

REFERENCE TITLE: dental care coverage; appropriations

State of Arizona
Senate
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2007

SB 1488

Introduced by

Senators O'Halleran, Aguirre, Burton Cahill; Representatives Ableser, Alvarez, Cajero Bedford, Garcia M, Hershberger, Lopez, Saradnik, Sinema, Thrasher; Senators Arzberger, Huppenthal, Soltero; Representatives Lopes, Mason, Prezelski, Tobin

AN ACT

AMENDING SECTION 36-2939, ARIZONA REVISED STATUTES; MAKING APPROPRIATIONS;
RELATING TO DENTAL CARE COVERAGE.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona:

2 Section 1. Section 36-2939, Arizona Revised Statutes, is amended to
3 read:

4 36-2939. Long-term care system services

5 A. The following services shall be provided by the program contractors
6 to members determined to need institutional services pursuant to this
7 article:

8 1. Nursing facility services other than services in an institution for
9 tuberculosis or mental disease.

10 2. Notwithstanding any other law, behavioral health services if these
11 services are not duplicative of long-term care services provided as of
12 January 30, 1993 under this subsection and are authorized by the program
13 contractor through the long-term care case management system. If the
14 administration is the program contractor, the administration may authorize
15 these services.

16 3. Hospice services. For the purposes of this paragraph, "hospice"
17 means a program of palliative and supportive care for terminally ill members
18 and their families or caregivers.

19 4. Case management services as provided in section 36-2938.

20 5. Health and medical services as provided in section 36-2907.

21 6. UP TO ONE THOUSAND DOLLARS ANNUALLY FOR BASIC AND PREVENTATIVE
22 DENTAL CARE INCLUDING:

23 (a) BASIC DIAGNOSTIC SERVICES, INCLUDING EXAMS AND X-RAYS.

24 (b) PREVENTIVE SERVICES, INCLUDING DENTAL CLEANINGS.

25 (c) RESTORATIVE SERVICES, INCLUDING FILLINGS.

26 (d) PERIODONTICS, INCLUDING TREATMENT OF GUM DISEASE.

27 (e) PROSTHETIC SERVICES, INCLUDING DENTURES AND PARTIAL DENTURES.

28 (f) ORAL SURGERY, INCLUDING EXTRACTIONS.

29 B. In addition to the services prescribed in subsection A of this
30 section, the department, as a program contractor, shall provide the following
31 services if appropriate to members who are defined as developmentally
32 disabled pursuant to section 36-551 and are determined to need institutional
33 services pursuant to this article:

34 1. Intermediate care facility for mental retardation services for a
35 member who has a developmental disability as defined in section 36-551. For
36 purposes of this article, such facility shall meet all federally approved
37 standards and may only include the Arizona training program facilities, a
38 state owned and operated service center, state owned or operated community
39 residential settings or existing licensed facilities operated by this state
40 or under contract with the department on or before July 1, 1988.

41 2. Home and community based services which may be provided in a
42 member's home or an alternative residential setting as prescribed in section
43 36-591 or other behavioral health alternative residential facilities licensed
44 by the department of health services and approved by the director of the

1 Arizona health care cost containment system administration and which may
2 include:

3 (a) Home health, which means the provision of nursing services or home
4 health aide services or medical supplies, equipment and appliances, which are
5 provided on a part-time or intermittent basis by a licensed home health
6 agency within a member's residence based on a physician's orders and in
7 accordance with federal law. Physical therapy, occupational therapy, or
8 speech and audiology services provided by a home health agency may be
9 provided in accordance with federal law. Beginning on July 1, 1998, home
10 health agencies shall comply with federal bonding requirements in a manner
11 prescribed by the administration.

12 (b) Home health aide, which means a service that provides intermittent
13 health maintenance, continued treatment or monitoring of a health condition
14 and supportive care for activities of daily living provided within a member's
15 residence.

16 (c) Homemaker, which means a service that provides assistance in the
17 performance of activities related to household maintenance within a member's
18 residence.

19 (d) Personal care, which means a service that provides assistance to
20 meet essential physical needs within a member's residence.

21 (e) Developmentally disabled day care, which means a service that
22 provides planned care supervision and activities, personal care, activities
23 of daily living skills training and habilitation services in a group setting
24 during a portion of a continuous twenty-four hour period.

25 (f) Habilitation, which means the provision of physical therapy,
26 occupational therapy, speech or audiology services or training in independent
27 living, special developmental skills, sensory-motor development, behavior
28 intervention, and orientation and mobility in accordance with federal law.

29 (g) Respite care, which means a service that provides short-term care
30 and supervision available on a twenty-four hour basis.

31 (h) Transportation, which means a service that provides or assists in
32 obtaining transportation for the member.

33 (i) Other services or licensed or certified settings approved by the
34 director.

