

Part M

Human Resources

Social Services – Generally

Eligibility for Temporary Cash Assistance and Food Stamps

Under the federal food stamp program, individuals convicted of a felony involving possession, use, or distribution of a controlled dangerous substance may not receive benefits unless the individual's state has opted out of this requirement. Maryland has opted out for custodial parents but not for adults without children. Custodial parents with felony drug convictions are subject to substance abuse testing for two years from the date of their application for benefits.

Senate Bill 575/House Bill 1137 (both failed) would have allowed Maryland residents with felony drug convictions to receive cash assistance or food stamps, subject to the same substance abuse testing requirements as custodial parents. The bills were intended to assist individuals with substance abuse problems to become more self-sufficient and reduce recidivism. House Bill 1137 would have limited eligibility for benefits to six months for noncustodial parents.

Miscellaneous

Senate Bill 508 (passed) repeals authorization for the Maryland Individual Development Accounts program. This demonstration program was designed to assist low-income people to save money for the purchase or repair of a home, educational expenses, and business capitalization. The program was scheduled to terminate on June 30, 2006.

Two bills relating to public assistance failed but will be further examined by the Joint Committee on Welfare Reform during the 2004 interim. *House Bill 1302 (failed)* would have established a Marriage Promotion Program and fund in the Department of Human Resources to provide funding to eligible community-based organizations for implementing marriage and relationship skills programs. *House Bill 1476 (failed)* would have codified the Transitional Emergency Medical and Housing Assistance Program and required the Governor to fund the program at a minimum level based on average prior caseloads.

The Elderly

Funding Distribution for Local Area Agencies on Aging

The Maryland Department of Aging (MDoA) developed a new method for distributing federal funds to the State's 19 area agencies on aging during the fall of 2003. The proposed funding methodology would go into effect once approved by the federal Department of Health and Human Services. This approval was anticipated to be received by July 1, 2004. The University of Maryland Baltimore County was contracted to develop the funding distribution. The formula proposed by MDoA was strictly based on the 2000 census population, with an adjustment to target elderly in the rural areas of the State.

Senate Bill 508 (passed), the Budget Reconciliation and Financing Act of 2004, contains a provision that requires MDoA to allocate funds to local area agencies on aging under the Older Americans Act based on formulas in effect on January 1, 2004, with the exception of the Title IIIIE formula for the Family Caregiver Program, which may be changed to reflect an increase in age criteria. Senate Bill 508 requires the Governor to submit legislation to the General Assembly for consideration in the 2005 legislative session that specifies a formula for distributing federal funds under the Older Americans Act to local jurisdictions beginning in fiscal 2007. In addition, Senate Bill 508 requires MDoA to use additional State funds to hold rural jurisdictions harmless from reductions that would occur under this allocation in fiscal 2005 and 2006.

Senate Bill 819 (passed) requires the Department of Health and Mental Hygiene to apply to the federal Centers for Medicare and Medicaid Services for a waiver to establish the Community Choice Program, a managed care system that provides long-term care services to eligible Medicaid enrollees. A more detailed discussion of this bill can be found under Part J – Health of this *90 Day Report*.

House Bill 207 (passed) prohibits the owner, operator, or employee of a health care facility or a spouse, parent, child, or sibling of any of these individuals from serving as a health care agent for a patient at that facility. The bill provides for an exception to this prohibition if one of these people would qualify as a “surrogate decision maker” or was appointed before the patient began receiving health care from the facility. A health care agent is a person designated by an individual as someone who is authorized to make health care decisions on his or her behalf.

Senate Bill 785/House Bill 1001 (both passed) require a continuing care facility to establish an internal grievance procedure to address subscriber grievances. The bills also require a continuing care facility to provide a description of its internal grievance procedure to applicants and subscribers.

Senate Bill 343/House Bill 484 (both passed) authorize the establishment and provide for the composition of a family council in a nursing home. The bills detail the role of nursing homes in relationship to the family council. A family council is a group of individuals who work

together to improve the quality of life of nursing home residents and to protect the rights of those residents.

The Disabled

Department of Disabilities

Senate Bill 188 (passed), an Administration initiative, establishes the Department of Disabilities, the Maryland Commission on Disabilities, and an Interagency Disabilities Board within the new department. The bill transfers the Governor’s Office for Individuals with Disabilities’ employees, property, funds, and all associated administrative responsibilities to the new department. The department will be the principal agency responsible for developing, maintaining, revising, and enforcing statewide disability policies and standards. The department will:

- serve as principal advisor to the Governor on the means and methods to (1) implement and fund support to individuals with disabilities according to the State disabilities plan; (2) modify or consolidate support to individuals with disabilities; and (3) collaborate with federal, regional, and local units of government to enhance the effectiveness of and funding for support to individuals with disabilities;
- adopt regulations to implement the State disabilities plan;
- annually recommend capital budget projects to the Department of Budget and Management to promote access to State-owned facilities for individuals with disabilities;
- assist units of State government to identify federal, State, local, and private funds available to the State for programs and services for individuals with disabilities; and
- provide technical assistance to local jurisdictions in planning and implementing collaborative strategies consistent with the State disabilities plan.

The State disabilities plan must include the coordination of support services that:

- assure compliance with the federal Americans with Disabilities Act and other relevant federal and State provisions to protect the civil rights of individuals with disabilities;
- are necessary for an individual with a disability to achieve maximum participation in the mainstream in the most integrated setting possible; and
- address, on a statewide basis, the improvement of (1) communities’ capacity to support individuals with disabilities with personal attendant care and other self-directed long-term

care options; (2) the availability of accessible, integrated, and affordable housing; (3) reliable transportation options; (4) employment and training options; (5) somatic and mental health options; (6) accessible and universally designed technology; (7) support services for children, youth, and families to enable them to achieve successful learning; and (8) family support services.

