



STATE OF MARYLAND

DHMH

Office of Health Services
Medical Care Programs PT7 - 03

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM
Nursing Home Transmittal No. 176**

October 7, 2002

Nursing Home Administrators

FROM:

Susan J. Tucker
Susan J. Tucker, Executive Director
Office of Health Services

NOTE:

Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

House Bill 752

House Bill 752

House Bill 752, passed during the 2002 legislative session, places new requirements on nursing homes. This transmittal is intended to explain the new legislative requirements. A copy of the bill is enclosed for your reference.

Information on Community-based Services

Effective October 1, 2002, the law requires that social workers in nursing homes present residents with information on home and community-based services waivers and other programs that might help them live in the community. Specifically, social workers must share a one-page document that describes Medicaid programs that could enable the resident to live in the community. The one-page information sheet must be made available to residents "upon admission or discharge of the resident," and "at least one time annually at the request of the resident."

The law further requires that the social worker request that the resident sign an acknowledgement of receipt of the one-page information sheet. This acknowledgement should be kept in the resident's medical record.

DHMH has developed this one-pager and we hope that it is a helpful tool for educating resident and their families. A copy is enclosed to help start this process. You will be responsible for copying the one-pager as necessary. DHMH will update the one-page

information sheet periodically, and any comments you may have to improve it are greatly appreciated. Any updates to the one-page information sheet will be transmitted to you directly. In the near future, DHMH will also send educational materials to better equip social work staff to answer questions on Medicaid's home and community-based programs.

Access to Nursing Homes

For providers that accept Medicaid reimbursement, the new law also governs access to the nursing home by certain outside groups. Effective October 1, 2002, "employees or representatives of protection and advocacy agencies and of Centers for Independent Living shall have reasonable and unaccompanied access to residents...for the purpose of providing information, training, and referral" to community services and organizations.

The purpose of this legislation is to ensure that these organizations are permitted to talk to residents about opportunities for moving to the community. Nursing homes may require proof of employment or training before allowing access to employees or representatives of protection and advocacy agencies and of Centers for Independent Living.

(Note: The protection and advocacy agency in Maryland is the Maryland Disability Law Center. Centers for Independent Living (CILs) are organizations dedicated to helping people of all ages with all types of disabilities to live in a home or apartment of their own. There are seven CILs across the State that go by different names. A list of CILs and their geographic domains is enclosed.)

Any questions regarding this transmittal should be directed to the Nursing Home Section of the Division of Long Term Care Services at (410) 767-1444.

Enclosures

cc: Centers for Independent Living
Maryland Disability Law Center
Nursing Home Liaison Committee

Long Term Care Services in the Community

If Medical Assistance pays for any portion of your nursing home care, you may be eligible for long-term care services in the community instead of a nursing home.

There are several programs that provide services in the community:

Waiver for Older Adults

This program is for eligible people aged 50 and over. It covers many services including personal care in your home and services provided in a participating licensed assisted living facility. Call your local Area Agency on Aging or 1-800-AGE-DIAL for more information.

Living at Home: Maryland Community Choices

This program is for eligible people with disabilities aged 21 to 59. It covers many services including attendant care services in your home. Call 1-800-332-6347 for more information.

