

EMERGENCY FACILITY TO THE ENROLLEE IF THE COMMUNITY CARE ORGANIZATION FAILS TO PROVIDE 24-HOUR ACCESS TO A PHYSICIAN AS REQUIRED BY THE DEPARTMENT.

(2) A PROVIDER MAY NOT BE REQUIRED TO OBTAIN PRIOR AUTHORIZATION OR APPROVAL FOR PAYMENT FROM A COMMUNITY CARE ORGANIZATION IN ORDER TO OBTAIN REIMBURSEMENT UNDER PARAGRAPH (1) (VI) OF THIS SUBSECTION.

(3) NOTHING IN THIS SUBSECTION PROHIBITS A COMMUNITY CARE ORGANIZATION FROM PROVIDING A BONUS OR INCENTIVE FOR QUALITY IMPROVEMENTS.

(N) SAVINGS FROM THE PROGRAM DEVELOPED UNDER THIS SECTION MAY SHALL BE USED TO:

(1) ASSIST MEDICALLY AND FUNCTIONALLY IMPAIRED INDIVIDUALS IN THE COMMUNITY, OR WHEN DISCHARGED FROM A HOSPITAL, TO RECEIVE HOME- AND COMMUNITY-BASED WAIVER SERVICES;

(2) INCREASE REIMBURSEMENT RATES TO COMMUNITY PROVIDERS;  
AND

(3) DEVELOP A STATEWIDE SINGLE POINT-OF-ENTRY SYSTEM CONSISTING OF A DESIGNATED ENTITY IN EACH COUNTY AND BALTIMORE CITY TO:

(I) ACCEPT APPLICATIONS;

(II) MAKE ALL ELIGIBILITY DETERMINATIONS;

(III) ENROLL INDIVIDUALS IN THE PROGRAM; AND

(IV) PROVIDE COORDINATED SERVICES, INCLUDING:

1. LEVEL-OF-CARE DETERMINATIONS;

2. FINANCIAL DETERMINATIONS;

3. PLAN OF CARE DETERMINATIONS;

4. CASE MANAGEMENT SERVICES; AND

5. OTHER SERVICES AS NEEDED.

(O) IN DEVELOPING THE WAIVER APPLICATION AND REGULATIONS UNDER THIS SECTION, THE DEPARTMENT SHALL SOLICIT INPUT FROM, AND CONSULT WITH, REPRESENTATIVES OF INTERESTED AND AFFECTED PARTIES, INCLUDING:

(1) LEGISLATORS;

(2) AFFECTED STATE AGENCIES;

(3) PROVIDERS WITH EXPERTISE IN DEMENTIA, GERIATRICS, END-OF-LIFE CARE, AND MENTAL HEALTH;