

Department of Legislative Services
Maryland General Assembly
2018 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

House Bill 1696

(Delegate Reznik)

Health and Government Operations

Finance

**Task Force to Study Access to Home Health Care for Children and Adults With
Medical Disabilities and Report on Home- and Community-Based Services**

This bill establishes the Task Force to Study Access to Home Health Care for Children and Adults with Medical Disabilities, which is to be staffed by the Maryland Department of Health (MDH). The task force must meet at least monthly. Members of the task force may not receive compensation but are entitled to reimbursement for expenses under the standard State travel regulations, as provided in the State budget. By November 30, 2018, the task force must report its findings and recommendations to specified committees of the General Assembly. The bill also requires MDH to conduct a review of specified information and report its findings and recommendations to the General Assembly by November 30, 2018. **The bill takes effect July 1, 2018, and terminates June 30, 2019.**

Fiscal Summary

State Effect: MDH can conduct the required review with existing resources. Any expense reimbursements for task force members and staffing costs for MDH are also assumed to be minimal and absorbable within existing budgeted resources. Revenues are not affected.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The task force must, to the extent information is publicly available:

- determine the total number of home health care hours at the licensed practical nurse (LPN) level prescribed to children and adults with medical disabilities in Medicaid, including any waiver programs in 2017, and how many of those home health care hours were not administered, both statewide and at the county level;
- determine how many children and adults with medical disabilities in Medicaid have previously been authorized home health care services at the LPN level and are currently authorized for certified nursing assistant care (a lower level of care);
- determine (1) how many children and adults are currently on waiting lists or registries for home health care in Medicaid; (2) whether any of the waiting lists or registries have become longer or shorter over the previous year; and (3) the extent of any such changes;
- study the history of the Medicaid-provided LPN-level home health care reimbursement rates, including any waiver programs that have served children or adults with medical disabilities over the last 10 years;
- study the history of the average wages for LPNs in the State over the last 10 years;
- study Medicaid-provided reimbursement rates for LPN-level home health care in neighboring states; and
- make recommendations for improving access to home health care in all areas of the State, including a recommendation relating to reimbursement rates.

MDH must, for home- and community-based services provided under specified programs:

- compare the rate of reimbursement with the actual cost to providers, to the extent information is publicly available, for (1) providing care to individuals approved for direct care services; (2) coordinating care services; and (3) providing any other services; and
- review (1) specific services required to be provided; (2) any licensure requirements imposed on specified providers; (3) any requirements imposed by a health occupations board that are specific to individuals providing home- and

community-based services; and (4) any other State or local requirements associated with the cost of providing the services in the State.

MDH must also determine, to the extent information is publicly available, the costs associated with providing service and care under other home- and community-based programs. In making its determination, MDH must consult with persons providing the services required under each home- and community-based program, including specified entities and individuals representing providers.

Current Law/Background: When a Medicaid enrollee requires home health care nursing services, the Division of Nursing Services in MDH determines the level of care and number of hours required and approves a specific provider based on that provider's ability to meet the enrollee's specific level of care. Nursing services are provided, often through residential service agencies and home health agencies, to a wide range of Medicaid recipients, including individuals in the Community First Choice, Community Options, Traumatic Brain Injury, and Community Pathways waivers and through community personal assistance and increased community services programs.

Additional Information

Prior Introductions: None.

Cross File: SB 1071 (Senator Waugh) - Finance.

Information Source(s): Maryland Department of Health; Department of Legislative Services

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