

SENATE CS FOR CS FOR HOUSE BILL NO. 459(FIN)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTIETH LEGISLATURE - SECOND SESSION

BY THE SENATE FINANCE COMMITTEE

Offered: 5/8/98

Referred: Rules

Sponsor(s): HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

A BILL

FOR AN ACT ENTITLED

1 **"An Act establishing new eligibility for medical assistance for certain disabled**
2 **persons and giving their eligibility for services the highest priority among optional**
3 **services and groups under the medical assistance program; amending the definition**
4 **of 'personal care services in a recipient's home' as used in the medical**
5 **assistance program; moving midwife services from being the first to being the**
6 **14th service eliminated under the medical assistance program when there is**
7 **insufficient funding; and adjusting the priority of optional services and optional**
8 **eligible groups under the medical assistance program in order to reflect the new**
9 **priorities given to the newly-eligible disabled persons and to midwife services but**
10 **without otherwise changing the relative order of the other optional services and**
11 **optional groups."**

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

1 * **Section 1.** AS 47.07.020(b) is amended by adding a new paragraph to read:

2 (12) disabled persons, as described in 42 U.S.C.
 3 1396a(a)(10)(A)(ii)(XIII), who are in families whose income, as determined under
 4 applicable federal regulations or guidelines, is less than 250 percent of the official
 5 poverty line applicable to a family of that size according to the federal Office of
 6 Management and Budget, and who, but for earnings in excess of the limit established
 7 under 42 U.S.C. 1396d(q)(2)(B), would be considered to be individuals with respect
 8 to whom a supplemental security income is being paid under 42 U.S.C. 1381 - 1383c;
 9 a person eligible for assistance under this paragraph who is not eligible under another
 10 provision of this section shall pay a premium or other cost-sharing charges according
 11 to a sliding fee scale that is based on income as established by the department in
 12 regulations.

13 * **Sec. 2.** AS 47.07.035 is amended to read:

14 **Sec. 47.07.035. Priority of medical assistance.** If the department finds that
 15 the cost of medical assistance for all persons eligible under this chapter will exceed
 16 the amount allocated in the state budget for that assistance for the fiscal year, the
 17 department shall eliminate coverage for optional medical services and optionally
 18 eligible groups of individuals in the following order:

- 19 (1) [MIDWIFE SERVICES;
 20 (2)] clinical social workers' services;
 21 (2) [(3)] psychologists' services;
 22 (3) [(4)] chiropractic services;
 23 (4) [(5)] advanced nurse practitioner services;
 24 (5) [(6)] adult dental services;
 25 (6) [(7)] emergency hospital services;
 26 (7) midwife services;
 27 (8) treatment of speech, hearing, and language disorders;
 28 (9) optometrists' services and eyeglasses;
 29 (10) occupational therapy;
 30 (11) mammography screening;
 31 (12) prosthetic devices;

- 1 (13) medical supplies and equipment;
- 2 (14) targeted case management services;
- 3 (15) rehabilitative services for substance abusers and emotionally
4 disturbed or chronically mentally ill adults;
- 5 (16) clinic services;
- 6 (17) physical therapy;
- 7 (18) personal care services in a recipient's home;
- 8 (19) prescribed drugs;
- 9 (20) hospice care;
- 10 (21) long-term care noninstitutional services;
- 11 (22) inpatient psychiatric facility services;
- 12 (23) intermediate care facility services for the mentally retarded;
- 13 (24) intermediate care facility services;
- 14 (25) individuals described in AS 47.07.020(b)(11);
- 15 (26) individuals under age 21 who are not eligible for benefits under
16 the federal program designated as the successor to the aid to families with dependent
17 children program because they are not deprived of one or more of their natural or
18 adoptive parents;
- 19 (27) skilled nursing facility services for persons under age 21;
- 20 (28) aged, blind, and disabled individuals who, because they do not
21 meet the income requirements, do not receive supplemental security income under Title
22 XVI of the Social Security Act, but who are eligible, or would be eligible if they were
23 not in a skilled nursing facility or intermediate care facility, to receive an optional state
24 supplementary payment;
- 25 (29) individuals in a hospital, skilled nursing facility, or intermediate
26 care facility whose income while in the facility does not exceed 300 percent of the
27 supplemental security income benefit rate under Title XVI of the Social Security Act,
28 but who, because of income, are not eligible for the optional state supplementary
29 payment;
- 30 (30) individuals under age 21 under supervision of the department for
31 whom maintenance is being paid in whole or in part from public money and who are

1 in foster homes or private child-care institutions;

2 (31) individuals under age 21 who the department has determined
3 cannot be placed for adoption without medical assistance because of a special need for
4 medical or rehabilitative care and who the department has determined are hard-to-place
5 children eligible for subsidy under AS 25.23.190 - 25.23.220;

6 **(32) individuals who are eligible under AS 47.07.020(b)(12).**

7 * **Sec. 3.** AS 47.07.900(15) is amended to read:

8 (15) "personal care services in a recipient's home" means services
9 **authorized under a service plan** [PRESCRIBED BY A PHYSICIAN] in accordance
10 with **applicable federal and state law** [THE RECIPIENT'S PLAN OF TREATMENT
11 AND PROVIDED BY AN INDIVIDUAL WHO IS

12 (A) QUALIFIED TO PROVIDE THE SERVICES;

13 (B) SUPERVISED BY A REGISTERED NURSE; AND

14 (C) NOT A MEMBER OF THE RECIPIENT'S FAMILY];

15 * **Sec. 4.** TRANSITIONAL PROVISION. Notwithstanding AS 47.07.020(b)(12), added
16 by sec. 1 of this Act, an individual described in that provision is eligible for medical
17 assistance under AS 47.07 without the payment of a premium or other cost-sharing charges
18 for the first two months of the individual's receipt of assistance under AS 47.07.020(b)(12).
19 Beginning in the third month of the individual's receipt of assistance under
20 AS 47.07.020(b)(12), the individual shall pay one-twelfth of an annual premium that is
21 determined by applying a percentage to the annual net income of the individual's family. The
22 applicable percentage, Y, shall be calculated according to the formula of $Y = (X-100)/15 -$
23 $0.75(N-1)$, where X is the annual net income of the individual's family expressed as a
24 percentage of the official federal poverty line for a family of the size involved and N is the
25 number of persons in the individual's family; however, an individual is not required to pay
26 a premium under this section if the individual's family has a net income that is less than the
27 applicable federal poverty line for a family of the size involved or if the value of Y calculated
28 under this section is a negative number. The premium required under this section is payable
29 until the Department of Health and Social Services, by regulation, establishes another system
30 for setting and collecting a premium or other cost-sharing charges for persons who receive
31 medical assistance because they are eligible under AS 47.07.020(b)(12), as enacted by sec. 1

1 of this Act. For purposes of this section, the annual net income of the individual's family
2 shall be determined under applicable federal regulations and guidelines.

3 * **Sec. 5.** REGULATIONS. The Department of Health and Social Services shall adopt
4 regulations establishing the sliding fee scale for premiums or other cost-sharing charges
5 described in this Act by July 1, 1999.