SENATE BILL 882

J1 (4lr1335)

ENROLLED BILL

— Finance/Health and Government Operations —

Introduced by Senator Pugh Senators Pugh and Kelley

Read and	Examined by Proofreaders:
	Proofreader.
	Proofreader.
Sealed with the Great Seal and	presented to the Governor, for his approval this
day of	at o'clock,M.
	President
	CHAPTER
AN ACT concerning	
Assertive Community Treatm	nent (ACT) - Targeted Outreach, Engagement, and Services
	lental Hygiene – Continuity of Care Advisory ices Programs Stakeholder Workgroup
	Secretary of Health and Mental Hygiene to convene a camine certain outpatient services programs, develop
	uate a certain standard; requiring the Department of
· · · · · · · · · · · · · · · · · · ·	to recommend certain draft legislation; requiring the tain report to certain committees of the General
	tain date; providing for the termination of this Act,
	a stakeholder workgroup on the treatment of
	<u>illness.</u> establishing the Targeted Outreach,
	rvices Program in the Department of Health and
Mental Hygiene: requiring t	he Program to provide certain services and supports

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

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

1

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

Italics indicate opposite chamber/conference committee amendments.



to certain individuals; requiring the Department to identify certain individuals 1 2 and to develop a certain petition and process; establishing eligibility criteria for 3 the Program; authorizing certain individuals to file a petition; requiring a 4 petition to be filed with the Department and to contain certain information; requiring the Department to make a certain determination; requiring the 5 Department to arrange for a certain Program provider to initiate contact with 6 7 an eligible individual within a certain time period; requiring the Department to develop certain guidelines: requiring a Program provider to contact or attempt 8 9 to contact an eligible individual until the individual enrolls in the Program or 10 no longer meets eligibility criteria; requiring the Program to meet certain behavioral health needs of an eligible individual in a certain manner; requiring 11 the development of a certain service plan for certain individuals within a certain 12 time period: authorizing the Department to provide certain services and 13 supports before the adoption of a service plan; requiring a service plan to be 14 reviewed and modified periodically to make a certain determination; requiring 15 16 the Program to use certain funds for certain services and in a certain manner: 17 establishing requirements for certain meetings; requiring a client to be informed of certain services and to be a full partner in the creation and 18 implementation of a certain plan; requiring a client to be informed about a 19 certain directive and to be offered assistance in completing the directive under 20 certain circumstances: providing that a certain directive shall be enforceable in 21 22 accordance with certain laws; prohibiting the Department from discontinuing 23 outreach if the Department has certain knowledge; prohibiting the Department 24 from discharging a client until the client takes certain action; requiring a 25 Program provider seeking to discharge a client to take certain action; requiring certain clients to be reinstated to the Program under certain circumstances: 26 requiring a Program provider to use certain services in a certain manner and 27 ensure that a client enrolls in certain programs; requiring the Department to 28 29 develop and provide a certain rate for certain services; requiring the Department to provide certain funds to local mental health authorities; 30 requiring the Department to document certain information, monitor certain 31 outcome data using a certain collection system, ensure that certain services and 32 33 supports are provided without disruption, expand the content and coverage of a certain system for a certain purpose, and establish a certain committee to make 34 certain recommendations; authorizing a client to appeal certain adverse actions; 35 36 authorizing a client to appeal certain actions in accordance with a certain law; providing that a client shall continue to receive certain services and supports 37 under certain circumstances; requiring the Department to secure the services of 38 39 an alternate provider under certain circumstances; requiring the Department, in consultation with stakeholders, to adopt certain regulations; defining certain 40 41 terms; and generally relating to the Targeted Outreach, Engagement, and ACT Services Program. 42

BY adding to

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Article - Health - General

45 Section 10–1501 through 10–1510 to be under the new subtitle "Subtitle 15.
46 Targeted Outreach, Engagement, and ACT Services Program"

