

SENATE BILL REPORT

SHB 2709

AS OF FEBRUARY 21, 1994

Brief Description: Modifying the implementation date of the long-term care partnership program.

SPONSORS: House Committee on Health Care (originally sponsored by Representative Dyer)

HOUSE COMMITTEE ON HEALTH CARE

SENATE COMMITTEE ON HEALTH & HUMAN SERVICES

Staff: Don Sloma (786-7319)

Hearing Dates: February 22, 1994

BACKGROUND:

The long-term care partnership program (Chapter 48.85 RCW) was authorized during the 1993 legislative session. The program would allow individuals to purchase private long-term care insurance to the specific amount they want their assets protected. When these individuals need long-term care, they can access their private long-term care insurance benefits to the amount insured. When these benefits are exhausted, they become eligible for Medicaid funded long-term care services without having to "spend down" their protected assets before they qualify.

Prior to implementation, DSHS must seek a waiver of appropriate federal Medicaid regulations. Recent federal Medicaid estate recovery rules, (I.42. U.S.C. Chapter 1396p(a) and (b)), eliminated the states' ability to protect an individual's assets through the purchase of a public/private partnership insurance plan. As a result, states cannot receive the Medicaid waiver necessary for the public private partnership insurance program.

SUMMARY:

The Department of Social and Health Services must implement the public/private partnership long-term care insurance program when the federal government enacts legislation that allows the state to disregard a portion of an individual's assets or resources in determining Medicaid eligibility. However, the program may only be implemented to the extent that such assets are exempted for eligibility under a Medicaid state plan amendment.

Appropriation: none

Revenue: none

Fiscal Note: none requested

Effective Date: The bill contains an emergency clause and takes effect immediately.