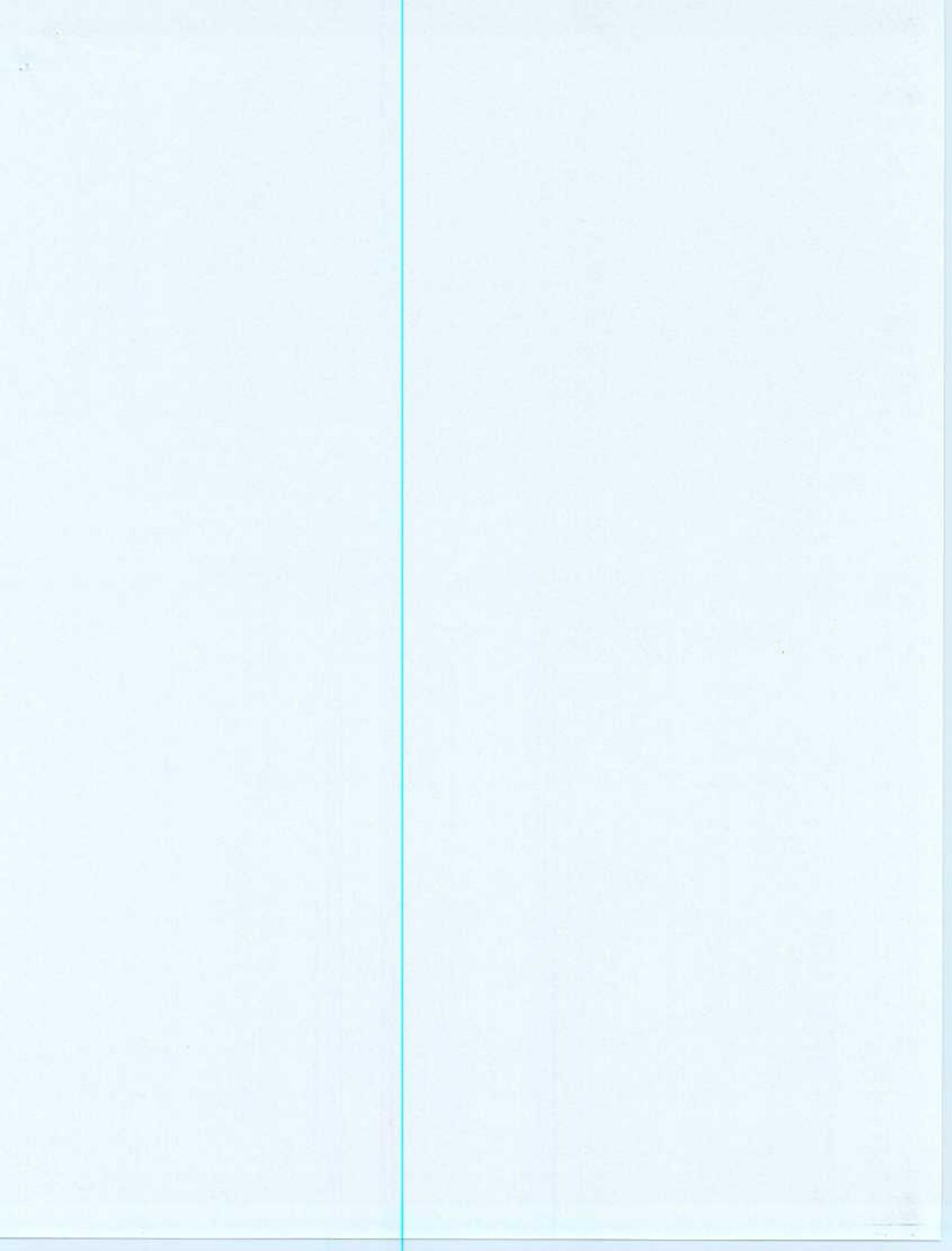
Adult Medical Day Care

Adults of all ages may qualify for medical day care. Services include nursing, personal care, leisure activities, a noon meal, and transportation to and from a licensed medical day care center.

Evaluations and case management may also be available to help determine if these programs are right for you. There are restrictions for certain programs on who may be eligible and how many services may be provided. It is also important to note that these programs do not pay for ongoing housing expenses such as rent or mortgage payments.

Organizations called Centers for Independent Living may be able to help you if you would like to consider returning to the community. Centers for Independent Living are dedicated to helping people of all ages and types of disabilities to live in homes/apartments of their own.

If you would like to learn more about services that may help you move back to the community, ask a social worker at your nursing home.