1	Annotated Code of Maryland
2	(2009 Replacement Volume and 2013 Supplement)
3	requiring the Secretary of Health and Mental Hygiene to reconvene the
4	Continuity of Care Advisory Panel; requiring the Panel to examine certain
5	matters, develop a certain proposal, consult with certain individuals for a
6	certain purpose, and recommend certain draft legislation; requiring the
7	Secretary to submit a certain report to certain legislative committees on or
8	before a certain date; providing for the termination of this Act; and generally
9	relating to the Continuity of Care Advisory Panel.
10 11	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
12 13	(a) The Secretary of Health and Mental Hygiene shall convene a stakeholder workgroup to:
14	(1) examine assisted outpatient programs, assertive community
15	treatment programs, and other outpatient services programs with targeted outreach,
16	engagement, and services;
17	(2) <u>develop a proposal for a program that:</u>
18	(i) best serves individuals with mental illness who are at high
19	risk for disruptions in the continuity of care;
LU	risk for distribute in the community of care,
20	(ii) respects the civil liberties of individuals to be served;
21 22	(iii) addresses the potential for racial bias and health disparities in program implementation;
23 24 25 26	(iv) is based on evidence of the effectiveness of assisted outpatient treatment programs, assertive community treatment programs, and other outpatient services programs with targeted outreach, engagement, and services in other jurisdictions;
27	(v) includes a data-monitoring strategy;
28	(vi) promotes parity between public and private insurers;
29 30	(vii) addresses the potential for variance in program implementation among urban and rural jurisdictions; and
31 32 33	(viii) assesses the cost of the program to the Department of Health and Mental Hygiene and other State agencies, including the feasibility of securing federal funding for services provided by the program; and

$\frac{1}{2}$	(3) <u>evaluate the dangerousness standard for involuntary admissions</u> and emergency evaluations of individuals with mental disorders, including:	
3 4	(i) how the standard should be clarified in statute or in regulations adopted by the Department; and	
5 6 7 8	(ii) initiatives the Department should adopt and implement to promote the appropriate and consistent application of the standard by health care professionals, administrative law judges, the Office of the Public Defender, consumers, and other individuals.	
9 10 11	(b) The Department of Health and Mental Hygiene shall recommend draft legislation as necessary to implement the program included in the proposal developed under subsection (a)(2) of this section.	
12 13 14 15 16 17	(c) On or before November 1, 2014, the Secretary of Health and Mental Hygiene shall submit, in accordance with § 2–1246 of the State Government Article, a report of the findings and recommendations of the workgroup, including the proposal developed under subsection (a)(2) of this section and the draft legislation recommended by the Department under subsection (b) of this section, to the Senate Finance Committee and the House Health and Government Operations Committee.	
18	Article - Health - General	
19 20 21	SUBTITLE 15. TARGETED OUTREACH, ENGAGEMENT, AND ACT SERVICES PROGRAM. 10–1501.	
22 23	(A) In this subtitle the following words have the meanings indicated.	
24	(B) "ACT" MEANS ASSERTIVE COMMUNITY TREATMENT THAT:	
25	(1) USES AN EVIDENCE-BASED TRANSDISCIPLINARY TEAM;	
26 27	(2) MEETS FIDELITY STANDARDS ESTABLISHED BY THE DEPARTMENT; AND	
28 29 30	(3) Is designed to provide comprehensive, community based, and integrated behavioral health treatment, rehabilitation, and support services, including:	
31	(I) CRISIS ASSESSMENT AND INTERVENTION;	
32	(H) COMPREHENSIVE ASSESSMENT:	

