



Agency Legislative Proposal - 2015 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc):

10062014_SDA_TechRevisionsCHOICES.com

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency:

State Department on Aging

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Lead agency division requesting this proposal:

State Unit on Aging

Agency Analyst/Drafter of Proposal: Mimi Peck-Llewellyn and Melissa Morton

Title of Proposal

Consolidation of CHOICES / Community Choices statutes – technical changes

Statutory Reference

Delete Sec. 17b-367a and Amend Sec. 17b-427

Proposal Summary

These technical changes clarify the actual scope of the CHOICES programs administered by the Department on Aging and bring the Aging and Disability Resource Center programs, previously also known as Community Choices, under the CHOICES umbrella of programs as CHOICES ADRC. To do so, Sec. 17b-367a will be deleted and Sec. 17b-427 amended to include additional definitions and the appropriate portions of Sec. 17b-367a to accomplish the objective.

Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

For almost 20 years “CHOICES” has been widely recognized as the overall umbrella for consolidated “one-stop-shopping” aging information and assistance programs under the auspices of the Department on Aging (SDA) and operated through the Area Agencies on Aging (AAAs). These programs have been predominantly funded through the federal Administration on Aging and the parent U.S. Department of Health and Human Services. The flagship program, and most widely recognized, has been the health insurance assistance program which gets the most play in the state statutes under Sec. 17b-427. “Community Choices”, defined in Sec. 17b-367, expanded the “one-stop” concept mandated by federally funded grants, to provide a single, coordinated



system of information and access for all seeking long-term services and supports via Aging and Disability Resource Centers (ADRCs) under the coordination of the SDA. In CT, CHOICES and Community Choices have always been accessible through one toll-free number (1-800-994-9422) and physically operated out of each of the five regional AAAs. The SDA and AAAs partner with other state and regional agencies and organizations in operating the ADRCs, including CT Community Care Inc. and the Independent Living Centers.

The federal funding of the development of ADRCs beginning in 2007 with their “No Wrong Door System” of access was an effort to streamline access to long-term services and supports options for older adults and individuals with disabilities which CT has embraced. Subsequently in 2012, the U.S. Department of Health and Human Services established the Administration for Community Living (ACL). ACL brings together the Administration on Aging, the Office on Disability and the Administration on Developmental Disability while retaining unique programmatic operations specific to the needs of each population served. ACL reduces fragmentation in community living service by implementing the support needs of both the aging and disability populations which it had been advocating for the previous several years. Though fairly symbolic in nature, the merger of all support services under the CHOICES moniker puts CT right in step with its federal funders and in line for important funding in the future to build upon its successes.

- **Origin of Proposal** **New Proposal** **Resubmission**

If this is a resubmission, please share:

- (1) *What was the reason this proposal did not pass, or if applicable, was not included in the Administration’s package?*
- (2) *Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?*
- (3) *Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?*
- (4) *What was the last action taken during the past legislative session?*

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name:

Agency Contact (name, title, phone):

Date Contacted:

Approve of Proposal YES NO Talks Ongoing

Summary of Affected Agency’s Comments

Will there need to be further negotiation? YES NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)



Municipal (please include any municipal mandate that can be found within legislation) N/A
State – N/A
Federal – N/A
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

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Insert fully drafted bill here

Sec. 17b-367a shall be deleted and Sec. 17b-427 amended as follows:

Sec. 17b-427. CHOICES [health insurance assistance]services and support programs. Definitions. Requirements. Reports. Responsibilities of hospitals re Medicare patients. Regulations. (a) As used in this section:

(1) “CHOICES” means Connecticut’s programs for [h]HHealth insurance assistance, [o]Outreach, [i]Information and referral, [c]Counseling, [and e]Eligibility screening and Supports administered by the Department on Aging;



(2) “CHOICES ADRC” means the federally recognized state Aging and Disability Resource Center program that is a single, coordinated system of information and access for individuals seeking long-term supports, including in-home, community based and institutional services in accordance with the federal Older Americans Act Amendments of 2006, P.L. 109-365 as developed and implemented by the Commissioner on Aging;

[(2)] (3) “CHOICES SHIP” [health insurance assistance program] means the federally recognized state health insurance assistance program funded pursuant to P.L. 101-508 and [administered by the Department on Aging] operated in conjunction with the area agencies on aging and the Center for Medicare Advocacy, that provides free and impartial information and assistance related to health insurance issues and concerns of older persons and other Medicare beneficiaries in Connecticut; [and]

(4) “Long-term services and supports” means a broad range of assistance and supports used by individuals of all ages and their caregivers to address functional, cognitive, behavioral and health challenges that allow for the individual to maintain or increase his or her ability to live in a community setting of choice.

[(3)] (5) “Medicare organization” means any corporate entity or other organization or group that contracts with the federal Centers for Medicare and Medicaid Services to serve as a Medicare health plan organization to provide health care services to Medicare beneficiaries in this state as an alternative to the traditional Medicare fee-for-service plan;



(6) “No Wrong Door” means a virtual single point of entry for accessing public and private health and human supports for older adults and adults with disabilities designed to help older adults, caregivers, adults with disabilities, veterans and their families find the supports that will benefit them no matter where they start the process or what their unique combination of needs may be; and

(7) “Person-centered planning” means a process directed by a person with long-term services and supports needs and/or their designated representative implemented in a manner that supports the person, makes him or her central to the process, and recognizes the person as the expert on goals and needs pursuant to the Affordable Care Act, P.L. 111-148 and 111-152.

