CHAPTER 371

(House Bill 113)

AN ACT concerning

Interagency Committee on Aging Services – Modifications Department of Health and Mental Hygiene – Long–Term Care Supports and Services – Report

FOR the purpose of altering the membership of the Interagency Committee on Aging Services; requiring the Interagency Committee to report on certain recommendations to the General Assembly on or before a certain date; requiring the Interagency Committee to create certain subcommittees, review certain plans and reports, and identify certain service needs of seniors and adults with disabilities in the State; altering the information to be included in a certain annual report; making technical changes; and generally relating to the Interagency Committee on Aging Services 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; 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.

BY repealing and reenacting, without amendments,

Article – Human Services Section 10–301 and 10–309 Annotated Code of Maryland (2007 Volume and 2008 Supplement)

BY repealing and reenacting, with amendments, Article – Human Services Section 10–302, 10–303, 10–304, 10–306, and 10–310 Annotated Code of Maryland (2007 Volume and 2008 Supplement)

<u>SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF</u> <u>MARYLAND, That:</u>

(a) <u>The</u> <u>On or before September 1, 2009, the</u> Secretary of Health and Mental <u>Hygiene shall submit to the General Assembly</u> an interim report, <u>and</u> <u>on or before</u> <u>December 1, 2009</u> <u>2010, and</u> <u>shall submit</u> a final report on or before December 1, 2010

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 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.

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

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

(2) <u>deliver long-term care supports and services in the most</u> 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 <u>reports</u> 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 <u>Act; and</u> <u>section</u>.

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

- (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) <u>advocates for individuals receiving long-term care or community</u> <u>services; and</u>

(9) consumers.

(2) (e) provide for a <u>The</u> stakeholder process to develop recommendations for a coordinated care program consistent with the purpose of this section that includes <u>shall include</u> a review of:

(i) (1) 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 that are administered within a State agency or by an independent entity, and the <u>Community Choice</u> CommunityChoice Advisory Group's consensus recommendations; and

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

 \pm (*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;

 $\frac{2}{2}$ (*ii*) utilizing funds from the American Recovery and Reinvestment Act of 2009, to the extent practicable;

<u>3. (iii) considering whether to pursue a pilot or statewide</u>

program; and

<u>4.</u> (*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 (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.

(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) <u>acute care providers;</u>
- (7) lay care providers;
- (8) advocates for individuals receiving long-term care or community

services; and

- (9) <u>consumers.</u>
- (f) <u>The Department shall:</u>

(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_{$\overline{7}$} in the final report required under subsection (a) of this section_{$\overline{7}$} 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.

(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.

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article - Human Services

10-301.

There is an Interagency Committee on Aging Services in the Executive Department.

10-302.

- (a) The Interagency Committee consists of the following members:
 - (1) the Secretary of Aging;
 - (2) the Secretary of Disabilities;
 - (3) the Secretary of Health and Mental Hygiene;
 - (4) the Secretary of Housing and Community Development;
 - (5) the Secretary of Human Resources;
 - (6) the Secretary of Labor, Licensing, and Regulation;
 - (7) the Secretary of Transportation;

(8) THE SECRETARY OF BUSINESS AND ECONOMIC DEVELOPMENT;

(9) THE SECRETARY OF HIGHER EDUCATION;

(10) THE SECRETARY OF BUDGET AND MANAGEMENT;

[(8)] (11) a representative from an area agency appointed by the Governor from a list submitted by the Maryland Association of Area Agencies on Aging; and

[(9)] (12) a member of the public appointed by the Governor.

(b) (1) The term of a member appointed by the Governor under subsection [(a)(8) or (9)] (A)(11) OR (12) of this section is 2 years.

(2) A member appointed by the Governor under subsection $\{(a)(8) \text{ or } (9)\}$ (A)(11) OR (12) of this section may not be reappointed for more than 2 additional terms.

10-303.

The Governor shall appoint the chair of the Interagency Committee from among the members listed in 10-302(a)(1) through [(7)] (10) of this subtitle.

10-304.

(a) (1) An Executive Director shall serve as the principal staff of the Interagency Committee.

(2) The Executive Director shall be an employee of the Department.

(b) Each member of the Interagency Committee listed in 10-302(a)(1)through [(7)] (10) of this subtitle shall designate an employee as liaison with the Executive Director to:

(1) implement policies of the Interagency Committee; and

(2) monitor the expenditure of funds to serve seniors.

10-306.

(a) (1) The Interagency Committee shall develop and update annually a plan for providing coordinated health services, social services, transportation, housing, and employment services to seniors in the State consistent with the priorities that the Department establishes.

(2) If the members of the Interagency Committee cannot agree on a plan, the chair shall refer the matter to the Governor for resolution.