1		(III)	ILLNESS MANAGEMENT AND RECOVERY SKILLS;
2		(IV)	INDIVIDUAL SUPPORTIVE THERAPY, INCLUDING
3	TRAUMA THERAI	Y AS A	PPROPRIATE;
4		(V)	SUBSTANCE ABUSE TREATMENT;
5		(VI)	EMPLOYMENT SUPPORT SERVICES;
6		(VII)	SIDE-BY-SIDE ASSISTANCE WITH ACTIVITIES OF DAILY
7	LIVING;		
8		(VIII)	INTERVENTION WITH SUPPORT NETWORKS;
9		(IX)	HOUSING, MEDICAL CARE, BENEFITS, AND
10	TRANSPORTATIO	N;	
1		(X)	CASE MANAGEMENT; AND
12		(XI)	MEDICATION PRESCRIPTION, ADMINISTRATION, AND
13	MONITORING.		
L 4	(C) (1)	<u>"AC"</u>	TEAM" MEANS THE REQUIRED MEMBERS OF EACH TEAM
L 5	SERVING PROGR	AM CL	HENTS:
16	(2)	"ACT	TTEAM" INCLUDES:
17		(I)	AN ACT LEADER;
18		(II)	A PSYCHIATRIST;
19		(III)	A PSYCHIATRIC NURSE;
20		(IV)	A SOCIAL WORKER;
21		(V)	A CASE MANAGER;
22		(VI)	AN EMPLOYMENT SPECIALIST;
23		(VII)	A SUBSTANCE ABUSE SPECIALIST;
24		(VIII)	A PEER SUPPORT SPECIALIST; AND
25		(IX)	A Program assistant.

1	(D)	"CLIENT" MEANS AN INDIVIDUAL ENROLLED IN THE PROGRAM.
2	(E)	"ELIGIBLE INDIVIDUAL" MEANS AN INDIVIDUAL WHO HAS BEEN
3	` '	ED TO MEET THE ELIGIBILITY CRITERIA IN § 10-1503 OF THIS
4	SUBTITLE.	· · · · · · · · · · · · · · · · · · ·
5	(F)	"FLEXIBLE USE FUNDS" MEANS FUNDING THAT IS PROVIDED TO A
6	CLIENT AN	ID USED TO PROVIDE NEEDED SUPPORTS, INCLUDING HOUSING,
7	FOOD, CLO	THING, AND TRANSPORTATION.
8	` '	"PERSON-CENTERED" MEANS SERVICES AND SUPPORTS THAT ARE
9	CENTERED	ON THE NEEDS AND DESIRES OF AN INDIVIDUAL.
10	(II)	"PETITION" MEANS A WRITTEN REQUEST FOR PROGRAM SERVICES
11	MADE TO T	HE DEPARTMENT.
12	(1)	"PROGRAM" MEANS THE TARGETED OUTREACH, ENGAGEMENT,
13	` '	SERVICES PROGRAM.
14	10-1502.	
15	` '	THERE IS A TARGETED OUTREACH, ENGAGEMENT, AND ACT
16	SERVICES 1	PROGRAM IN THE DEPARTMENT.
17	(B)	THE PROGRAM SHALL PROVIDE ACT SERVICES AND SUPPORTS TO
18	ELIGIBLE I	NDIVIDUALS AND CLIENTS USING AN ACT TEAM.
19	10-1503.	
20	(A)	THE DEPARTMENT SHALL:
21		(1) IDENTIFY INDIVIDUALS WHO ARE ELIGIBLE FOR THE
22	PROGRAM;	
	,	
23		(2) DEVELOP A PETITION THAT LISTS THE PROGRAM ELIGIBILITY
24	CRITERIA P	PROVIDED IN SUBSECTION (B) OF THIS SECTION; AND
0 =		(a) D
25		(3) PUBLICIZE THE AVAILABILITY OF THE PETITION PROCESS.
26	(B)	AN INDIVIDUAL IS ELIGIBLE FOR THE PROGRAM IF THE
27	DEPARTME	ENT DETERMINES THAT THE INDIVIDUAL:
28		(1) Is an adult;

