HOUSE BILL 113

J1, O2 (9lr0883)

ENROLLED BILL

—Health and Government Operations/Finance—

Introduced by Delegates Hubbard and Hammen, Hammen, and Oaks

Read an	d Examined b	y Proofre	eaders:			
]	Proofre	ader.
]	Proofre	ader.
Sealed with the Great Seal and	d presented	to the G	overnor,	for his ap	proval	this
day of	_ at			_ o'clock,		M.
					Spea	aker.
	CHAPTER _					
AN ACT concerning						
Ü						
Interagency Commi Department of Health and M	_	_				ha
Department of Hearth and M	<u>Services - F</u>		g-ICIM	Care Sup	ports	<u>uiu</u>
FOR the purpose of altering the	momborghin	of the In	torogona	v Committ	00 on 1	gina
Services; requiring the	-			•		
recommendations to the G	·			-		
the Interagency Committ		-				_
plans and reports, and ide						
disabilities in the State;	•					
annual report; making	_					
Interagency Committee on		· ,	_	•	_	
Mental Hygiene to submit		_	_	-		
certain dates; providing f	_					
Secretary to convene a co						

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

1

2 3 4

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.

Italics indicate opposite chamber/conference committee amendments.



1	stakeholder process; providing for the membership of a certain stakeholder						
2	group; requiring the Department to submit a federal waiver on or before a certain						
3	date under certain circumstances; and generally relating to the Department of						
4	Health and Mental Hygiene and a report on long-term care supports and						
5	services.						
6	BY repealing and reenacting, without amendments,						
7	Article - Human Services						
8	Section 10–301 and 10–309						
9	Annotated Code of Maryland						
10	(2007 Volume and 2008 Supplement)						
11	BY repealing and reenacting, with amendments,						
12	Article - Human Services						
13	Section 10-302, 10-303, 10-304, 10-306, and 10-310						
14	Annotated Code of Maryland						
15	(2007 Volume and 2008 Supplement)						
16	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF						
17	MARYLAND, That:						
18	(a) The On or before September 1, 2009, the Secretary of Health and Mental						
19	Hygiene shall submit to the General Assembly an interim report, and on or before						
20	December 1, 2009 2010, and shall submit a final report on or before December 1, 2010						
21	to the General Assembly, in accordance with § 2-1246 of the State Government Article,						
22	on the feasibility of creating a coordinated care program to reform the provision of						
23	long-term care services under the Medical Assistance program and other State						
24	programs in a manner that improves and integrates the care of individuals, including						
25	health care services, designed as necessary to meet the differing needs of seniors and						
26	adults with disabilities in the State.						
27	(b) The purpose of the program created under subsection (a) of this section is						
28	to:						
29	(1) deliver high-quality long-term care supports and services in a						
30	coordinated and integrated manner;						
31	(2) deliver long-term care supports and services in the most						
	appropriate care setting to meet the needs and preferences of eligible individuals;						
32	appropriate care setting to meet the needs and preferences of engine individuals;						
33	(3) remove systemic and individual barriers to receiving care in						
34	home- and community-based settings, as preferred by the individual; and						
35	(4) ensure that, if the State plans to manage long-term care through						
36	at-risk contracts, the carve-out of mental health services and hospice services are						
37	implemented as required by Chapter 4 of the Acts of the General Assembly of the 2004						
38	Special Session.						

1 2 3	(c) <u>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</u>
4	required under subsection (d)(1) of this section.
5 6	(d) In developing the final reports required under subsection (a) of this section, the Secretary shall:
7 8 9 10	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 section.
11 12	(d) The stakeholder group required under subsection (c) of this section shall include:
13	(1) legislators;
14	(2) affected State agencies;
15 16	(3) providers with experience in dementia, geriatrics, end-of-life care, mental health, and disabilities in younger adults;
17	(4) long-term care providers;
18	(5) managed care organizations;
19	(6) acute care providers;
20	(7) lay care providers;
21 22	(8) advocates for individuals receiving long-term care or community services; and
23	(9) consumers.
242526	(2) (e) provide for a The stakeholder process to develop recommendations for a coordinated care program consistent with the purpose of this section that includes shall include a review of:
27 28 29 30 31 32	(i) long-term plans, consensus reports, experiences, and best practices of 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 and other State programs, including programs that have carved out nursing home services, programs or plans

$\begin{matrix} 1 \\ 2 \\ 3 \end{matrix}$	that are administered within a State agency or by an independent entity, and the Community Choice Advisory Group's consensus recommendations; and
4 5	(ii) (2) the Department's plan for evaluating the existing home— and community—based services infrastructure, including:
6 7 8	± (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;
9 10	2. (ii) utilizing funds from the American Recovery and Reinvestment Act of 2009, to the extent practicable;
11 12	$\frac{3}{2}$ (iii) considering whether to pursue a pilot or statewide program; and
13 14 15 16	4. (iv) 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
17 18	(iii) (v) whether a federal waiver is necessary to create a coordinated care program and, if so, the type of waiver that should be sought.
19 20	$\underline{\text{(e)}}$
21	(1) legislators;
22	(2) affected State agencies;
$\begin{array}{c} 23 \\ 24 \end{array}$	(3) providers with experience in dementia, geriatrics, end-of-life care, mental health, and disabilities in younger adults;
25	(4) long-term care providers;
26	(5) managed care organizations;
27	(6) acute care providers;
28	(7) lay care providers;
29 30	(8) <u>advocates for individuals receiving long-term care or community</u> <u>services; and</u>
31	(9) consumers.

