

## Chapter 352

(Senate Bill 882)

AN ACT concerning

~~Assertive Community Treatment (ACT)—Targeted Outreach, Engagement, and Services~~

~~Department of Health and Mental Hygiene – Continuity of Care Advisory Panel Outpatient Services Programs Stakeholder Workgroup~~

FOR the purpose of requiring the Secretary of Health and Mental Hygiene to convene a stakeholder workgroup to examine certain outpatient services programs, develop a certain proposal, and evaluate a certain standard; requiring the Department of Health and Mental Hygiene to recommend certain draft legislation; requiring the Secretary to submit a certain report to certain committees of the General Assembly on or before a certain date; providing for the termination of this Act; and generally relating to a stakeholder workgroup on the treatment of individuals with mental illness. ~~establishing the Targeted Outreach, Engagement, and ACT Services Program in the Department of Health and Mental Hygiene; requiring the Program to provide certain services and supports to certain individuals; requiring the Department to identify certain individuals and to develop a certain petition and process; establishing eligibility criteria for the Program; authorizing certain individuals to file a petition; requiring a petition to be filed with the Department and to contain certain information; requiring the Department to make a certain determination; requiring the Department to arrange for a certain Program provider to initiate contact with an eligible individual within a certain time period; requiring the Department to develop certain guidelines; requiring a Program provider to contact or attempt to contact an eligible individual until the individual enrolls in the Program or no longer meets eligibility criteria; requiring the Program to meet certain behavioral health needs of an eligible individual in a certain manner; requiring the development of a certain service plan for certain individuals within a certain time period; authorizing the Department to provide certain services and supports before the adoption of a service plan; requiring a service plan to be reviewed and modified periodically to make a certain determination; requiring the Program to use certain funds for certain services and in a certain manner; establishing requirements for certain meetings; requiring a client to be informed of certain services and to be a full partner in the creation and implementation of a certain plan; requiring a client to be informed about a certain directive and to be offered assistance in completing the directive under certain circumstances; providing that a certain directive shall be enforceable in accordance with certain laws; prohibiting the Department from discontinuing outreach if the Department has certain knowledge; prohibiting the Department from discharging a client until the client takes certain action; requiring a~~

~~Program provider seeking to discharge a client to take certain action; requiring certain clients to be reinstated to the Program under certain circumstances; requiring a Program provider to use certain services in a certain manner and ensure that a client enrolls in certain programs; requiring the Department to develop and provide a certain rate for certain services; requiring the Department to provide certain funds to local mental health authorities; requiring the Department to document certain information, monitor certain outcome data using a certain collection system, ensure that certain services and supports are provided without disruption, expand the content and coverage of a certain system for a certain purpose, and establish a certain committee to make certain recommendations; authorizing a client to appeal certain adverse actions; authorizing a client to appeal certain actions in accordance with a certain law; providing that a client shall continue to receive certain services and supports under certain circumstances; requiring the Department to secure the services of an alternate provider under certain circumstances; requiring the Department, in consultation with stakeholders, to adopt certain regulations; defining certain terms; and generally relating to the Targeted Outreach, Engagement, and ACT Services Program.~~

~~BY adding to~~

~~Article — Health — General~~

~~Section 10-1501 through 10-1510 to be under the new subtitle “Subtitle 15: Targeted Outreach, Engagement, and ACT Services Program”~~

~~Annotated Code of Maryland~~

~~(2009 Replacement Volume and 2013 Supplement)~~

~~requiring the Secretary of Health and Mental Hygiene to reconvene the Continuity of Care Advisory Panel; requiring the Panel to examine certain matters, develop a certain proposal, consult with certain individuals for a certain purpose, and recommend certain draft legislation; requiring the Secretary to submit a certain report to certain legislative committees on or before a certain date; providing for the termination of this Act; and generally relating to the Continuity of Care Advisory Panel.~~

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That ~~the Laws of Maryland read as follows:~~

*(a) The Secretary of Health and Mental Hygiene shall convene a stakeholder workgroup to:*

*(1) examine assisted outpatient programs, assertive community treatment programs, and other outpatient services programs with targeted outreach, engagement, and services;*

*(2) develop a proposal for a program that:*

(i) best serves individuals with mental illness who are at high risk for disruptions in the continuity of care;

