

Department of Legislative Services
Maryland General Assembly
2003 Session

FISCAL AND POLICY NOTE
Revised

House Bill 478

(Delegate Hubbard, *et al.*)

Health and Government Operations and Appropriations

Finance

Money Follows the Individual Act

This bill prohibits the Department of Health and Mental Hygiene (DHMH) from denying an individual access to a home- and community-based services waiver due to a lack of funding for the waiver services if: (1) the individual is living in a nursing home at the time of the waiver services application; (2) the nursing home services for the individual were paid by the Medicaid program for at least 30 consecutive days immediately prior to the application; (3) the individual meets all eligibility criteria for participation in the home- and community-based services waiver; and (4) the home- and community-based services provided to the individual would qualify for federal matching funds in the Medicaid program.

The bill takes effect July 1, 2003.

Fiscal Summary

State Effect: The bill's provisions codify current DHMH practice that allows Medicaid recipients living in nursing homes who wish to return to the community to enroll in one of the State's home- and community-based services waivers. The bill's reporting requirements could be handled with existing DHMH resources. No effect on revenues.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: In addition, the Secretary of Health and Mental Hygiene must notify by September 1, 2003 all nursing home residents whose nursing home services were paid by the Medicaid program for at least 30 consecutive days prior to waiver application about the opportunity to apply for participation in a home- and community-based services waiver.

The Secretary of Health and Mental Hygiene must submit an annual report by January 1 of each year to the General Assembly and the Department of Legislative Services on: (1) State efforts to promote home- and community-based services; and (2) the number of individuals who have transitioned from nursing homes to home- and community-based services.

Current Law: The federal Social Security Act gives states the option of requesting waivers of certain federal requirements in order to develop community-based alternatives to placing Medicaid-eligible individuals in hospitals, nursing facilities, or institutions.

Background: Medicaid home- and community-based waivers allow individuals to receive long-term care services in the community rather than an institutional setting. Maryland is approved to operate five waivers.

Waiver for Older Adults: DHMH and the Maryland Department of Aging implemented the Senior Assisted Housing Waiver in 1993. The waiver gives eligible low-income adults a choice of receiving long-term care services in a community-based setting, rather than in a nursing facility. In 1999 the waiver was expanded to cover services in all types of licensed assisted living facilities, as well as supportive services for individuals living at home. The expanded waiver, renamed the Waiver for Older Adults, was implemented in April 2001.

Waiver for Individuals with Physical Disabilities (Living at Home Waiver): Effective April 1, 2001, the Maryland Department of Human Resources began providing services for those eligible individuals that meet a nursing home level of care and are between 21 and 59 years of age. This waiver is designed to provide consumer-directed personal assistance services for adults with physical disabilities in their own homes. Waiver services include attendant care, administrative case management, family and/or consumer training, skilled nursing supervision, personal emergency response systems, environmental accessibility adaptations, and occupational and speech/language therapies.

Waiver for Mentally Retarded/Developmentally Disabled Individuals: This waiver began in February 1984 to provide services for developmentally disabled individuals, who meet

an Intermediate Care Facility for the Mentally Retarded level of care, as an alternative to institutionalization in a facility. Covered services under the waiver include day habilitation, residential option services, respite care, services coordination, environmental modifications, assistive technology, and adaptive equipment.

Model Waiver for Disabled Children: This waiver began January 1985. It targets medically fragile individuals, including technology dependent individuals who, before the age of 22, would otherwise be hospitalized and are certified as needing hospital or nursing home level of care. Through the waiver, services are provided to enable medically fragile children to live and be cared for at home rather than in a hospital.

Waiver for Individuals with Autism Spectrum Disorder: Effective July 1, 2001, the Department of Education began administering the autism waiver, targeted to children ages one through the end of the semester that the child turns 21. As a part of determining eligibility, a child must be diagnosed with Autism Spectrum Disorder, meet an Intermediate Care Facility for the Mentally Retarded Level of Care, not be enrolled in any other waiver, and have an Individualized Educational Program or Individualized Family Service Plan and receive at least 15 hours of special education and related services per week. The services provided under the Autism Waiver are respite care, family training, environmental accessibility adaptations, supported employment, day habilitation, residential habilitation, and targeted case management.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene (Medicaid),
Department of Legislative Services

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