By July 1 of each year, each unit of State government will develop a unit plan to implement the State disabilities plan that includes an implementation schedule and measurable strategic performance objectives. The Secretary of Disabilities may request amendments to a unit plan if it is not in agreement with the State disabilities plan. Each unit must provide an evaluation of the unit's performance in implementing its plan to the department by July 1 of each year.

Vulnerable Adults

House Bill 1016 (passed) creates a Task Force on Missing Vulnerable Adults. The task force will (1) identify, access, and compile data about missing adults; (2) make recommendations on establishing better communication between counties and the State when vulnerable adults are missing; (3) make recommendations to establish a system to locate and identify missing vulnerable adults and identify unclaimed deceased adults who may be missing vulnerable adults; (4) make recommendations for law enforcement protocols to work with the broadcast media to locate missing adults; (5) investigate integration with Amber Alert and the broadcast media in locating missing vulnerable adults; and (6) report its findings and recommendations to the Governor and the General Assembly by October 1, 2005. The bill terminates on October 31, 2005.

Children

Child Welfare

Staffing Ratios

Only nine of Maryland's local jurisdictions currently meet Child Welfare League of America (CWLA) staffing ratios for child welfare positions. More than 200 additional caseworkers and supervisors are needed to meet CWLA ratios in the remaining 15 jurisdictions. Attainment of CWLA staffing ratios has been hindered by insufficient appropriations, abolishment of over 260 positions by the Board of Public Works, and the current hiring freeze.

Senate Bill 772/House Bill 1202 (both failed) would have required the Department of Budget and Management and the Department of Human Resources (DHR) to develop appropriate caseload ratios for child welfare workers using the ratios recommended by CWLA, submit a plan for implementation of reduced caseload ratios, and hire additional child welfare caseworkers to maintain the new ratios.

Though Senate Bill 772/House Bill 1202 failed, the General Assembly adopted budget language restricting \$1.5 million in general funds unless DHR achieves specified numbers of filled caseworker and supervisor positions by certain dates. Budget narrative was also adopted that states that it is the intent of the budget committees that DHR develop appropriate caseload to staff ratios for child welfare services based on CWLA standards and submit a plan for implementation of reduced caseload to staff ratios. The narrative strongly encourages the Governor to include sufficient funding in the fiscal 2006 budget to achieve and maintain the caseload ratios developed.

Out-of-home Placements

Senate Bill 711 (passed) alters the factors that a local department of social services must consider in determining a permanency plan for a child in an out-of-home placement to give priority to placing the child in the jurisdiction where the child's parent or guardian resides. Senate Bill 711 also requires the Special Secretary for the Office for Children, Youth, and Families, in consultation with the Department of Health and Mental Hygiene (DHMH) and the Department of Juvenile Services (DJS), to conduct a study of out-of-home placements and develop a plan to meet the goals of the bill.

Senate Bill 99/House Bill 367 (both passed) create a State Board for Certification of Residential Child Care Program Administrators within DHMH and require residential child care program administrators to receive State certification by October 2007. These bills codify a recommendation of the Governor's Task Force to Study the Licensing and Monitoring of Community-Based Homes for Children.

Juvenile Services

Senate Bill 768/House Bill 1083 (both failed) as amended, would have substantially reorganized the manner in which DJS provides services to the children in its custody. Senate Bill 768/House Bill 1083 would have required DJS to designate at least five operational regions within the State and to operate detention and commitment facilities no larger than 48 beds each. The Secretary of Juvenile Services would have been required to appoint a regional director for each region, and each region would have been required to include at least one detention facility and a sufficient number of committed facilities to serve children in the region. Senate Bill 768/House Bill 1083 also would have required DJS to develop a Facilities Master Plan, implement a program of volunteer mentoring, operate a pilot program for year-round educational programming outside the public school system for children in two group homes, and assume control of operations at the Charles H. Hickey, Jr. School. A Facilities Master Plan consistent with a five-region approach is required under a conference committee amendment to the capital budget, *Senate Bill 191 (passed)*. The plan must be submitted to designated committees of the General Assembly by January 15, 2006.

Senate Bill 767 (passed) requires DJS to establish a program of step-down aftercare for all children discharged from committed DJS residential placements. In addition, by December 31, 2004, DJS must report on the population of children who are in need of intensive and high-need aftercare supervision, the staffing ratios for these populations, the staffing levels that would

be needed to adequately serve these populations, and a timetable for adequately serving the populations.

Children in Need of Assistance

Senate Bill 693 (failed) would have provided express authority for a court to grant custody and guardianship of a child in need of assistance to a relative or nonrelative upon consideration of a report by a local department of social services or child placement agency on the suitability of the prospective guardian. The bill was intended to close a loophole in current law that allows a court to appoint a guardian without the protections that currently apply to foster care or adoption, such as home studies and background checks. Funding to implement the provisions of Senate Bill 693 was included in Supplemental Budget #2, contingent on the bill's enactment.

Medically Fragile Children

A medically fragile child is a child who (1) depends on mechanical ventilation for at least part of each day; (2) requires prolonged intravenous administration of nutritional substances or drugs; (3) depends on other device-based respiratory or nutritional support; or (4) depends on other medical devices that compensate for bodily functions and requires daily or near daily nursing care. *Senate Bill 477 (passed)* requires the Governor's Office for Individuals with Disabilities (now the Department of Disabilities due to passage of *Senate Bill 188*), with the assistance of DHR and DHMH, to study the placement of medically fragile children in Maryland and report its findings and recommendations to the Senate Finance Committee and the House Judiciary Committee by December 1, 2004.