



General Assembly

**Substitute Bill No. 6173**

January Session, 2019



**AN ACT EXPANDING ELIGIBILITY FOR THE ALZHEIMER'S DISEASE  
RESPITE CARE PROGRAM.**

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

1 Section 1. Section 17b-349e of the general statutes is repealed and  
2 the following is substituted in lieu thereof (*Effective July 1, 2019*):

3 (a) As used in this section:

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

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

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

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

15 (b) The Commissioner of Rehabilitation Services shall operate a  
16 program, within available appropriations, to provide respite care

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

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

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

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

50 individual.

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

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

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2019	17b-349e

**AGE**      *Joint Favorable Subst.*