(ii) respects the civil liberties of individuals to be served;

(iii) addresses the potential for racial bias and health disparities in program implementation;

(iv) is based on evidence of the effectiveness of assisted outpatient treatment programs, assertive community treatment programs, and other outpatient services programs with targeted outreach, engagement, and services in other jurisdictions;

(v) includes a data-monitoring strategy;

(vi) promotes parity between public and private insurers;

(vii) addresses the potential for variance in program implementation among urban and rural jurisdictions; and

(viii) assesses the cost of the program to the Department of Health and Mental Hygiene and other State agencies, including the feasibility of securing federal funding for services provided by the program; and

(3) evaluate the dangerousness standard for involuntary admissions and emergency evaluations of individuals with mental disorders, including:

(i) how the standard should be clarified in statute or in regulations adopted by the Department; and

(ii) initiatives the Department should adopt and implement to promote the appropriate and consistent application of the standard by health care professionals, administrative law judges, the Office of the Public Defender, consumers, and other individuals.

(b) The Department of Health and Mental Hygiene shall recommend draft legislation as necessary to implement the program included in the proposal developed under subsection (a)(2) of this section.

(c) On or before November 1, 2014, the Secretary of Health and Mental Hygiene shall submit, in accordance with § 2-1246 of the State Government Article, a report of the findings and recommendations of the workgroup, including the proposal developed under subsection (a)(2) of this section and the draft legislation recommended by the Department under subsection (b) of this section, to the Senate Finance Committee and the House Health and Government Operations Committee.

~~Article—Health—General~~

~~SUBTITLE 15. TARGETED OUTREACH, ENGAGEMENT, AND ACT SERVICES PROGRAM.~~

~~10-1501.~~

~~(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.~~

~~(B) “ACT” MEANS ASSERTIVE COMMUNITY TREATMENT THAT:~~

~~(1) USES AN EVIDENCE-BASED TRANSDISCIPLINARY TEAM;~~

~~(2) MEETS FIDELITY STANDARDS ESTABLISHED BY THE DEPARTMENT; AND~~

~~(3) IS DESIGNED TO PROVIDE COMPREHENSIVE, COMMUNITY-BASED, AND INTEGRATED BEHAVIORAL HEALTH TREATMENT, REHABILITATION, AND SUPPORT SERVICES, INCLUDING:~~

~~(i) CRISIS ASSESSMENT AND INTERVENTION;~~

~~(ii) COMPREHENSIVE ASSESSMENT;~~

~~(iii) ILLNESS MANAGEMENT AND RECOVERY SKILLS;~~

~~(iv) INDIVIDUAL SUPPORTIVE THERAPY, INCLUDING TRAUMA THERAPY AS APPROPRIATE;~~

~~(v) SUBSTANCE ABUSE TREATMENT;~~

~~(vi) EMPLOYMENT SUPPORT SERVICES;~~

~~(vii) SIDE-BY-SIDE ASSISTANCE WITH ACTIVITIES OF DAILY LIVING;~~

~~(viii) INTERVENTION WITH SUPPORT NETWORKS;~~

~~(ix) HOUSING, MEDICAL CARE, BENEFITS, AND TRANSPORTATION;~~

~~(x) CASE MANAGEMENT; AND~~

~~(XI) MEDICATION PRESCRIPTION, ADMINISTRATION, AND MONITORING.~~

~~(C) (1) "ACT TEAM" MEANS THE REQUIRED MEMBERS OF EACH TEAM SERVING PROGRAM CLIENTS.~~

~~(2) "ACT TEAM" INCLUDES:~~

~~(I) AN ACT LEADER;~~

~~(II) A PSYCHIATRIST;~~

~~(III) A PSYCHIATRIC NURSE;~~

~~(IV) A SOCIAL WORKER;~~

~~(V) A CASE MANAGER;~~

~~(VI) AN EMPLOYMENT SPECIALIST;~~

~~(VII) A SUBSTANCE ABUSE SPECIALIST;~~

~~(VIII) A PEER SUPPORT SPECIALIST; AND~~

~~(IX) A PROGRAM ASSISTANT.~~

~~(D) "CLIENT" MEANS AN INDIVIDUAL ENROLLED IN THE PROGRAM.~~

~~(E) "ELIGIBLE INDIVIDUAL" MEANS AN INDIVIDUAL WHO HAS BEEN DETERMINED TO MEET THE ELIGIBILITY CRITERIA IN § 10-1503 OF THIS SUBTITLE.~~

