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2001 Regular Session (1lr1391)

ENROLLED BILL

-- Environmental Matters/Finance --

Introduced by Delegates Hubbard, Shriver, Hurson, Hixson, Owings, Hammen, D. Davis, Oaks, Billings, Nathan-Pulliam, Boutin, Stull, Elliott, Schisler, Morhaim, Klausmeier, Mohorovic, Sher, Stern, Love, Rzepkowski, Sophocleus, Benson, R. Baker, Grosfeld, Cryor, Leopold, Pitkin, Bobo, and Dypski Dypski, Marriott, Frush, Cane, and Baldwin

Read and Examined by Proofreaders: Proofreader. Proofreader. Sealed with the Great Seal and presented to the Governor, for his approval this _____ day of _____ at _____ o'clock, ____M. Speaker. CHAPTER 1 AN ACT concerning 2 **Community Attendant Services and Supports Program** 3 FOR the purpose of requiring the Department of Human Resources to administer a

- 4 home- and community-based attendant services and supports program;
- 5 requiring the Department to adopt regulations to implement the program;
- 6 requiring the Department to establish a certain committee; requiring the
- 7 Department of Human Resources and the Department of Health and Mental
- 8 Hygiene to determine certain payments for certain consumers; authorizing
- 9 certain disabled individuals to select, manage, and control certain services;
- 10 requiring that certain attendant services and supports be provided in certain
- places and available at certain times; requiring certain consumer service plans 11
- to be developed by certain persons; authorizing a consumer to select a personal 12
- 13 assistant; requiring certain attendant care service providers to assure that a

1 2 3 4 5 6 7 8 9 10 11 12	consumer is informed of certain information; providing a means of appeal for certain consumers; requiring that certain individuals under a certain age between certain ages be eligible for the program; requiring certain support plans to be developed for certain consumers; requiring the Department of Human Resources and the Department of Health and Mental Hygiene to modify adopt a certain quality assurance programs under certain circumstances system; requiring that certain the quality assurance systems system include certain consumer input; requiring the Department of Health and Mental Hygiene to apply for certain waiver programs; defining certain terms; requiring the Department of Health and Mental Hygiene and the Department of Human Resources to submit certain reports to the General Assembly; and generally relating to the community-based attendant services and supports program.
13	BY adding to
14	Article 41 - Governor - Executive and Administrative Departments
15	Section 6-7A-01 through 6-7A-06, inclusive, to be under the new subtitle
16	"Subtitle 7A. Community Attendant Services and Supports Program"
17	Annotated Code of Maryland
18	(1997 Replacement Volume and 2000 Supplement)
10	(1777 Teplacement Volume and 2000 supplement)
19	BY adding to
20	Article - Health - General
21	Section 15-133
22	Annotated Code of Maryland
23	(2000 Replacement Volume)
24	Preamble
25	WHEDEAS Many studies have found that an avery halming majority of
25	WHEREAS, Many studies have found that an overwhelming majority of
	individuals with disabilities needing long term services and supports would prefer to
	receive them in home- and community-based settings rather than in institutions and
28	nursing homes; and
20	WHEDEAC Descends on the movision of laws terms attended and and
29	WHEREAS, Research on the provision of long-term attendant services and
	supports under the Medicaid program has revealed a significant bias toward funding
31	these services in institutional rather than home and community based settings; and
22	WHEREAC Decrees California Live in Contract and Contract Living
32	WHEREAS, Because of this funding bias, significant numbers of individuals
	with disabilities who would prefer to live in the community and could do so with
	community attendant services and supports are forced to live in unnecessarily
35	segregated institutional settings if they want to receive needed services and supports
36	and
27	WHEDEAG D
37	WHEREAS, Decisions regarding the provision of attendant services and
	supports are often influenced by what is reimbursable rather than what individuals
39	need and want; and