1	(2) HAS BEHAVIORAL HEALTH NEEDS;
2	(3) IS UNLIKELY TO SURVIVE SAFELY IN THE COMMUNIT
3	WITHOUT ASSISTANCE;
4	(4) Is unlikely to seek out or to participate voluntaril
5	IN BEHAVIORAL HEALTH TREATMENT DUE TO:
6	(I) HOMELESSNESS;
7	(H) LACK OF SOCIAL SUPPORTS;
8	(HI) BEHAVIORAL HEALTH SYMPTOMS THAT ARE IMPACTING
9	THE ABILITY OR WILLINGNESS OF THE INDIVIDUAL TO ENGAGE IN TREATMENT
10	$\frac{\partial \mathbf{R}}{\partial \mathbf{R}}$
11	(IV) A PRIOR HISTORY OF DISENGACEMENT FROM
12	TREATMENT;
13	(5) DURING THE 12 MONTH PERIOD BEFORE IDENTIFICATION B
14	THE DEPARTMENT OR THE FILING OF A PETITION UNDER THIS SECTION:
15	(I) HAS HAD SIX OR MORE VISITS TO AN EMERGENC
16	DEPARTMENT FOR BEHAVIORAL HEALTH REASONS; OR
10	
17	(H) DUE TO A BEHAVIORAL HEALTH DISORDER, HA
18	COMMITTED, ATTEMPTED, OR THREATENED A SERIOUS ACT OF VIOLENCE
19	TOWARDS SELF OR OTHERS THAT HAS RESULTED IN HOSPITALIZATION O
20	INCARCERATION; AND
21	(6) IS LIKELY TO BENEFIT FROM THE PROGRAM.
22	(C) THE PETITION DEVELOPED UNDER SUBSECTION (A) OF THE
23	SECTION MAY BE FILED BY:
24	(1) AN ADULT WHO RESIDES WITH THE SUBJECT OF TH
25	PETITION;
26	(2) THE PARENT, SPOUSE, ADULT SIBLING, OR ADULT CHILD O
27	THE SUBJECT OF THE PETITION;
28	(3) THE DIRECTOR OF A FACILITY IN WHICH THE SUBJECT O
29	THE DETITION IS RECEIVING REHAVIORAL HEALTH SERVICES:

1	(4) THE DIRECTOR OF A CORRECTIONAL FACILITY IN WHICH THE
2	SUBJECT OF THE PETITION IS INCARCERATED;
3	(5) A psychiatrist, psychologist, or social worker
4	LICENSED IN THE STATE WHO IS TREATING OR SUPERVISING THE TREATMENT
5	OF THE SUBJECT OF THE PETITION; OR
6	(6) A PAROLE OFFICER OR PROBATION OFFICER ASSIGNED TO
7	SUPERVISE THE SUBJECT OF THE PETITION.
8	(D) THE PETITION DEVELOPED UNDER SUBSECTION (A) OF THIS
9	SECTION SHALL:
10	(1) BE FILED WITH THE DEPARTMENT;
11	(2) SET FORTH THE FACTS THAT SUPPORT A REASONABLE BELIEF
12	THAT THE SUBJECT OF THE PETITION IS AN ELIGIBLE INDIVIDUAL; AND
14	THAT THE SUBJECT OF THE PETITION IS AN EDIGIDLE INDIVIDUAL, AND
13	(3) PROVIDE THE LOCATION WHERE THE SUBJECT OF THE
14	PETITION IS PRESENT OR BELIEVED TO BE PRESENT.
15	(E) THE DEPARTMENT SHALL DETERMINE WHETHER THE SUBJECT OF
16	THE PETITION IS ELIGIBLE FOR THE PROGRAM WITHIN 24 HOURS AFTER
17	RECEIPT OF THE PETITION.
18	10–1504.
19	(A) THE DEPARTMENT SHALL ARRANGE FOR THE APPROPRIATE
20	PROGRAM PROVIDER TO INITIATE CONTACT WITH AN ELIGIBLE INDIVIDUAL
21	WITHIN 24 HOURS AFTER THE DEPARTMENT DETERMINES THAT AN INDIVIDUAL
22	IS ELIGIBLE FOR THE PROGRAM.
23	(B) THE DEPARTMENT SHALL DEVELOP GUIDELINES BASED ON RISK
24	CATEGORIES THAT SET FORTH THE REQUIRED FREQUENCY OF CONTACT AND
25	ATTEMPTED CONTACT WITH AN ELIGIBLE INDIVIDUAL.
96	(c) A Drocram provider chall community to contract or or attrempt
26	(C) A Program provider shall continue to contact or attempt
27	TO CONTACT AN ELIGIBLE INDIVIDUAL UNTIL THE INDIVIDUAL:
28	(1) HAS ENROLLED IN THE PROGRAM; OR
29	(2) No Longer meets the eligibility criteria.

