.

143 (c) Whenever a court or family support magistrate orders a
144 noncustodial parent to provide health insurance for a child, such
145 parent may provide for coverage under the HUSKY Plan, Part B.

146 (d) A child who has been determined to be eligible for benefits
147 under either the HUSKY Plan, Part A or Part B shall remain eligible for
148 such plan for a period of twelve months from such child's
149 determination of eligibility unless the child attains the age of nineteen

150 or is no longer a resident of the state, regardless of changes in family
 151 composition or family income. During the twelve-month period
 152 following the date that a child is determined eligible for the HUSKY
 153 Plan, Part A or Part B, the family of such child shall comply with
 154 federal requirements concerning the reporting of information to the
 155 department, including, but not limited to, change of address
 156 information.

157 [(d)] (e) To the extent allowed under federal law, the commissioner
 158 shall not pay for services or durable medical equipment under the
 159 HUSKY Plan, Part B if the enrollee has other insurance coverage for
 160 the services or such equipment.

161 [(e)] (f) A newborn child who otherwise meets the eligibility criteria
 162 for the HUSKY Plan, Part B shall be eligible for benefits retroactive to
 163 his date of birth, provided an application is filed on behalf of the child
 164 within thirty days of such date.

165 [(f)] (g) The commissioner shall implement presumptive eligibility
 166 for children applying for Medicaid. Such presumptive eligibility
 167 determinations shall be in accordance with applicable federal law and
 168 regulations. The commissioner shall adopt regulations, in accordance
 169 with chapter 54, to establish standards and procedures for the
 170 designation of organizations as qualified entities to grant presumptive
 171 eligibility. Qualified entities shall ensure that, at the time a
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210 different managed care plan, or (2) the beneficiary no longer meets
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212 [(j)] (k) Not more than twelve months after the determination of
213 eligibility for benefits under the HUSKY Plan, Part A and Part B and
214 annually thereafter, the commissioner or the servicer, as the case may

215 be, shall determine if the child continues to be eligible for the plan. The
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242 Sec. 4. Section 17b-261c of the general statutes is repealed. (Effective
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Substitute Bill No. 475

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Sec. 2	<i>July 1, 2006</i>	17b-292
Sec. 3	<i>July 1, 2006</i>	New section
Sec. 4	<i>July 1, 2006</i>	Repealer section

HS

Joint Favorable Subst. C/R

APP

STATE OF CONNECTICUT
SENATE

SSB
475

Thomas P. Harkin

MAR 20 2006

FAVORABLE REPORT OF COMMITTEE
ON **HUMAN SERVICES**
REFERRED TO COMMITTEE
ON **APPROPRIATIONS**