
By: **Delegate Hubbard**

Introduced and read first time: February 6, 2002

Assigned to: Environmental Matters

A BILL ENTITLED

1 AN ACT concerning

2 **Health - Nursing Facilities - Information About Community-Based Services**

3 FOR the purpose of requiring a certain coordinator at a nursing facility to provide
4 certain information to residents about home- or community-based waiver
5 programs at the time a certain assessment is performed; requiring the
6 information to contain certain information or referrals; requiring the
7 coordinator to ask the resident to sign a certain acknowledgment to be kept in
8 the resident's medical record; requiring the coordinator to provide a certain
9 referral to certain assistance; requiring a certain case manager at a local
10 department of social services to provide certain assistance and information to
11 residents; requiring the case manager to make a certain referral within a
12 certain time period under certain circumstances; providing that employees or
13 representatives of certain agencies and centers shall be given access into certain
14 facilities to provide certain information to residents; prohibiting employees or
15 representatives of certain agencies and centers from disclosing certain
16 information provided to residents; defining certain terms; and generally relating
17 to information about community services for residents of nursing facilities.

18 BY repealing and reenacting, without amendments,
19 Article - Health - General
20 Section 15-101(a) and (i)
21 Annotated Code of Maryland
22 (2000 Replacement Volume and 2001 Supplement)

23 BY adding to
24 Article - Health - General
25 Section 15-134
26 Annotated Code of Maryland
27 (2000 Replacement Volume and 2001 Supplement)

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

1

Article - Health - General

2 15-101.

3 (a) In this title the following words have the meanings indicated.

4 (i) "Program" means the Maryland Medical Assistance Program.

5 15-134.

6 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
7 INDICATED.8 (2) "MDS COORDINATOR" MEANS A COORDINATOR IN A NURSING
9 FACILITY WHO IS REQUIRED TO FILL OUT THE MINIMUM DATA SET ASSESSMENT.10 (3) "MINIMUM DATA SET ASSESSMENT" OR "MDS" MEANS THE
11 ASSESSMENT INFORMATION REQUIRED IN A QUARTERLY FORM BY THE CENTERS
12 FOR MEDICARE AND MEDICAID SERVICES FOR MEDICAID SERVICES.13 (4) "NURSING FACILITY" HAS THE MEANING STATED IN § 15-132(A)(10) OF
14 THIS SUBTITLE.15 (5) "RESIDENT" MEANS AN INDIVIDUAL RECEIVING LONG-TERM CARE
16 IN A NURSING FACILITY.17 (B) (1) DURING A MINIMUM DATA SET ASSESSMENT, AN MDS COORDINATOR
18 SHALL PROVIDE TO A RESIDENT A ONE-PAGE INFORMATION SHEET IN LARGE,
19 EASILY LEGIBLE TYPE AND IN FORMATS ACCESSIBLE TO THE RESIDENT THAT
20 EXPLAINS THE AVAILABILITY OF SERVICES UNDER HOME- OR COMMUNITY-BASED
21 WAIVER PROGRAMS IN THE STATE THAT COULD ENABLE THE RESIDENT TO LIVE IN
22 THE COMMUNITY.

23 (2) THE INFORMATION PROVIDED BY AN MDS COORDINATOR SHALL:

24 (I) EXPLAIN THAT IF THE RESIDENT'S CARE IS PARTIALLY OR
25 FULLY REIMBURSED BY THE PROGRAM, THE RESIDENT MAY BE ABLE TO RECEIVE
26 LONG-TERM CARE SERVICES IN THE COMMUNITY INSTEAD OF IN THE NURSING
27 FACILITY; AND28 (II) PROVIDE REFERRALS TO RESIDENTS THAT MAY PROVIDE
29 ADDITIONAL INFORMATION, CASE MANAGEMENT SERVICES, OR EVALUATION
30 SERVICES RELATED TO HOME- AND COMMUNITY-BASED WAIVER PROGRAMS OR
31 OTHER OPTIONS FOR RECEIVING LONG-TERM CARE SERVICES IN THE COMMUNITY.32 (3) THE MDS COORDINATOR SHALL REQUEST THAT THE RESIDENT SIGN
33 AN ACKNOWLEDGMENT OF RECEIPT OF THE INFORMATION PROVIDED BY THE MDS
34 COORDINATOR THAT SHALL BE KEPT IN THE RESIDENT'S MEDICAL RECORD.35 (C) IF A RESIDENT IS UNABLE TO CONTACT OUTSIDE ENTITIES WITHOUT
36 ASSISTANCE, OR A RESIDENT REQUESTS ASSISTANCE, THE MDS COORDINATOR

1 SHALL REFER THE RESIDENT TO PERSONS THAT CAN PROVIDE INFORMATION OR
2 CASE MANAGEMENT SERVICES THAT WILL ENABLE THE RESIDENT TO LEARN ABOUT
3 RECEIVING LONG-TERM CARE SERVICES IN THE COMMUNITY.