Long Term Care Services in the Community

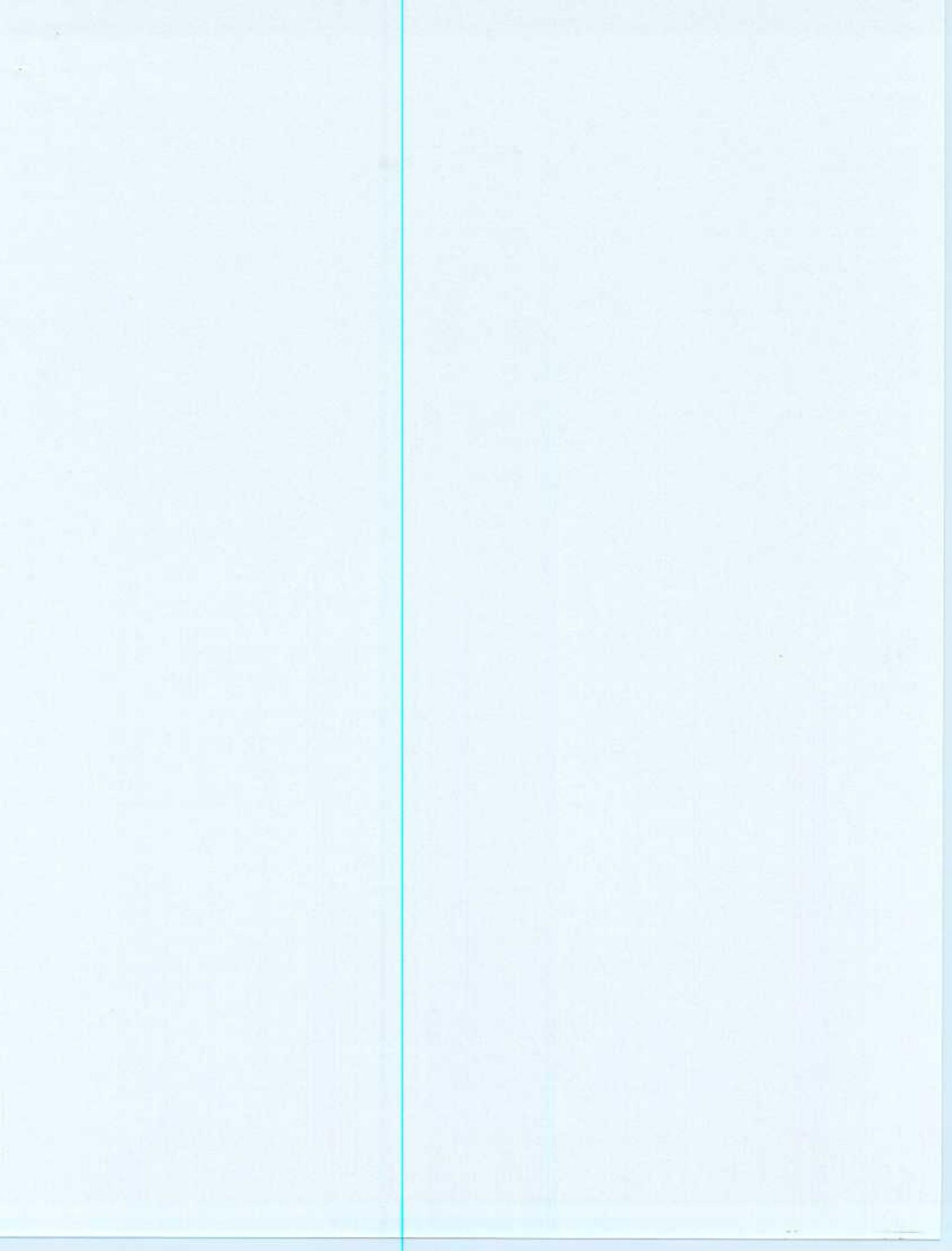
Please sign on the line below to certify that you have received the one-page information sheet on long term care services in the community.

Signature

Date

Print Name

(This form must be kept in the resident's medical record.)



Maryland Centers for Independent Living

Resources for Independence

Lori Magruder, Executive Director
708 Fayette Street
Cumberland, MD 21502
Voice: 301-784-1774
Fax: 301-784-1776
TTY: 711
Toll Free: 800-371-1986
EMail: phcil@hereintown.net

Counties Served: Garrett, Allegany,
Washington

Independence Now, Inc.

Catherine Raggio, Executive Director
6811 Kenilworth Avenue, Suite 504
Riverdale, MD 20737-1333
Voice: 301-277-2839
Fax: 301-277-4587
EMail: craggio@innow.org

Counties served: Montgomery, Prince
Georges

MCIL

Frank Pinter, Executive Director
3011 Montebello Terrace
Baltimore, MD 21214
Voice: 410-444-1400
Fax: 410-444-0825
TTY: 711
Email: frankp@mcil-md.org

Counties served: Howard, Baltimore,
Harford, Anne Arundel, Baltimore City

Eastern Shore Center for Independent Living

Price Baum, Executive Director
7 Sunburst Center
Cambridge, MD 21613
Voice: 410-221-7701
TTY: 410-221-5140
Toll Free: 800-705-7944
Fax: 410-221-7714
EMail: escil@comcast.net

Counties Served: Dorchester, Talbot,
Caroline, Cecil, Kent, Queen Anne's,
Somerset, Wicomico, Worcester

Center for L.I.F.E.

