

**HB0113/796581/1**

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 113

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “and Hammen” and substitute “, Hammen, and Oaks”; strike line 2 in its entirety and substitute “Department of Health and Mental Hygiene – Long–Term Care Supports and Services – Report”; strike beginning with “altering” in line 3 down through “Services” in line 10 and substitute “requiring the Secretary of Health and Mental Hygiene to 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; 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 11 through 20, inclusive.

AMENDMENT NO. 2

On page 1, after line 20, insert:

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

(a) The Secretary of Health and Mental Hygiene shall submit to the General Assembly an interim report on or before December 1, 2009, and a final report on or before December 1, 2010, 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 and other State programs 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 interim report required under subsection (a) of this section, the Secretary shall conduct a literature review of the items included in subsection (d)(2)(i) of this section and the process for convening the stakeholders required under subsection (d)(1) of this section.

(d) In developing the final report required under subsection (a) of this section, the Secretary shall:

(1) convene a group of stakeholders both public and private and representatives of interested and affected parties as provided under subsection (e) of this section, to evaluate and make recommendations consistent with the requirements of this Act; and

(2) provide for a stakeholder process to develop recommendations for a coordinated care program consistent with the purpose of this section that includes a

review of:

(i) long-term plans, consensus reports, experiences, and best practices of the State and 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 and other State programs, 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;

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

1. 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;

2. utilizing funds from the American Recovery and Reinvestment Act of 2009, to the extent practicable;

3. considering whether to pursue a pilot or statewide program; and

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

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

(Over)

(e) The stakeholder group required under subsection (d)(1) of this section shall include:

- (1) legislators;
- (2) affected State agencies;
- (3) providers with experience in dementia, geriatrics, end-of-life care, mental health, and disabilities in younger adults;
- (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.

(f) The Department shall 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 under this section and a timeframe for submitting a federal waiver, if necessary.”.

On pages 1 through 6, strike in their entirety the lines beginning with line 21 on page 1 through line 14 on page 6, inclusive.