



General Assembly

February Session, 2006

Raised Bill No. 478

LCO No. 2403



Referred to Committee on **HUMAN SERVICES**

Introduced by:
(HS)

**AN ACT CONCERNING REVISIONS TO THE STATE-ADMINISTERED
GENERAL ASSISTANCE PROGRAM.**

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

1 Section 1. Subsection (a) of section 17b-192 of the 2006 supplement
2 to the general statutes is repealed and the following is substituted in
3 lieu thereof (*Effective July 1, 2006*):

4 (a) The Commissioner of Social Services shall implement a state
5 medical assistance component of the state-administered general
6 assistance program for persons ineligible for Medicaid. Not later than
7 October 1, 2003, each person eligible for state-administered general
8 assistance shall be entitled to receive medical care through a federally
9 qualified health center or other primary care provider as determined
10 by the commissioner. The Commissioner of Social Services shall
11 determine appropriate service areas and shall, in the commissioner's
12 discretion, contract with community health centers, other similar
13 clinics, and other primary care providers, if necessary, to assure access
14 to primary care services for recipients who live farther than a
15 reasonable distance from a federally qualified health center. The
16 commissioner shall ensure the provision of transportation for eligible

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17 persons to and from primary care providers, hospital care, and for all
18 other services covered under the program to the same extent as
19 provided under the Medicaid program. The commissioner shall assign
20 and enroll eligible persons in federally qualified health centers and
21 with any other providers contracted for the program because of access
22 needs. [Not later than October 1, 2003, each] Each person eligible for
23 state-administered general assistance shall be entitled to receive
24 hospital services. Medical services under the program shall be limited
25 to the services provided by a federally qualified health center, hospital,
26 or other provider contracted for the program at the commissioner's
27 discretion because of access needs. The commissioner shall ensure that
28 ancillary services and specialty services are provided by a federally
29 qualified health center, hospital, or other providers contracted for the
30 program at the commissioner's discretion. Ancillary services include,
31 but are not limited to, radiology, laboratory, and other diagnostic
32 services not available from a recipient's assigned primary-care
33 provider, [and] durable medical equipment and optical hardware.
34 Specialty services are: [services] (1) Services provided by a physician
35 with a specialty that are not included in ancillary services, (2) services
36 provided by a practitioner of the healing arts, as defined in section 20-
37 1, and (3) services provided by any of the following: (A) A
38 psychologist licensed under chapter 383, (B) an optometrist licensed
39 chapter 380, (C) an audiologist licensed under chapter 399, and (D) a
40 speech pathologist licensed under chapter 399. [In no event shall
41 ancillary or specialty services provided under the program exceed
42 such services provided under the state-administered general assistance
43 program on July 1, 2003.] Eligibility criteria concerning income shall be
44 the same as the medically needy component of the Medicaid program,
45 except that earned monthly gross income of up to one hundred fifty
46 dollars shall be disregarded. Unearned income shall not be
47 disregarded. No person who has family assets exceeding one thousand
48 dollars shall be eligible. No person eligible for Medicaid shall be
49 eligible to receive medical care through the state-administered general
50 assistance program. No person shall be eligible for assistance under

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51 this section if such person made, during the three months prior to the
 52 month of application, an assignment or transfer or other disposition of
 53 property for less than fair market value. The number of months of
 54 ineligibility due to such disposition shall be determined by dividing
 55 the fair market value of such property, less any consideration received
 56 in exchange for its disposition, by five hundred dollars. Such period of
 57 ineligibility shall commence in the month in which the person is
 58 otherwise eligible for benefits. Any assignment, transfer or other
 59 disposition of property, on the part of the transferor, shall be
 60 presumed to have been made for the purpose of establishing eligibility
 61 for benefits or services unless such person provides convincing
 62 evidence to establish that the transaction was exclusively for some
 63 other purpose.

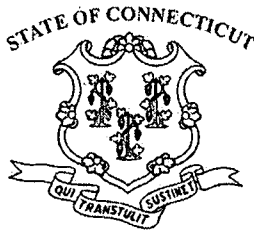
This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2006	17b-192(a)

Statement of Purpose:

To expand the scope of medical services available under the state-administered general assistance program and to require the Commissioner of Social Services to ensure that medical transportation services are available to program beneficiaries.

[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.]

CONNECTICUT
STATE LIBRARY
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SECTION



CONNECTICUT STATE LIBRARY
LEGISLATIVE REFERENCE SECTION

General Assembly

Substitute Bill No. 478

February Session, 2006



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9 qualified health center or other primary care provider as determined
10 by the commissioner. The Commissioner of Social Services shall
11 determine appropriate service areas and shall, in the commissioner's
12 discretion, contract with community health centers, other similar
13 clinics, and other primary care providers, if necessary, to assure access
14 to primary care services for recipients who live farther than a
15 reasonable distance from a federally qualified health center. The
16 commissioner shall ensure the provision of transportation for eligible
17 persons to and from primary care providers, hospital care, and for all
18 other services covered under the program to the same extent as
19 provided under the Medicaid program. The commissioner shall assign

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21 with any other providers contracted for the program because of access
22 needs. [Not later than October 1, 2003, each] Each person eligible for
23 state-administered general assistance shall be entitled to receive
24 hospital services. Medical services under the program shall be limited
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27 discretion because of access needs. The commissioner shall ensure that
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34 Specialty services are: [services] (1) Services provided by a physician
35 with a specialty that are not included in ancillary services, (2) services
36 provided by any of the following: (A) A psychologist licensed under
37 chapter 383, (B) an optometrist licensed chapter 380, (C) an audiologist
38 licensed under chapter 399, (D) a speech pathologist licensed under
39 chapter 399, (E) a chiropractor licensed under chapter 372, (F) a
40 natureopath licensed under chapter 373, (G) a podiatrist licensed
41 under chapter 375, (H) an optician licensed under chapter 381, (3)
42 hospice services, and (4) personal care assistance services. [In no event
43 shall ancillary or specialty services provided under the program
44 exceed such services provided under the state-administered general
45 assistance program on July 1, 2003.] Eligibility criteria concerning
46 income shall be the same as the medically needy component of the
47 Medicaid program, except that earned monthly gross income of up to
48 one hundred fifty dollars shall be disregarded. Unearned income shall
49 not be disregarded. No person who has family assets exceeding one
50 thousand dollars shall be eligible. No person eligible for Medicaid
51 shall be eligible to receive medical care through the state-administered
52 general assistance program. No person shall be eligible for assistance
53 under this section if such person made, during the three months prior
54 to the month of application, an assignment or transfer or other

55 disposition of property for less than fair market value. The number of
 56 months of ineligibility due to such disposition shall be determined by
 57 dividing the fair market value of such property, less any consideration
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 61 other disposition of property, on the part of the transferor, shall be
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 65 other purpose.

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HS

Joint Favorable Subst. C/R

APP

STATE OF CONNECTICUT
SENATE

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Thomas P. Sheehan

MAR 23 2006

FAVORABLE REPORT OF COMMITTEE

ON HUMAN SERVICES

REFERRED TO COMMITTEE
ON APPROPRIATIONS