



H.B. 327

125th General Assembly
(As Introduced)

Reps. Wolpert, Kearns, Willamowski, Calvert, McGregor, Kilbane, Gilb, Hollister, Schlichter, Skindell, Koziura, Perry, Jerse, Miller, Carano, Key, Yates, Beatty

BILL SUMMARY

- Provides that a Medicaid recipient eligible for home and community-based services and hospice services may receive the services concurrently.
- Gives the responsibility for assessing, planning, monitoring, directing, and evaluating the care of a Medicaid recipient receiving hospice and home and community-based services concurrently to the hospice care program and requires the program to maintain communications with the case manager of the home and community-based services or the case manager's designee to assure that the recipient receives appropriate care.
- Requires the hospice care program and home and community-based services case manager to develop a coordinated plan of care regarding the Medicaid recipient's terminal illness.

CONTENT AND OPERATION

Background

Medicaid is a federal, state, and county-funded program that pays the costs of certain medical services provided to individuals and families that meet categorical and financial requirements. Home and community-based services and hospice services are among the medical services Ohio's Medicaid program covers.

State Medicaid rules, however, provide that no individual may receive home and community-based services and hospice services concurrently.¹

Home and community-based services are health and social services provided to an individual at home or in a community care setting as an alternative to institutionalization in a long-term care facility such as a nursing facility. The Ohio Department of Job and Family Services (ODJFS) operates several home and community-based services programs as Medicaid components pursuant to waivers of federal law granted by the United States Department of Health and Human Services. Some of the waiver programs are administered by other departments in accordance with an interagency agreement with ODJFS.²

Hospice services are available to terminally ill Medicaid recipients and incorporate an interdisciplinary team approach emphasizing supportive and palliative services rather than active or curative care.³ A state Medicaid rule provides that the goal of hospice services is to meet the physical, psychological, social, and spiritual needs of a terminally ill Medicaid recipient and the recipient's family during the final stages of illness, dying, and bereavement.⁴

The bill

(sec. 5111.89; Section 2)

The bill provides that a Medicaid recipient eligible for home and community-based services and hospice services may receive the services concurrently.⁵ No Medicaid recipient receiving home and community-based

¹ *Ohio Administrative Code §§ 5101:1-39-83, 5101:3-12-04, 5101:3-31-03, 5101:3-40-01 (Appendix A), and 5101:3-56-02.*

² *For example, the Department of Aging administers the PASSPORT waiver program.*

³ *Palliative services are treatments to control pain, relieve other symptoms, and focus on the special needs of a terminally ill individual and the individual's family. O.A.C. 5101:3-56-01.*

⁴ *O.A.C. 5101:3-56-01.*

⁵ *The bill defines "home and community-based services" as Medicaid services provided pursuant to a home and community-based services waiver granted by the United States Secretary of Health and Human Services. This includes the PASSPORT program, the Ohio Home Care Program, any Medicaid programs for home and community-based services implemented to replace the Ohio Home Care program as permitted under Ohio law (R.C. 5111.97, **not in the bill**), and the Medicaid components that the Department of Mental Retardation and Developmental Disabilities (DMR/DD) administers pursuant to*

services is to be denied hospice services on the basis that the recipient receives home and community-based services.

If a Medicaid recipient receives home and community-based services and hospice services concurrently, the hospice care program providing of the hospice services is responsible for assessing, planning, monitoring, directing, and evaluating the recipient's care that relates to the recipient's terminal illness. The program must also maintain communications with the case manager of the home and community-based services, or the case manager's designee, to assure that the recipient receives appropriate care. Both the program and case manager are required to develop a coordinated plan of care regarding the recipient's terminal illness.

The bill requires ODJFS, as necessary to implement the bill, to seek approval from the United States Secretary of Health and Human Services to amend the state Medicaid plan and home and community-based service waivers. ODJFS must also amend its Medicaid rules for that purpose. ODJFS must take these actions no later than 90 days after the bill's effective date.

HISTORY

ACTION	DATE	JOURNAL ENTRY
Introduced	11-10-03	p. 1056

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an interagency agreement with ODJFS. The Residential Facility and Individual Options waiver programs are parts of the DMR/DD-administered Medicaid component.

The bill defines "hospice services" as Medicaid services provided by a hospice care program that has a Medicaid provider agreement with ODJFS. A hospice care program is a private or government-operated, coordinated program of certain home, outpatient, and inpatient services to terminally ill individuals and their families. The services are to meet the physical, psychological, social, spiritual, and other special needs that are experienced during the final stages of illness, dying, and bereavement.