1	WHEREAS, There is a growing recognition that disability is a natural part of
2	the human experience that in no way diminishes a person's right to live
3	independently or with supports in the most integrated setting, enjoy
	self-determination and consumer-directed services, make choices, contribute to
5	society, and enjoy full inclusion and integration in the mainstream of American
	society; and
	•
7	WHEREAS, The United States Supreme Court ruled in Olmstead v. L.C. that
8	persons with disabilities have the right to live in the most integrated setting
	appropriate to each person's needs and each state must ensure this basic civil right to
	citizens with disabilities; and
10	orizono with distributing, and
11	WHEREAS, Long term services and supports provided under the Medicaid
	program must meet the evolving and changing needs and preferences of individuals
	with disabilities; and
13	with disubilities, and
14	WHEREAS, The goals of the nation and State properly include providing
	individuals with disabilities with meaningful choices of receiving long term services
	and supports in the most integrated setting appropriate, the greatest possible control
	over the services received, and quality services that maximize social functioning in
	the home and community; and
10	the nome and community, and
19	WHEREAS, The United States Congress, through the Health Care Financing
	Administration, is offering \$50 million for states to use to change the institutional
	bias in their service systems called "Olmstead or MiCASSA grants"; and
	g ,
22	WHEREAS, The United States Congress, through the Health Care Financing
23	Administration, is offering \$20 million for states to use as nursing home transition
	grants to identify ways to get and keep people with disabilities out of nursing homes
	with the intent that this program, now used in eight states, can be expanded to every
	state in the country; and
27	WHEREAS, Many individuals with disabilities are benefitting from the State's
	current home- or community-based services waiver program, however, more than
	3,000 persons with disabilities are still confined to inappropriate segregation in
	nursing homes who, if given the choice, would choose to receive necessary treatment
	and services in the most integrated home and community setting; now, therefore,
31	and services in the most integrated nome and community setting, now, therefore,
32	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
	MARYLAND, That the Laws of Maryland read as follows:
33	MAKT LAND, That the Laws of Maryland read as follows.
34	Article 41 - Governor - Executive and Administrative Departments
٥.	Titude if Governor Encounte una raministrative Departments
35	SUBTITLE 7A. COMMUNITY ATTENDANT SERVICES AND SUPPORTS PROGRAM.
36	6-7A-01.
37	(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
38	INDICATED.

1 (B) "AGENCY-PROVIDER SERVICE OPTION MODEL" MEANS A SERVICE OPTION 2 METHOD OF PROVIDING COMMUNITY ATTENDANT SERVICES AND SUPPORTS FOR AN 3 ELIGIBLE INDIVIDUAL WHERE THE PERSONAL ASSISTANT IS EMPLOYED BY A 4 PROVIDER AGENCY, SUPERVISED AND EVALUATED BY THE CONSUMER, AND THE 5 AGENCY IS THE PERSONAL ASSISTANT'S EMPLOYER OF RECORD. "ATTENDANT SERVICES AND SUPPORTS" MEANS THE FOLLOWING 6 7 SERVICES FOR THE DISABLED INDIVIDUAL, WHICH ARE CERTIFIED AS NECESSARY 8 BY A HEALTH CARE PROFESSIONAL: 9 (I) DRESSING: 10 (II)PREPARING FOOD AND ASSISTING THE DISABLED INDIVIDUAL 11 WITH EATING; 12 (III) BATHING AND PERSONAL HYGIENE; 13 (IV) ASSISTING WITH ROUTINE BODILY FUNCTIONS, INCLUDING 14 BOWEL OR URINARY CARE; 15 (V) MOVING INTO, OUT OF, OR TURNING IN BED; (VI) LAUNDERING AND PROVIDING OTHER CLOTHING CARE; AND 16 CLEANING HOUSE AND PERFORMING OTHER SERVICES OF 17 (VII) 18 DAILY CARE, INCLUDING SHOPPING AND TRANSPORTATION, AS REQUESTED BY THE 19 DISABLED INDIVIDUAL AND THE DEPARTMENT. "ATTENDANT SERVICES AND SUPPORTS" ARE DESIGNED TO ASSIST 20 21 THE CONSUMER IN ACCOMPLISHING ACTIVITIES OF DAILY LIVING AND 22 HEALTH-RELATED FUNCTIONS THROUGH: 23 (I) HANDS ON ASSISTANCE; 24 (II)SUPERVISION: OR 25 (III)CUING, PROMPTING, OR REMINDING THE CONSUMER ABOUT 26 AN ACTIVITY. 27 "COMMUNITY ATTENDANT SERVICES AND SUPPORTS" MEANS ATTENDANT (D) 28 SERVICES AND SUPPORTS FURNISHED TO AN INDIVIDUAL: 29 UNDER A PLAN OF SERVICES THAT IS BASED ON AN ASSESSMENT OF (1) 30 FUNCTIONAL NEED AND THAT IS AGREED TO BY THE INDIVIDUAL OR THE 31 INDIVIDUAL'S REPRESENTATIVE; AND UNDER AN AGENCY-PROVIDER MODEL, A CONSUMER-DIRECTED 33 MODEL, OR OTHER MODEL AS DEFINED IN THIS SECTION.