(b) Annually on or before a date that the Governor sets, the Interagency Committee shall develop and present to the Governor and the General Assembly a consolidated operating budget for services to seniors that:

(1) sets forth the relevant portions of the operating budget of any unit responsible for services to seniors; and

(2) is consistent with the plan developed under subsection (a) of this section.

(c) The Interagency Committee shall establish interagency agreements and adopt regulations to:

(1) implement and coordinate services to seniors consistent with the plan developed under subsection (a) of this section;

(2) maximize the sharing of resources among units of State government for services to seniors;

(3) consolidate planning and evaluation efforts at the State and local levels; and

(4) coordinate and expedite the delivery of services to seniors by providing technical assistance to local agencies.

(d) (1) The Interagency Committee shall assist county agencies to establish local interagency committees composed of:

(i) the directors of the local health department, local department of social services, and area agency; and

(ii) officials from housing, transportation, mental health, employment, and economic development agencies.

(2) Local interagency committees shall coordinate and expedite the delivery of services to seniors at the local level.

(E) (1) ON OR BEFORE JANUARY 1, 2010, THE INTERACENCY COMMITTEE SHALL REPORT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2–1246 OF THE STATE GOVERNMENT ARTICLE, ON CONSENSUS RECOMMENDATIONS TO REFORM THE PROVISION OF MEDICAL ASSISTANCE PROGRAM LONG-TERM CARE SERVICES, INCLUDING HEALTH SERVICES, DESIGNED AS NECESSARY TO MEET THE DIFFERING NEEDS OF SENIORS AND ADULTS WITH DISABILITIES IN THE STATE.

(2) IN DEVELOPING THE RECOMMENDATIONS REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION, THE INTERAGENCY COMMITTEE SHALL:

(I) CREATE STAKEHOLDER SUBCOMMITTEES CONSISTING OF PROVIDERS, CONSUMERS, ADVOCATES, AND LOCAL INTERAGENCY COMMITTEES TO ASSIST IN THE DEVELOPMENT OF THE RECOMMENDATIONS;

(II) REVIEW LONG-TERM CARE PLANS AND CONSENSUS REPORTS CREATED IN THE STATE AND IN OTHER STATES RELATED TO LONG-TERM CARE, INCLUDING LONG-TERM CARE MANAGED CARE; AND

(III) IDENTIFY AREAS IN WHICH THE SERVICE NEEDS OF SENIORS AND ADULTS WITH DISABILITIES IN THE STATE NEED TO BE ADDRESSED.

10-309.

(a) (1) The Interagency Committee shall:

(i) develop a system to provide services to frail or health-impaired seniors at risk of institutionalization; and

(ii) coordinate the system among the agencies represented on the Interagency Committee.

(2) The Department shall administer the system for the Interagency Committee.

- (b) The services shall include:
 - (1) integrated screening and evaluation;
 - (2) development of an individual plan of care;

(3) in-home services such as minor home repair, shopping assistance, homemaking, personal care, meal delivery or preparation, supportive services to group or shared living arrangements, transportation services, and health services; and

(4) community services such as day care, congregate meals, and other programs to assist seniors or adult caregivers in providing care for seniors.

(c) To be eligible to participate in the system, a county or counties shall establish a community-based plan that:

(1) is developed by a local or regional committee composed of:

(i) the directors of the local health department, local department of social services, and area agency; and

(ii) officials of other relevant agencies, such as local housing, transportation, employment, and economic development officials;

(2) is consistent with the plan developed under § 10-306(a) of this subtitle;

(3) specifies administrative arrangements to evaluate and develop care plans for frail or health-impaired seniors;

- (4) encourages further coordination of service delivery;
- (5) fosters individual contributions for services provided;
- (6) fosters the development of innovative service delivery;

(7) fosters the development of services in conjunction with the private sector; and

(8) fosters community involvement through the use of volunteers.

(d) The Interagency Committee, through the Department, shall work with local health departments, local departments of social services, area agencies, and local housing, transportation, economic development, and employment development officials to develop:

(1) a system to designate case managers to secure and manage necessary services for each frail or health-impaired senior in need; and

(2) guidelines to establish local or regional committees to coordinate the services system to implement this section.

10-310.

Subject to § 2–1246 of the State Government Article, the Interagency Committee shall present a report before each legislative session to the General Assembly on:

(1) the plan developed under § 10-306(a) of this subtitle, INCLUDING A DESCRIPTION OF ANY CHANGES AND UPDATES TO THE PLAN;

(2) THE STATUS OF THE SYSTEM DEVELOPED UNDER § 10-309 OF THIS SUBTITLE;

[(2)] (3) the activities of the Interagency Committee; and

[(3)] (4) the status of services to seniors in the State.

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

Approved by the Governor, May 7, 2009.