

# Lifecare Long-Term Care Protection Act, 1990 (S. 2163)

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## Overview

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**Type of Reform:** Creating a New Program

**Description:** Creates the Lifecare Long-term Care Protection Program that would:

- Create state-based assessment and care management agencies to determine eligible individuals and maintain provider registries.
- Provide up to three years of home and community-based care.
- Provide up to six months of facility care (with the option for more).
- Create optional insurance program for longer facility care stays.

## Sponsoring/Cosponsors:

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- Introduced by Sen. Edward Kennedy (D-MA) on February 22, 1990.
- Two Democratic co-sponsors.

## Impact and Action:

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- Senate Committee Referral: Senate Committee on Labor and Human Resources.

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## Program Details

### Participation Criteria:

Adults ages 65+, persons under age 19, or those receiving certain Social Security benefits.

### Conditions for Receiving Benefits Scope of Services:

Differ by age:

- Individuals ages 65+ meeting one of the following criteria:
  - Completely dependent in one ADL.
  - Unable to perform two or more ADLs without help or supervision.
  - Cognitively impaired posing risk to self/others.
- Individuals ages 19 and under meeting one of the following criteria:
  - Unable to perform two or more age-appropriate ADLs.
  - Reliant on a medical device.
  - Has a medical prognosis of less than one year to live.

### Scope of Services

Adult day health, respite, heavy chore service, homemaker, home health aide, home mobility aids, home nursing, therapies, transportation, nutrition, and others.

### Amount of Services

- Care manager determines care plan based on individual assessment and resource availability in jurisdiction.
- Respite care limited to 30 days or 720

hours per calendar year.

- HCBS limited to duration for three years.
- Facility care limited to six months with an extension for individuals who have not been an inpatient setting for at least six consecutive months, have a different diagnosis, or where there has been a substantial worsening of their condition since the last discharge.

### Participant Financial Responsibility

- Copayments are the lesser of 5% of the insurance benefits the individual receives under Title II of the Social Security Act (if any) or 10% of the costs of their services.
- Balance billing prohibited.

**Elimination Period:** Not specified.

**Provider Requirements:** Care Management Agencies determine eligible providers and provider requirements.

### Provider Payment Levels:

- Limits HCBS payment levels to 65% of the average Medicare payment amount for nursing facility care for the first three years of care, and then to the cost of nursing facility care (less room and board) thereafter.
- Payments adjusted based on need severity.

**Inflation Adjustments :** Not specified.

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## Financing & Implementation

### Revenue Source(s)

Not specified.

### Total Program Costs

Estimated \$15 million for FY 1991, \$20 million for FY 1992, and \$25 million for FY 1993.

### Program Administration

- HHS contracts with states/non-profits to operate Care Management Authorities that
- administer Lifecare.
- Care Management Authority responsibilities include making eligibility determinations, overseeing plans of care, and maintaining a registry of qualified providers.

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