Department of Health



SENIOR AND DISABILITIES SERVICES
Director's Office

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SECTIONAL ANALYSIS VERSION S.A

Senate Bill 57: Adult Home Care Services; Medical Assistance

- **Section 1.** Adds a new subsection to AS 47.07.045 Allows legally responsible individuals (LRI) to provide care services authorized under the 1915(k) Medicaid option.
- Section 2. Adds a new section in AS 47.07, Medicaid Assistance for Needy Persons, declaring that the state shall pay for adult home care services for an individual at a daily rate set by the department in regulation for individuals on Medicaid who are at least 18; enrolled in a home and community-based waiver under AS 47.07.045; if the individual's support plan is approved for adult home care services; and if they person providing the services to the individual holds an adult care home license issued under AS 47.32. This section also allows individuals to receive habilitative and rehabilitative care in addition to adult home care services and directs the department to adopt regulations setting a rate for the service, establish standards for operating an adult care home, and establish a procedure for transitioning an individual from a licensed foster care home to a licensed adult care home. This section also directs the department to establish a simple and efficient process to allow a foster parent who holds a foster home license issued under AS 47.32 to transition from the foster home license to an adult care home license for purposes of maintaining the placement of and services provided to an individual who is transitioning out of foster care, enrolled in a waiver, and at least 18 years of age.
- **Section 3.** Amends AS 47.32.010(b) to add a new entity, "adult care homes," that shall be subject to the centralized licensing functions of the department.
- **Section 4.** Adds a new section to AS 47.33 that defines the conditions under which the department may license an adult care home. A person may be licensed to operate such a home for an individual who is at least 18 years of age and enrolled in Medicaid and home and community-based waiver services. An adult care home may provide 24-hour oversight and care for up to two adults for compensation or reimbursement under the adult home care service, allows the department to establish standards in regulation to authorize care for up to three individuals based on unusual circumstances; and defines "care" as providing for the physical, mental, and social needs of an individual.
- **Section 5.** Amends AS 47.32.900(2) to add adult care homes to the list of settings that are not defined as assisted living homes.
- **Section 6.** Amends AS 47.32.900 to add a definition of adult care home, meaning a licensed home, in which the adult head of household resides and provides 24-hour care on a continuing basis for eligible individuals.

SECTIONAL ANALYSIS

Senate Bill 57: Adult Home Care Services

- Section 7. Amends uncodified law by requiring the Department of Health submit for federal approval to allow legally responsible individuals to provide care services authorized under the 1915(k) Medicaid option. Amends uncodified law by adding a new section that requires the Department of Health to submit for approval by the United States Department of Health and Human Services an amendment to the state medical assistance plan, waivers, or an 1115 demonstration waiver as necessary to allow eligible individuals to receive adult home care services and other long-term care services that are not duplicative.
- Section 8. Amends uncodified law by adding a new Conditional Effect Notification section specifying that Section 1 takes affect if the United States Department of Health and Human Services approves amendments to the state plan and requires the commissioner of health to notify the revisor of statutes in writing within 30 days that those amendments were approved. Further amends uncodified law by adding a new Conditional Effect Notification section specifying that Section 2 takes affect if the United States Department of Health and Human Services approves amendments to the state plan submitted under Section 6 by July 1, 2027 and requires the commissioner of health to notify the revisor of statutes in writing within 30 days that those amendments were approved.
- **Section 9.** Provides for an effective date for any portion of section 1 as the 31st day after the date United States Department of Health and Human Services provides approval.
- **Section 10.** Provides for an effective date for any portion of section 2 as the day after the revisor of statutes receives notice from the commissioner of health, per Section 7.
- **Section 11.** Provides for an effective date for Sections 7(a), 8(a) and 8(b) as taking immediate effect.