~~(F) "FLEXIBLE USE FUNDS" MEANS FUNDING THAT IS PROVIDED TO A CLIENT AND USED TO PROVIDE NEEDED SUPPORTS, INCLUDING HOUSING, FOOD, CLOTHING, AND TRANSPORTATION.~~

~~(G) "PERSON-CENTERED" MEANS SERVICES AND SUPPORTS THAT ARE CENTERED ON THE NEEDS AND DESIRES OF AN INDIVIDUAL.~~

~~(H) "PETITION" MEANS A WRITTEN REQUEST FOR PROGRAM SERVICES MADE TO THE DEPARTMENT.~~

~~(I) "PROGRAM" MEANS THE TARGETED OUTREACH, ENGAGEMENT, AND ACT SERVICES PROGRAM.~~

~~10-1502.~~

~~(A) THERE IS A TARGETED OUTREACH, ENGAGEMENT, AND ACT SERVICES PROGRAM IN THE DEPARTMENT.~~

~~(B) THE PROGRAM SHALL PROVIDE ACT SERVICES AND SUPPORTS TO ELIGIBLE INDIVIDUALS AND CLIENTS USING AN ACT TEAM.~~

~~10-1503.~~

~~(A) THE DEPARTMENT SHALL:~~

~~(1) IDENTIFY INDIVIDUALS WHO ARE ELIGIBLE FOR THE PROGRAM;~~

~~(2) DEVELOP A PETITION THAT LISTS THE PROGRAM ELIGIBILITY CRITERIA PROVIDED IN SUBSECTION (B) OF THIS SECTION; AND~~

~~(3) PUBLICIZE THE AVAILABILITY OF THE PETITION PROCESS.~~

~~(B) AN INDIVIDUAL IS ELIGIBLE FOR THE PROGRAM IF THE DEPARTMENT DETERMINES THAT THE INDIVIDUAL:~~

~~(1) IS AN ADULT;~~

~~(2) HAS BEHAVIORAL HEALTH NEEDS;~~

~~(3) IS UNLIKELY TO SURVIVE SAFELY IN THE COMMUNITY WITHOUT ASSISTANCE;~~

~~(4) IS UNLIKELY TO SEEK OUT OR TO PARTICIPATE VOLUNTARILY IN BEHAVIORAL HEALTH TREATMENT DUE TO:~~

~~(I) HOMELESSNESS;~~

~~(II) LACK OF SOCIAL SUPPORTS;~~

~~(III) BEHAVIORAL HEALTH SYMPTOMS THAT ARE IMPACTING THE ABILITY OR WILLINGNESS OF THE INDIVIDUAL TO ENGAGE IN TREATMENT; OR~~

~~(IV) A PRIOR HISTORY OF DISENGAGEMENT FROM TREATMENT;~~

~~(5) DURING THE 12 MONTH PERIOD BEFORE IDENTIFICATION BY THE DEPARTMENT OR THE FILING OF A PETITION UNDER THIS SECTION:~~

~~(i) HAS HAD SIX OR MORE VISITS TO AN EMERGENCY DEPARTMENT FOR BEHAVIORAL HEALTH REASONS; OR~~

~~(ii) DUE TO A BEHAVIORAL HEALTH DISORDER, HAS COMMITTED, ATTEMPTED, OR THREATENED A SERIOUS ACT OF VIOLENCE TOWARDS SELF OR OTHERS THAT HAS RESULTED IN HOSPITALIZATION OR INCARCERATION; AND~~

