$\begin{array}{c} \text{Olr} 3005 \\ \text{CF HB } 977 \end{array}$

By: Senators Washington and Salling

Introduced and read first time: February 3, 2020

Assigned to: Finance

AN ACT concerning

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A BILL ENTITLED

Workgroup to Study Long-Term Care Medicaid Eligibility and Payments to Providers

4 FOR the purpose of establishing the Workgroup to Study Long-Term Care Medicaid 5 Eligibility and Payments to Providers; providing for the composition, cochairs, and 6 staffing of the Workgroup; prohibiting a member of the Workgroup from receiving 7 certain compensation, but authorizing the reimbursement of certain expenses; 8 requiring the Workgroup to study and make recommendations regarding certain 9 matters; requiring the Workgroup to submit an interim and a final report to the Governor and the General Assembly on or before certain dates; providing for the 10 11 termination of this Act; and generally relating to the Workgroup to Study 12 Long-Term Care Medicaid Eligibility and Payments to Providers.

- 13 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, 14 That:
- 15 (a) There is a Workgroup to Study Long-Term Care Medicaid Eligibility and 16 Payments to Providers.
- 17 (b) The Workgroup consists of the following members:
- 18 (1) the Senate Chair of the Joint Committee on Children, Youth, and 19 Families:
- 19 Families;
 - 20 (2) the House Chair of the Joint Committee on Children, Youth, and
 - 21 Families;
 - 22 (3) two members of the Senate of Maryland, appointed by the President of
 - 23 the Senate;
 - 24 (4) two members of the House of Delegates, appointed by the Speaker of

1	the House;			
2	(8	5) 1	the Se	ecretary of Health, or the Secretary's designee;
3	(6	6) 1	the Se	ecretary of Human Services, or the Secretary's designee;
4	(′	7) 1	the Se	ecretary of Aging, or the Secretary's designee;
5 6	(8) the Executive Director of the Health Services Cost Review Commission, or the Executive Director's designee;			
7	?)	9) 1	the fol	llowing members, designated by the cochairs of the Workgroup:
8		((i)	one representative of the Maryland Hospital Association;
9	Society;	((ii)	one representative of MedChi, the Maryland State Medical
$\frac{1}{2}$	Maryland; and		(iii)	one representative of the Health Facilities Association of
13 14 15	(iv) representatives of nonprofit organizations who have expertise in areas that could assist in advancing the goals, strategies, and operations of the Workgroup; and			
16	(2	10)	additi	onal members invited by the cochairs of the Workgroup.
17 18 19	(c) The Senate Chair of the Joint Committee on Children, Youth, and Families and the House Chair of the Joint Committee on Children, Youth, and Families shall serve as cochairs of the Workgroup.			
20	(d) T	he De	partn	nent of Legislative Services shall provide staff for the Workgroup.
21	(e) A	nem	ber of	the Workgroup:
22	(1)	may n	ot receive compensation as a member of the Workgroup; but
23 24	`			itled to reimbursement for expenses under the Standard State ovided in the State budget.
25	(f) T	he W	orkgro	oup shall:
26		1) i	identi	fy, compile information on, and study:
27 28	Maryland Med			the unique needs related to long-term care eligibility under the ance Program;

- 1 (ii) the process for determining eligibility for long-term care services 2 provided by the Maryland Medical Assistance Program;
- 3 (iii) the transparency of long-term care eligibility decisions made by 4 the Maryland Medical Assistance Program; and
- 5 (iv) permanent payments for long-term care services provided to 6 Marylanders in need under the Maryland Medical Assistance Program;
- 7 (2) identify gaps in eligibility determinations for long-term care services 8 made by the Maryland Medical Assistance Program that delay or lead to the denial of 9 payments to skilled nursing and rehabilitation centers;
- 10 (3) identify and study issues with caseworkers, caseload, high turnovers, vacancies, and training associated with long-term care services provided by the Maryland 12 Medical Assistance Program;
- 13 (4) identify gaps that have created barriers to access to quality long-term 14 care services under the Maryland Medical Assistance Program and have placed 15 unnecessary burdens on State residents and their families;
- 16 (5) identify technical, compliance, and process issues associated with the 17 Assets Verification System as used by the Maryland Medical Assistance Program for 18 making long-term care eligibility determinations, including processing times, and Assets 19 Verification System contract renewal deadlines; and
- 20 (6) identify and study the issues faced by the Problem Resolution Unit regarding long—term care services provided by the Maryland Medical Assistance Program.
- 22 (g) The Workgroup shall make recommendations on:
- 23 (1) developing clear criteria and consistent policies to correct the current 24 backlog of eligibility determinations for long-term care services provided by the Maryland 25 Medical Assistance Program and prevent any future backlog;
- 26 (2) developing methods that may be used to streamline the eligibility 27 determination process for long-term care services provided by the Maryland Medical 28 Assistance Program by using technology and implementing policies to simplify the 29 documentation and verification process;
- 30 (3) consolidating the entities, preferably under the Maryland Department 31 of Health, that implement and oversee the process for determining eligibility for long–term 32 care services provided by the Maryland Medical Assistance Program;
- 33 (4) the automatic renewal of contracts for the electronic Assets Verification 34 System used to make eligibility determinations for long-term care services provided by the 35 Maryland Medical Assistance Program;

- 1 (5) the feasibility of requiring caseworkers, in accordance with policy, to offer assistance to applicants for long-term care services provided by the Maryland Medical Assistance Program in obtaining the information necessary for making an eligibility determination;
- 5 (6) streamlining the amount of information needed to make eligibility 6 determinations for long—term care services provided by the Maryland Medical Assistance 7 Program and enforcing Maryland "good faith/reasonable certainty" policies in cases where 8 verification of information is unattainable;
- 9 (7) developing a system to guide caseworkers in evaluating applications for 10 long—term care services provided by the Maryland Medical Assistance Program in a 11 manner that is consistent and efficient and would prevent or reduce backlogs;
- 12 (8) the feasibility of setting shorter time standards for making eligibility 13 determinations for long-term care services provided by the Maryland Medical Assistance 14 Program by requiring that the eligibility determinations and the notification to the 15 applicant regarding eligibility is made within 45 days after receipt of all required 16 information;
- 17 (9) legislation, regulations, and policy initiatives needed to address needs 18 related to long—term care services and payments for long—term care services provided by 19 the Maryland Medical Assistance Program to Marylanders;
- 20 (10) funding requirements and budgetary priorities to address the needs 21 associated with the long-term care eligibility determination process under the Maryland 22 Medical Assistance Program; and
- 23 (11) any other relevant issues or considerations identified by the 24 Workgroup.
- 25 (h) On or before December 1, 2020, the Workgroup shall submit an interim report 26 of its findings and recommendations to the Governor and, in accordance with § 2–1257 of 27 the State Government Article, the General Assembly.
- 28 (i) On or before June 30, 2021, the Workgroup shall submit a final report of its 29 findings and recommendations to the Governor and, in accordance with § 2–1257 of the 30 State Government Article, the General Assembly.
- SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2020. It shall remain effective for a period of 2 years and 1 month and, at the end of June 30, 2022, this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.