1	10–1505.
2	(A) THE PROGRAM SHALL MEET THE URGENT BEHAVIORAL HEALTH
3	NEEDS OF AN ELIGIBLE INDIVIDUAL IMMEDIATELY WITHOUT THE NEED FOR
4	THE DEVELOPMENT OF A SERVICE PLAN.
5	(B) (1) A PERSON-CENTERED SERVICE PLAN SHALL BE DEVELOPED
6	BY THE ACT TEAM FOR EACH CLIENT WITHIN 5 BUSINESS DAYS FOLLOWING
7	ENROLLMENT.
8	(2) SERVICES AND SUPPORTS MAY BE PROVIDED BEFORE THE
9	ADOPTION OF A SERVICE PLAN, AS APPROPRIATE.
10	(3) A SERVICE PLAN SHALL BE REVIEWED AND MODIFIED
11	PERIODICALLY BY THE ACT TEAM TO DETERMINE WHETHER THE CLIENT IS
12	SATISFIED WITH THE SERVICES AND SUPPORTS PROVIDED AND IS MAKING
13	PROGRESS TOWARDS THE GOALS LISTED IN THE PLAN.
14	(C) (1) THE PROGRAM SHALL USE FLEXIBLE-USE FUNDS AS
15	NECESSARY TO:
16	(I) SECURE SUPPORTED HOUSING; AND
17	(II) PROVIDE THE CLIENT WITH BASIC NECESSITIES
18	INCLUDING FOOD, CLOTHING, AND TRANSPORTATION.
19	(2) FLEXIBLE USE FUNDS:
20	(I) SHALL BE ASSIGNED TO THE CLIENT AND NOT TO THE
21	PROVIDER OF SERVICES;
22	(II) MAY NOT BE CONTINGENT ON THE CLIENT'S
23	ENGAGEMENT IN ANY PARTICULAR INDIVIDUAL PROGRAM SERVICE; AND
24	(III) SHALL FOLLOW THE CLIENT AS THE CLIENT MOVES
25	THROUGH TREATMENT SERVICES REGARDLESS OF THE LEVEL OF INTENSITY OF
26	THE SERVICES.
27	(D) ANY MEETING HELD FOR THE PURPOSE OF ADOPTING OF
28	CHANGING A SERVICE PLAN SHALL:
29	(1) INCLUDE THE CLIENT AND ANY OTHER INDIVIDUAL

DESIGNATED BY THE CLIENT, INCLUDING PEERS OR FAMILY MEMBERS;