~~(6) IS LIKELY TO BENEFIT FROM THE PROGRAM.~~

~~(c) THE PETITION DEVELOPED UNDER SUBSECTION (a) OF THIS SECTION MAY BE FILED BY:~~

~~(1) AN ADULT WHO RESIDES WITH THE SUBJECT OF THE PETITION;~~

~~(2) THE PARENT, SPOUSE, ADULT SIBLING, OR ADULT CHILD OF THE SUBJECT OF THE PETITION;~~

~~(3) THE DIRECTOR OF A FACILITY IN WHICH THE SUBJECT OF THE PETITION IS RECEIVING BEHAVIORAL HEALTH SERVICES;~~

~~(4) THE DIRECTOR OF A CORRECTIONAL FACILITY IN WHICH THE SUBJECT OF THE PETITION IS INCARCERATED;~~

~~(5) A PSYCHIATRIST, PSYCHOLOGIST, OR SOCIAL WORKER LICENSED IN THE STATE WHO IS TREATING OR SUPERVISING THE TREATMENT OF THE SUBJECT OF THE PETITION; OR~~

~~(6) A PAROLE OFFICER OR PROBATION OFFICER ASSIGNED TO SUPERVISE THE SUBJECT OF THE PETITION.~~

~~(d) THE PETITION DEVELOPED UNDER SUBSECTION (a) OF THIS SECTION SHALL:~~

~~(1) BE FILED WITH THE DEPARTMENT;~~

~~(2) SET FORTH THE FACTS THAT SUPPORT A REASONABLE BELIEF THAT THE SUBJECT OF THE PETITION IS AN ELIGIBLE INDIVIDUAL; AND~~

~~(3) PROVIDE THE LOCATION WHERE THE SUBJECT OF THE PETITION IS PRESENT OR BELIEVED TO BE PRESENT.~~

~~(E) THE DEPARTMENT SHALL DETERMINE WHETHER THE SUBJECT OF THE PETITION IS ELIGIBLE FOR THE PROGRAM WITHIN 24 HOURS AFTER RECEIPT OF THE PETITION.~~

~~10-1504.~~

~~(A) THE DEPARTMENT SHALL ARRANGE FOR THE APPROPRIATE PROGRAM PROVIDER TO INITIATE CONTACT WITH AN ELIGIBLE INDIVIDUAL WITHIN 24 HOURS AFTER THE DEPARTMENT DETERMINES THAT AN INDIVIDUAL IS ELIGIBLE FOR THE PROGRAM.~~

~~(B) THE DEPARTMENT SHALL DEVELOP GUIDELINES BASED ON RISK CATEGORIES THAT SET FORTH THE REQUIRED FREQUENCY OF CONTACT AND ATTEMPTED CONTACT WITH AN ELIGIBLE INDIVIDUAL.~~

~~(C) A PROGRAM PROVIDER SHALL CONTINUE TO CONTACT OR ATTEMPT TO CONTACT AN ELIGIBLE INDIVIDUAL UNTIL THE INDIVIDUAL:~~

~~(1) HAS ENROLLED IN THE PROGRAM; OR~~

~~(2) NO LONGER MEETS THE ELIGIBILITY CRITERIA.~~

~~10-1505.~~

~~(A) THE PROGRAM SHALL MEET THE URGENT BEHAVIORAL HEALTH NEEDS OF AN ELIGIBLE INDIVIDUAL IMMEDIATELY WITHOUT THE NEED FOR THE DEVELOPMENT OF A SERVICE PLAN.~~

~~(B) (1) A PERSON CENTERED SERVICE PLAN SHALL BE DEVELOPED BY THE ACT TEAM FOR EACH CLIENT WITHIN 5 BUSINESS DAYS FOLLOWING ENROLLMENT.~~

~~(2) SERVICES AND SUPPORTS MAY BE PROVIDED BEFORE THE ADOPTION OF A SERVICE PLAN, AS APPROPRIATE.~~

~~(3) A SERVICE PLAN SHALL BE REVIEWED AND MODIFIED PERIODICALLY BY THE ACT TEAM TO DETERMINE WHETHER THE CLIENT IS SATISFIED WITH THE SERVICES AND SUPPORTS PROVIDED AND IS MAKING PROGRESS TOWARDS THE GOALS LISTED IN THE PLAN.~~