HOUSE BILL 702 1 (E) "CONSUMER" MEANS AN ELIGIBLE INDIVIDUAL WHO IS A RECIPIENT OF 2 ATTENDANT SERVICES AND SUPPORTS OR COMMUNITY-BASED ATTENDANT 3 SERVICES AND SUPPORTS. 4 (F) "DEPARTMENT" MEANS THE DEPARTMENT OF HUMAN RESOURCES. 5 (G) "ELIGIBLE INDIVIDUAL" MEANS AN INDIVIDUAL WITH A COGNITIVE, 6 SENSORY, OR PHYSICAL DISABILITY WHO: 7 IS AN ADULT UNDER THE AGE OF 60 BETWEEN THE AGES (1) 8 OF 21 AND 59 YEARS; AND (III)HAS A SEVERE CHRONIC OR PERMANENT DISABILITY THAT 10 PRECLUDES OR SIGNIFICANTLY IMPAIRS THE INDIVIDUAL'S INDEPENDENT 11 PERFORMANCE OF ESSENTIAL ACTIVITIES OF DAILY LIVING, SELF CARE, OR 12 MOBILITY 13 (2) REQUIRES THE LEVEL OF CARE PROVIDED IN A NURSING FACILITY: 14 AND **QUALIFIES FOR THE MEDICAID WAIVER FOR ADULTS WITH** 15 16 PHYSICAL DISABILITIES. "ELIGIBLE INDIVIDUAL" INCLUDES AN INDIVIDUAL WITH A 18 COGNITIVE, SENSORY, OR PHYSICAL DISABILITY WHO: 19 HAS A FUNCTIONAL NEED THAT LIMITS THE INDIVIDUAL'S 20 ABILITY TO PERFORM ONE OR MORE ACTIVITIES OF DAILY LIVING; 21 (II)REQUIRES SUBSTANTIAL SUPERVISION OR EPISODIC OR 22 SHORT-TERM CRISIS ASSISTANCE; OR $\frac{1}{1}$ NEEDS ASSISTANCE WITH THE PERFORMANCE OF 23 24 HEALTH-RELATED TASKS. "FUNCTIONAL NEED" MEANS THE NEED FOR PERSONAL ASSISTANCE 25 26 BASED ON ABILITIES AND LIMITATIONS OF THE CONSUMER, REGARDLESS OF 27 MEDICAL DIAGNOSIS OR OTHER CATEGORY OF DISABILITY. "INSTITUTION" MEANS AN ESTABLISHMENT THAT, IN SINGLE OR 28 29 MULTIPLE FACILITIES, FURNISHES FOOD, SHELTER, AND SOME TREATMENT 30 SERVICES TO FOUR OR MORE PERSONS UNRELATED TO THE PROPRIETOR.

"NURSING HOME TRANSITION GRANT" MEANS THE GRANTS

32 AVAILABLE TO STATES THROUGH THE HEALTH CARE FINANCING ADMINISTRATION.
33 AS INCLUDED IN THE FEDERAL BUDGET TO ALLOW STATES TO IDENTIFY WAYS TO

34 GET OR KEEP PEOPLE WITH DISABILITIES OUT OF NURSING HOMES.

- 1 (J) (K) (U) "OTHER SERVICE OPTIONS" MEANS METHODS OTHER THAN AN
- 2 AGENCY-PROVIDER MODEL: AND MAY INCLUDE THE USE OF A FISCAL AGENT TO
- 3 ASSIST IN OBTAINING SERVICES.
- 4 (2) "OTHER SERVICE OPTIONS" INCLUDES VOUCHERS, DIRECT CASH
- 5 PAYMENTS, OR USE OF A FISCAL AGENT TO ASSIST IN OBTAINING SERVICES.
- 6 (K) (L) "PERSONAL ASSISTANT" MEANS THE INDIVIDUAL WHO DIRECTLY 7 PROVIDES ATTENDANT SERVICES AND SUPPORTS.
- 8 (L) (M) "PROGRAM" MEANS THE COMMUNITY-BASED ATTENDANT CARE
- 9 PROGRAM THE COMMUNITY AND ATTENDANT SERVICES AND SUPPORT PROGRAM.
- 10 PROGRAM.
- 11 (M) (N) "REPRESENTATIVE" MEANS A PARENT, FAMILY MEMBER, GUARDIAN,
- 12 ADVOCATE, OR AUTHORIZED REPRESENTATIVE OF AN ELIGIBLE INDIVIDUAL.
- 13 6-7A-02.
- 14 (A) SUBJECT TO FUNDING IN THE STATE BUDGET, THE DEPARTMENT, IN
- 15 COLLABORATION WITH THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
- 16 SHALL DEVELOP AND ADMINISTER A COMPREHENSIVE PROGRAM OF HOME AND
- 17 COMMUNITY ATTENDANT SERVICES AND SUPPORTS THAT PROVIDES
- 18 ATTENDANT SERVICES AND SUPPORTS TO AN INDIVIDUAL WITH DISABILITIES
- 19 RESIDING IN A NURSING HOME OR AT RISK OF PLACEMENT IN A NURSING HOME
- 20 WHO CAN RETURN OR REMAIN IN A HOME-OR COMMUNITY-BASED SETTING WHO
- 21 WILL BE DISCHARGED OR DIVERTED FROM A NURSING FACILITY WITH THE
- 22 PROVISION OF COMMUNITY ATTENDANT SERVICES AND SUPPORTS THROUGH A
- 23 MEDICAID HOME AND COMMUNITY SERVICES BASED WAIVER.
- 24 (B) THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE SHALL ADOPT
- 25 REGULATIONS NECESSARY TO IMPLEMENT THIS SUBTITLE WITH SIGNIFICANT
- 26 CONSUMER PARTICIPATION AND INVOLVEMENT.
- 27 (C) THE DEPARTMENT SHALL SEEK INPUT FROM ELIGIBLE INDIVIDUALS, THE
- 28 INDIVIDUALS' REPRESENTATIVES, AND SERVICE PROVIDERS RELATING TO THE
- 29 PROGRAM. ESTABLISH A PLANNING AND OVERSIGHT COMMITTEE TO INCLUDE
- 30 ELIGIBLE INDIVIDUALS, THE INDIVIDUALS' REPRESENTATIVES, AND AGENCY
- 31 SERVICE PROVIDERS TO ASSIST IN THE DEVELOPMENT AND IMPLEMENTATION OF
- 32 ALL ASPECTS OF A COMPREHENSIVE PROGRAM OF COMMUNITY ATTENDANT
- 33 SERVICES AND SUPPORTS, INCLUDING PROGRAM STANDARDS, THE ELIGIBILITY
- 34 DETERMINATION INSTRUMENT AND PROTOCOL, AND QUALITY ASSURANCE
- 35 PROGRAM.
- 36 (D) (1) THE DEPARTMENT, IN COORDINATION WITH THE DEPARTMENT OF
- 37 HEALTH AND MENTAL HYGIENE, SHALL AMEND THE EXISTING WAIVER FOR ADULTS
- 38 WITH PHYSICAL DISABILITIES TO INCLUDE INDIVIDUALS WITH INCOMES AT OR
- 39 BELOW 300% OF SUPPLEMENTAL SECURITY INCOME. DETERMINE CO PAYMENTS
- 40 AND COST SHARING FOR A CONSUMER WHO HAS AN ADJUSTED GROSS INCOME THAT
- 41 EXCEEDS 225% OF THE FEDERAL POVERTY LEVEL.