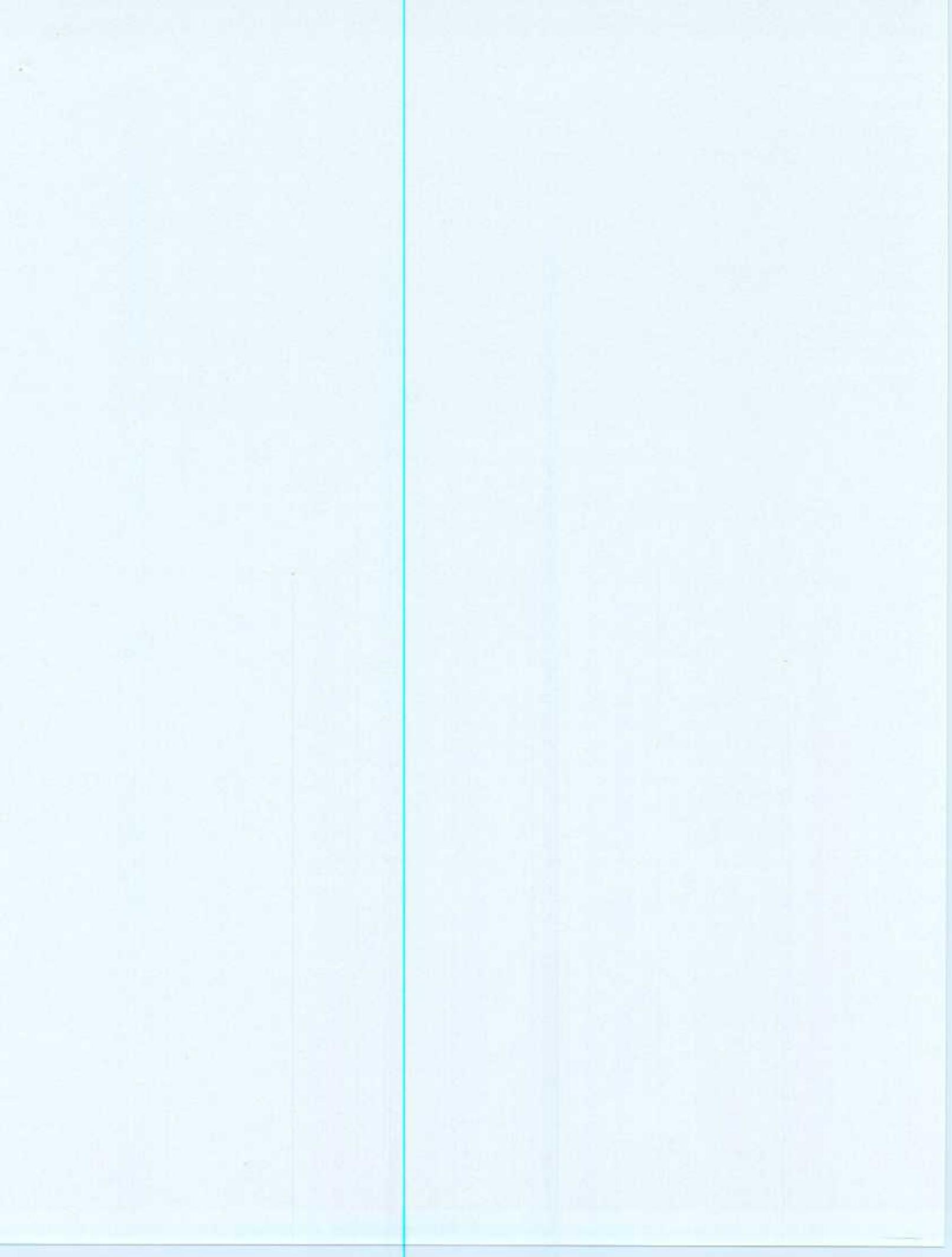
Gene Potts, Executive Director
30265 Oaks Road, Suite 3
P.O. Box 657
Charlotte Hall, MD 20622
301-994-9397
Voice: 301-884-4498
Fax: 301-884-6099
cflife@earthlink.net

