

SENATE BILL 699

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9lr1383
CF 9lr2000

By: **Senators Kelley, Augustine, Beidle, Benson, Feldman, Guzzone, Hayes, Kramer, Lee, Nathan-Pulliam, and West**

Introduced and read first time: February 4, 2019

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Maryland Medical Assistance Program – Home– and Community–Based Waiver**
3 **Services – Prohibition on Denial**

4 FOR the purpose of prohibiting the Maryland Department of Health from denying an
5 individual access to a home– and community–based services waiver due to a lack of
6 funding for waiver services if the individual is living at home or in the community at
7 a certain time, received certain services for a certain time period, will be or has been
8 terminated from the Maryland Medical Assistance Program due to becoming entitled
9 to or enrolled in a certain program, meets certain eligibility criteria within a certain
10 time period, and certain services received by the individual would qualify for certain
11 funds; and generally relating to home– and community–based services under the
12 Maryland Medical Assistance Program.

13 BY repealing and reenacting, with amendments,
14 Article – Health – General
15 Section 15–137
16 Annotated Code of Maryland
17 (2015 Replacement Volume and 2018 Supplement)

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

20 **Article – Health – General**

21 15–137.

22 (a) The Department may not deny an individual access to a home– and
23 community–based services waiver due to a lack of funding for waiver services if:

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (1) **(I)** The individual is living in a nursing facility at the time of the
2 application for waiver services;

3 **[(2)] (II)** At least 30 consecutive days of the individual's nursing facility
4 stay are eligible to be paid for by the Program;

5 **[(3)] (III)** The individual meets all of the eligibility criteria for
6 participation in the home- and community-based services waiver; and

7 **[(4)] (IV)** The home- and community-based services provided to the
8 individual would qualify for federal matching funds; **OR**

9 **(2) (I) THE INDIVIDUAL IS LIVING AT HOME OR IN THE COMMUNITY**
10 **AT THE TIME OF THE APPLICATION FOR WAIVER SERVICES;**

11 **(II) THE INDIVIDUAL RECEIVED HOME- AND**
12 **COMMUNITY-BASED SERVICES THROUGH COMMUNITY FIRST CHOICE FOR AT**
13 **LEAST 30 CONSECUTIVE DAYS;**

14 **(III) THE INDIVIDUAL WILL BE OR HAS BEEN TERMINATED FROM**
15 **PARTICIPATION IN THE PROGRAM ON BECOMING ENTITLED TO OR ENROLLED IN**
16 **MEDICARE PART A OR ENROLLED IN MEDICARE PART B;**

17 **(IV) THE INDIVIDUAL MEETS ALL OF THE ELIGIBILITY CRITERIA**
18 **FOR PARTICIPATION IN THE HOME- AND COMMUNITY-BASED SERVICES WAIVER**
19 **WITHIN 6 MONTHS AFTER BEING NOTIFIED OF ELIGIBILITY; AND**

20 **(V) THE HOME- AND COMMUNITY-BASED SERVICES PROVIDED**
21 **TO THE INDIVIDUAL WOULD QUALIFY FOR FEDERAL MATCHING FUNDS.**

22 (b) Nothing in this section is intended to result in a reduction of federal funds
23 available to the Department.

24 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July
25 1, 2019.