SENATE BILL 868

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By: Senator Lee
Introduced and read first time: February 7, 2022
Assigned to: Finance

Committee Report: Favorable with amendments
Senate action: Adopted
Read second time: March 25, 2022

CHAPTER ______

1 AN ACT concerning

Developmental Disabilities Administration – Self-Directed Services
(Self-Direction Act of 2022)

FOR the purpose of requiring the Developmental Disabilities Administration to establish
and provide training materials to coordinators of community services on self-directed services; requiring coordinators of community services to educate a
certain recipient on self-directed services all models of services available to the
recipient at certain times; providing for the services and manner of delivering
services that the Administration provides to a recipient who receives self-directed
services; requiring that home– and community–based services waiver recipients
receive support broker services; requiring the Administration to submit a certain
waiver application for a certain purpose by a certain date; requiring the
Administration to leverage certain federal funding for a certain purpose; and
generally relating to Developmental Disabilities Administration services.

BY repealing and reenacting, with amendments,
Article – Health – General
Section 7–101
Annotated Code of Maryland
(2019 Replacement Volume and 2021 Supplement)

BY adding to
Article – Health – General
Section 7–408 through 7–410
Annotated Code of Maryland

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.
Underlining indicates amendments to bill.
Strike-out indicates matter stricken from the bill by amendment or deleted from the law by
amendment.
SENATE BILL 868

(2019 Replacement Volume and 2021 Supplement)

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

Article – Health – General

7–101.

(a) In this title the following words have the meanings indicated.

(b) “Administration” means the Developmental Disabilities Administration.

(c) (1) “Admission” means the process by which an individual with an intellectual disability is accepted as a resident in a State residential center.

(2) “Admission” includes the physical act of the individual entering the facility.

(d) (1) “Alternative living unit” means a residence that:

(i) Provides residential services for individuals who, because of developmental disability, require specialized living arrangements;

(ii) Admits not more than 3 individuals; and

(iii) Provides 10 or more hours of supervision per unit, per week.

(2) “Alternative living unit” does not include a residence that is owned or rented by:

(i) 1 or more of its residents; or

(ii) A person who:

1. Is an agent for any of the residents; but

2. Is not a provider of residential supervision.

(e) “Claim” has the meaning stated in § 2–601 of this article.

(f) “Deputy Secretary” means the Deputy Secretary for Developmental Disabilities.

(g) “Developmental disability” means a severe chronic disability of an individual that:
(1) Is attributable to a physical or mental impairment, other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments;

(2) Is manifested before the individual attains the age of 22;

(3) Is likely to continue indefinitely;

(4) Results in an inability to live independently without external support or continuing and regular assistance; and

(5) Reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are individually planned and coordinated for the individual.

(h) “External support” means:

(1) Periodic monitoring of the circumstances of an individual with respect to:

   (i) Personal management;

   (ii) Household management; and

   (iii) The use of community resources; and

(2) Rendering appropriate advice or assistance that may be needed.

(i) “Fee–for–service” means a method for payment that requires a person to submit a claim for payment to the Department for each service performed.

(j) “Group home” means a residence that:

(1) Provides residential services for individuals who, because of developmental disability, require specialized living arrangements;

(2) Admits at least 4 but not more than 8 individuals; and

(3) Provides 10 or more hours of supervision per home, per week.

(k) “Habilitation” means a process by which a provider of services enables an individual to acquire and maintain life skills to cope more effectively with the demands of the individual’s own person and environment and to raise the level of the individual’s mental, physical, social, and vocational functioning.

(L) (1) “INDIVIDUAL–DIRECTED FAMILY AND FAMILY–DIRECTED GOODS AND SERVICES” MEANS SERVICES, EQUIPMENT, THERAPIES, TRANSPORTATION ACTIVITIES, OR SUPPLIES FOR INDIVIDUALS WHO SELF–DIRECT SERVICES THAT:
(I) RELATE TO A NEED OR GOAL IDENTIFIED IN THE PERSON–CENTERED PLAN OF SERVICE;

(II) MAINTAIN OR INCREASE INDEPENDENCE;

(III) PROMOTE OPPORTUNITIES FOR COMMUNITY LIVING AND INCLUSION; AND

(IV) ARE NOT AVAILABLE UNDER ANOTHER WAIVER SERVICE OR SERVICES PROVIDED UNDER THE STATE PLAN ESTABLISHED IN SUBTITLE 3 OF THIS TITLE.