35 C. In addition to services prescribed in subsection A of this section,
36 home and community based services may be provided in a member's home, in an
37 adult foster care home as prescribed in section 36-401, in an assisted living
38 home or assisted living center as defined in section 36-401 or in a level one
39 or level two behavioral health alternative residential facility approved by
40 the director by program contractors to all members who are not defined as
41 developmentally disabled pursuant to section 36-551 and are determined to
42 need institutional services pursuant to this article. Members residing in an
43 assisted living center must be provided the choice of single occupancy. The
44 director may also approve other licensed residential facilities as

1 appropriate on a case by case basis for traumatic brain injured members.
2 Home and community based services may include the following:

3 1. Home health, which means the provision of nursing services or home
4 health aide services or medical supplies, equipment and appliances, which are
5 provided on a part-time or intermittent basis by a licensed home health
6 agency within a member's residence based on a physician's orders and in
7 accordance with federal law. Physical therapy, occupational therapy, or
8 speech and audiology services provided by a home health agency may be
9 provided in accordance with federal law. Beginning on July 1, 1998, home
10 health agencies shall comply with federal bonding requirements in a manner
11 prescribed by the administration.

12 2. Home health aide, which means a service that provides intermittent
13 health maintenance, continued treatment or monitoring of a health condition
14 and supportive care for activities of daily living provided within a member's
15 residence.

16 3. Homemaker, which means a service that provides assistance in the
17 performance of activities related to household maintenance within a member's
18 residence.

19 4. Personal care, which means a service that provides assistance to
20 meet essential physical needs within a member's residence.

21 5. Adult day health, which means a service that provides planned care
22 supervision and activities, personal care, personal living skills training,
23 meals and health monitoring in a group setting during a portion of a
24 continuous twenty-four hour period. Adult day health may also include
25 preventive, therapeutic and restorative health related services that do not
26 include behavioral health services.

27 6. Habilitation, which means the provision of physical therapy,
28 occupational therapy, speech or audiology services or training in independent
29 living, special developmental skills, sensory-motor development, behavior
30 intervention, and orientation and mobility in accordance with federal law.

31 7. Respite care, which means a service that provides short-term care
32 and supervision available on a twenty-four hour basis.

33 8. Transportation, which means a service that provides or assists in
34 obtaining transportation for the member.

35 9. Home delivered meals, which means a service that provides for a
36 nutritious meal containing at least one-third of the recommended dietary
37 allowance for an individual and which is delivered to the member's residence.

38 10. Other services or licensed or certified settings approved by the
39 director.

40 D. The amount of money expended by program contractors on home and
41 community based services pursuant to subsection C of this section shall be
42 limited by the director in accordance with the federal monies made available
43 to this state for home and community based services pursuant to subsection C
44 of this section. The director shall establish methods for the allocation of
45 monies for home and community based services to program contractors and shall

1 monitor expenditures on home and community based services by program
2 contractors.

3 E. Notwithstanding subsections A, B, C and F of this section, no
4 service may be provided that does not qualify for federal monies available
5 under title XIX of the social security act or the section 1115 waiver.

6 F. In addition to services provided pursuant to subsections A, B and C
7 of this section, the director may implement a demonstration project to
8 provide home and community based services to special populations, including
9 disabled persons who are eighteen years of age or younger, medically fragile,
10 reside at home and would be eligible for supplemental security income for the
11 aged, blind or disabled or the state supplemental payment program, except for
12 the amount of their parent's income or resources. In implementing this
13 project, the director may provide for parental contributions for the care of
14 their child.

15 G. Subject to section 36-562, the administration by rule shall
16 prescribe a deductible schedule for programs provided to members who are
17 eligible pursuant to subsection B of this section, except that the
18 administration shall implement a deductible based on family income. In
19 determining deductible amounts and whether a family is required to have
20 deductibles, the department shall use adjusted gross income. Families whose
21 adjusted gross income is at least four hundred per cent and less than or
22 equal to five hundred per cent of the federal poverty guidelines shall have a
23 deductible of two per cent of adjusted gross income. Families whose adjusted
24 gross income is more than five hundred per cent of adjusted gross income
25 shall have a deductible of four per cent of adjusted gross income. Only
26 families whose children are under eighteen years of age and who are members
27 who are eligible pursuant to subsection B of this section may be required to
28 have a deductible for services. For the purposes of this subsection,
29 "deductible" means an amount a family, whose children are under eighteen
30 years of age and who are members who are eligible pursuant to subsection B of
31 this section, pays for services, other than departmental case management and
32 acute care services, before the department will pay for services other than
33 departmental case management and acute care services.

34 Sec. 2. Appropriations; long-term system recipients; dental
35 care coverage; expenditure authority

36 A. The sum of \$2,019,100 is appropriated from the state general fund
37 in fiscal year 2007-2008 to the Arizona health care cost containment system
38 administration and the sum of \$1,701,300 is appropriated from the state
39 general fund in fiscal year 2007-2008 to the department of economic security,
40 division of developmental disabilities, as the state match for up to \$1,000
41 annually for basic dental care coverage for adult Arizona long-term care
42 system recipients.

43 B. The legislature authorizes the sum of \$13,645,100 of expenditure
44 authority for the Arizona health care cost containment system and the sum of
45 \$3,332,000 of expenditure authority for federal match monies for the

1 department of economic security, division of developmental disabilities.
2 Pursuant to section 11-292, subsection B, Arizona Revised Statutes, the
3 county portion of the fiscal year 2006-2007 nonfederal portion of the cost of
4 providing long-term care system services is \$3,284,800. This amount is
5 included in the expenditure authority fund source for the Arizona health care
6 cost containment system above.