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1	(2) BE HELD IN A MANNER AND LOCATION THAT REASONABLY
2	ACCOMMODATES THE CLIENT AND ALLOWS THE CLIENT TO PARTICIPATE
3	EFFECTIVELY IN THE SERVICE-PLANNING PROCESS; AND
4	(3) Focus on the individual strengths and life goals of
5	THE CLIENT AND ON THE MENTAL HEALTH SERVICES AND SUPPORTS THAT THE
6	CLIENT NEEDS TO MEET THE GOALS.
U	CERENT NEEDS TO MEET THE COILEST
7	(E) A CLIENT SHALL BE INFORMED FULLY OF AVAILABLE SERVICES
8	AND SUPPORTS AND SHALL BE A FULL PARTNER IN THE CREATION AND
9	IMPLEMENTATION OF THE CLIENT'S SERVICE PLAN.
10	(F) (1) A CLIENT SHALL BE INFORMED ABOUT MENTAL HEALTH
11	ADVANCE DIRECTIVES AND, IF THE CLIENT CHOOSES TO COMPLETE AN
12	ADVANCE DIRECTIVE, SHALL BE OFFERED ASSISTANCE IN COMPLETING AND
13	EXECUTING THE ADVANCE DIRECTIVE.
	(2) Assume the control of the control
14	(2) AN ADVANCE DIRECTIVE COMPLETED UNDER PARAGRAPH (1)
15	OF THIS SUBSECTION SHALL BE ENFORCEABLE IN ACCORDANCE WITH STATE
16	AND FEDERAL LAW.
17	10–1506.
	(1) T D
18	(A) IF THE DEPARTMENT HAS KNOWLEDGE OF THE LOCATION OF AN
19	ELIGIBLE INDIVIDUAL, THE DEPARTMENT MAY NOT DISCONTINUE OUTREACH
20	TO THE INDIVIDUAL.
21	(B) THE DEPARTMENT MAY NOT DISCHARGE A CLIENT FROM THE
22	PROGRAM UNTIL THE INDIVIDUAL:
	I WOOM ON THE INDIVIDUAL.
23	(1) HAS NOT USED ANY PROGRAM SERVICE FOR A CONTINUOUS
24	12-MONTH PERIOD, DESPITE ASSERTIVE OUTREACH;
25	(2) HAS BEEN ADMITTED TO AN INPATIENT FACILITY FOR
26	LONGER THAN 3 MONTHS;
27	(3) HAS MOVED FROM THE AREA AND IS RECEIVING SERVICES
28	FROM A PROGRAM IN ANOTHER JURISDICTION IN THE STATE OR HAS MOVED
29	OUT OF THE STATE; OR
30	(4) Has transitioned successfully to less intensive
31	COMMUNITY SERVICES AS DEMONSTRATED BY AN ABILITY TO FUNCTION
32	INDEPENDENTLY IN ALL MAJOR ROLES, INCLUDING WORK, SOCIAL, AND
O4	INDELENDENTEL IN THE MINOUR ROLLS, INCHUSING WORK, SOURL, AND

SELF-CARE, OVER THE PRECEDING 24-MONTH PERIOD.

1	(C)	A Program provider seeking to discharge a client shall:
2		(1) DOCUMENT THE BASIS FOR THE DISCHARGE;
3		(2) DEVELOP A PLAN TO TRANSITION THE CLIENT TO OTHER
4	APPROPRIA	ATE SERVICES THAT MEET THE NEEDS OF THE INDIVIDUAL; AND
5		(3) OBTAIN PRIOR APPROVAL FROM THE DEPARTMENT.
6	(D)	A CLIENT WHO IS DISCHARGED FROM THE PROGRAM SHALL BE
7	REINSTATE	ED AUTOMATICALLY ON THE REQUEST OF THE FORMER CLIENT.
8	10-1507.	
9	(A)	A Program provider shall:
10		(1) ENSURE THAT A CLIENT ENROLLS IN ANY ENTITLEMENT
11	PROGRAM	FOR WHICH THE CLIENT IS ELIGIBLE; AND
12		(2) USE MEDICAID-REIMBURSABLE SERVICES TO THE GREATEST
13	EXTENT PO	SSIBLE.
14	(B)	THE DEPARTMENT SHALL DEVELOP AND PROVIDE AN ENHANCED
15	RATE FOR	ACT SERVICES AT A LEVEL THAT ALLOWS FOR INCREASED
16	FREQUENC	Y OF CONTACT AND DECREASED STAFF-TO-CLIENT RATIOS.
17	(C)	THE DEPARTMENT SHALL PROVIDE LOCAL MENTAL HEALTH
18	AUTHORIT	IES WITH FLEXIBLE-USE FUNDS FOR EACH CLIENT IN AN AMOUNT
19	SUFFICIEN	T TO ADDRESS HOUSING, FOOD, CLOTHING, AND TRANSPORTATION
20	NEEDS.	
21	10-1508.	
22	THE	DEPARTMENT SHALL:
23		(1) DOCUMENT THE NUMBER OF CONTACTS MADE WITH EACH
24	ELIGIBLE I	NDIVIDUAL AND THE OUTCOMES OF THE CONTACTS;
25		(2) MONITOR OUTCOME DATA FOR EACH CLIENT USING THE
26	ASSERTIVE	E COMMUNITY TREATMENT OUTCOMES DATA COLLECTION SYSTEM
27	THAT SHAL	L INCLUDE:

1	(I) THE NUMBER AND LENGTH OF STAY OF INPATIENT
2	PSYCHIATRIC HOSPITALIZATIONS;
3	(II) THE NUMBER OF EMERGENCY ROOM VISITS FOR
4	PSYCHIATRIC REASONS; AND
_	(III) MELCHARIS FOR CRIMINAL MICHAEL CHARLES
5	(HI) MEASURES FOR CRIMINAL JUSTICE SYSTEM
6	INVOLVEMENT, HOUSING STABILITY, AND FAMILY INVOLVEMENT;
7	(3) Ensure that Program services and supports are
8	PROVIDED WITHOUT DISRUPTION;
O	THOVIDED WITHOUT DISNUTTION,
9	(4) EXPAND THE CONTENT AND COVERAGE OF THE OUTCOMES
10	MEASUREMENT SYSTEM TO ESTABLISH THE BASIS OF A SYSTEM OF
11	CONTINUOUS QUALITY IMPROVEMENT FOR ALL SERVICES PROVIDED UNDER
12	THIS SUBTITLE; AND
13	(5) ESTABLISH A COMMITTEE OF STAKEHOLDERS, INCLUDING
14	CURRENT OR FORMER MENTAL HEALTH SERVICE RECIPIENTS, FAMILY
15	MEMBERS, ADVOCATES, PROVIDERS, AND QUALITY ASSURANCE
16	PROFESSIONALS, TO RECOMMEND:
	(a) P
17	(I) REVISIONS TO AND EXPANSION OF THE OUTCOMES
18	MEASUREMENT SYSTEM AND THE ASSERTIVE COMMUNITY TREATMENT
19	OUTCOMES DATA COLLECTION SYSTEM;
20	(H) ACCOUNTABILITY MEASURES; AND
20	(II) HOOONIMBIEITI MEMBORES, MVD
21	(III) EVALUATION TOOLS.
22	10-1509.
23	(A) A CLIENT MAY APPEAL THE FOLLOWING ADVERSE ACTIONS BY THE
24	DEPARTMENT:
25	(1) DENIAL, REDUCTION, IRREGULARITY, OR TERMINATION OF
26	SERVICES, INCLUDING FAILURE TO PROVIDE THE SERVICES LISTED IN THE
27	SERVICE PLAN; AND
28	(2) FAILURE TO PROVIDE MENTAL HEALTH SERVICES OR
29	SUPPORTS SUFFICIENT IN AMOUNT, SCOPE, OR QUALITY TO SUPPORT
30	RECOVERY, COMMUNITY INTEGRATION, AND ECONOMIC SELF-SUFFICIENCY.
50	WEOOVERI, COMMICKITI INTEGRATION, THVE ECONOMIC SEEF-SUFFICIENCE.