(2) “INDIVIDUAL–DIRECTED FAMILY AND FAMILY–DIRECTED GOODS AND SERVICES” INCLUDES ANY OTHER GOODS OR SERVICES AUTHORIZED UNDER BY REGULATIONS ADOPTED OR GUIDANCE ISSUED BY THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES UNDER § 1915(C) OF THE SOCIAL SECURITY ACT.

(M) (1) “Individual support services” means an array of services that are designed to increase or maintain an individual’s ability to live alone or in a family setting.

(2) “Individual support services” include:

(i) In–home assistance with meals and personal care;

(ii) Counseling;

(iii) Physical, occupational, or other therapies;

(iv) Architectural modification; and

(v) Any other services that the Administration considers appropriate to meet the individual’s needs.

(3) “Individual support services” does not include full day or residential services.

(N) “Intellectual disability” means a developmental disability that is evidenced by significantly subaverage intellectual functioning and impairment in the adaptive behavior of an individual.

(O) “Knowingly” has the meaning stated in § 2–601 of this article.

(P) “Live independently” means:
(1) For adults:
   (i) Managing personal care, such as clothing and medication;
   (ii) Managing a household, such as menu planning, food preparation and shopping, essential care of the premises, and budgeting; and
   (iii) Using community resources, such as commercial establishments, transportation, and services of public agencies; or

(2) For minors, functioning in normal settings without the need for supervision or assistance other than supervision or assistance that is age appropriate.

[(p)] (Q) “Meaningful day services” means employment supports or home– and community–based supports, other than residential services, that assist an individual in developing and maintaining skills, interests, and personalized connections that may create opportunities for paid employment, increased independence, or meaningful relationships with other individuals in the community.

(R) “PERSON–CENTERED PLAN OF SERVICE” MEANS THAT A PLAN FOR SERVICES AND SUPPORTS:

   (1) Reflects what is important to the individual and for the individual’s health and welfare; and

   (2) Is developed with input from the individual or the individual’s representative, if applicable.

   (1) Is developed with a focus on the individual having control over the services and supports;

   (2) Ensures that the individual is the primary contributor to the plan and may receive support from other persons selected by the individual in developing the plan;

   (3) Identifies and addresses, to the extent practicable:

      (i) The individual’s preferences and interests related to achieving the individual’s desired lifestyle; and

      (ii) The supports required to achieve the individual’s desired lifestyle and provided in a manner that enables the individual to have control over the individual’s daily life and maintains the individual’s health and welfare; and
(4) Aligns services and supports to ensure that the individual has access to the full benefits of community living in a manner that emphasizes the individual’s quality of life, well-being, and informed choice.

[(q)] (S) “Provider” means an individual who is licensed or certified under Subtitle 9 of this title and provides services to:

(1) A recipient; or

(2) An individual with a developmental disability who receives funding for services from a source other than the Administration.

[(r)] (T) “Recipient” means an individual who receives services funded by the Administration under this title.

[(s)] (U) “Release” means a permanent, temporary, absolute, or conditional release of an individual from a State residential center.

[(t)] (V) “Residential services” means individualized support and services that assist an individual in developing and maintaining skills in living in the community.

(W) (1) “Self–directed services” means waiver program services:

(I) For which participants or their representatives have decision–making authority over and take direct responsibility for management of the services with the assistance of available supports chosen by the participant or the participant’s representative; and

(II) That are provided in a manner that furthers:

1. Furthers the right of individuals with disabilities, regardless of the physical or intellectual capacity of the individuals, and their representatives, as applicable, to make choices about and direct all aspects of their lives, including through control over receipt of, and funding for, support services by choosing and controlling the delivery of waiver services, who provides the services, and how services are provided; and

2. Recognizes that all individuals have the capacity to make choices and may be supported in making choices.

(2) “Self–directed services” includes services that:
I PROVIDE AN INDIVIDUAL WITH:

1. THE DECISION–MAKING EMPLOYER AUTHORITY TO RECRUIT, HIRE, TRAIN, AND SUPERVISE, AND DISMISS THE INDIVIDUALS EMPLOYEES AND VENDORS WHO FURNISH THE INDIVIDUAL’S SERVICES; AND

