

~~(1) (H) An initial cap on waiver participation at 7,500 individuals to assist the medically and functionally impaired in obtaining home and community based waiver services; and~~

~~(H) An initial cap on waiver participation at 7,500 individuals to assist dually eligible nursing facility residents in obtaining long term care services in the community;~~

~~(2) A program to permit:~~

~~(I) An individual, or a person legally authorized to provide informed consent to medical treatment on behalf of an individual, to direct, manage, and pay for home and community based services, including recruiting, screening, hiring, training, scheduling, supervising, and terminating a personal care attendant;~~

~~(II) The hiring of an individual's family member, including a spouse or friend, as a personal care attendant;~~

~~(III) The department to set the wages for a personal care attendant;~~

~~(IV) The local department of social services or the local area agencies on aging to assist an individual in obtaining personal care attendants; and~~

~~(V) The department to contract with an intermediary service organization to provide payroll, tax, and other payroll support services on behalf of an individual;~~

~~{2}~~ (3) A limit on annual waiver participation based on State General Fund support as provided in the budget bill;

~~{3}~~ (4) Elimination of the current requirements that waiver applicants be at least 62 years old and be eligible for or already receive a subsidy for the senior assisted housing program;

~~{4}~~ (5) Financial eligibility criteria which include:

(i) The current federal and State medical assistance long-term care rules for using services provided by a nursing facility, per §§ 1902, 1919, and 1924 of the federal Social Security Act, and applicable regulations adopted by the Department;

(ii) Medically needy individuals using services provided by a nursing facility under the current federal and State medical assistance eligibility criteria governed by regulations adopted by the Department and § 1919 of the federal Social Security Act;

(III) IF PERMITTED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES UNDER THE WAIVER UNDER SUBSECTION (B) OF THIS SECTION, MEDICALLY NEEDY INDIVIDUALS WHOSE COUNTABLE INCOME EXCEEDS 300% OF THE APPLICABLE PAYMENT RATE FOR SUPPLEMENTAL SECURITY INCOME BUT IS