

Part M

Human Resources

Social Services – Generally

Welfare

The federal Personal Responsibility and Work Opportunities Reconciliation Act of 1996, better known as welfare reform, was up for reauthorization October 1, 2002. The 107th Congress failed to extend the law for another five years and instead extended current rules for an additional year.

The current Temporary Assistance for Needy Families (TANF) grant for the entire country is \$16.5 billion; Maryland's share is \$229.1 million. The annual block grant is not adjusted for inflation. Cash assistance recipients are limited to 60 cumulative months of benefits for their entire lifetime. The State may exempt 20 percent of its total caseload from the lifetime benefit limit due to hardship.

House Bill 261 (failed) would have required local departments of social services to enter into hiring agreements with entities doing business with a county to employ Family Investment Program (welfare) recipients. The bill also would have eliminated the restriction on benefits for the children of Temporary Cash Assistance (TCA) recipients who are born ten months or more after the parents' initial TCA application.

State Board of Social Work Examiners

Senate Bill 268/House Bill 310 (both passed) extend the sunset date for the Board of Social Work Examiners from July 1, 2004, to July 1, 2014, and require another sunset evaluation on or before July 1, 2013. The bills require that if a licensed social work associate or licensed graduate social worker cannot be found to serve on the board within six months of the position becoming vacant, any level of licensee must be appointed immediately to fill the vacancy. The bills permit the board to elect officers as necessary beyond the election of a chairman and secretary. The bills also require the board and the Department of Health and Mental Hygiene to report to the House Health and Government Operations Committee and the Senate Education, Health, and Environmental Affairs Committee by October 1, 2003, on the implementation of the recommendations contained in the sunset report dated October 2002.

The Elderly

Continuing Care Retirement Communities

Senate Bill 360 (passed) allows a facility that provides housing or shelter to convert to a continuing care facility after meeting Department of Aging requirements. Conversion to a continuing care facility is allowed for a facility where the residential accommodations existed before a statement of intent is filed and at least 60 percent of the available residential accommodations of the facility owner were occupied during the two previous fiscal years. Rental, condominium, and cooperative retirement communities that meet the bill's requirements may apply to become continuing care retirement communities.

House Bill 552 (passed) authorizes the Department of Aging to issue an initial certificate to a continuing care retirement community (CCRC) that has not met the 65 percent presales requirement, as long as CCRC provides financial assurances to the Department of Aging that the residents will be protected if the project does not succeed. The bill also authorizes specified CCRCs to count toward the 65 percent presales requirement any noncontinuing care agreements entered into after October 1, 2002, if the provider acknowledges to the senior that the provider is in the process of registering with the department and gives the senior the opportunity to enter into the continuing care agreement approved by the department.

Senate Bill 127/House Bill 79 (both failed) would have created a seven-member Task Force to Study Continuing Care Retirement Communities. The task force would have investigated and made recommendations concerning licensing requirements for executive directors, residents' representation on the CCRC's governing body subcommittees, CCRC's admissions criteria, mediation proceedings between the CCRC's governing body and residents, and the expansion of the Department of Aging Long-Term Care Ombudsman program to include continuing care retirement community issues.

Senate Bill 450 (Ch. 3) repeals the enrollment cap of 30,000 enrollees in the Short-Term Prescription Drug Subsidy Plan and permits the plan to enroll the maximum number of individuals eligible for enrollment, subject to available funds. For a more detailed discussion of ***Senate Bill 450***, please see Part J – Health of this *90 Day Report*.

The Disabled

Children with Disabilities

Senate Bill 554/House Bill 405 (both passed) require the Department of Health and Mental Hygiene (DHMH) to apply to the federal Centers for Medicare and Medicaid Services for an amendment to the State Medicaid plan. This amendment would allow DHMH to receive federal matching funds for part of the nonroom-and-board portion of the costs of eligible residential care provided by State and local agencies to individuals under the age of 21. If the Medicaid State plan amendment is approved, the State will be able to use federal Medicaid matching funds rather than State general funds to pay for the cost of therapeutic services to

individuals under the age of 21 in foster care or group home settings. If the Medicaid plan amendment is denied, the bills' provisions terminate.

Adults with Disabilities

The federal Ticket to Work and Work Incentives Improvement Act of 1999 offers Social Security Disability Income and Supplemental Security Income recipients the opportunity to obtain rehabilitation and vocational services to help them go to work. In addition, it removes barriers that require people with disabilities to choose between health care coverage and work. Ticket to Work gives states the option to expand Medicaid eligibility for individuals with disabilities who are working and allows current Medicaid recipients to work without losing their Medicaid eligibility. In February 2003, Maryland received a \$500,000 grant from the federal Department of Health and Human Services to help people with disabilities in the State to become and remain competitively employed. The grant is intended to help the State build the necessary infrastructure to allow individuals with a disability to purchase health coverage through Medicaid at an affordable rate.

Senate Bill 386/House Bill 630 (both passed) require DHMH, to the extent that funding is available in the State budget, to implement the Employed Persons with Disabilities Program (EPDP) by July 1, 2005. EPDP encourages individuals with disabilities to seek or maintain employment. The Secretary of DHMH, in consultation with The Coalition for Work Incentive Improvement, must adopt regulations that include specific eligibility criteria for participation in EPDP.

Senate Bill 190 (failed) would have required all Medicaid-eligible developmentally disabled individuals seeking assistance from DHMH's Developmental Disabilities Administration to apply for Medicaid benefits for Medicaid-eligible services.

Children

Early Childhood Development

House Bill 635 (passed) authorizes early childhood educational and developmental programs such as Head Start, Judy Centers, and child care centers to enter into an agreement to promote the programs in consultation with the Child Care Resource and Referral Network. The Child Care Resource and Referral Network is a public-private partnership made up of 13 regional child care resource and referral centers. The network oversees the regional centers and provides services to improve the quality, availability, and affordability of child care statewide. The agreement authorized under *House Bill 635* will bring the programs together to develop a plan to provide information to the parents of low-income and at-risk children regarding the importance of early childhood education and the availability of early childhood development services. *House Bill 635* also mandates that the Governor include in the annual budget bill an amount for Head Start and Judy Centers at least equal to the fiscal 2003 appropriation of \$10.6 million.

Juvenile Causes

House Bill 523 (passed) requires a juvenile counselor to visit a child committed to an individual or to a public or private agency or institution at the child's placement no less than once every month, if the placement is in the State. For a more detailed discussion of *House Bill 523*, see the subpart "Juvenile Law" under Part E – Crimes, Corrections, and Public Safety of this *90 Day Report*.

Residential Child Care

A September 2000 Executive Order established the Task Force to Study the Licensing and Monitoring of Community-Based Homes for Children. The task force met from February to September 2001 and submitted a final report in October 2001. A number of bills were introduced that were based on recommendations of the task force. Two of the more significant bills were *House Bill 529 (failed)* and *Senate Bill 605 (failed)*.

House Bill 529 would have required the Maryland State Department of Education to incorporate incentives into the rate setting methodology for residential child care programs in order to develop programs in underserved geographic areas of the State.

Senate Bill 605 would have created a State Board for Certification of Residential Child Care Program Administrators within the Department of Health and Mental Hygiene (DHMH) and would have required residential child care program administrators to receive State certification. The bill would have applied to programs licensed by DHMH, the Department of Human Resources, and the Department of Juvenile Justice, but not State-operated residential child care program facilities of the Mental Hygiene Administration.