

SENATE BILL NO. 238

IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-SIXTH LEGISLATURE - SECOND SESSION

BY SENATOR DAVIS

Introduced: 1/22/10

Referred: Health and Social Services, Finance

A BILL

FOR AN ACT ENTITLED

1 "An Act amending the eligibility threshold for medical assistance for persons in a
2 medical or intermediate care facility."

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 * **Section 1.** AS 47.07.020(b) is amended to read:

5 (b) In addition to the persons specified in (a) of this section, the following
6 optional groups of persons for whom the state may claim federal financial
7 participation are eligible for medical assistance:

8 (1) persons eligible for but not receiving assistance under any plan of
9 the state approved under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act,
10 Supplemental Security Income) or a federal program designated as the successor to the
11 aid to families with dependent children program;

12 (2) persons in a general hospital, skilled nursing facility, or
13 intermediate care facility, who, if they left the facility, would be eligible for assistance
14 under one of the federal programs specified in (1) of this subsection;

(3) persons under 21 years of age who are under supervision of the department, for whom maintenance is being paid in whole or in part from public funds, and who are in foster homes or private child-care institutions;

(4) aged, blind, or disabled persons, who, because they do not meet income and resources requirements, do not receive supplemental security income under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act), and who do not receive a mandatory state supplement, but who are eligible, or would be eligible if they were not in a skilled nursing facility or intermediate care facility to receive an optional state supplementary payment;

(5) persons under 21 years of age who are in an institution designated as an intermediate care facility for the mentally retarded and who are financially eligible as determined by the standards of the federal program designated as the successor to the aid to families with dependent children program;

(6) persons in a medical or intermediate care facility whose income while in the facility does not exceed 300 percent of the supplemental security income benefit rate under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act) [\$1,656 A MONTH] but who would not be eligible for an optional state supplementary payment if they left the hospital or other facility;

(7) persons under 21 years of age who are receiving active treatment in a psychiatric hospital and who are financially eligible as determined by the standards of the federal program designated as the successor to the aid to families with dependent children program;

(8) persons under 21 years of age and not covered under (a) of this section, who would be eligible for benefits under the federal program designated as the successor to the aid to families with dependent children program, except that they have the care and support of both their natural and adoptive parents;

(9) pregnant women not covered under (a) of this section and who meet the income and resource requirements of the federal program designated as the successor to the aid to families with dependent children program;

(10) persons under 21 years of age not covered under (a) of this section who the department has determined cannot be placed for adoption without medical

1 assistance because of a special need for medical or rehabilitative care and who the
2 department has determined are hard-to-place children eligible for subsidy under
3 AS 25.23.190 - 25.23.210;

4 (11) persons who can be considered under 42 U.S.C. 1396a(e)(3) (Title
5 XIX, Social Security Act, Medical Assistance) to be individuals with respect to whom
6 a supplemental security income is being paid under 42 U.S.C. 1381 - 1383c (Title
7 XVI, Social Security Act) because they meet all of the following criteria:

8 (A) they are 18 years of age or younger and qualify as disabled
9 individuals under 42 U.S.C. 1382c(a) (Title XVI, Social Security Act);

10 (B) the department has determined that

11 (i) they require a level of care provided in a hospital,
12 nursing facility, or intermediate care facility for the mentally retarded;

13 (ii) it is appropriate to provide their care outside of an
14 institution; and

15 (iii) the estimated amount that would be spent for
16 medical assistance for their individual care outside an institution is not
17 greater than the estimated amount that would otherwise be expended
18 individually for medical assistance within an appropriate institution;

19 (C) if they were in a medical institution, they would be eligible
20 for medical assistance under other provisions of this chapter; and

21 (D) home and community-based services under a waiver
22 approved by the federal government are either not available to them under this
23 chapter or would be inappropriate for them;

24 (12) disabled persons, as described in 42 U.S.C.
25 1396a(a)(10)(A)(ii)(XIII), who are in families whose income, as determined under
26 applicable federal regulations or guidelines, is less than 250 percent of the official
27 poverty line applicable to a family of that size according to the United States
28 Department of Health and Human Services, and who, but for earnings in excess of the
29 limit established under 42 U.S.C. 1396d(q)(2)(B), would be considered to be
30 individuals with respect to whom a supplemental security income is being paid under
31 42 U.S.C. 1381 - 1383c; a person eligible for assistance under this paragraph who is

1 not eligible under another provision of this section shall pay a premium or other cost-
2 sharing charges according to a sliding fee scale that is based on income as established
3 by the department in regulations;

4 (13) persons under 19 years of age who are not covered under (a) of
5 this section and whose household income does not exceed 175 percent of the federal
6 poverty line as defined by the United States Department of Health and Human
7 Services and revised under 42 U.S.C. 9902(2);

8 (14) pregnant women who are not covered under (a) of this section and
9 whose household income does not exceed 175 percent of the federal poverty line as
10 defined by the United States Department of Health and Human Services and revised
11 under 42 U.S.C. 9902(2);

12 (15) persons who have been diagnosed with breast or cervical cancer
13 and who are eligible for coverage under 42 U.S.C. 1396a(a)(10)(A)(ii)(XVIII).