

BONNIE CULLISON  
Legislative District 19  
Montgomery County

Health and Government  
Operations Committee



The Maryland House of Delegates  
6 Bladen Street, Room 312  
Annapolis, Maryland 21401  
410-841-3883 · 301-858-3883  
800-492-7122 Ext. 3883  
Fax 410-841-3882 · 301-858-3882  
Bonnie.Cullison@house.state.md.us

Chair, Insurance and Pharmaceuticals  
Subcommittee

THE MARYLAND HOUSE OF DELEGATES  
ANNAPOLIS, MARYLAND 21401

**Testimony in Support of HB 1163**  
**Home- and Community-Based Services Waivers – Alterations and Task Force**

Good afternoon, Chairman Pendergrass, Vice Chairman Peña-Melnyk and honorable members of the committee. Thank you for this opportunity to present HB 1163, **Home- and Community-Based Services Waivers – Alterations and Task Force**. This bill seeks to provide more opportunities for our vulnerable residents to age-in-place by getting appropriate medical services in their homes and in the community. It does this in two ways: establishes requirements for the Maryland Department of Health to communicate meaningfully with the more than 20,000 people on the waiting list in order to fill the 7,500 slots the State has and sets up a legislative task force that will be charged with identifying best practices in providing these opportunities to those residents who qualify.

Currently home and community-based services are offered to some of our most vulnerable residents who receive Medicaid services who need assistance that can be provided at home. These services are described in this way in the bill:

“Community-based long-term services and supports” means long-term services and supports as defined in §10-1001 of the Human Services Article that serves individuals in the individuals’ homes and communities and not in an institution.”

This is what most people want—to age in place—in their homes. HB 1163 seeks to help provide these opportunities for more people by assuring that they have adequate information so that all the available slots are used every year.

This bill makes the following requirements on the Maryland Department of Health (MDH):

- Making more information available to those on the waiting list or registry for the Medicaid Home and Community-Based Options Waiver (HCBOW)
- Maintaining the current cap on waiver participation at 7,500
- Sending monthly waiver notices to individuals on the waiting list/registry at a level that will guarantee that 7,500 individuals can participate annually
- Ensuring that eligible individuals receive the services within 30 days after the determination

The ultimate goal would be to significantly decrease the waiting list of nearly 21,000 residents by making sure that the slots are made available so our residents can get the services they need in the environment that is most conducive to meeting those needs and maintaining their quality of life.

Maryland was granted a federal waiver (1915 (c)) in 2001 that allows for those who are eligible to receive medical services covered by Medicaid in home and community settings as appropriate. We currently have a waiver for nearly 7,500 slots with just over 4000 of them filled. That number filled has actually decreased slightly since I introduced this bill to you last year.

As you can see, the upfront cost of this bill is very high at almost \$14 million to the state after federal matching is considered. However, in this instance there is the opportunity to save the state much more than that. The fiscal note for the 2019 HB 1009 bill stated that the cost of serving someone in a nursing facility is almost \$50,000 more than skilled nursing in the home/community. It also included information from Hilltop Institute, which does much of the data keeping and analysis for MDH, which suggests that the savings might be even as much as \$73,000 per individual. In 2018, Hilltop Institute found 2,395 individuals on the Registry in nursing facilities. If those 2,395 individuals had received HCBOW services for just one year instead of being in institutions, the *general fund savings* could have been \$90,377,481.

Other states are managing these waivers much more effectively and we can learn from them. The Task Force described in this bill would be the agent not only for that learning, but for identifying how to use what we learn to serve Marylanders better. We know one thing—a multi-disciplinary approach that includes public-private partnerships with families would be most effective. The Task Force would make recommendations about how to integrate these programs into the work of MDH. This is a hugely complex task and MDH has not been able to do it alone. The Task Force is urgently needed to address this long standing issue. According to a Kaiser Family Foundation study, Maryland has the 4<sup>th</sup> largest waiting list of the 15 states that have any waiting list at all and it is not decreasing. In fact, as we baby boomers age, the list is only likely to increase.

As a state we should be committed to providing a continuum of options for people of all ages and disabilities to meet their needs for a reasonable quality of life. Nursing homes and other long term care facilities have an important role in that continuum. But we should also be maximizing the appropriate opportunities for these individuals to stay in their homes if they can get the appropriate care there. This bill moves that concept forward for some of our most vulnerable families.

Thank you for your consideration and I respectfully request a favorable report.