~~(C) (1) THE PROGRAM SHALL USE FLEXIBLE USE FUNDS AS NECESSARY TO:~~

~~(I) SECURE SUPPORTED HOUSING; AND~~

~~(II) PROVIDE THE CLIENT WITH BASIC NECESSITIES, INCLUDING FOOD, CLOTHING, AND TRANSPORTATION.~~

~~(2) FLEXIBLE USE FUNDS:~~

~~(I) SHALL BE ASSIGNED TO THE CLIENT AND NOT TO THE PROVIDER OF SERVICES;~~

~~(II) MAY NOT BE CONTINGENT ON THE CLIENT'S ENGAGEMENT IN ANY PARTICULAR INDIVIDUAL PROGRAM SERVICE; AND~~

~~(III) SHALL FOLLOW THE CLIENT AS THE CLIENT MOVES THROUGH TREATMENT SERVICES REGARDLESS OF THE LEVEL OF INTENSITY OF THE SERVICES.~~

~~(D) ANY MEETING HELD FOR THE PURPOSE OF ADOPTING OR CHANGING A SERVICE PLAN SHALL:~~

~~(1) INCLUDE THE CLIENT AND ANY OTHER INDIVIDUAL DESIGNATED BY THE CLIENT, INCLUDING PEERS OR FAMILY MEMBERS;~~

~~(2) BE HELD IN A MANNER AND LOCATION THAT REASONABLY ACCOMMODATES THE CLIENT AND ALLOWS THE CLIENT TO PARTICIPATE EFFECTIVELY IN THE SERVICE PLANNING PROCESS; AND~~

~~(3) FOCUS ON THE INDIVIDUAL STRENGTHS AND LIFE GOALS OF THE CLIENT AND ON THE MENTAL HEALTH SERVICES AND SUPPORTS THAT THE CLIENT NEEDS TO MEET THE GOALS.~~

~~(E) A CLIENT SHALL BE INFORMED FULLY OF AVAILABLE SERVICES AND SUPPORTS AND SHALL BE A FULL PARTNER IN THE CREATION AND IMPLEMENTATION OF THE CLIENT'S SERVICE PLAN.~~

~~(F) (1) A CLIENT SHALL BE INFORMED ABOUT MENTAL HEALTH ADVANCE DIRECTIVES AND, IF THE CLIENT CHOOSES TO COMPLETE AN ADVANCE DIRECTIVE, SHALL BE OFFERED ASSISTANCE IN COMPLETING AND EXECUTING THE ADVANCE DIRECTIVE.~~

~~(2) AN ADVANCE DIRECTIVE COMPLETED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE ENFORCEABLE IN ACCORDANCE WITH STATE AND FEDERAL LAW.~~

~~10-1506.~~

~~(A) IF THE DEPARTMENT HAS KNOWLEDGE OF THE LOCATION OF AN ELIGIBLE INDIVIDUAL, THE DEPARTMENT MAY NOT DISCONTINUE OUTREACH TO THE INDIVIDUAL.~~

~~(B) THE DEPARTMENT MAY NOT DISCHARGE A CLIENT FROM THE PROGRAM UNTIL THE INDIVIDUAL:~~

~~(1) HAS NOT USED ANY PROGRAM SERVICE FOR A CONTINUOUS 12 MONTH PERIOD, DESPITE ASSERTIVE OUTREACH;~~

~~(2) HAS BEEN ADMITTED TO AN INPATIENT FACILITY FOR LONGER THAN 3 MONTHS;~~

~~(3) HAS MOVED FROM THE AREA AND IS RECEIVING SERVICES FROM A PROGRAM IN ANOTHER JURISDICTION IN THE STATE OR HAS MOVED OUT OF THE STATE; OR~~

~~(4) HAS TRANSITIONED SUCCESSFULLY TO LESS INTENSIVE COMMUNITY SERVICES AS DEMONSTRATED BY AN ABILITY TO FUNCTION INDEPENDENTLY IN ALL MAJOR ROLES, INCLUDING WORK, SOCIAL, AND SELF CARE, OVER THE PRECEDING 24 MONTH PERIOD.~~

~~(C) A PROGRAM PROVIDER SEEKING TO DISCHARGE A CLIENT SHALL:~~

~~(1) DOCUMENT THE BASIS FOR THE DISCHARGE;~~

~~(2) DEVELOP A PLAN TO TRANSITION THE CLIENT TO OTHER APPROPRIATE SERVICES THAT MEET THE NEEDS OF THE INDIVIDUAL; AND~~

~~(3) OBTAIN PRIOR APPROVAL FROM THE DEPARTMENT.~~

~~(D) A CLIENT WHO IS DISCHARGED FROM THE PROGRAM SHALL BE REINSTATED AUTOMATICALLY ON THE REQUEST OF THE FORMER CLIENT.~~