- 1 (2) THE DEPARTMENT SHALL GIVE PRIORITY TO SERVING A CONSUMER 2 WHO HAS AN INCOME AT OR BELOW 225% OF THE FEDERAL POVERTY LEVEL:
- 3 NOTWITHSTANDING THE PROVISION OF PARAGRAPH (1) OF THIS
- 4 SUBSECTION, THE DEPARTMENT AND THE DEPARTMENT OF HEALTH AND MENTAL
- 5 HYGIENE MAY NOT STRUCTURE THE CO PAYMENT AND COST SHARING
- 6 REQUIREMENTS TO BE A DISINCENTIVE TO EMPLOYMENT.
- 7 6-7A-03.
- 8 (A) TO THE EXTENT POSSIBLE, AN ELIGIBLE INDIVIDUAL WHO IS A
- 9 PARTICIPANT IN THE PROGRAM MAY SELECT, MANAGE, AND CONTROL THE
- 10 INDIVIDUAL'S COMMUNITY ATTENDANT SERVICES AND SUPPORTS.
- 11 (B) (1) ATTENDANT SERVICES AND SUPPORTS SHALL BE PROVIDED IN A
- 12 CONSUMER'S HOME OR OTHER INDEPENDENT OR SUPPORTED LIVING
- 13 ENVIRONMENT, INCLUDING BUT NOT LIMITED TO SCHOOL, WORK, RECREATIONAL,
- 14 AND RELIGIOUS SETTINGS.
- 15 (2) ATTENDANT SERVICES AND SUPPORTS MAY NOT BE PROVIDED IN A
- 16 NURSING FACILITY, INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED,
- 17 OR OTHER LARGE CONGREGATE SETTING INSTITUTION.
- 18 (C) A CONSUMER RECEIVING SERVICES AND SUPPORTS UNDER THIS
- 19 PROGRAM SHALL BE ELIGIBLE FOR MEDICAL ASSISTANCE IF THE CONSUMER:
- 20 (1) WOULD BE ELIGIBLE FOR MEDICAL ASSISTANCE IN A MEDICAL
- 21 INSTITUTION OR NURSING HOME; AND
- 22 (2) NEEDS HOME AND COMMUNITY SERVICES AND SUPPORTS IN ORDER
- 23 TO REMAIN IN OR TRANSITION TO THE COMMUNITY.
- 24 (D) THE COMMUNITY ATTENDANT SERVICES AND SUPPORTS SHALL BE
- 25 CAPABLE OF PROVIDING PERSONAL ASSISTANCE AVAILABLE 24 HOURS A DAY, 7 DAYS
- 26 A WEEK, AND, WHEN NECESSARY, PROVIDE BACKUP AND EMERGENCY PERSONAL
- 27 ASSISTANCE SERVICES.
- 28 (E) (1) EACH CONSUMER'S PROGRAM OF SERVICES SHALL BE BASED UPON
- 29 A MUTUALLY-AGREED UPON INDIVIDUAL SERVICES PLAN, JOINTLY DEVELOPED BY
- 30 THE CONSUMER AND THE DEPARTMENT OR ITS DESIGNEE.
- 31 (2) (I) A CONSUMER SHALL HAVE AN OPPORTUNITY TO CHOOSE
- 32 BETWEEN DIFFERENT SERVICE DELIVERY OPTIONS, INCLUDING VOUCHERS,
- 33 CONSUMER-DIRECTED INDIVIDUAL PROVIDER MODELS- AND CONSUMER-DIRECTED
- 34 AGENCY MODELS.
- 35 (II) 1. A CONSUMER MAY SELECT OR HIRE WHOMEVER THE
- 36 CONSUMER CHOOSES AS A PERSONAL ASSISTANT, INCLUDING FAMILY MEMBERS.

