

SENATE PUBLIC HEALTH, WELFARE & SAFETY  
EXHIBIT NO. 14  
DATE: 1-21-05  
Testimony on SB 127  
BILL NO. SB 127

Department of Public Health and Human Services

For the record my name is Kelly Williams. I am the Senior and Long Term Care Division Administrator in the Department of Public Health and Human Services. I am testifying in support of SB 127.

I would like to thank Senator Keenan for sponsoring this legislation on behalf of the Department.

As Senator Keenan has stated this legislation is not specifically related to a recommendation from the Medicaid Redesign committee. But a detailed analysis of different types of waivers and the options that can be pursued by the department have been undertaken as part of the Medicaid Redesign process. Specific legislation has been drafted pertaining to the HIFA waiver options under the 1115 waiver provisions, but as part of the development of those waiver options a more detailed analysis of the authority for the currently existing 1915 c home and community based waivers has been undertaken.

Home and community based waivers provide services under the Medicaid program to serve persons who are elderly or who have disabilities in their own residences and/or communities rather than in institutional settings. Currently there are three existing home and community based waiver programs:

1. Developmental disabilities home and community services programs
2. Developmental disabilities community supports programs
3. Elderly and physically disabled home and community services programs.

Nothing in the proposed revision to this statute will change the way in which services are delivered under these currently existing waivers, no reimbursement levels will change, no changes in eligibility requirements will occur, no current requirements will be eliminated nor will new requirements for participating in these waivers be added.

This legislation is being requested for housekeeping purposes, and is necessary to update the twenty-year-old statutory provisions that currently exist, so that they are consistent with current practices and federal laws. Legislative Council staff have advised the department that the authority to operate the currently existing home and community based waivers, which have been in existence since 1983, are in need of clarification and updating to insure the department has the statutory authority in place to operate these existing home and community based service programs. In addition this legislation provides the authority to the Department to operate additional home and community based service waivers that may be considered in the future for other populations, such as adults with chronic mental illness, SED children or persons with chronic mental illness and serious chemical dependency.

You may receive comments on behalf of some individuals that believe that this legislation can be used as a vehicle to expand home and community based service options that are currently available or change the requirements for these services. This legislation does not appropriate additional funding nor does it change any current requirements that are in place. The Department has several proposals seeking increases in home and community based services to deal with the waiting lists for these programs included in HB2, which is the appropriate vehicle to seek additional funding for these programs.

There are some amendments to the bill that have been discussed with the sponsor:

They relate to the elimination of the annual resident review requirements, which are no longer applicable under federal law.

Amendments to Section 3 to change the name of the projected service population in subsection (6) (d) from children with "chronic mental illness" to children who are "emotionally disturbed" to conform with language in HB 183

Amendments in Section 3, amending 53-6-402 with the addition of a new subsection (6) (j) providing for an additional projected population of mentally ill adults to receive

Medicaid funded home and community services. Other projected service populations of persons with mental illness, who are already addressed in this bill are 1) those persons 18 years of age and older with developmental disabilities and chronic mental illness or 2) those persons with chronic mental illness who suffer from serious chemical dependency.

This legislation will provide the Department the authority to pursue and implement other home and community waiver options related to the populations outlined in the bill should the funding become available through the appropriations process and will insure that the department has the appropriate statutory authority to support the continued operation of the home and community based service waivers currently in existence.

There are several program staff available that can address the specifics of each of these waiver populations and any questions that the committee may have.