1	(B) A CLIENT MAY APPEAL AN ADVERSE ACTION DESCRIBED UNDER
2	SUBSECTION (A) OF THIS SECTION IN ACCORDANCE WITH TITLE 10, SUBTITLE 2
3	OF THE STATE GOVERNMENT ARTICLE.
4	(a) (1) A GLIENT CHALL CONTINUE TO DECENTE ANY CERTIFICE OF
4	(C) (1) A CLIENT SHALL CONTINUE TO RECEIVE ANY SERVICE OR
$\frac{5}{6}$	SUPPORT LISTED IN THE SERVICE PLAN THAT WAS IN EFFECT PENDING THE
О	OUTCOME OF AN APPEAL UNDER THIS SECTION.
7	(2) IF A PROGRAM PROVIDER HAS PROVIDED NOTICE AND
8	DOCUMENTED THAT THE NEEDS OF THE CLIENT EXCEED THE CAPABILITY OF
9	THE PROGRAM PROVIDER TO SERVE THE CLIENT SAFELY AND APPROPRIATELY,
10	THE DEPARTMENT SHALL SECURE THE SERVICES OF AN ALTERNATE PROVIDER
11	FOR THE CLIENT DURING THE APPEAL OF AN ADVERSE ACTION.
12	10_1510.
13	(A) THE DEPARTMENT, IN CONSULTATION WITH STAKEHOLDERS,
14	SHALL ADOPT REGULATIONS TO IMPLEMENT THIS SUBTITLE.
17	SIME ABOTT RECERTIONS TO MITLEMENT THIS SCHITTE.
15	(B) THE REGULATIONS ADOPTED UNDER SUBSECTION (A) OF THIS
16	SECTION SHALL INCLUDE:
17	(1) THE RESPONSIBILITIES OF A PROGRAM PROVIDER WHEN
18	DISCHARGING CLIENTS;
19	(2) PROCEDURES FOR LOCATING ELIGIBLE INDIVIDUALS;
20	(3) PROCEDURES FOR LOCATING CLIENTS WHEN THE LOCATION
21	OF THE CLIENTS IS UNKNOWN:
4 1	OF THE OLIENTS IS CIVINOVIN,
22	(4) A REIMBURSEMENT METHODOLOGY TO ACCOUNT FOR
$\frac{-}{23}$	OUTREACH AND ENGAGEMENT SERVICES PROVIDED THROUGH THE PROGRAM;
	,
24	(5) A PROCESS FOR FILING A PETITION WITH THE DEPARTMENT;
25	(6) A PROCESS FOR APPEALING PETITION DENIALS; AND
26	(7) ANY OTHER ITEM NECESSARY TO CARRY OUT THE
27	REQUIREMENTS OF THIS SUBTITLE.
00	(a) The Comptons of Health and Martal H. 1 11
28	(a) The Secretary of Health and Mental Hygiene shall reconvene the
29	Continuity of Care Advisory Panel.
30	(b) (1) The Continuity of Care Advisory Panel shall:

1	(i) examine the development and implementation of an assisted
2	outpatient treatment program in the State; and
3 4	$\frac{\text{(ii)}}{\text{program that:}} \frac{\text{develop a proposal for an assisted outpatient treatment}}{\text{program that:}}$
5	1. respects the civil liberties of individuals to be served;
6 7	$ \underline{2.} \underline{addresses \ the \ potential \ for \ racial \ bias \ and \ health} } \\ \underline{disparities \ in \ program \ implementation;} $
8 9	3. is based on evidence of the effectiveness of assisted outpatient treatment programs in other jurisdictions;
10	4. <u>includes a data-monitoring strategy;</u>
11	5. promotes parity between public and private insurers;
12 13	6. <u>addresses the potential for variance in program</u> implementation among urban and rural jurisdictions; and
14 15 16	7. assesses the cost of the program to the Department of Health and Mental Hygiene and other State agencies, including the feasibility of securing federal funding for services provided by the program.
17 18 19	(2) The proposal required under this subsection shall include an analysis of the development and implementation of alternatives to assisted outpatient treatment, including assertive community treatment.
20	(e) The Continuity of Care Advisory Panel shall:
21 22 23	(1) consult with representatives of the Maryland Judiciary and other stakeholders in developing the proposal required under subsection (b) of this section; and
24 25	(2) recommend draft legislation necessary to implement an assisted outpatient treatment program or any alternatives included in the proposal.
26 27 28 29 30	(d) On or before November 1, 2014, the Secretary of Health and Mental Hygiene, in accordance with § 2–1246 of the State Government Article, shall submit a report of the Continuity of Care Advisory Panel that includes the proposal required under subsection (b) of this section to the Senate Finance Committee and the House Health and Government Operations Committee.
31 32	SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October July 1, 2014. It shall remain effective for a period of 1 year and, at the end of

 $\begin{array}{c} 1 \\ 2 \end{array}$

une 30, 2015, with no further action require e abrogated and of no further force and effec	et by the General Assembly, this Act si et.
	
proved:	
r · · · · · ·	
	Governor.
	President of the Senate.
	Speaker of the House of Delegates.