(b) The Department on Aging shall administer the CHOICES SHIP [health insurance assistance program, which shall be] program as a comprehensive Medicare advocacy program that provides assistance to Connecticut residents who are Medicare beneficiaries.

[(c)] (1) The program shall, within available resources, provide: [(1)] (A) Toll-free telephone access for consumers to obtain advice and information on Medicare benefits, including prescription drug benefits available through the Medicare Part D program, the Medicare appeals process, health insurance matters applicable to Medicare beneficiaries and long-term care options available in the state at least five days per week during normal business hours; [(2)] (B) information, advice and representation, where appropriate, concerning the Medicare appeals process, by a qualified attorney or paralegal at least five days per week during normal business hours; [(3)] (C) information through appropriate means and format, including written



materials, to Medicare beneficiaries, their families, [senior citizens] older persons and organizations regarding Medicare benefits, including prescription drug benefits available through Medicare Part D and other pharmaceutical drug company programs and long-term care options available in the state; [(4)] (D) information concerning Medicare plans and services, private insurance policies and federal and state-funded programs that are available to beneficiaries to supplement Medicare coverage; [(5)] (E) information permitting Medicare beneficiaries to compare and evaluate their options for delivery of Medicare and supplemental insurance services; [(6)] (F) information concerning the procedure to appeal a denial of care and the procedure to request an expedited appeal of a denial of care; [and (7)] (G) leadership and support to collaborate with state and federal agencies on Medicare related issues; and (H) any other information the program or the Commissioner on Aging deems relevant to Medicare beneficiaries.

[(d)] (2) The Commissioner on Aging may include any additional functions necessary to conform to federal grant requirements.

[(e)] (3) The Insurance Commissioner, in cooperation with, or on behalf of, the Commissioner on Aging, may require each Medicare organization to: [(1)] (A) Annually submit to the Insurance Commissioner any data, reports or information relevant to plan beneficiaries; and [(2)] (B) at any other times at which changes occur, submit information to the Insurance Commissioner concerning current benefits, services or costs to plan beneficiaries. Such information may include information required under section 38a-478c.

[(f)] (4) Each Medicare organization that fails to file the annual data, reports or information requested pursuant to subsection [(e)] (3) of this section shall pay a late



fee of one hundred dollars per day for each day from the due date of such data, reports or information to the date of filing. Each Medicare organization that files incomplete annual data, reports or information shall be so informed by the Insurance Commissioner, shall be given a date by which to remedy such incomplete filing and shall pay said late fee commencing from the new due date.

[(g)] (5) Not later than June 1, 2001, and annually thereafter, the Insurance Commissioner, in conjunction with the Healthcare Advocate, shall submit a list, in accordance with the provisions of section 11-4a, to the Governor and to the joint standing committees of the General Assembly having cognizance of matters relating to aging, human services and insurance, of those Medicare organizations that have failed to file any data, reports or information requested pursuant to subsection [(e)] (3) of this section.

[(h)] (6) All hospitals, as defined in section 19a-490, which treat persons covered by Medicare Part A shall: [(1)] (A) Notify incoming patients covered by Medicare of the availability of the services established pursuant to subsection [(c)] (1) of this section, [(2)] (B) post or cause to be posted in a conspicuous place therein the toll-free number established pursuant to subsection [(c)] (1) of this section, and [(3)] (C) provide each Medicare patient with the toll-free number and information on how to access the CHOICES SHIP program.

[(i)] The Commissioner on Aging may adopt regulations, in accordance with chapter 54, as necessary to implement the provisions of this section.]

(c) The Department on Aging shall administer the CHOICES ADRC as a part of the state's "No Wrong Door System" of access to long-term services and supports



options for Medicare beneficiaries, professional and informal caregivers and individuals of any age or ability seeking information and assistance regarding community services and supports.

(1) The program shall, within available resources, provide: (A) information, referral and assistance concerning aging and disability issues and long-term care planning; (B) comprehensive assessments to identify possible consumer needs or desires; (C) person-centered planning services, training, credentialing and quality assurances; (D) counseling for purposes of obtaining (i) employment or employment-related services, (ii) screening for public benefits and private resources, and (iii) information on long-term care planning; (E) follow-up to ensure consumer referrals were appropriate and to offer additional assistance and individual advocacy if needed; (F) support to consumers making decisions about current and future supports and services; (G) coordination of transitions between providers or sites of care; (H) preparation and distribution of written materials regarding the availability of program services; (I) maintenance of a toll-free telephone number; (J) assistance as necessary to conform to federal and other grant requirements; (K) coordination with other state agencies involved in the development of the state's long-term services and supports "No Wrong Door" system; and (L) other related services as applicable.

(2) The Commissioner on Aging shall establish program requirements and procedures for entering into agreements to operate ADRCs.

(d) The Commissioner on Aging may include any additional functions for CHOICES programs as necessary to conform to federal grant requirements.

(e) The Commissioner on Aging may adopt regulations, in accordance with chapter 54, as necessary to implement the provisions of this section.

