

**SENATOR DELORES G. KELLEY**

*Legislative District 10*  
Baltimore County

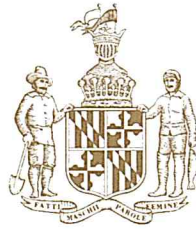
—  
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—  
Executive Nominations Committee

Rules Committee

Legislative Policy Committee



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## **TESTIMONY OF SENATOR DELORES G. KELLEY**

### **REGARDING SENATE BILL 642 - HOME- AND COMMUNITY-BASED WAIVER SERVICES - ALTERATIONS AND TASK FORCE**

#### **BEFORE THE SENATE FINANCE COMMITTEE**

**ON MARCH 3, 2020**

**Mr. Vice Chairman and Members:**

**Senate Bill 642 increases the availability of lower cost home and community-based long-term care services and creates a multidisciplinary task force to make recommendations as to how we can best provide long-term care in the home and community and do so in a sustainable manner.**

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**Someone entering a nursing home for long-term care is permanently leaving behind their spouse, their family, cherished friends and neighbors, pets, and personal belongings. They will live with a roommate that may want to keep the television on all night, or talk incessantly, or scream because of dementia. They will eat institutional food for the rest of their life, and have to conform to the rules, regulations and schedules of an organization that is striving to meet the needs of a large number of residents with limited staff. Their individual needs may go unmet for long periods of time as overworked staff struggle with a demanding caseload. Their families will be deprived of the presence of a cherished family member who might provide a history of family roots and connections that give the new generation the security and foundation that goes along with strong family ties. Instead, insisting that people who need care must go into a facility teaches the new generation that older people or those with disabilities are not necessary or useful members of our**

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**community. They are expendable and at that point, they become invisible.**

**We can and we must do better. In 1999, the United States Supreme Court held that individuals of any age who have disabilities have the inalienable right to receive state-funded long-term services and supports in the community rather than in institutions. Olmstead v. L.C. ex.rel. Zimring, 527 US 581. Maryland's current State Plan on Aging states that one of our primary goals is "to finance and coordinate high quality services that support individuals with long term needs in a home or community setting."**

**Home and community-based care makes financial sense. Maryland's share of the average annual Medical Assistance cost for an individual in a nursing home is \$39,500 (this is half of the actual care - the federal government pays the other half).**

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**Maryland's share for the average annual cost of Medical Assistance home- based care through the Home and Community Based Options Waiver program (HCBOW) is \$14,137 (this is 46% of the actual care - the federal government pays the rest). It therefore costs the State \$25,363 more per person, per year to provide care in a nursing home than it does to provide care in a home or community-based setting.**

**The state is not the only one that will benefit from more home and community-based services. The patient will also benefit. There are currently over 22,000 Marylanders on the waiting list to receive home and community- based services. Someone getting on the waiting list today can expect to wait 8 years for services. Consequently, current policy forces people out of their homes and into costlier institutions for needed care.**

**According to the Maryland State Plan on Aging, persons over 60 will make up more than 25% of the State's population by 2030 and those in the 80-84 age bracket will increase by 136% by 2040. We can and should expect a proportionate increase in long-term care needs.**

**Unless we come up with a comprehensive plan that allows people to receive services at home, we can expect nursing homes costs to begin to spiral out of control, and that is not sustainable and that is not leadership. Other states that have expanded HCBS services have saved tens to hundreds of millions of dollars by allowing disabled people to get the care that they need in their own homes instead of placing them in a nursing home.**

**Senate Bill 642 addresses these concerns by:**

- 1. requiring a cap on waiver participation of not fewer than 7,500 individuals;**

- 2. requiring the Maryland Health Department to send monthly waiver notices to persons likely to be eligible;**
- 3. requiring the sending of enough notices to allow for the participation of at least 7,500 persons in each fiscal year;**
- 4. guaranteeing the start of services to persons newly deemed eligible within 30 days of the determination; and**
- 5. establishing a multi-disciplinary, legislative-led task force to develop a comprehensive, efficient and cost-effective plan to address these needs in the much less expensive, and constitutionally-mandated home or community- based setting, rather than continuing, contrary to federal law, to rely upon more expensive institutional care for this population.**

**I therefore urge your favorable report of Senate Bill 642.**