4 (D) THE LONG-TERM CARE CASE MANAGER AT A LOCAL DEPARTMENT OF
5 SOCIAL SERVICES SHALL:

6 (1) PROVIDE ASSISTANCE TO RESIDENTS AND MAKE REFERRALS TO
7 PERSONS THAT MAY HELP ADDITIONAL INFORMATION, CASE MANAGEMENT
8 SERVICES, OR EVALUATION SERVICES RELATED TO MEDICAL ASSISTANCE WAIVER
9 PROGRAMS OR OTHER OPTIONS FOR RECEIVING LONG-TERM CARE SERVICES IN THE
10 COMMUNITY;

11 (2) PROVIDE THE SAME INFORMATION TO THE RESIDENT'S HEALTH
12 CARE REPRESENTATIVE OR LEGAL GUARDIAN; AND

13 (3) SHALL ENSURE THAT A COPY OF THE INFORMATION PROVIDED IS
14 KEPT IN A RESIDENT'S CLIENT FILE.

15 (E) WHEN A RESIDENT INDICATES AN INTEREST IN RECEIVING LONG-TERM
16 CARE SERVICES IN THE COMMUNITY, THE LONG TERM CARE CASE MANAGER AT A
17 LOCAL DEPARTMENT OF SOCIAL SERVICES SHALL REFER THE RESIDENT WITHIN 10
18 DAYS TO PERSONS THAT WILL PROVIDE INFORMATION OR CASE MANAGEMENT
19 SERVICES THAT WILL ENABLE THE RESIDENT TO CONSIDER THE OPTIONS THAT MAY
20 BE AVAILABLE AND APPLY FOR BENEFITS IF THE RESIDENT CHOOSES.

21 (F) (1) EMPLOYEES OR REPRESENTATIVES OF PROTECTION AND ADVOCACY
22 AGENCIES AND OF CENTERS FOR INDEPENDENT LIVING SHALL HAVE REASONABLE
23 AND UNACCOMPANIED ACCESS TO RESIDENTS OF PUBLIC OR PRIVATE NURSING
24 FACILITIES IN THE STATE THAT RECEIVE REIMBURSEMENT UNDER THE PROGRAM
25 FOR THE PURPOSE OF PROVIDING INFORMATION, TRAINING, AND REFERRAL TO
26 PROGRAMS AND SERVICES ADDRESSING THE NEEDS OF PEOPLE WITH DISABILITIES,
27 INCLUDING PARTICIPATION IN PROGRAMS THAT WOULD ENABLE INDIVIDUALS WITH
28 DISABILITIES TO LIVE OUTSIDE THE NURSING FACILITY.

29 (2) THE ACCESS TO NURSING FACILITIES REQUIRED UNDER
30 SUBSECTION (F) OF THIS SECTION SHALL INCLUDE THE OPPORTUNITY TO MEET AND
31 COMMUNICATE PRIVATELY WITH RESIDENTS ON A REGULAR BASIS BY TELEPHONE,
32 MAIL, ELECTRONIC MAIL, AND IN PERSON.

33 (3) EMPLOYEES OR REPRESENTATIVES OF PROTECTION AND ADVOCACY
34 AGENCIES AND OF CENTERS FOR INDEPENDENT LIVING SHALL MAINTAIN THE
35 CONFIDENTIALITY OF THE RESIDENTS AND MAY NOT DISCLOSE THE INFORMATION
36 PROVIDED TO A RESIDENT, EXCEPT WITH THE EXPRESS CONSENT OF THE RESIDENT
37 OR THE RESIDENT'S LEGAL GUARDIAN OR HEALTH CARE REPRESENTATIVE.

38 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
39 October 1, 2002.