

SENATE BILL NO. 5

IN THE LEGISLATURE OF THE STATE OF ALASKA

EIGHTEENTH LEGISLATURE - FIRST SESSION

BY SENATORS ELLIS, Salo, Lincoln

Introduced: 1/11/93

Referred: HES, STA, FIN

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to Medicaid eligibility of persons who are eligible to be
2 institutionalized but who are not in institutions; relating to Medicaid waivers;
3 reordering the priorities assigned to groups of persons served under the Medicaid
4 program; and providing for an effective date."

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

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

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

10 (1) persons eligible for but not receiving assistance under any plan of
11 the state approved under 42 U.S.C. 601 - 615 (Title IV-A, Social Security Act, Aid to
12 Families with Dependent Children) or 42 U.S.C. 1381 - 1383c (Title XVI, Social
13 Security Act, Supplemental Security Income);

14 (2) persons in a general hospital, skilled nursing facility or intermediate

1 care facility, who, if they left the facility, would be eligible for assistance under one
2 of the federal programs specified in (1) of this subsection;

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

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

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

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

21 (7) persons under age 21 who are receiving active treatment in a
22 psychiatric hospital and who are financially eligible as determined by the standards of
23 42 U.S.C. 601 - 615 (Title IV-A, Social Security Act, Aid to Families with Dependent
24 Children);

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

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

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

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

9 (B) the department has determined that

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

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

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

20 (C) if they were in a medical institution, they would be
21 eligible 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 not available to them under this
24 chapter [REPEALED].

25 * Sec. 2. AS 47.07.030 is amended by adding a new subsection to read:

26 (c) Notwithstanding (b) of this section, the department may offer a service for
27 which the department has received a waiver from the federal government if the
28 department was authorized, directed, or requested to apply for the waiver by law or by
29 a concurrent or joint resolution of the legislature.

30 * Sec. 3. AS 47.07.035 is amended to read:

31 Sec. 47.07.035. PRIORITY OF MEDICAL ASSISTANCE. If the department

1 finds that the cost of medical assistance for all persons eligible under this chapter will
2 exceed the amount allocated in the state budget for that assistance for the fiscal year,
3 the department shall eliminate coverage for optional medical services and optionally
4 eligible groups of individuals in the following order:

- 5 (1) clinical social workers' services;
- 6 (2) psychologists' services;
- 7 (3) chiropractic services;
- 8 (4) advanced nurse practitioner services;
- 9 (5) adult dental services;
- 10 (6) emergency hospital services;
- 11 (7) treatment of speech, hearing, and language disorders;
- 12 (8) optometrists' services and eyeglasses;
- 13 (9) occupational therapy;
- 14 (10) mammography screening;
- 15 (11) prosthetic devices;
- 16 (12) medical supplies and equipment;
- 17 (13) targeted case management services;
- 18 (14) rehabilitative services for substance abusers and emotionally
19 disturbed or chronically mentally ill adults;
- 20 (15) clinic services;
- 21 (16) physical therapy;
- 22 (17) personal care services in a recipient's home;
- 23 (18) prescribed drugs;
- 24 (19) long-term care noninstitutional services;
- 25 (20) inpatient psychiatric facility services;
- 26 (21) intermediate care facility services for the mentally retarded;
- 27 (22) intermediate care facility services;
- 28 (23) individuals described in AS 47.07.020(b)(10);
- 29 (24) individuals under age 21 who are not eligible for benefits under
30 the federal aid to families with dependent children program because they are not
31 deprived of one or more of their natural or adoptive parents;

1 ~~(25)~~ [(24)] skilled nursing facility services for persons under age 21;
2 ~~(26)~~ [(25)] aged, blind, and disabled individuals who, because they do
3 not meet the income requirements, do not receive supplemental security income under
4 Title XVI of the Social Security Act, but who are eligible, or would be eligible if they
5 were not in a skilled nursing facility or intermediate care facility, to receive an
6 optional state supplementary payment;

7 ~~(27)~~ [(26)] individuals in a hospital, skilled nursing facility, or
8 intermediate care facility whose income while in the facility does not exceed 300
9 percent of the supplemental security income benefit rate under Title XVI of the Social
10 Security Act, but who, because of income, are not eligible for the optional state
11 supplementary payment;

12 ~~(28)~~ [(27)] individuals under age 21 under supervision of the
13 department, for whom maintenance is being paid in whole or in part from public
14 money and who are in foster homes or private child-care institutions.

15 * Sec. 4. DEPARTMENT TO SEEK WAIVER. The Department of Health and Social
16 Services shall seek approval of a waiver for home and community-based services under 42
17 U.S.C. 1396n for persons who are Medicaid eligible and who would otherwise require a level
18 of care provided in a hospital, nursing facility, or intermediate care facility for the mentally
19 retarded, in the absence of home and community-based services.

20 * Sec. 5. Sections 1 and 3 of this Act take effect July 1, 1993.

21 * Sec. 6. Sections 2 and 4 of this Act take effect immediately under AS 01.10.070(c).