2. THE BUDGET AUTHORITY OVER HOW FUNDS IN A BUDGET ARE SPENT WITHIN THE TOTAL APPROVED ANNUAL BUDGET;

II MAXIMIZE THE OPPORTUNITIES OF AN INDIVIDUAL TO LIVE AS INDEPENDENTLY AS POSSIBLE IN THE MOST INCLUSIVE COMMUNITY–BASED SETTING OF THE INDIVIDUAL’S CHOICE;

III EMPOWER AN INDIVIDUAL TO EXERCISE CHOICE AND CONTROL OVER NEEDED LONG–TERM SERVICES AND SUPPORTS; AND

IV HELP TO MAINTAIN AND IMPROVE THE INDIVIDUAL’S HEALTH AND QUALITY OF LIFE IN THE INDIVIDUAL’S COMMUNITY.

“Services” means residential, day, or other services that provide for evaluation, diagnosis, treatment, care, supervision, assistance, or attention to individuals with developmental disability and that promote habilitation of these individuals.

“Services coordination” means a service that consists of the following 3 major functions that are designed to assist an individual in obtaining the needed services and programs that the individual desires in order to gain as much control over the individual’s own life as possible:

1. Planning services;
2. Coordinating services; and
3. Monitoring service delivery to the individual.

“State residential center” means a licensed facility operated by the State that provides residential and habilitation services to individuals with an intellectual disability who are at least 18 years old and meet the criteria set forth in § 7–502 of this title.

“Support broker” means a person who advocates on behalf of and as directed by works at the direction of and for the benefit of an individual who uses self–directed services, including by assisting the individual or the individual’s family or other representative another individual chosen by the individual with:
(1) Making informed decisions in arranging for, directing, and managing services the individual receives, including decisions related to personnel requirements and resources needed to meet the requirements;

(2) Accessing and managing identified supports and services best suited for the individual; and

(3) Performing other tasks as assigned by the individual and as authorized by regulations adopted or guidance issued by the Federal Centers for Medicare and Medicaid Services under § 1915(c) of the Social Security Act.

[(x)] (BB) “Support services” means supports that assist an individual to maintain or improve the individual’s functional abilities, enhance interactions, or engage in meaningful relationships in the home or community.

[(y)] (CC) “Treatment” means any education, training, professional care or attention, or other program that is given to an individual with developmental disability.

[(z)] (DD) “Vocational services” means a service that provides job training and placement, supported employment and training in acceptable work behaviors, and vocationally-related social and other skills.

[(aa)] (EE) “Waiver program” means each Medicaid Home– and Community–Based Services Waiver funding program submitted by the Department and approved by the federal Centers for Medicare and Medicaid Services in accordance with § 1915(c) of the Social Security Act that is overseen and administered by the Administration.

[(bb)] (FF) “Waiver program services” means services funded by the Administration in accordance with a waiver program, including:

(1) Meaningful day services;

(2) Residential services; and

(3) Support services.

7–408.

(A) The Administration, in consultation with stakeholders, shall establish and provide training materials to coordinators of community services specifically on the self–directed services model of receiving services, including training materials on self–directed services, procedures, policies, and resources.
(B) As part of the process of developing a person-centered plan of service for a recipient, a coordinator of community services shall educate the recipient on the availability of self-directed services all models of service available to the recipient, including self-directed services, traditional services, and provider-managed services, to assist the recipient and the recipient’s family or representative in making an informed choice on which services the recipient would like to receive:

(1) When the individual begins receiving services from a coordinator of community services; and

(2) At least once each year that the individual is receiving services from a coordinator of community services.

(C) A coordinator of community services shall report to the Administration, in the form and manner required by the Administration, that the coordinator provided information on self-directed services, traditional services, and provider-managed services to an individual in accordance with this section.

7–409.

(A) The Administration shall provide to a recipient who receives self-directed services:

(1) Individual-directed family and family-directed goods and services in an amount based on the recipient’s needs and included in the recipient’s person-centered plan of service as calculated on:

(1) On an annual basis; and

(II) Within the limits of the approved annual budget generated by the Department’s Long Term Services and Supports software system or its replacement system;

(2) Access to the recipient’s plan of service and budgets for the plan of service through the Department’s Long Term Services and Supports software system or its replacement system;

(3) Up to 40 hours of support broker services each month, as needed by the recipient and within the recipient’s total approved annual budget;
(4) An option for a family member or legal guardian of the recipient to provide services for the recipient, if:

(i) The recipient or an individual authorized to make care decisions on behalf of the recipient chooses the family member to provide the services; and

(ii) The recipient also hires a support broker;

(5) Reimbursement paid on a per-mile basis for transportation provided to the recipient by an individual who is not employed by the individual, if the transportation is related to the owner of a specialized, modified, or accessible vehicle driven by an employee of the recipient and for the purpose of the recipient engaging in activities specified in the recipient’s person-centered plan of service;

(6) A budget for self-directed services that provides substantially similar services as those provided to a recipient who does not self-direct services, including funding for managerial or direct support positions the ability to use funds from the recipient’s approved annual budget for the purpose of funding at least one position to assist the recipient in managing the recipient’s home, staff, and other administrative duties and pay administrative expenses needed to operate the recipient’s plan of service, including Internet service and office equipment;

(7) An option for a recipient who has a demonstrated need for overnight supports provided through personal support services carried out using the recipient’s employer or budget authority to direct and choose the employee, vendor, or provider of the overnight supports, including whether to use funding in the recipient’s budget for self-directed services allocated for personal support services for overnight supports;

(8) The choice of a vendor to provide fiscal management services from at least three options;

(9) The option to employ a representative, support broker, or team of individuals to support the recipient in directing services; and
(10) Training for a representative, support broker, or team of individuals on self-directed services.

(B) Subject to subsection (A)(3) of this section, the administration shall provide to a recipient of self-directed services any support broker services that are:

(1) Authorized under by regulations adopted or guidance issued by the Centers for Medicare and Medicaid Services in § 1915(c) of the Social Security Act; and

(2) Selected by the recipient.

(C) (1) The subject to paragraph (2) of this subsection, the administration may not establish a limit on:

(1) The dollar amount of individual–directed family and family–directed goods and services provided to a recipient; or

(2) The number of hours of overnight supports personal support services provided to a recipient who receives self–directed services that:

1. Are necessary for the health and safety of the recipient; and

2. Are authorized by regulations adopted or guidance issued by the federal Centers for Medicare and Medicaid Services under § 1915(c) of the Social Security Act.

(2) A recipient may not receive services or supports in excess of the recipient’s annual approved budget.

(D) The state may not require a recipient to demonstrate competency before the administration authorizes the recipient to receive self–direct services.

7–410.

(A) The administration shall provide up to 30 hours of support broker services each month to a recipient of waiver services, as needed by the recipient and within the recipient’s total approved annual budget.
(B) Subject to subsection (A) of this section, the Administration shall provide to a recipient of waiver services any support broker services that are authorized under by regulations adopted or guidance issued by the Centers for Medicare and Medicaid Services under § 1915(c) of the Social Security Act.

SECTION 2. AND BE IT FURTHER ENACTED, That on or before January 1, 2023, the Developmental Disabilities Administration shall submit to the Centers for Medicare and Medicaid Services an amendment to the Community Pathways Waiver that includes the overnight supports requirements established under Section 1 of this Act.

SECTION 3. AND BE IT FURTHER ENACTED, That on or before January 1 each year, beginning in 2023 and ending in 2026, the Developmental Disabilities Administration shall report to the General Assembly, in accordance with § 2–1257 of the State Government Article, on the progress in implementing the requirements established under Section 1 of this Act and the recommendations outlined in the Self–Directed Advocacy Network of Maryland’s “Recommendations to Summary Study Workgroup House Bill 318 of 2021”.

SECTION 4. AND BE IT FURTHER ENACTED, That, to the extent authorized by law, the Developmental Disabilities Administration shall leverage federal funding, including funding provided by the Centers for Medicare and Medicaid Services, to pay for the services established under this Act.

SECTION 5. AND BE IT FURTHER ENACTED, That the Maryland Department of Health shall:

(1) collect utilization data on recipients of self–directed services and determine the fiscal impact of expanding services as required under Section 1 of this Act; and

(2) on or before January 1, 2023, provide a baseline report to the General Assembly, in accordance with § 2–1257 of the State Government Article, on the utilization and cost of self–directed services.

SECTION 6. AND BE IT FURTHER ENACTED, That, on or before October 1, 2024, the Maryland Department of Health shall report to the General Assembly, in accordance with § 2–1257 of the State Government Article, on the findings and recommendations of the Maryland Department of Health related to the expansion of self–directed services as required under Section 1 of this Act.

SECTION 7. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2022.