Attachment 1

Legislative bullets

Many of these things are just to codify current practices and to create consistency state wide. This is in collaboration with some local providers.

DEFINITIONS 31-3502

(1) Clarifies that an applicant can also be an obligated person who is assisting the patient in this process. P.1

(7) Clarify -a combined application is for applying to the DHW and the counties for assistance. An application is 'good for' 6 months. This is practice, but all felt should be defined as well. P.2 line 14

(8) Clarify definition of completed application. There have been 2 district court decisions involving the discussion of what constitutes a 'completed' application. We believe this clarifies what the courts have stated. (8) p.2 line 22

Clarifies definition of Necessary Medical services

(19) (A) Attempting to bring 'skilled nursing' term into the 21st century. Original intent was to avoid burdening taxpayer with long term care costs. This will separate out limited nursing care as a lesser cost setting for treatment. (19) A&B p.4 line 6

(19)(B) to state that services created by complications which arise from those procedures or treatment that are not covered by our statute, are also not covered by statute.... P.4 Line 26

(25) Modifies residency definition as it relates to college students and who is considered a county resident. To align with new SHIP code. P5 line 2

(29) Creates a NEW definition of something that's been used for years...a treatment plan– an attempt at consistency so the providers know what will be accepted at every county statewide. (29) p.5 line 37

Codifies the practice in place between counties and the state when reporting to the state legislature. 3503(A) P.6 line 24

Clarifies that states where we have reciprocal agreements must comply with Idaho law (and the application process) if they want coverage for Idaho Residents. (Only Oregon and Utah still have reciprocal agreements with Idaho) 3503(B) P.7 line 13

3504 strikes antiquated language, made obsolete in 2010 by SB1158 P7 line 29-33

3504 (3) strikes section from line 1-10 and moves it to 3505 (3)

3504 (4) Clean up and broaden the process for medical records requests to specify 14 **calendar** days allowed instead of 10 days to soften the blow and allow that only related ***claims*** may be denied instead of the entire application for non compliance, And to stress that during this time a county can continue to investigate and interview person. Electronic age updating: Allow for several things to be sent electronically, to allow the counties and the providers to create a process for electronic communication between the interested parties. P8 line 34 and p.9 line 1-12 and in 3505(C).

3505 et seq. to codify practice in the area of filing applications for assistance. Clarifying we use 'calendar' days in all we process. Codifying the specifics of how 10 day applications for pre authorization of procedures and treatment are filed.

Specifying how additional requests can now also be used including with emergent apps.

3505 cont. (8) Clean up: labeling of all applications as 'combined' not just 'county' applications Changed to combined in S1158 Session 2009

3505(A) lengthens timelines for a more reasonable process…A segue off of the lengthening of the medical records response time for providers from 10 to to 14 days – in 3504. Page 11 (3) line 36

3505(C) Strengthens provision to require counties to provide info to 3rd party applicants, including list of missing items to give the providers a reasonable chance to investigate in tandem with the county. P. 12 Line 5…on

3505(D) Requires details on a request for appeal, to help determine the hearing agenda. P 13 Line 13

3508(A) Clarifies that all claims relating to an application are pursuant to the provisions of this chapter and can not be held out as a separate debt to the patient if the provider fails to comply with statute during the process. P 14 line 33

3508(A) continued…page 15. The county is required to provide specific documents to the CAT Fund for payment processing. This codifies the list. Lines 1-9

3511 To clarify compliance between the counties and CAT Board. P. 15 Line 46 to P16 line 2

3517 (4)(e) To reinstate travel expense reimbursement for commissioners who sit on the CAT Board. To cover 2 meetings a year. When the intent in session 2010 was to move the program into more oversight by the leg and the dept. this was taken out. That hasn't happened and we'd like it reinstated.

Changes the word *decisions to* <u>*determinations*</u> throughout the chapter– a more definitive description of the county commissioners written findings.