- 1 2. BASED ON CONSUMER RECOMMENDATIONS, THE
- 2 DEPARTMENT MAY WAIVE CERTAIN QUALIFICATIONS REQUIRED IN THE
- 3 REGULATIONS FOR A PERSONAL ASSISTANT IF THE PERSONAL
- 4 ASSISTANT IS A FAMILY MEMBER OR IS AN INDIVIDUAL KNOWN AND CHOSEN BY THE
- 5 CONSUMER.
- 6 <u>EXCEPT AS PROVIDED IN ITEM SUB-SUBPARAGRAPH</u>
- 7 4 OF THIS PARAGRAPH SUBPARAGRAPH, A FAMILY MEMBER MAY NOT BE BARRED
- 8 FROM RECEIVING MEDICAL ASSISTANCE PAYMENTS FOR PROVIDING SERVICES.
- 9 4. THE CONSUMER'S SPOUSE SHALL BE BARRED FROM
- 10 RECEIVING MEDICAL ASSISTANCE PAYMENTS FOR PROVIDING SERVICES.
- 11 (F) THE DEPARTMENT SHALL OFFER A CONSUMER THE FOLLOWING:
- 12 TRAINING:
- 13 (1) TRAINING ON HOW TO SELECT, MANAGE, AND DISMISS AN
- 14 ATTENDANT OR PERSONAL ASSISTANT; AND
- 15 (2) TRAINING ON FINANCIAL ASSISTANCE WITH THE EXPENSE OF
- 16 MANAGING MANAGEMENT OF THE CONSUMER'S PERSONAL ASSISTANCE SERVICES.
- 17 (G) A PROVIDER OF COMMUNITY ATTENDANT SERVICES AND SUPPORTS
- 18 SHALL ASSURE THAT A CONSUMER IS INFORMED OF AND ACCORDED THE
- 19 CONSUMER'S RIGHTS AND OPTIONS WITH RESPECT TO SELECTING, MANAGING, AND
- 20 CHANGING THE CONSUMER'S PERSONAL ASSISTANCE SERVICES AND THE
- 21 CONSUMER'S RIGHT TO PRIVACY AND CONFIDENTIALITY.
- 22 (H) THE DEPARTMENT SHALL LIMIT PARTICIPATION IN THE COMMUNITY
- 23 ATTENDANT SERVICES AND SUPPORTS PROGRAM TO AN ELIGIBLE INDIVIDUAL
- 24 UNDER THE AGE OF 60 YEARS WHO RESIDES IN A NURSING HOME OR IS AT RISK OF
- 25 PLACEMENT IN A NURSING HOME BETWEEN THE AGES OF 21 AND 59 YEARS WHO
- 26 WILL BE DISCHARGED OR DIVERTED FROM A NURSING FACILITY.
- 27 (I) ELIGIBILITY SHALL BE BASED ON FUNCTIONAL NEEDS OF THE
- 28 CONSUMER BASED ON ABILITIES AND LIMITATIONS OF THE CONSUMER.
- 29 REGARDLESS OF THE MEDICAL DIAGNOSIS OR OTHER CATEGORY OF DISABILITY.
- 30 (J) A CONSUMER WHO IS DISSATISFIED WITH THE ADMINISTRATION OR THE
- 31 CONSUMER'S COMMUNITY-BASED ATTENDANT SERVICES AND SUPPORTS PROGRAM
- 32 SHALL HAVE A RIGHT OF APPEAL TO THE DEPARTMENT.
- 33 6-7A-04.
- 34 (A) AN INITIAL INDIVIDUALIZED SUPPORT PLAN SHALL BE DEVELOPED FOR
- 35 EACH CONSUMER OF COMMUNITY-BASED ATTENDANT SERVICES AND SUPPORTS AT
- 36 THE TIME OF ASSESSMENT. THE PROGRAM.
- 37 (B) THE INDIVIDUALIZED SUPPORT PLAN SHALL:

BE DEVELOPED WITH THE CONSUMER OR THE CONSUMER'S (1) 2 REPRESENTATIVE: BE APPROVED BY THE CONSUMER OR THE CONSUMER'S 4 REPRESENTATIVE: AND BE GIVEN TO THE CONSUMER AND THE CONSUMER'S 6 REPRESENTATIVE IN WRITING OR OTHER APPROPRIATE AND UNDERSTANDABLE 7 FORMAT. 8 (C) THE INDIVIDUALIZED SUPPORT PLAN SHALL SPECIFY: 9 (1) THE SCOPE OF PERSONAL ASSISTANCE SERVICES TO BE PROVIDED: 10 (2) THE HOURS THAT PERSONAL ASSISTANCE SERVICES ARE TO BE 11 PROVIDED: THE MEANS OF PROVIDING ALTERNATE SOURCES FOR ATTENDANT 12 (3) 13 SERVICES AND SUPPORTS: THE MEANS OF ENSURING SUBSTITUTE AND EMERGENCY 14 (4) 15 ATTENDANT SERVICES AND SUPPORTS: THE METHOD OF SERVICE DELIVERY: 16 (5) THE INITIAL ASSESSMENT AND FREQUENCY OF REASSESSMENT OF 17 (6) 18 THE NEEDS OF THE CONSUMER: 19 (7) THE MEANS TO ADJUST SERVICES AND HOURS WHEN CHANGES ARE 20 NEEDED; A MECHANISM TO COORDINATE ATTENDANT SERVICES AND 21 (8)22 SUPPORTS WITH OTHER HEALTH CARE SERVICES RECEIVED BY THE CONSUMER; THE DEGREE AND FREQUENCY OF SUPERVISION OF THE PERSONAL 23 24 ASSISTANT NECESSARY FOR THE EFFECTIVE DELIVERY OF ATTENDANT SERVICES 25 AND SUPPORTS; AND 26 (10)THE AMOUNT OF CO-PAYMENTS OR COST SHARING, IF ANY: 27 (11)OUTCOME MEASURES USED TO ASSESS THE QUALITY OF SERVICES; 28 AND 29 (12)(10)COMPLAINT AND APPEAL PROCEDURES. 30 6-7A-05. THE DEPARTMENT AND THE DEPARTMENT OF HEALTH AND MENTAL 31 (A) 32 HYGIENE SHALL ADOPT A QUALITY ASSURANCE SYSTEM FOR THE PROGRAM THAT IS 33 CONSISTENT WITH FEDERAL REQUIREMENTS REGARDING QUALITY OF WAIVER 34 SERVICES.÷

3	(1) MODIFY ITS QUALITY ASSURANCE PROGRAM TO MAXIMIZE CONSUMER INDEPENDENCE AND CONSUMER DIRECTION IN AGENCY-PROVIDED AND OTHER SERVICE OPTIONS FOR COMMUNITY BASED ATTENDANT SERVICES AND SUPPORTS;
	(2) PROVIDE A SYSTEM THAT PROVIDES FOR THE EXTERNAL MONITORING OF THE QUALITY OF SERVICES AND ENSURES ONGOING MONITORING OF THE HEALTH AND WELL BEING OF EACH RECIPIENT;
10	(3) REQUIRE THAT QUALITY ASSURANCE MECHANISMS SHALL BE NCLUDED IN THE INDIVIDUAL'S WRITTEN PLAN THAT ARE APPROPRIATE FOR THE INDIVIDUAL AND THAT PROTECT THE CONSUMER TO THE MAXIMUM EXTENT POSSIBLE FROM ABUSE, NEGLECT, AND EXPLOITATION;
12 13	(4) MAKE AVAILABLE TO THE PUBLIC THE FINDINGS OF THE QUALITY ASSURANCE PROGRAM;
	(5) ESTABLISH AN ONGOING PUBLIC PROCESS FOR DEVELOPMENT, IMPLEMENTATION, AND REVIEW OF THE QUALITY ASSURANCE PROGRAM AS DESCRIBED IN THIS SECTION; AND
17	(6) DEVELOP SANCTIONS.
	(B) THE SYSTEM FOR QUALITY ASSURANCE SHALL BE DEVELOPED WITH CONSUMERS AND THEIR REPRESENTATIVES, DISABILITY ORGANIZATIONS, PROVIDERS, AND OTHERS.
23	(C) (B) THE SYSTEM FOR QUALITY ASSURANCE SHALL INCLUDE MEANINGFUL CONSUMER INPUT, INCLUDING CONSUMER SURVEYS, THAT MEASURE THE EXTENT TO WHICH PARTICIPANTS RECEIVE THE SERVICES DESCRIBED IN THE INDIVIDUAL PLAN AND PARTICIPANT SATISFACTION WITH SUCH SERVICES.
25	6-7A-06.
28 29 30 31	SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE DEPARTMENT SHALL REPORT TO THE GENERAL ASSEMBLY EVERY 3 MONTHS CONCERNING THE STATUS AND DEVELOPMENT OF THE PROGRAM UNDER THIS SUBTITLE, INCLUDING THE NUMBER OF INDIVIDUALS BUDGETED FOR THE MEDICAID HOME- AND COMMUNITY-SERVICES BASED WAIVER. THE FIRST REPORT SHALL BE SUBMITTED ON SEPTEMBER 1, 2001.
33	Article - Health - General
34	15-133.
35 36	(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

