Amendment No. 1

COMMITT	EE/SUBCOMMITTEE	ACTION
ADOPTED	_	(Y/N)
ADOPTED AS A	MENDED	(Y/N)
ADOPTED W/O	OBJECTION	(Y/N)
FAILED TO AD	OPT	(Y/N)
WITHDRAWN	_	(Y/N)
OTHER		

Committee/Subcommittee hearing bill: Health Care Appropriations Subcommittee

Representative Schwartz offered the following:

4

5

6 7

8

9

10

1112

1.3

14

15

16

17

18

19

20

3

1

2

Amendment

Remove lines 27-68 and insert:

- a) An individual who enters into a personal services

 contract with a relative is considered to have transferred

 assets without fair compensation to qualify for Medicaid unless:
- 1. The contracted services do not duplicate in frequency and duration services available through other sources or providers, such as Medicaid, Medicare, private insurance, or another legally obligated third party;
- 2. The contracted services directly benefit the individual and are in the individual's best interest;
- 3. The actual cost to deliver the services is computed in a manner that clearly reflects the expected average number of hours to be expended on a weekly or monthly basis, recognizing that services shall be performed on an "as needed" basis, and the contract clearly identifies each specific service;

236167 - h1323-line27 Schwartz2.docx Published On: 4/1/2013 9:06:52 PM

Amendment No. 1

- 4. The hourly rate for each contracted service is equal to or less than the amount normally charged by a professional who traditionally provides the same or similar services;
- 5. The contracted care services are provided on a prospective basis beginning with the execution of the contract;
- 6. The contract for services provides fair compensation to the individual during his or her lifetime as set forth in the life expectancy tables published by the Office of the Chief Actuary of the United States Social Security Administration;
- (b) The agency shall seek recovery of all Medicaid-covered expenses and pursue court-ordered medical support for a recipient from the nonrecipient spouse if she or he refuses to make her or his assets available to the recipient spouse and the recipient spouse has assigned his or her right to support to the state.
- (c) The Agency for Health Care Administration shall seek recovery of all Medicaid-covered expenses and pursue court-ordered medical support from the community spouse when he or she refuses to make his or her assets available to the institutional spouse.
- (d) The Department of Children and Families may adopt rules to implement this subsection.
 - Section 2. This act shall take effect October 1, 2013.