

**SENATE BILL NO. 27**

IN THE LEGISLATURE OF THE STATE OF ALASKA  
TWENTY-FIFTH LEGISLATURE - FIRST SESSION

**BY SENATOR DAVIS**

**Introduced: 1/16/07**

**Referred: Health, Education and Social Services, Finance**

**A BILL**

**FOR AN ACT ENTITLED**

1 **"An Act relating to eligibility requirements for medical assistance for certain children,**  
2 **pregnant women, and persons in medical or intermediate care facilities; and providing**  
3 **for an effective date."**

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

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

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

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

13 (2) persons in a general hospital, skilled nursing facility, or  
14 intermediate care facility, who, if they left the facility, would be eligible for assistance

1 under one of the federal programs specified in (1) of this subsection;

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

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

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

15 (6) persons in a medical or intermediate care facility whose income  
16 while in the facility does not exceed **300 percent of the supplemental security**  
17 **income benefit rate under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act)**  
18 **[\$1,656 A MONTH]** but who would not be eligible for an optional state  
19 supplementary payment if they left the hospital or other facility;

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

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

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

31 (10) persons under 21 years of age not covered under (a) of this section

1 who the department has determined cannot be placed for adoption without medical  
2 assistance because of a special need for medical or rehabilitative care and who the  
3 department has determined are hard-to-place children eligible for subsidy under  
4 AS 25.23.190 - 25.23.210;

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

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

11 (B) the department has determined that

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

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

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

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

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

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

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

5 (13) persons under 19 years of age who are not covered under (a) of  
 6 this section and whose household income does not exceed **200 percent of the federal**  
 7 **poverty guideline as defined by the federal Office of Management and Budget**  
 8 **and revised under 42 U.S.C. 9902(2)**

9 [(A) \$1,635 A MONTH IF THE HOUSEHOLD CONSISTS  
 10 OF ONE PERSON;

11 (B) \$2,208 A MONTH IF THE HOUSEHOLD CONSISTS OF  
 12 TWO PERSONS;

13 (C) \$2,782 A MONTH IF THE HOUSEHOLD CONSISTS OF  
 14 THREE PERSONS;

15 (D) \$3,355 A MONTH IF THE HOUSEHOLD CONSISTS OF  
 16 FOUR PERSONS;

17 (E) \$3,928 A MONTH IF THE HOUSEHOLD CONSISTS OF  
 18 FIVE PERSONS;

19 (F) \$4,501 A MONTH IF THE HOUSEHOLD CONSISTS OF  
 20 SIX PERSONS;

21 (G) \$5,074 A MONTH IF THE HOUSEHOLD CONSISTS OF  
 22 SEVEN PERSONS;

23 (H) \$5,647 A MONTH IF THE HOUSEHOLD CONSISTS OF  
 24 EIGHT PERSONS;

25 (I) \$5,647 A MONTH, PLUS AN ADDITIONAL \$574 A  
 26 MONTH FOR EACH EXTRA PERSON ABOVE EIGHT PERSONS WHO  
 27 IS IN THE HOUSEHOLD IF THE HOUSEHOLD CONSISTS OF NINE  
 28 PERSONS OR MORE];

29 (14) pregnant women who are not covered under (a) of this section and  
 30 whose household income does not exceed **200 percent of the federal poverty line as**  
 31 **defined by the federal Office of Management and Budget and revised under 42**

**U.S.C. 9902(2)**

[(A) \$2,208 A MONTH IF THE HOUSEHOLD CONSISTS OF TWO PERSONS;

(B) \$2,782 A MONTH IF THE HOUSEHOLD CONSISTS OF THREE PERSONS;

(C) \$3,355 A MONTH IF THE HOUSEHOLD CONSISTS OF FOUR PERSONS;

(D) \$3,928 A MONTH IF THE HOUSEHOLD CONSISTS OF FIVE PERSONS;

(E) \$4,501 A MONTH IF THE HOUSEHOLD CONSISTS OF SIX PERSONS;

(F) \$5,074 A MONTH IF THE HOUSEHOLD CONSISTS OF SEVEN PERSONS;

(G) \$5,647 A MONTH IF THE HOUSEHOLD CONSISTS OF EIGHT PERSONS;

(H) \$5,647 A MONTH, PLUS AN ADDITIONAL \$574 A MONTH FOR EACH EXTRA PERSON ABOVE EIGHT PERSONS WHO IS IN THE HOUSEHOLD IF THE HOUSEHOLD CONSISTS OF NINE PERSONS OR MORE];

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

\* **Sec. 2.** AS 47.07.042(d) is amended to read:

(d) In addition to the requirements established under (a) and (b) of this section, the department may require premiums or cost-sharing contributions from recipients who are eligible for benefits under AS 47.07.020(b)(13) and whose household income is **between 150 and 200 percent of the federal poverty line** [GREATER THAN THE APPLICABLE AMOUNT SET OUT IN (f) OF THIS SECTION]. If the department requires premiums or cost-sharing contributions under this subsection, the department

(1) shall adopt in regulation a sliding scale for those premiums or contributions based on household income;

1                                   (2) may not exceed the maximums allowed under federal law; and  
2                                   (3) shall implement a system by which the department or its designee  
3                                   collects those premiums or contributions.

4    \* **Sec. 3.** AS 47.07.042(f) is repealed.

5    \* **Sec. 4.** This Act takes effect immediately under AS 01.10.070(c).