

“Community attendant services and supports” § 7-501

“Consumer” § 7-501

“Personal assistant” § 7-501

7-506. MEDICAL ASSISTANCE ELIGIBILITY.

A CONSUMER IS ELIGIBLE FOR MEDICAL ASSISTANCE IF THE CONSUMER:

(1) WOULD BE ELIGIBLE FOR MEDICAL ASSISTANCE IN A MEDICAL INSTITUTION OR NURSING HOME; AND

(2) NEEDS COMMUNITY ATTENDANT SERVICES AND SUPPORTS TO REMAIN IN OR TRANSITION TO THE COMMUNITY.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 41, § 6-7A-03(c).

In the introductory language of this section, the former phrase “receiving services and supports under this program” is deleted as included in the definition of “consumer”.

In item (2) of this section, the former reference to “home and” community attendant services and supports is deleted for consistency throughout this subtitle.

Defined terms: “Community attendant services and supports” § 7-501

“Consumer” § 7-501

7-507. QUALITY ASSURANCE SYSTEM.

(A) IN GENERAL.

THE DEPARTMENT OF HUMAN RESOURCES AND THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE SHALL ADOPT A QUALITY ASSURANCE SYSTEM FOR THE PROGRAM, CONSISTENT WITH FEDERAL REQUIREMENTS REGARDING QUALITY OF WAIVER SERVICES.

(B) CONSUMER INPUT REQUIRED.

THE QUALITY ASSURANCE SYSTEM SHALL INCLUDE MEANINGFUL CONSUMER INPUT, INCLUDING CONSUMER SURVEYS, THAT MEASURE THE EXTENT TO WHICH CONSUMERS RECEIVE SERVICES DESCRIBED IN THEIR INDIVIDUALIZED SUPPORT PLANS AND CONSUMER SATISFACTION WITH THE SERVICES.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 41, § 6-7A-05.

In subsection (b) of this section, the references to “consumers” and “consumer” are substituted for the former references to “participants” and “participant”, respectively, for consistency throughout this subtitle.

Also in subsection (b) of this section, the reference to “individualized support plans” is substituted for the former reference to “the individual plan” for consistency with § 7-504 of this subtitle.