1	(f) The I	Department shall:
2 3 4	(1) section a timeline (e) of this section; of	include in the interim report required under subsection (a) of this and work plan for the stakeholder process required under subsection and
5 6 7 8	section, draft legis	nclude, in the final report required under subsection (a) of this slation for approval by the General Assembly that would enact the nendations developed through the stakeholder process under this frame for submitting a federal waiver, if necessary.
9 10		General Assembly enacts legislation that requires the submission of the Department shall submit the waiver on or before June 1, 2011.
11 12		1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF the Laws of Maryland read as follows:
13		Article - Human Services
14	10-301.	
15 16	There is a Department.	n Interagency Committee on Aging Services in the Executive
17	10-302.	
18	(a) The I	nteragency Committee consists of the following members:
19	(1)	the Secretary of Aging;
20	(2)	the Secretary of Disabilities;
21	(3)	the Secretary of Health and Mental Hygiene;
22	(4)	the Secretary of Housing and Community Development;
23	(5)	the Secretary of Human Resources;
24	(6)	the Secretary of Labor, Licensing, and Regulation;
25	(7)	the Secretary of Transportation;
26 27	(8) Development;	THE SECRETARY OF BUSINESS AND ECONOMIC
28	(9)	THE SECRETARY OF HIGHER EDUCATION;

1	(10) THE SECRETARY OF BUDGET AND MANAGEMENT;
2	[(8)] (11) a representative from an area agency appointed by th
3	Governor from a list submitted by the Maryland Association of Area Agencies of
4	Aging; and
5	(9) (12) a member of the public appointed by the Governor.
6	(b) (1) The term of a member appointed by the Governor under subsection
7	[(a)(8) or (9)] (A)(11) OR (12) of this section is 2 years.
8	(2) A member appointed by the Governor under subsection [(a)(8) o
9	(9)] (A)(11) OR (12) of this section may not be reappointed for more than 2 additions
10	terms.
11	10-303.
12	The Governor shall appoint the chair of the Interagency Committee from amon
13	the members listed in $\S 10-302(a)(1)$ through $\S 10-302(a)(1)$ throug
14	10 304.
15	(a) (1) An Executive Director shall serve as the principal staff of th
16	Interagency Committee.
17	(2) The Executive Director shall be an employee of the Department.
18	(b) Each member of the Interagency Committee listed in § 10-302(a)(1
19	through [(7)] (10) of this subtitle shall designate an employee as liaison with th
20	Executive Director to:
21	(1) implement policies of the Interagency Committee; and
22	(2) monitor the expenditure of funds to serve seniors.
23	10-306.
24	(a) (1) The Interagency Committee shall develop and update annually
25	plan for providing coordinated health services, social services, transportation, housing
26	and employment services to seniors in the State consistent with the priorities that the
27	Department establishes.
28	(2) If the members of the Interagency Committee cannot agree on
29	plan, the chair shall refer the matter to the Governor for resolution.

1	(b) Annually on or before a date that the Governor sets, the Interagence	≥y
2	Committee shall develop and present to the Governor and the General Assembly	-8
3	consolidated operating budget for services to seniors that:	
4	(1) sets forth the relevant portions of the operating budget of any un	it
5	responsible for services to seniors; and	
6	(2) is consistent with the plan developed under subsection (a) of th	18
7	section.	
8	(c) The Interagency Committee shall establish interagency agreements ar	امد
9	adopt regulations to:	IG
U	adopt logarations to:	
10	(1) implement and coordinate services to seniors consistent with the	ì€
11	plan developed under subsection (a) of this section;	
12	(2) maximize the sharing of resources among units of Star	ŧe
13	government for services to seniors;	
		,
14	(3) consolidate planning and evaluation efforts at the State and loc	a
15	levels; and	
16	(4) coordinate and expedite the delivery of services to seniors k	~ T:
16 17	providing technical assistance to local agencies.	7 y
11	providing technical assistance to local agencies.	
18	(d) (1) The Interagency Committee shall assist county agencies	te
19	establish local interagency committees composed of:	
20	(i) the directors of the local health department, loc	a l
21	department of social services, and area agency; and	
22	(ii) officials from housing, transportation, mental healt	h,
23	employment, and economic development agencies.	
24	(2) Local interagency committees shall coordinate and expedite the	ì€
25	delivery of services to seniors at the local level.	
26	(E) (1) ON OR BEFORE JANUARY 1, 2010, THE INTERAGENCE	137
$\frac{20}{27}$	COMMITTEE SHALL REPORT TO THE GENERAL ASSEMBLY, IN ACCORDANCE	
28	•	
28 29	WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, ON CONSENSU RECOMMENDATIONS TO REFORM THE PROVISION OF MEDICAL ASSISTANCE	
30	PROGRAM LONG TERM CARE SERVICES, INCLUDING HEALTH SERVICES	•
31	DESIGNED AS NECESSARY TO MEET THE DIFFERING NEEDS OF SENIORS AN	Ð
32	ADULTS WITH DISABILITIES IN THE STATE.	