Counties Served: Charles, St. Mary's,
Calvert

The Freedom Center

Jamey George, Executive Director
Rose Hill Plaza, Unit A-20
1560 Opossumtown Pike
Frederick, MD 21702
Voice: 301-846-7811
Fax: 301-846-9070
TTY 711
jameygeorge@prodigy.net

Counties Served: Frederick, Carroll



HOUSE BILL 752

O3

2lr2221

By: **Delegate Hubbard**

Introduced and read first time: February 6, 2002

Assigned to: Environmental Matters

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 21, 2002

CE

AN ACT concerning

2 **Health - Nursing Facilities - Information About Home-Based and**
3 **Community-Based Services**

6 FOR the purpose of requiring a ~~certain coordinator~~ social worker at a nursing facility
8 to provide certain information to residents about home- or community-based
9 waiver programs at ~~the time a certain assessment is performed~~ certain times;
10 requiring the information to contain certain information or referrals; requiring
11 the Department of Health and Mental Hygiene to prepare certain information;
12 requiring the ~~coordinator~~ social worker to ask the resident to sign a certain
13 acknowledgment to be kept in the resident's medical record; ~~requiring the~~
14 ~~coordinator to provide a certain referral to certain assistance~~; requiring a
15 certain case manager at a local department of social services to provide certain
16 assistance and information to residents; requiring the case manager to make a
17 certain referral within a certain time period under certain circumstances;
18 providing that employees or representatives of certain agencies and centers
19 shall be given access into ~~certain facilities~~ to provide certain information to
20 residents under certain circumstances; prohibiting employees or representatives
of certain agencies and centers from disclosing certain information provided to
residents; defining certain terms; and generally relating to information about
community services for residents of nursing facilities.

21 BY repealing and reenacting, without amendments.

22 Article - Health - General

23 Section 15-101(a) and (i)

Annotated Code of Maryland

(2000 Replacement Volume and 2001 Supplement)

26 BY adding to

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.



1 Article - Health - General
 2 Section 15-134
 3 Annotated Code of Maryland
 4 (2000 Replacement Volume and 2001 Supplement)

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

7 Article - Health - General

8 15-101.

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

10 (i) "Program" means the Maryland Medical Assistance Program.

15-134.

12 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
 13 INDICATED.

14 ~~(2) "MDS COORDINATOR" MEANS A COORDINATOR IN A NURSING~~
 15 ~~FACILITY WHO IS REQUIRED TO FILL OUT THE MINIMUM DATA SET ASSESSMENT.~~

16 ~~(3) "MINIMUM DATA SET ASSESSMENT" OR "MDS" MEANS THE~~
 17 ~~ASSESSMENT INFORMATION REQUIRED IN A QUARTERLY FORM BY THE CENTERS~~
 18 ~~FOR MEDICARE AND MEDICAID SERVICES FOR MEDICAID SERVICES.~~

19 ~~(4) (2) "NURSING FACILITY" HAS THE MEANING STATED IN §~~
 20 ~~15-132(A)(10) OF THIS SUBTITLE.~~

21 ~~(5) (3) "RESIDENT" MEANS AN INDIVIDUAL RECEIVING LONG-TERM~~
 22 ~~CARE IN A NURSING FACILITY.~~

23 (B) (1) ~~DURING A MINIMUM DATA SET ASSESSMENT, AN MDS COORDINATOR~~
 24 ~~A SOCIAL WORKER SHALL PROVIDE TO A RESIDENT A ONE-PAGE INFORMATION~~
 25 ~~SHEET IN LARGE, EASILY LEGIBLE TYPE AND IN FORMATS ACCESSIBLE TO THE~~
 26 ~~RESIDENT THAT:~~

27 (I) EXPLAINS THE AVAILABILITY OF SERVICES UNDER HOME- OR
 28 COMMUNITY-BASED WAIVER PROGRAMS IN THE STATE THAT COULD ENABLE THE
 29 RESIDENT TO LIVE IN THE COMMUNITY;