- 1 (2) "NURSING HOME TRANSITION GRANT" MEANS A GRANT AVAILABLE
- 2 TO THE DEPARTMENT FROM THE HEALTH CARE FINANCING ADMINISTRATION OF
- 3 THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES AS INCLUDED
- 4 IN THE FEDERAL BUDGET TO ALLOW STATES TO IDENTIFY WAYS TO GET OR KEEP
- 5 ELIGIBLE INDIVIDUALS OUT OF NURSING HOMES.
- 6 (3) "OLMSTEAD OR MICASSA GRANT" MEANS A GRANT AVAILABLE TO
- 7 THE DEPARTMENT FROM THE HEALTH CARE FINANCING ADMINISTRATION OF THE
- 8 UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES AS INCLUDED IN
- 9 THE FEDERAL BUDGET.
- 10 (B) ON OR BEFORE SEPTEMBER 1, 2001, THE DEPARTMENT SHALL APPLY FOR
- 11 AN EXPANDED MEDICAID HOME AND COMMUNITY BASED WAIVER PROGRAM THAT
- 12 INCLUDES COVERAGE FOR ANY ELIGIBLE INDIVIDUAL UNDER THE AGE OF 60 YEARS
- 13 WHO RESIDES IN A NURSING HOME OR AT RISK OF PLACEMENT IN A NURSING HOME.
- 14 (C) (1) (A) THE DEPARTMENT STATE SHALL APPLY TO THE HEALTH CARE
- 15 FINANCING ADMINISTRATION OF THE UNITED STATES DEPARTMENT OF HEALTH
- 16 AND HUMAN SERVICES FOR AN OLMSTEAD OR MICASSA GRANT GRANTS TO PROVIDE
- 17 THE FULL RANGE OF ACTIVITIES ALLOWABLE TO CHANGE THE INSTITUTIONAL BIAS
- 18 IN THE STATE'S SERVICE SYSTEM ASSIST STATES IN IMPROVING HOME AND
- 19 COMMUNITY-BASED SERVICE SYSTEMS, INCLUDING:
- 20 (1) REAL CHOICE SYSTEM CHANGE GRANTS;
- 21 (2) NURSING FACILITY TRANSITION GRANTS AND `ACCESS HOUSING'
- 22 "ACCESS HOUSING" GRANTS; AND
- 23 (3) COMMUNITY-BASED ATTENDANT SERVICES WITH CONSUMER
- 24 CONTROL GRANTS FOR THE FULL RANGE OF ACTIVITIES ALLOWABLE TO CHANGE
- 25 THE INSTITUTIONAL BIAS IN THE STATE'S SERVICE SYSTEM.
- 26 (2) THE GRANT SHALL BE ADMINISTERED BY THE DEPARTMENT OF
- 27 HUMAN RESOURCES IN COORDINATION WITH THE ELIGIBLE DISABLED HOME-AND
- 28 COMMUNITY-BASED WAIVER.
- 29 (3) THE FUNDS FROM THE OLMSTEAD OR MICASSA GRANT MAY BE USED
- 30 TO IDENTIFY, DEVELOP, AND IMPLEMENT STRATEGIES FOR MODIFYING POLICIES.
- 31 PRACTICES, AND PROCEDURES THAT BIAS THE PROVISION OF LONG-TERM SERVICES
- 32 TOWARD INSTITUTIONAL SETTINGS AND AWAY FROM HOME- AND
- 33 COMMUNITY BASED SETTINGS.
- 34 (D) (1) THE DEPARTMENT SHALL APPLY TO THE HEALTH CARE FINANCING
- 35 ADMINISTRATION OF THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN
- 36 SERVICES FOR A NURSING HOME TRANSITION GRANT TO ASSIST IN KEEPING
- 37 ELIGIBLE INDIVIDUALS OUT OF NURSING HOMES.
- 38 (2) THE DEPARTMENT SHALL APPLY FOR ANY OTHER FUNDS THAT MAY
- 39 BECOME AVAILABLE IN ORDER TO ASSIST THE STATE IN IMPLEMENTING
- 40 PROVISIONS OF THIS SECTION.

