

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

## **An Act To Provide Assistance to Family Members, Friends and Neighbors Who Provide Home Health Care for Senior Citizens**

**Be it enacted by the People of the State of Maine as follows:**

**Sec. 1. 22 MRSA §3172, sub-§1-C** is enacted to read:

**1-C. Family member, friend or neighbor caregiver.** “Family member, friend or neighbor caregiver” is a person who is a family member, friend or neighbor of a Medicaid recipient who provides assistance with personal care and health maintenance services to the Medicaid recipient.

**Sec. 2. 22 MRSA §3172, sub-§2,** as enacted by PL 1977, c. 582, §1, is amended to read:

**2. Home health care.** "Home health care" means nursing services and other therapeutic services provided without a requirement that hospitalization should be an antecedent to care and provided on an intermittent visiting basis to individuals in their homes or other place of residence, excluding hospitals, extended care facilities, rehabilitation centers and skilled nursing homes. In addition to skilled nursing, these services may include personal care and health maintenance services provided by family member, friend or neighbor caregivers, physical therapy, speech therapy, occupational therapy, medical social services, home health aide services and such other services and standards of care as may be defined by the department ~~which~~that are pursuant to, consistent with and necessary to the administration of home health care within the intent of section 3173.

**Sec. 3. 22 MRSA §3173, 2nd ¶,** as repealed and replaced by PL 1979, c. 127, §144, is amended to read:

The department is authorized and empowered to make all necessary rules and regulations consistent with the laws of the State for the administration of these programs including, but not limited to, establishing conditions of eligibility and types and amounts of aid to be provided, and defining the term "medically indigent," and the type of medical care to be provided. In administering programs of aid, the department shall, among other services, emphasize developing and providing financial support for preventive health care and home health care, including the payment of family member, friend or neighbor caregivers, in order to assure that a comprehensive range of health care services is available to Maine citizens. Preventive health services ~~shall~~must include, but need not be limited to, programs such as early periodic screening, diagnosis and treatment; public school nursing services; child and maternal health services; and dental health education services. To meet the expenses of emphasizing preventive health care and home health care, the department is authorized to expend for each type of care no less than 1.5% of the total sum of all funds available to administer medical or remedial care and services eligible for participation under the United States Social Security Act, Title XIX and amendments and successors to it.

**Sec. 4. 22 MRSA §3173, 13th ¶,** as repealed and replaced by PL 1979, c. 127, §144 and amended by PL 2003, c. 689, Pt. B, §6, is further amended to read:

The Department of Health and Human Services may establish fee schedules governing reimbursement for services provided under this chapter. In establishing the fee schedules, the department shall consult with individual providers, family member, friend or neighbor caregivers and their representative associations. The fee schedules shall be subject to annual review.

**Sec. 5. 22 MRSA §3174-I, sub-§1-A**, as amended by PL 1995, c. 170, §3, is further amended to read:

**1-A. Information and assistance.** If the assessment performed pursuant to subsection 1 finds the level of nursing facility care clinically appropriate, the department shall determine whether the applicant also could live appropriately and cost-effectively at home or in some other community-based setting if home-based or community-based services were available to the applicant. If the department determines that a home or other community-based setting is clinically appropriate and cost-effective, the department shall:

- A. Advise the applicant that a home or other community-based setting is appropriate;
- B. Provide a proposed care plan and inform the applicant regarding the degree to which the services in the care plan, including payment for services provided by a family member, friend or neighbor caregiver, are available at home or in some other community-based setting and explain the relative cost to the applicant of choosing community-based care rather than nursing facility care; and
- C. Offer a care plan and case management services to the applicant on a sliding scale basis if the applicant chooses a home-based or community-based alternative to nursing facility care.

The department may provide the services described in this subsection directly or through private agencies or family member, friend or neighbor caregivers.

## SUMMARY

This bill allows family members, friends or neighbors to receive payment for providing personal care and health maintenance services to persons who receive Medicaid.