~~10-1507.~~

~~(A) A PROGRAM PROVIDER SHALL:~~

~~(1) ENSURE THAT A CLIENT ENROLLS IN ANY ENTITLEMENT PROGRAM FOR WHICH THE CLIENT IS ELIGIBLE; AND~~

~~(2) USE MEDICAID REIMBURSABLE SERVICES TO THE GREATEST EXTENT POSSIBLE.~~

~~(B) THE DEPARTMENT SHALL DEVELOP AND PROVIDE AN ENHANCED RATE FOR ACT SERVICES AT A LEVEL THAT ALLOWS FOR INCREASED FREQUENCY OF CONTACT AND DECREASED STAFF TO CLIENT RATIOS.~~

~~(C) THE DEPARTMENT SHALL PROVIDE LOCAL MENTAL HEALTH AUTHORITIES WITH FLEXIBLE USE FUNDS FOR EACH CLIENT IN AN AMOUNT SUFFICIENT TO ADDRESS HOUSING, FOOD, CLOTHING, AND TRANSPORTATION NEEDS.~~

~~10-1508.~~

~~THE DEPARTMENT SHALL:~~

~~(1) DOCUMENT THE NUMBER OF CONTACTS MADE WITH EACH ELIGIBLE INDIVIDUAL AND THE OUTCOMES OF THE CONTACTS;~~

~~(2) MONITOR OUTCOME DATA FOR EACH CLIENT USING THE ASSERTIVE COMMUNITY TREATMENT OUTCOMES DATA COLLECTION SYSTEM THAT SHALL INCLUDE:~~

~~(I) THE NUMBER AND LENGTH OF STAY OF INPATIENT PSYCHIATRIC HOSPITALIZATIONS;~~

~~(II) THE NUMBER OF EMERGENCY ROOM VISITS FOR PSYCHIATRIC REASONS; AND~~

~~(III) MEASURES FOR CRIMINAL JUSTICE SYSTEM INVOLVEMENT, HOUSING STABILITY, AND FAMILY INVOLVEMENT;~~

~~(3) ENSURE THAT PROGRAM SERVICES AND SUPPORTS ARE PROVIDED WITHOUT DISRUPTION;~~

~~(4) EXPAND THE CONTENT AND COVERAGE OF THE OUTCOMES MEASUREMENT SYSTEM TO ESTABLISH THE BASIS OF A SYSTEM OF CONTINUOUS QUALITY IMPROVEMENT FOR ALL SERVICES PROVIDED UNDER THIS SUBTITLE; AND~~

~~(5) ESTABLISH A COMMITTEE OF STAKEHOLDERS, INCLUDING CURRENT OR FORMER MENTAL HEALTH SERVICE RECIPIENTS, FAMILY MEMBERS, ADVOCATES, PROVIDERS, AND QUALITY ASSURANCE PROFESSIONALS, TO RECOMMEND:~~

~~(i) REVISIONS TO AND EXPANSION OF THE OUTCOMES MEASUREMENT SYSTEM AND THE ASSERTIVE COMMUNITY TREATMENT OUTCOMES DATA COLLECTION SYSTEM;~~

~~(ii) ACCOUNTABILITY MEASURES; AND~~

~~(iii) EVALUATION TOOLS.~~

~~10-1509.~~

~~(A) A CLIENT MAY APPEAL THE FOLLOWING ADVERSE ACTIONS BY THE DEPARTMENT:~~

~~(1) DENIAL, REDUCTION, IRREGULARITY, OR TERMINATION OF SERVICES, INCLUDING FAILURE TO PROVIDE THE SERVICES LISTED IN THE SERVICE PLAN; AND~~

~~(2) FAILURE TO PROVIDE MENTAL HEALTH SERVICES OR SUPPORTS SUFFICIENT IN AMOUNT, SCOPE, OR QUALITY TO SUPPORT RECOVERY, COMMUNITY INTEGRATION, AND ECONOMIC SELF-SUFFICIENCY.~~

