

**HB0952/516987/1**

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 952

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “and Weldon” and substitute “Weldon, Hammen, Pendergrass, Benson, Bromwell, Donoghue, Elliott, Kach, Kipke, Kullen, McDonough, Montgomery, Morhaim, Nathan-Pulliam, Oaks, Pena-Melnyk, Reznik, Riley, Tarrant, and V. Turner”; strike beginning with “– Department” in line 2 down through “Oversight” in line 3 and substitute “Agreements and Related Agreements”; strike in their entirety lines 4 through 11, inclusive; and after line 11, insert:

“FOR the purpose of requiring the Department of Aging to review and approve or disapprove certain continuing care agreements and any other related agreements within a certain number of days; authorizing the Department to submit comments to or request additional information from a provider who has submitted certain agreements to the Department; providing for the suspension of a certain review period; requiring the Department to provide a certain written notice to certain providers if the Department does not approve a certain agreement; providing for a certain appeal under certain circumstances; requiring the Department to limit its review of certain modifications to certain agreements in a certain manner; providing that certain providers are not required to submit certain agreements or requests for modification to the Department for approval; and generally relating to the oversight of continuing care.

BY repealing and reenacting, with amendments,

Article – Human Services

Section 10–445

Annotated Code of Maryland

(2007 Volume and 2008 Supplement)”.

(Over)

On pages 1 through 3, strike in their entirety the lines beginning with line 12 on page 1 through line 13 on page 3, inclusive.

AMENDMENT NO. 2

On page 3, in line 14, strike “2. AND BE IT FURTHER ENACTED” and substitute “1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND”; in line 16, strike “Insurance” and substitute “Human Services”; and after line 16, insert:

“10-445.

(a) (1) (I) If a provider’s feasibility study has been approved under § 10-409 of this subtitle, the Department [shall decide whether to approve a continuing care agreement within 180 days after receipt of a complete agreement], **WITHIN 120 DAYS AFTER RECEIPT OF A CONTINUING CARE AGREEMENT OR ANY OTHER RELATED AGREEMENT SUBMITTED BY A PROVIDER, SHALL DETERMINE WHETHER THE AGREEMENT COMPLIES WITH THE REQUIREMENTS OF THIS SUBTITLE.**

(II) AT ANY TIME DURING THE REVIEW PROCESS, THE DEPARTMENT MAY SUBMIT COMMENTS TO OR REQUEST ADDITIONAL INFORMATION FROM THE PROVIDER TO DETERMINE WHETHER THE AGREEMENT COMPLIES WITH THE REQUIREMENTS OF THIS SUBTITLE.

(III) IF THE DEPARTMENT SUBMITS COMMENTS OR A REQUEST FOR ADDITIONAL INFORMATION UNDER SUBPARAGRAPH (II) OF THIS PARAGRAPH, THE 120-DAY REVIEW PERIOD UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH IS SUSPENDED.

(IV) ON RECEIPT OF ANY REQUESTED INFORMATION OR MODIFICATIONS TO THE AGREEMENT NECESSITATED BY THE DEPARTMENT’S

COMMENTS UNDER SUBPARAGRAPH (III) OF THIS PARAGRAPH, THE DEPARTMENT, WITHIN THE NUMBER OF DAYS REMAINING IN THE 120-DAY REVIEW PERIOD, SHALL:

1. COMPLETE ITS REVIEW TO DETERMINE WHETHER THE AGREEMENT MEETS THE REQUIREMENTS OF THIS SUBTITLE; AND

2. APPROVE OR DISAPPROVE THE AGREEMENT.

(v) 1. IF THE DEPARTMENT DOES NOT APPROVE THE AGREEMENT, THE DEPARTMENT SHALL NOTIFY THE PROVIDER IN WRITING, INCLUDING CITATIONS TO THE SPECIFIC PROVISIONS OF LAW THAT THE DEPARTMENT DETERMINED WERE NOT COMPLIED WITH IN THE AGREEMENT.

2. A PROVIDER MAY APPEAL THE DISAPPROVAL OF AN AGREEMENT UNDER SUBPARAGRAPH (IV) OF THIS PARAGRAPH UNDER THE PROVISIONS OF TITLE 10, SUBTITLE 2 OF THE STATE GOVERNMENT ARTICLE.

(2) If the Department does not act within [180] 120 days, the agreement is deemed approved.

(b) The provider shall maintain the continuing care agreement at the facility and make it available for inspection by the Department of Health and Mental Hygiene under Title 19, Subtitle 18, of the Health – General Article AND TITLE 10, SUBTITLE 3 OF THE HEALTH – GENERAL ARTICLE.

(c) IF A PROVIDER IS SEEKING APPROVAL FOR A MODIFICATION TO AN APPROVED CONTINUING CARE AGREEMENT OR OTHER RELATED AGREEMENT, THE DEPARTMENT SHALL LIMIT ITS REVIEW TO:

(Over)

**(1) THE SECTION OF THE AGREEMENT BEING MODIFIED AND ANY SECTIONS DIRECTLY AFFECTED BY THE MODIFICATION; AND**

**(2) ANY SECTION OF THE AGREEMENT THAT MAY HAVE BEEN AFFECTED BY A CHANGE IN THE LAW OR A REGULATION THAT WAS ENACTED AFTER THE DEPARTMENT APPROVED THE AGREEMENT.**

**(D) IF THE PROVIDER EXECUTES A SEPARATE ASSISTED LIVING AGREEMENT OR COMPREHENSIVE CARE AGREEMENT, THE PROVIDER IS NOT REQUIRED TO SUBMIT THE ASSISTED LIVING AGREEMENT OR COMPREHENSIVE CARE AGREEMENT OR ANY REQUESTS FOR MODIFICATIONS TO THE DEPARTMENT FOR APPROVAL.**

**SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2009.”.**

On pages 3 through 76, strike in their entirety the lines beginning with line 17 on page 3 through line 8 on page 76, inclusive.