

Department of Legislative Services
Maryland General Assembly
2008 Session

FISCAL AND POLICY NOTE
Revised

Senate Bill 682

(Senator Middleton)

Finance

Health and Government Operations

Medical Assistance Program - Long-Term Care Eligibility - Consolidation Plan

This bill requires the Department of Health and Mental Hygiene and the Department of Human Resources to develop a plan to integrate the functions necessary for the determination of Medical Assistance Program (Medicaid) eligibility for long-term care services.

The bill takes effect July 1, 2008.

Fiscal Summary

State Effect: DHMH and DHR could prepare and report on the required plan with existing budgeted resources assuming the plan does not require implementation. Implementation of the plan could have a significant operational and fiscal impact on DHMH and DHR.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The plan must • transfer the workforce employed by DHR who determine long-term care Medicaid eligibility to DHMH; • create uniform procedures, guidelines, and forms to be utilized by all employees in the determination of long-term care Medicaid eligibility; • streamline regulations, policies, and procedures related to the Medicaid application for long-term care services, including considering whether the

face-to-face interview should be eliminated for long-term care eligibility determinations; and • consider creating a financial and technical resource center for assisting caseworkers in determining long-term care eligibility. DHMH and DHR must develop the plan in consultation with LifeSpan Network and the Health Facilities Association of Maryland and report on the implementation of the plan by October 1, 2008.

Current Law: Medicaid provides coverage for most long-term care services for an individual who meets certain financial and medical eligibility requirements. Eligibility for Medicaid is typically determined by DHR eligibility workers at the local departments of social services, while long-term care services are managed and funded by DHMH. Medicaid provides long-term care to over 30,000 individuals, including services such as nursing homes, medical day care, private-duty nursing, personal care services, and the Older Adult Waiver Program.

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. Medicaid home- and community-based waivers allow individuals to receive long-term care services in the community rather than an institutional setting.

Additional Information

Prior Introductions: None.

Cross File: HB 1452 (Delegate Weldon) – Health and Government Operations.

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

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Analysis by: Jennifer B. Chasse

Direct Inquiries to:
(410) 946-5510
(301) 970-5510