



REPORT TO THE JOINT STANDING COMMITTEES OF THE GENERAL ASSEMBLY
On Aging and Human Services

Public Act 24-39
Family Caregiver Feasibility Study

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I. EXECUTIVE SUMMARY:

In accordance with Section 24 of Public Act 24-39, the Commissioner of Social Services was required to conduct a study on the feasibility of pursuing a family caregiver support benefit through an 1115 Medicaid demonstration waiver that would provide respite services and support to residents of Connecticut who are not eligible for such service under Medicaid. The study is to include an examination of Oregon’s Project Independence and Family Caregiver Support programs, other options to expand eligibility for respite services, and potential state-funded long-term care services that could be used to offset the costs of a family caregiver support benefit. The Department collaborated with the Department of Aging and Disability Services to inform a comprehensive study.

II. BACKGROUND: Section 1115 Demonstration Waivers

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that promote the objectives of the Medicaid program and the Children’s Health Insurance Program (CHIP). Under this authority, the Secretary may waive certain provisions of the Medicaid law to give states additional flexibility to design and improve their programs. The purpose of these demonstrations is to demonstrate and evaluate state-specific policy approaches to better serving Medicaid populations.

The Centers for Medicare and Medicaid Services (CMS) performs a case-by-case review of each proposal to determine whether its stated objectives are aligned with those of Medicaid. CMS also considers whether proposed waiver and/or expenditure authorities are appropriate and consistent with federal policies, including the degree to which they supplant state-only costs for existing programs or services and can and should be supported through other federal and non-federal funding sources.

To submit an 1115 waiver to CMS, the Department of Social Services (DSS) must undergo an exhaustive application process. DSS must provide a comprehensive program description of the demonstration, including the goals and objectives to be implemented under the demonstration project. The agency must also present a description of the proposed health care delivery system, eligibility requirements, benefit coverage and cost sharing (premiums, copayments, and deductibles) required of individuals who will be impacted by the demonstration to the extent such provisions would vary from the state’s current program features and the requirements of the Social Security Act. An estimate of the expected increase or decrease in annual enrollment, and in annual aggregate expenditures, including historic enrollment or budgetary data, if applicable, must also be included, among many other requirements.

DSS estimates that the submission of an 1115 waiver can take from 18 months-24 months, with additional time needed by CMS to review, provide feedback, and process the application.

III. BACKGROUND: Existing State-Funded Respite Programs in CT

There are currently two predominate state-funded respite programs in the state, the state-funded Connecticut Home Care Program for Elders (CHCPE) and the Connecticut Statewide Respite Care Program (CSRCP).

The state-funded CHCPE offers respite to eligible individuals that are at institutional level of care. Respite services in this program are defined as “services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing

the care.” In-home respite providers include, but are not limited to, homemakers, companions, or home health aides. Services may be provided in the home or outside of the home including, but not limited to, a licensed or certified facility such as a rest home with nursing supervision or chronic and convalescent nursing home. Federal reimbursement is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the state that is not a private residence.

CHCPE details can be found under the [Regulations of Connecticut State Agencies Section 17b-342-1](#)

The Connecticut Statewide Respite Care Program provides respite care services to eligible families of individuals diagnosed with Alzheimer’s disease or related dementias. The Department of Aging and Disability Services’ Bureau of Aging receives state funding (\$1,955,726 in FY 2025) and administers the program in collaboration with Connecticut’s Area Agencies on Aging (AAAs). In FY 2024, 563 care recipients were served.

CSRCP offers relief to stressed caregivers by providing information, support, the development of an appropriate plan of care, and services for the individual with Alzheimer’s disease or related dementias. Care recipients may receive care through the delivery of services through agencies (traditional care option) or they may hire someone of their choice to provide care (self-directed care option). Services may include homemaker services, adult day services, personal care worker services or short-term residential care. Service costs are based on Medicaid rates. Participants pay a 20% cost share for services, unless waived due to financial hardship.

