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## FISCAL IMPACT REPORT

SPONSOR Picraux DATE TYPED 2/17/04 HB 559

SHORT TITLE Community-Based & Hospice Service Provisions SB \_\_\_\_\_

ANALYST Dunbar

### APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY04	FY05	FY04	FY05		
			Indeterminate		

### SOURCES OF INFORMATION

LFC Files

No Responses Received From  
Human Services Department (HSD)

Responses Received From  
Department of Health (DOH)

### SUMMARY

#### Synopsis of Bill

House Bill 559 adds a new section to the Public Assistance Act to allow a Medicaid recipient eligible to receive home and community-based services and hospice services concurrently. The hospice care program would be responsible for assessing, planning, monitoring, directing and evaluating the recipient's care that relates to the recipient's terminal illness and shall maintain communications with the case manager of the home and community-based services, or with the case manager's designee. The hospice program and the case manager shall develop a coordinated plan of care. The home and community-based services specifically mentioned are the developmentally disabled waiver program, the disabled and elderly waiver program, the HIV/AIDS waiver program, the medically fragile waiver program, and the personal care option program.

Significant Issues

The waiver programs mentioned are often dealing with clients who are severely ill or compromised and may be at a terminal stage. For example, the HIV/AIDS Medicaid Waiver Program is designed specifically to serve those persons with AIDS who are at or near the end stage of the disease. The addition of hospice services to home and community based waiver services is a needed and appropriate service for these home and community-based services. DOH manages the developmentally disability waiver and the AIDs waiver Medicaid programs.

If HB 559 is enacted, the Centers for Medicare and Medicaid (CMS) may need to need to approve any additional services provided through the auspices of the Medicaid waiver programs because currently Medicaid regulations do not allow that Medicaid eligible recipients receive both home and community based services and hospice.

**FISCAL IMPLICATIONS**

The impact on the HIV/AIDS waiver program would be minimal since there are only currently only about 40 clients and those numbers are declining as fewer people die from AIDS. As with other waiver programs, the vast majority of the costs are borne by the federal Medicaid program.

**OTHER SUBSTANTIVE ISSUES**

DOH notes HB559 would allow terminally ill individuals to live their final days in as natural and comfortable a setting as possible. For example, persons on the AIDS waiver are terminally ill and at the end stages of the disease. Hospice, therefore, for most of these clients and their families, is a needed and desirable addition to the services currently provided under the waiver. AIDS devastates the body. Hospice services emphasis is on symptom control and support to individuals and their families before and after death. While the stigma once associated with AIDS is not as prevalent as in the past, it still exists. As a result, families of persons dying from AIDS may not have adequate support during this difficult time. Hospice services may make the passing of a loved one easier to cope with.

**BD/dm**