

Chapter 798

(House Bill 1696)

AN ACT concerning

**Task Force to Study Access to Home Health Care for Children and Adults With Medical Disabilities and Report on Home- and Community-Based Services**

FOR the purpose of establishing the Task Force to Study Access to Home Health Care for Children and Adults with Medical Disabilities; providing for the composition, chair, and staffing of the Task Force; prohibiting a member of the Task Force from receiving certain compensation, but authorizing the reimbursement of certain expenses; requiring the Task Force to meet monthly; requiring the Task Force to conduct certain studies and make certain determinations and recommendations; requiring the Task Force to report its findings and recommendations to certain committees in the General Assembly on or before a certain date; requiring the Maryland Department of Health to compare certain rates of reimbursement with certain costs, review certain requirements, make a certain determination, and consult with certain entities in making a certain determination; requiring the Department to report its findings and recommendations to the General Assembly on or before a certain date; providing for the termination of this Act; and generally relating to the Task Force to Study Access to Home Health Care for Children and Adults with Medical Disabilities and a report on home- and community-based services.

**Preamble**

~~WHEREAS, Appropriate use of home health care helps children and adults with medical disabilities be as healthy as possible for as long as possible in their communities and with their families; and~~

~~WHEREAS, Appropriate use of home health care typically results in medical outcomes equal to or better than the same care provided in a hospital, a skilled nursing facility, or any other health care facility; and~~

~~WHEREAS, Appropriate use of home health care is preferred by patients over the same care provided in a hospital, a skilled nursing facility, or any other health care facility; and~~

~~WHEREAS, Appropriate use of home health care promotes a reduced overall expenditure for children and adults with medical disabilities in the Medicaid program; and~~

~~WHEREAS, Appropriate use of home health care supports families in living together and maintaining employment outside the home, and improves mental well-being for all family members of a child or an adult with medical disabilities; and~~

~~WHEREAS, Having an adequate number of high-quality home health care providers to care for Maryland's children and adults with medical disabilities in all areas of the State promotes appropriate use of home health care; now, therefore,~~

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
That:

(a) There is a Task Force to Study Access to Home Health Care for Children and Adults with Medical Disabilities.

(b) The Task Force consists of the following members:

(1) one representative from the Office of the Governor with experience with health care legislation, appointed by the Governor;

(2) the Director of the Center for Health Care Facilities Planning and Development within the Maryland Health Care Commission, or the Director's designee;

(3) the President of the Maryland Board of Nursing, or the President's designee;

(4) one representative of the Maryland Department of Health with experience with Medicaid Long Term Services and Supports, appointed by the Secretary of Health;

(5) the Director of the HealthChoice Program within the Maryland Department of Health, or the Director's designee;

(6) the President of the Maryland Hospital Association, or the President's designee;

(7) the President of the Maryland-National Capital Homecare Association, or the President's designee;

(8) the Executive Director of the Parents' Place of Maryland, or the Executive Director's designee;

(9) the President of the Coordinating Center, or the President's designee;

(10) two family members of children or adults with disabilities or advocates with disabilities, appointed by the Governor;

(11) one representative from a specialized children's hospital in the State, appointed by the Governor; and

(12) one representative from a home health care provider in the State, appointed by the Governor.

(c) The Governor shall designate the chair of the Task Force.

(d) The Maryland Department of Health shall provide staff for the Task Force.

(e) A member of the Task Force:

(1) may not receive compensation as a member of the Task Force; but

(2) is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(f) The Task Force shall meet at least monthly.

(g) The Task Force shall, to the extent information is publicly available:

(1) determine the total number of home health care hours at the licensed practical nurse (LPN) level prescribed to children and adults with medical disabilities in Medicaid or managed Medicaid programs, including any waiver programs, in 2017 and how many of those home health care hours were not administered, both statewide and at the county level;

(2) determine how many children and adults with medical disabilities in Medicaid or managed Medicaid programs, including any waiver programs, have previously been authorized home health care services at the LPN level and are currently authorized for certified nursing assistant care;

(3) determine:

(i) how many children and adults are currently on waiting lists or registries for home health care in Medicaid or managed Medicaid programs, including any waiver programs;

(ii) whether any of the waiting lists or registries have become longer or shorter over the previous year; and

(iii) the extent of change in the length of any of the waiting lists or registries;

(4) study the history of the Medicaid–provided LPN–level home health care reimbursement rates for any Medicaid or managed Medicaid programs, including any waiver programs that have served children or adults with medical disabilities over the last 10 years;

(5) study the history of the average wages for LPNs in the State over the last 10 years;

(6) study Medicaid–provided reimbursement rates for LPN–level home health care in neighboring states; and

(7) make recommendations for improving access to home health care in all areas of the State, including a recommendation relating to reimbursement rates.

(h) On or before November 30, 2018, the Task Force shall report its findings and recommendations to the Senate Education, Health, and Environmental Affairs Committee, the Senate Finance Committee, the House Appropriations Committee, and the House Health and Government Operations Committee in accordance with § 2–1246 of the State Government Article.

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) The Maryland Department of Health shall:

(1) for home– and community–based services provided under Program M00Q01.03 Medical Care Provider Reimbursements – Medical Care Programs Administration or the Rare and Expensive Case Management Program:

(i) compare the rate of reimbursement with the actual cost to providers, to the extent information is publicly available, for:

1. providing care to individuals approved for direct care services;

2. coordinating care services; and

3. providing any other services; and

(ii) review:

1. specific services required to be provided;

2. any licensure requirements imposed on entities that provide the home– and community– based services;

3. any requirements imposed by a health occupations board that are specific to individuals providing home– and community–based services; and

4. any other State or local requirements associated with the cost of providing the services in the State;

(2) determine, to the extent information is publicly available, the costs associated with providing service and care under other home- and community-based programs; and

(3) in making the determination under item (2) of this subsection, consult with persons providing the services required under each home- and community-based program, including:

- (i) entities providing adult medical day care;
- (ii) private duty nurses;
- (iii) assisted living providers; and
- (iv) personal care assistance providers.

(b) On or before November 30, 2018, the Maryland Department of Health shall report its findings and recommendations to the General Assembly in accordance with § 2-1246 of the State Government Article.

SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2018. It shall remain effective for a period of 1 year and, at the end of June 30, 2019, this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.

**Approved by the Governor, May 15, 2018.**