Long Term Care Family Security Act of 1992 *(H.R. 6076)*

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Overview

Type of Reform: Creating a New Program

Description:
Creates a new state-administered program to provide community and nursing facility care to individuals with moderate to severe disability with the following goals:

- Enhance access to HCBS for individuals with moderate to severe disabilities.
- Provide some facility-based reimbursement for care.
- Limit federal financial participation in Medicaid for services covered under this new program and modify Medicare skilled nursing facility (SNF) coverage to avoid duplication.
- Establish national standards for private LTC insurance policies (details not discussed here).

Sponsoring Organization and Key Author(s):

- Introduced by Rep. Henry Waxman (D-CA) on October 1, 2002
- Co-sponsor Rep. Richard Andrew Gephardt (D-MO).

Impact and Action:

House Committee Referrals: Subcommittee on Health and the Environment, Subcommittee on Commerce, Consumer Protection and Competitiveness, Energy and Commerce, Ways and Means.

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Program Details

Participation Criteria:
U.S. citizens and resident aliens.

Conditions for Receiving Benefits Scope of Services:
Meeting one of the following criteria:

- A severe disability, defined as needing help with three or more ADLs.
- A severe cognitive impairment.
- A severe to profound mental retardation.
- States have the discretion to determine benefit eligibility from among the eligible population based on an assessment and care plan.

Scope of Services
States have flexibility to define the scope of HCBS, but must provide at least the following:

- Personal assistance services.
- An option for consumer-directed care.

Amount of Services
Not specified; presumed to be established by each state. Benefits may be offered on a "funds available" basis and are not guaranteed entitlements.

Participant Financial Responsibility
Cost-sharing for nursing facility care (co-insurance amount), with two levels of subsidies for low-income individuals (100% and 200% of FPL), and with resource limits like Medicaid rules (but with an increase in the personal needs allowance and monthly maintenance amount for the at-home spouse).

Elimination Period
Not specified.

Provider Requirements
Likely based on the specifics of each state's plan.

Provider Payment Levels
Not specified.

Inflation Adjustments
Payment rates intended to be increased every five years, based on the program's determination of average annual percentage rates of increase for the cost of community and facility care.

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Financing & Implementation

Revenue Source(s)

Not specified.

Total Program Costs

- Program designed to be phased in over seven years, with 2003 targeted as first fully funded year.
- Federal expenditures estimated at $56.7 billion for FY 1996 through FY 2000.
- Additional federal "cost" related to the tax and Medicaid reform provisions estimated at roughly $3 billion over timeframe.

Program Administration

- HHS establishes the program structure and allocates funding to states (based on a formula with a federal share of program costs ranging from 78% to 95%).
- States fund the non-federal share of costs and administer the program in line with federal parameters.

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