## **VETOES**

- $\{(i)\}$  1. Are above the level of room and board;
- {(iii)} 3. Can be made available to the individuals through institutional facilities; OR.

## (II) MEET THE STANDARDS UNDER § 15-115.1 OF THIS SUBTITLE.

- [(9)] (10) "Medically and functionally impaired" means an individual who is assessed by the Department to require services provided by a nursing facility as defined in this section, and who, but for the receipt of these services, would require admission to a nursing facility within 30 days.
- [(10)] (11) (i) "Nursing facility" means a facility that provides skilled nursing care and related services, rehabilitation services, and health related care and services above the level of room and board needed on a regular basis in accordance with § 1919 of the federal Social Security Act.
- (ii) "Nursing facility" includes a facility that provides services to individuals certified as requiring an intermediate level of care.
- [(11)] (12) "Personal care services" means those services as defined in accordance with 42 C.F.R. 440.167 and in regulations adopted by the Department.
- [(12)] (13) "Respite care services" has the meaning stated in regulations adopted by the Department and includes those services provided to individuals unable to care for themselves furnished on a short–term basis because of the absence or need for relief of those persons normally providing the care.
- [(13)] (14) "Waiver" means a home and community based services waiver under § 1915(c) of the federal Social Security Act, submitted by the Department to the [Health Care Financing Administration] CENTERS FOR MEDICARE AND MEDICAID SERVICES, as required by subsections  $\{(b)\}$  and ((c)) ((D)) of this section.
- [(14)] (15) "Waiver services" means the services covered under an approved waiver that:
- (i) Are needed and chosen by an eligible waiver participant as an alternative to admission to or continued stay in a nursing facility;
  - (ii) Are part of a plan of care approved by the program;
- (iii) Assure the waiver participant's health and safety in the community; and
- (iv) Cost no more per capita to receive services in the community than in a nursing facility.
- (B) ON OR BEFORE JULY 1, 2004, THE DEPARTMENT SHALL DEVELOP A PROGRAM DESIGNED TO REDUCE THE NUMBER OF NURSING FACILITY BEDS OCCUPIED BY MEDICAL ASSISTANCE LONG TERM CARE RECIPIENTS IN EACH