In order to receive services, an application must be completed with a physician’s statement confirming a diagnosis of Alzheimer’s disease or an irreversible dementia such as Multi-infarct dementia, Parkinson’s disease, Lewy body dementia, Huntington’s disease, normal pressure hydrocephalus, or Pick’s disease. Care recipients must be at or below the annual income (\$57,739 in 2025) and liquid asset limits (\$152,442 in 2025), which are adjusted each year with an annual cost-of-living adjustment. Care recipients may not be receiving services under the Connecticut Home Care Program for Elders. Once the application is submitted and accepted, the AAA care manager completes an assessment and care plan for services up to \$7,500 per year.

CSRCP details can be found [Connecticut General Statutes Section 17a-860](#).

The CSRCP plays a critical role in supporting family caregivers and promoting the health and well-being of individuals with Alzheimer’s disease and related dementias. By offering a range of flexible respite care options, the program helps to sustain caregiving relationships and prevent unnecessary institutionalization.

IV. STUDY OVERVIEW:

- a. [Oregon’s Project Independence \(OPI\)](#) – materials were obtained on the Oregon program. It is a comprehensive service array that goes beyond just respite services. Foundationally, they serve similar populations and utilize the state’s Area Agencies on Aging to administer the programs as we do in Connecticut. OPI uses an 1115 Medicaid waiver to serve more older adults and people with physical disabilities who need help with activities of daily living (ADLs), but who are not eligible for Medicaid long-term services and supports. This includes supports to unpaid family caregivers. Oregon received 1115 waiver approval in February 2024. Through their federal authority, they built in staffing positions and resources to claim additional Medicaid reimbursement for the administration of the program.

- b. Other Options to Expand Eligibility for Respite Services for Persons Not Eligible for Medicaid –DSS and ADS evaluated this part of the request and although expanding eligibility would be ideal, at this time and given the current budgetary constraints we chose to focus on remaining budget neutral and not focus on expansion. We only evaluated options that kept service expenditures cost-neutral but allowed greater access based on Medicaid federal match.
- c. Potential State-Funded Services That Could be Used to Offset the Costs of a Family Caregiver Support Benefit – this was not explored. We focused on leveraging Medicaid federal match to expand access to the respite benefit while remaining cost neutral.

V. Impact on State Agencies: Department of Social Services and Department of Aging and Disability Services

- Would result in new federal match for services that are currently state-funded.
- The state would need to demonstrate and maintain budget neutrality for the federal government.
- Reimbursement methodologies would need to be examined due to the shift from grant draw-down to Medicaid billing.
- Staff resources – ADS has a single state staff person that oversees the program and issues grants to the care management agencies. Resources will be needed to draft the 1115 waiver, manage the Medicaid program and modify the Medicaid management information system to support billing.
- Authority – existing regulations and statutes would require review and potential revision.
- Shifting to Medicaid would result in additional reporting requirements and federal assurances to administer the program.
- In FFY 2024 there were 58 individuals on state-funded CHCPE that accessed respite services totaling \$257,640.

VI. Considerations

- The current Connecticut Statewide Respite Care Program runs very well.
- The existing model operates outside of standard Medicaid practices and reimbursement methodologies.
- The current program has wrap-around services combined with funding from the Older Americans Act that needs to be considered.
- The program serves a relatively small number of members and may not merit a large overhaul for enhanced match.
- Program costs are under \$2 million.
- Existing program served around 600 people last year – demand is well managed and there are no exiting waitlists.
- CHCPE state-funding currently operates like the waivers. If we move forward with the expansion of the Respite program, we will have to make MMIS edits and provide guidance to the case management agencies on how to properly bill for Respite services.

VII. CONCLUSION

The Department of Social Services met with the Department of Aging and Disability Services to discuss their programs and the impact of any legislation or programmatic shifts to Medicaid funding the current state-funded and Older Americans Act respite programs. Both agencies believe the shift from state-funding respite services to Medicaid funding to serve more individuals is worth exploring further but cannot commit to moving forward with submission of an 1115 waiver at this time. Through discussions, we discovered that there would be a lot of unknowns including reimbursement, care management coordination, development of a memorandum of understanding, Medicaid authority, and impact to existing programs. We are recommending fully exploring all aspects of moving the state-funded program to a Medicaid reimbursable service over the course of calendar year 2025. The agencies would then offer a follow-up study with a recommendation to the Aging Committee during calendar year 2026.