30 (II) EXPLAINS THAT IF THE RESIDENT'S CARE IS PARTIALLY OR
 31 FULLY REIMBURSED BY THE PROGRAM, THE RESIDENT MAY BE ABLE TO RECEIVE
 32 LONG-TERM CARE SERVICES IN THE COMMUNITY INSTEAD OF IN THE NURSING
 33 FACILITY;

34 (III) PROVIDES INFORMATION REGARDING THE REFERRALS TO
 35 RESIDENTS THAT MAY PROVIDE ADDITIONAL INFORMATION, CASE MANAGEMENT

1 SERVICES, OR EVALUATION SERVICES RELATED TO HOME- AND COMMUNITY-BASED
 2 WAIVER PROGRAMS OR OTHER OPTIONS FOR RECEIVING LONG-TERM CARE
 3 SERVICES IN THE COMMUNITY; AND

4 (IV) IS IN LARGE, EASILY LEGIBLE TYPE AND IN FORMATS
 5 ACCESSIBLE TO THE RESIDENT.

6 (2) THE DEPARTMENT, IN CONSULTATION WITH THE STATE AGENCIES
 7 THAT IMPLEMENT THE HOME- AND COMMUNITY-BASED SERVICES PROGRAMS,
 8 SHALL PREPARE, DISTRIBUTE, AND UPDATE AS NECESSARY THE ONE-PAGE
 9 INFORMATION SHEET REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION.

10 (3) THE ONE-PAGE INFORMATION SHEET REQUIRED UNDER
 11 PARAGRAPH (1) OF THIS SUBSECTION SHALL BE MADE AVAILABLE TO THE RESIDENT:

12 (I) UPON ADMISSION OR DISCHARGE OF THE RESIDENT; AND

14 (II) AT LEAST ONE TIME ANNUALLY AT THE REQUEST OF THE
RESIDENT.

~~(2) THE INFORMATION PROVIDED BY AN MDS COORDINATOR SHALL:~~

16 ~~(I) EXPLAIN THAT IF THE RESIDENT'S CARE IS PARTIALLY OR~~
 17 ~~FULLY REIMBURSED BY THE PROGRAM, THE RESIDENT MAY BE ABLE TO RECEIVE~~
 18 ~~LONG TERM CARE SERVICES IN THE COMMUNITY INSTEAD OF IN THE NURSING~~
 19 ~~FACILITY, AND~~

20 ~~(II) PROVIDE REFERRALS TO RESIDENTS THAT MAY PROVIDE~~
 21 ~~ADDITIONAL INFORMATION, CASE MANAGEMENT SERVICES, OR EVALUATION~~
 22 ~~SERVICES RELATED TO HOME AND COMMUNITY BASED WAIVER PROGRAMS OR~~
 23 ~~OTHER OPTIONS FOR RECEIVING LONG TERM CARE SERVICES IN THE COMMUNITY.~~

24 ~~(3) (4) THE MDS COORDINATOR SOCIAL WORKER SHALL REQUEST~~
 25 ~~THAT THE RESIDENT SIGN AN ACKNOWLEDGMENT OF RECEIPT OF THE~~
 26 ~~INFORMATION SHEET PROVIDED BY THE MDS COORDINATOR SOCIAL WORKER THAT~~
 27 ~~SHALL BE KEPT IN THE RESIDENT'S MEDICAL RECORD.~~

~~(C) IF A RESIDENT IS UNABLE TO CONTACT OUTSIDE ENTITIES WITHOUT~~
~~ASSISTANCE, OR A RESIDENT REQUESTS ASSISTANCE, THE MDS COORDINATOR~~
~~SOCIAL WORKER SHALL REFER THE RESIDENT TO PERSONS FROM THE DEPARTMENT~~
~~THAT CAN PROVIDE INFORMATION OR CASE MANAGEMENT SERVICES THAT WILL~~
~~ENABLE THE RESIDENT TO LEARN ABOUT RECEIVING LONG-TERM CARE SERVICES~~
~~IN THE COMMUNITY.~~

34 ~~(D) THE LONG-TERM CARE CASE MANAGER AT THE CALIFORNIA DEPARTMENT OF~~
 35 ~~SOCIAL SERVICES SHALL:~~

36 ~~(1) PROVIDE ASSISTANCE TO RESIDENTS AND MAKE REFERRALS TO~~
 37 ~~PERSONS THAT MAY HELP ADDITIONAL INFORMATION, CASE MANAGEMENT~~
~~SERVICES, OR EVALUATION SERVICES RELATED TO MEDICAL ASSISTANCE WAIVER~~