39 year 2003;

1 (E)THE DEPARTMENT OF HUMAN RESOURCES SHALL: 2 ADMINISTER THE GRANT PROGRAMS: (1)3 (2)INCLUDE COVERAGE OF COMMUNITY BASED ATTENDANT SERVICES AND SUPPORTS AS REQUIRED UNDER ARTICLE 41, § 6 7A 01 OF THE CODE; AND COORDINATE WITH ELIGIBLE INDIVIDUALS AND THE HOME OR 5 (3)6 COMMUNITY BASED SERVICES WAIVER PROGRAM UNDER THIS SECTION. 7 THE DEPARTMENT SHALL SEEK INPUT FROM ELIGIBLE (1) 8 INDIVIDUALS, THE INDIVIDUALS' REPRESENTATIVES, AND SERVICE PROVIDERS IN 9 DEVELOPING AND IMPLEMENTING THE PROGRAM A CONSUMER ADVISORY PANEL OF 10 PERSONS WITH DISABILITIES, FAMILY MEMBERS, ADVOCACY ORGANIZATIONS, AND 11 SERVICE PROVIDERS SHALL BE ESTABLISHED BY JULY 1, 2001 TO PROVIDE INPUT 12 AND REVIEW THE DEPARTMENT'S APPLICATION AND ONGOING INPUT AND 13 OVERSIGHT TO ITS IMPLEMENTATION OF THE HOME OR COMMUNITY BASED 14 WAIVER PROGRAM UNDER SUBSECTIONS (B), (C), AND (D) OF THIS SECTION. THE PANEL SHALL BE COMPRISED OF A MAJORITY OF PERSONS 15 16 WITH DISABILITIES WHO ARE NOT SERVICE PROVIDERS. ON OR BEFORE JULY 1, 2001, THE DEPARTMENT SHALL NOTIFY THE 17 (G) (C) 18 HEALTH CARE FINANCE FINANCING ADMINISTRATION OF THE UNITED STATES 19 DEPARTMENT OF HEALTH AND HUMAN SERVICES OF MARYLAND'S INTENT TO 20 EXPAND THE CURRENT MEDICAID HOME- AND COMMUNITY-BASED WAIVER AND 21 NONELDER ATTENDANT SERVICES AND SUPPORTS WAIVER FOR ADULTS WITH 22 PHYSICAL DISABILITIES, UNDER § 1915(C) OF THE FEDERAL SOCIAL SECURITY ACT TO 23 REDIRECT FUNDS TO DEVELOP APPROPRIATE FUNDING FOR THIS ACT. 24 SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE 25 DEPARTMENT SHALL REPORT TO THE GENERAL ASSEMBLY EVERY 3 MONTHS 26 CONCERNING THE STATUS OF THE DEPARTMENT'S APPLICATIONS UNDER 27 SUBSECTIONS (B) (A) AND (C) OF THIS SECTION, INCLUDING THE NUMBER OF 28 INDIVIDUALS BUDGETED FOR THE MEDICAID HOME- AND COMMUNITY-SERVICES 29 BASED WAIVER FOR ADULTS WITH PHYSICAL DISABILITIES. 30 SECTION 2. AND BE IT FURTHER ENACTED, That: It is the intent of the General Assembly, subject to funding in the State 31 32 budget, that the Department of Health and Mental Hygiene and the Department of 33 Human Resources shall expand the capacity of the Medicaid Home- and 34 Community-Services Based Waiver for Adults with Physical Disabilities to include at 35 least 350 300 individuals by the end of fiscal year 2002. The Department of Health 36 and Mental Hygiene and the Department of Human Resources shall develop a plan 37 for further expanding the capacity of the waiver according to the following schedule: 38 to include a total capacity of at least 575 individuals by the end of fiscal

1 2	(2) to include a total capacity of at least 1,425 individuals by the end of fiscal year 2004;
3 4	(3) to include a total capacity of at least 2,625 individuals by the end of fiscal year 2005; and
5 6	(4) to include a total capacity of at least 4,625 individuals by the end of fiscal year 2006.
7 8	(b) (1) On or before January 1, 2002, the Department of Health and Mental Hygiene and the Department of Human Resources shall:
9 10	(i) <u>determine the number of individuals residing in nursing homes</u> who would be eligible for services under the waiver;
11 12	(ii) <u>determine the number of individuals on medical assistance and residing in the community who would be eligible for services under the waiver;</u>
13 14	(iii) <u>develop the means to assess the number of individuals residing</u> in the community who would be eligible for services under the waiver;
15 16	(iv) assess the capacity of the community to provide services to individuals eligible under the waiver; and
17 18 19	(v) <u>develop a specific timeline for the implementation of further expansions in waiver capacity as appropriate to ensure that eligible individuals have access to services under the waiver.</u>
22	(2) The Department of Health and Mental Hygiene and the Department of Human Resources shall report to the General Assembly on or before January 1, 2002, in accordance with § 2-1246 of the State Government Article, on the plan developed under paragraph (1) of this subsection.
24 25	SECTION 2 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2001.