

AN ACT relating to presumptive Medicaid eligibility for the Kentucky Homecare program for the elderly.

*Be it enacted by the General Assembly of the Commonwealth of Kentucky:*

➔SECTION 1. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO READ AS FOLLOWS:

- (1) The Department for Medicaid Services shall submit a waiver or waiver amendment for approval to the Centers for Medicare and Medicaid Services in order to establish the Hospital-to-Home Transition Program to provide coverage for services provided by an approved Medicaid waiver provider to elderly and physically disabled persons over the age of eighteen (18) years. The program shall provide coverage for up to sixty (60) days for services not otherwise provided as part of the Medicaid essential benefits coverage in order to assist waiver applicants while transitioning from an institutional setting to their home or to a community setting.
- (2) The Hospital-to-Home Transition Program shall provide nonmedical support services to applicants including but not limited to:

  - (a) Attendant services;
  - (b) Home-delivered meal services; and
  - (c) Transportation services.
- (3) The daily cost of services covered by the Hospital-to-Home Transition Program shall be less than the average daily Medicaid payment for a stay at a nursing facility.
- (4) An applicant shall be eligible for the Hospital-to-Home Transition Program if the applicant:

  - (a) Is determined to be functionally eligible for services in his or her home or community setting; and
  - (b) Has a pending application for Medicaid waiver services provided that he or

she complies with all other medical assistance application requirements.

(5) The cabinet shall develop a screening tool to determine whether an applicant meets the eligibility criteria under subsection (4) of this section for the Hospital-to-Home Transition Program. The screening tool shall include but not be limited to the following:

(a) Procedures for determining whether an applicant is functionally able to live at home or in a community setting;

(b) Procedures for determining financial eligibility;

(c) Procedures to address patient treatment preferences; and

(d) Procedures to address patient goals of care and family caregiver concerns.

(6) An applicant for the program shall:

(a) Sign a written agreement attesting to the accuracy of the financial and other information that the applicant provides; and

(b) Complete a Medicaid application on the date the applicant is screened for functional eligibility or not later than ten (10) days from the screening.

(7) The cabinet shall make the Medicaid level of care final determination of eligibility for Medicaid and Medicaid waiver services by sixty (60) days following an eligible applicant's discharge from an institutional setting to a home or community setting.

(8) The cabinet shall request funding to support the waiver program. Not later than July 1, 2016, subject to appropriations provided by the General Assembly and approval of the waiver or waiver amendment from the Centers for Medicare and Medicaid Services, the cabinet shall initiate the Hospital-to-Home Transition Program as described in this section.

(9) The Department for Medicaid Services shall promulgate administrative regulations to implement this section.