

SB0761/167171/1

BY: Finance Committee

AMENDMENTS TO SENATE BILL 761
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with “Federal” in line 2 down through “Program” in line 3 and substitute “Long-Term Care Supports and Services - Report”; in line 4, strike “Department” and substitute “Secretary”; strike beginning with “apply” in line 4 down through “Program” in line 14 and substitute “submit certain reports to the General Assembly on or before certain dates; providing for the purpose of a certain program; requiring the Secretary to convene a certain stakeholder group and provide for a certain stakeholder process; providing for the membership of a certain stakeholder group; requiring the Department to submit a federal waiver on or before a certain date under certain circumstances; and generally relating to the Department of Health and Mental Hygiene and a report on long-term care supports and services”; and strike in their entirety lines 15 through 19, inclusive.

AMENDMENT NO. 2

On page 1, after line 19, insert:

“SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY MARYLAND,
That:

(a) On or before September 1, 2009, the Secretary of Health and Mental Hygiene shall submit an interim report, and on or before December 1, 2010, shall submit a final report to the General Assembly, in accordance with § 2-1246 of the State Government Article, on the feasibility of creating a coordinated care program to reform the provision of long-term care services under the Medical Assistance program in a manner that improves and integrates the care of individuals, including health care services, designed as necessary to meet the differing needs of seniors and adults with disabilities in the State.

(Over)

(b) The purpose of the program created under subsection (a) of this section is to:

(1) deliver high-quality long-term care supports and services in a coordinated and integrated manner;

(2) deliver long-term care supports and services in the most appropriate care setting to meet the needs and preferences of eligible individuals;

(3) remove systemic and individual barriers to receiving care in home- and community-based settings, as preferred by the individual; and

(4) ensure that, if the State plans to manage long-term care through at-risk contracts, the carve-out of mental health services and hospice services are implemented as required by Chapter 4 of the Acts of the General Assembly of the 2004 Special Session.

(c) In developing the reports required under subsection (a) of this section, the Secretary shall convene a group of stakeholders both public and private and representatives of interested and affected parties, to evaluate and make recommendations consistent with the requirements of this section.

(d) The stakeholder group required under subsection (c) of this section shall include:

(1) legislators;

(2) affected State agencies;

(3) providers with experience in dementia, geriatrics, end-of-life care, and mental health;

- (4) long-term care providers;
- (5) managed care organizations;
- (6) acute care providers;
- (7) lay care providers;
- (8) advocates for individuals receiving long-term care or community services; and
- (9) consumers.

(e) The stakeholder process to develop recommendations for a coordinated care program consistent with the purpose of this section shall include a review of:

(1) long-term plans, consensus reports, experiences, and best practices in the State and in other states, relating to the management and coordination of long-term care supports and services, including mental health and behavioral health supports and services for individuals outside of the public mental health system, under the Medical Assistance program, including programs that have carved out nursing home services, programs or plans that are administered within a State agency or by an independent entity, and the CommunityChoice Advisory Group's consensus recommendations; and

(2) the Department's plan for evaluating the existing home- and community-based services infrastructure, including:

(i) identifying the projected need and cost for additional services adequate to support the needs of the population, including strategies to encourage the development of the additional services;

(ii) utilizing funds from the American Recovery and Reinvestment Act of 2009 (P.L. 111-5), to the extent practicable;

(iii) considering whether to pursue a pilot or statewide program;

(iv) identifying any other areas in which the service needs of seniors and adults with disabilities in the State that should be addressed, including streamlined electronic eligibility determinations and electronic billing components; and

(v) whether a federal waiver is necessary to create a coordinated care program and, if so, the type of waiver that should be sought.

(f) The Department shall:

(1) include in the interim report required under subsection (a) of this section a timeline and work plan for the stakeholder process required under subsection (e) of this section; and

(2) include in the final report required under subsection (a) of this section draft legislation for approval by the General Assembly that would enact the consensus recommendations developed through the stakeholder process.

(g) If the General Assembly enacts legislation that requires the submission of a federal waiver, the Department shall submit the waiver on or before June 1, 2011.”.

On pages 1 through 4, strike in their entirety the lines beginning with line 20 on page 1 through line 10 on page 4, inclusive.