1	(2) IN DEVELOPING THE RECOMMENDATIONS REQUIRED UNDER
2	PARAGRAPH (1) OF THIS SUBSECTION, THE INTERAGENCY COMMITTEE SHALL:
3	(I) CREATE STAKEHOLDER SUBCOMMITTEES CONSISTING
4	OF PROVIDERS, CONSUMERS, ADVOCATES, AND LOCAL INTERAGENCY
5	COMMITTEES TO ASSIST IN THE DEVELOPMENT OF THE RECOMMENDATIONS;
6	(II) REVIEW LONG-TERM CARE PLANS AND CONSENSUS
7	REPORTS CREATED IN THE STATE AND IN OTHER STATES RELATED TO
8	LONG-TERM CARE, INCLUDING LONG-TERM CARE MANAGED CARE; AND
9	(III) IDENTIFY AREAS IN WHICH THE SERVICE NEEDS OF
10	SENIORS AND ADULTS WITH DISABILITIES IN THE STATE NEED TO BE
11	ADDRESSED.
12	10-309.
13	(a) (1) The Interagency Committee shall:
14 15	(i) develop a system to provide services to frail or health-impaired seniors at risk of institutionalization; and
10	meaton impaired sements at their of institutionalization, and
16	(ii) coordinate the system among the agencies represented on
17	the Interagency Committee.
4.0	
18	(2) The Department shall administer the system for the Interagency
19	Committee.
20	(b) The services shall include:
21	(1) integrated screening and evaluation;
22	(2) development of an individual plan of care;
23	(3) in-home services such as minor home repair, shopping assistance,
24	homemaking, personal care, meal delivery or preparation, supportive services to group
25	or shared living arrangements, transportation services, and health services; and
26	(4) community services such as day care, congregate meals, and other
27	programs to assist seniors or adult caregivers in providing care for seniors.
28	(e) To be eligible to participate in the system, a county or counties shall
29	establish a community-based plan that:
30	(1) is developed by a local or regional committee composed of:

1			(i)						health	- departmen	t, local
2	department	of soci	ial ser	vices,	and area	agene	y; and				
3			(ii)							ch as local l	nousing,
4	transportat	ion, en	iployn	ient, s	ı nd econo	mie de	velop	ment c	officials;		
5		(2)	is co	nsiste	nt with	the pl	an de	velope	d under	§ 10–306(a)	of this
6	subtitle;										
7		(3)						gemen	ts to ev	valuate and	develop
8	care plans f	or frai l	l or he	alth-i	mpaired :	senior	3;				
9		(4)	enco	ırages	further	coordi	nation	of ser	vice deli	very;	
10		(5)	foste	rs ind	ividual co	ntrib ı	itions	for se i	vices pro	ovided;	
11		(6)	foste	rs the	-developn	nent o	f inno	vative	service d	elivery;	
12		(7)	foste	rs the	developr	nent o	f serv	ices in	-conjunc	tion with the	- private
13	sector; and										
14		(8)	foste	rs con	imunity i	nvolve	ment	throu	gh the us	e of voluntee	rs.
15	(d)	The	Intera ,	gency	Commit	tee, th	rough	the I	Departm	ent, shall we	rk with
16										ea agencies, a	
17	housing, tre	insport	tation,	econo	mic deve	lopme :	nt, an	d emp i	loyment	development	officials
18	to develop:										
19		(1)								secure and	manage
20	necessary se	ervices	-for ea	.ch fra	il or heal	th-im	paired	l senio	r in need	l; and	
21		(2)	_					regio	nal comr	nittees to co	ordinate
22	the services	-syster	n to in	nplem	ent this s	ection	-				
23	10-310.										
24	Subje	ect to	<u>§ 2</u>	1246	of the	State	Gove	ernmei	nt Artic	le, the Inte	ragency
25	Committee	shall	prese	n t a i	report be	efore (each	legisla	tive ses	sion to the	General
26	Assembly or	n;									
27		(1)	the p	lan d	eveloped	under	§ 10-	306(a)	of this	subtitle, INC	LUDING
28	A DESCRIP	TION (OF AN	Y CHA	NGES AN	ID UP	DATE	S TO T	HE PLA	V;	
29		(2)	THE	STAT	US OF TI	IE SY	STEM	DEVE	LOPED (JNDER § 10-	309 of
30	THIS SUBT	TLE:									

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[(2)] (3)	the activities of the Interagency Committee; and
[(3)] (4)	the status of services to seniors in the State.
SECTION 2. AND July 1, 2009.	BE IT FURTHER ENACTED, That this Act shall take effect
Approved:	
	Governor.
	Speaker of the House of Delegates.

President of the Senate.