

(e)] The Oversight Committee shall evaluate the progress in improving nursing home care quality AND ASSISTED LIVING FACILITY QUALITY statewide, including consideration of:

(1) Quality of care standards for nursing homes AND ASSISTED LIVING FACILITIES;

(2) STANDARDS FOR THE IDENTIFICATION OF THE ONSET OF DEMENTIA AND ALZHEIMER'S DISEASE;

(3) STANDARDS FOR THE IDENTIFICATION OF CONDITIONS APPROPRIATE FOR HOSPICE SERVICES;

~~[(2)]~~ (4) Staffing patterns and staffing standards;

~~[(3)]~~ (5) Policies and procedures for inspecting nursing homes AND ASSISTED LIVING FACILITIES, and responding to quality of care complaints;

~~[(4)]~~ (6) A comparison of Maryland standards, policies, and procedures to those in other states;

~~[(5)]~~ (7) The labor pool available to fill nursing and nursing aide jobs; ~~and~~

~~[(6)]~~ (8) State funding mechanisms for nursing homes AND ASSISTED LIVING FACILITIES, including the Medicaid Nursing Home Reimbursement System, and regulation of nursing homes; AND

(9) THE PROVISION AND QUALITY OF MENTAL AND BEHAVIORAL HEALTH CARE SERVICES TO MEET THE NEEDS OF NURSING HOME AND ASSISTED LIVING FACILITY RESIDENTS.

[(f)] (E) [(1)] The Office of Health Care Quality in the Department of Health and Mental Hygiene shall submit a report to the Oversight Committee [twice] annually on the [implementation of the Task Force recommendations and the] status of quality of care in nursing homes AND ASSISTED LIVING FACILITIES.

[(2) The reports shall be submitted on March 1 and September 1 of each year.]

[(g)] (F) The Deputy Secretary of Health Care Financing, OR THE DEPUTY SECRETARY'S DESIGNEE, shall report annually to the Oversight Committee on the status of the Medicaid Nursing Home Reimbursement System, which shall include but not be limited to:

(1) Elements of the existing methodology that are no longer relevant;

(2) Elements of the existing methodology that can be revised;

(3) The appropriateness of redesigning the system given changing demographics of the target population; and

(4) General Fund and federal fund savings from a system redesign that may be redirected to nursing home staff development in the nursing cost center.