HOUSE BILL 752

1 PROGRAMS OR OTHER OPTIONS FOR RECEIVING LONG-TERM CARE SERVICES IN THE
2 COMMUNITY;

3 (2) PROVIDE THE SAME INFORMATION TO THE RESIDENTS HEALTH
4 CARE REPRESENTATIVE OR LEGAL GUARDIAN; AND

5 (3) ~~SHALL~~ ENSURE THAT A COPY OF THE INFORMATION PROVIDED IS
6 KEPT IN A RESIDENT'S CLIENT FILE.

7 (E) WHEN A RESIDENT INDICATES AN INTEREST IN RECEIVING LONG-TERM
8 CARE SERVICES IN THE COMMUNITY, THE LONG TERM CARE CASE MANAGER AT A
9 LOCAL DEPARTMENT OF SOCIAL SERVICES SHALL REFER THE RESIDENT WITHIN 10
10 DAYS TO PERSONS THAT WILL PROVIDE INFORMATION OR CASE MANAGEMENT
11 SERVICES THAT WILL ENABLE THE RESIDENT TO CONSIDER THE OPTIONS THAT MAY
12 BE AVAILABLE AND APPLY FOR BENEFITS IF THE RESIDENT CHOOSES.

13 (F) (1) SUBJECT TO PARAGRAPH (3) OF THIS SUBSECTION, EMPLOYEES OR
14 REPRESENTATIVES OF PROTECTION AND ADVOCACY AGENCIES AND OF CENTERS
15 FOR INDEPENDENT LIVING SHALL HAVE REASONABLE AND UNACCOMPANIED
16 ACCESS TO RESIDENTS OF PUBLIC OR PRIVATE NURSING FACILITIES IN THE STATE
17 THAT RECEIVE REIMBURSEMENT UNDER THE PROGRAM FOR THE PURPOSE OF
18 PROVIDING INFORMATION, TRAINING, AND REFERRAL TO PROGRAMS AND SERVICES
19 ADDRESSING THE NEEDS OF PEOPLE WITH DISABILITIES, INCLUDING
20 PARTICIPATION IN PROGRAMS THAT WOULD ENABLE INDIVIDUALS WITH
21 DISABILITIES TO LIVE OUTSIDE THE NURSING FACILITY.

22 ~~(2) THE ACCESS TO NURSING FACILITIES REQUIRED UNDER~~
23 ~~SUBSECTION (F) OF THIS SECTION SHALL INCLUDE THE OPPORTUNITY TO MEET AND~~
24 ~~COMMUNICATE PRIVATELY WITH RESIDENTS ON A REGULAR BASIS BY TELEPHONE,~~
25 ~~MAIL, ELECTRONIC MAIL, AND IN PERSON.~~

26 ~~(3) ()~~ EMPLOYEES OR REPRESENTATIVES OF PROTECTION AND
27 ADVOCACY AGENCIES AND OF CENTERS FOR INDEPENDENT LIVING SHALL
28 MAINTAIN THE CONFIDENTIALITY OF THE RESIDENTS AND MAY NOT DISCLOSE THE
29 INFORMATION PROVIDED TO A RESIDENT, EXCEPT WITH THE EXPRESS CONSENT OF
30 THE RESIDENT OR THE RESIDENTS LEGAL GUARDIAN OR HEALTH CARE
31 REPRESENTATIVE.

32 () PUBLIC OR PRIVATE NURSING FACILITIES MAY REQUIRE THE
33 EMPLOYEES OR REPRESENTATIVES OF PROTECTION AND ADVOCACY AGENCIES AND
34 OF CENTERS FOR INDEPENDENT LIVING TO PROVIDE PROOF OF THEIR EMPLOYMENT
35 AND TRAINING BEFORE AUTHORIZING THE ACCESS REQUIRED UNDER PARAGRAPH
36 (1) OF THIS SUBSECTION.

37 SECTION 2. AND BE IT FURTHER ENACTED. That this Act shall take effect
38 October 1, 2002.