



Baxter | Cheney Lake | Chugach Foothills | Muldoon | Scenic Park | Stuckagain Heights

## **SECTIONAL ANALYSIS**

### ***HB 292: HOME AND COMMUNITY-BASED WAIVER SERVICES***

**Sec. 1:** Amends *AS 47.07.045(a) Home and community-based services* for provisions in the section to apply also to Community First Choice and Medicaid personal care services programs.

**Sec. 2:** Amends *AS 47.07.045(a) Home and community-based services* by:

- Introducing a process in statute for reducing hours or payment for home and community-based services provided under 1915(k) state plan option and Medicaid personal care services that mirrors the process for terminating services.
- Adding “and live independently” as a condition for terminating services.
- Requiring the department to continue following notice requirements provided in later sections.

**Sec. 3:** Amends *AS 47.07.045(d) Home and community-based services* by:

- Moving definitions for “independent qualified health care professional” and “independent qualified waiver” to this section. It does not create any new definitions.
- “Independent qualified health care professional” for an intellectual or developmental disability waiver is defined as a qualified intellectual disability professional under 42 C.F.R. 483.430.
- For other allowable waivers, “Independent health care professional” is defined as a person who can provide personal care services under the 1915(k) state plan or a registered nurse with specific qualifications relevant to the waivers.

**Sec. 4:** Adds a new subsection to *AS 47.07.045 Home and community-based services* that:

- Establishes that once the department receives the results of an assessment they have 10 days to notify, in writing, the recipients or individuals with legal authority to act on the recipient’s behalf of the assessment results.
- Establishes that after the department decides if there will be a change in levels of services or payments for services, they have 10 days after the decision is made to notify the recipient or individuals with legal authority to act on the recipient’s behalf of the decision. This notice must be done in writing and 30 days before the new determination goes into effect. The department must also inform them they have a right to appeal the decision.
- Allows legally responsible persons to provide personal care services to an individual eligible for home and community-based services waivers and Community First Choice.

**Sec. 5:** Adds a new section that creates a path for hours to be restored through the proposed reassessment process for recipients of care whose payment for services were reduced between January 1, 2019 and January 1, 2022.

**Sec. 6:** Adds a new section to instruct the Department of Health and Social Services to amend and submit a state plan for medical services to the Centers for Medicare and Medicaid Services (CMS).

**Sec. 7:** Makes section 5 retroactive to January 1, 2019.

**Sec. 8:** Establishes the act will take effect only upon federal approval of the state plan for medical assistance, and that if approved, the Commissioner of the Department of Health and Social Services must notify the revisor of statute not later than 30 days after receiving notice.

**Sec. 9-10:** Create two effective dates:

- For sections 1 – 4, effective date will be the day after the revisor of statutes receives notification from the Commissioner of Health and Social Services of federal approval of state plan amendments.
- Sections 5 and 7 take effect immediately upon passage