~~(B) A CLIENT MAY APPEAL AN ADVERSE ACTION DESCRIBED UNDER SUBSECTION (A) OF THIS SECTION IN ACCORDANCE WITH TITLE 10, SUBTITLE 2 OF THE STATE GOVERNMENT ARTICLE.~~

~~(C) (1) A CLIENT SHALL CONTINUE TO RECEIVE ANY SERVICE OR SUPPORT LISTED IN THE SERVICE PLAN THAT WAS IN EFFECT PENDING THE OUTCOME OF AN APPEAL UNDER THIS SECTION.~~

~~(2) IF A PROGRAM PROVIDER HAS PROVIDED NOTICE AND DOCUMENTED THAT THE NEEDS OF THE CLIENT EXCEED THE CAPABILITY OF THE PROGRAM PROVIDER TO SERVE THE CLIENT SAFELY AND APPROPRIATELY, THE DEPARTMENT SHALL SECURE THE SERVICES OF AN ALTERNATE PROVIDER FOR THE CLIENT DURING THE APPEAL OF AN ADVERSE ACTION.~~

~~10-1510.~~

~~(A) THE DEPARTMENT, IN CONSULTATION WITH STAKEHOLDERS, SHALL ADOPT REGULATIONS TO IMPLEMENT THIS SUBTITLE.~~

~~(B) THE REGULATIONS ADOPTED UNDER SUBSECTION (A) OF THIS SECTION SHALL INCLUDE:~~

~~(1) THE RESPONSIBILITIES OF A PROGRAM PROVIDER WHEN DISCHARGING CLIENTS;~~

~~(2) PROCEDURES FOR LOCATING ELIGIBLE INDIVIDUALS;~~

~~(3) PROCEDURES FOR LOCATING CLIENTS WHEN THE LOCATION OF THE CLIENTS IS UNKNOWN;~~

~~(4) A REIMBURSEMENT METHODOLOGY TO ACCOUNT FOR OUTREACH AND ENGAGEMENT SERVICES PROVIDED THROUGH THE PROGRAM;~~

~~(5) A PROCESS FOR FILING A PETITION WITH THE DEPARTMENT;~~

~~(6) A PROCESS FOR APPEALING PETITION DENIALS; AND~~

~~(7) ANY OTHER ITEM NECESSARY TO CARRY OUT THE REQUIREMENTS OF THIS SUBTITLE.~~

~~(a) The Secretary of Health and Mental Hygiene shall reconvene the Continuity of Care Advisory Panel.~~

~~(b) (1) The Continuity of Care Advisory Panel shall:~~

~~(i) examine the development and implementation of an assisted outpatient treatment program in the State; and~~

~~(ii) develop a proposal for an assisted outpatient treatment program that:~~

~~1. respects the civil liberties of individuals to be served;~~

~~2. addresses the potential for racial bias and health disparities in program implementation;~~

~~3. is based on evidence of the effectiveness of assisted outpatient treatment programs in other jurisdictions;~~

~~4. includes a data monitoring strategy;~~

~~5. promotes parity between public and private insurers;~~

~~6. addresses the potential for variance in program implementation among urban and rural jurisdictions; and~~

~~7. assesses the cost of the program to the Department of Health and Mental Hygiene and other State agencies, including the feasibility of securing federal funding for services provided by the program.~~

~~(2) The proposal required under this subsection shall include an analysis of the development and implementation of alternatives to assisted outpatient treatment, including assertive community treatment.~~

~~(c) The Continuity of Care Advisory Panel shall:~~

~~(1) consult with representatives of the Maryland Judiciary and other stakeholders in developing the proposal required under subsection (b) of this section; and~~

~~(2) recommend draft legislation necessary to implement an assisted outpatient treatment program or any alternatives included in the proposal.~~

~~(d) On or before November 1, 2014, the Secretary of Health and Mental Hygiene, in accordance with § 2-1246 of the State Government Article, shall submit a report of the Continuity of Care Advisory Panel that includes the proposal required under subsection (b) of this section to the Senate Finance Committee and the House Health and Government Operations Committee.~~

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect ~~October~~ July 1, 2014. It shall remain effective for a period of 1 year and, at the end of June 30, 2015, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.

Approved by the Governor, May 5, 2014.