

LeadingAge Maryland - 2022 - SB 28- home community

Uploaded by: Aaron Greenfield

Position: FAV



576 Johnsville Road
Sykesville, MD 21784

TO: Senate Finance
FROM: LeadingAge Maryland
SUBJECT: Senate Bill 28, Home- and Community-Based Services Waiver - Participation and Applications
DATE: January 25, 2022
POSITION: **Favorable**

LeadingAge Maryland supports Senate Bill 28, Home- and Community-Based Services Waiver - Participation and Applications.

LeadingAge Maryland is a community of not-for-profit aging services organizations serving residents and clients through continuing care retirement communities, affordable senior housing, assisted living, nursing homes and home and community-based services. Our mission is to expand the world of possibilities for aging in Maryland. We have nearly 80 affordable housing communities as members. We partner with consumers, caregivers, researchers, public agencies, faith communities and others who care about aging in Maryland.

This Home and Community-Based Waiver provides community services and supports to enable older adults and people with disabilities to live in their own homes. Maryland residents age 18 and over who need assistance with activities of daily living, such as bathing, grooming, dressing and mobility, can apply. This bill alters the required contents of the home- and community-based services waiver submitted by the Maryland Department of Health to the Centers for Medicare and Medicaid Services and mandates the Department to send an application to a certain number of individuals each month, if the Department maintains a waiting list or registry for the waiver. The Department's waiver must include a cap on waiver participation of not fewer than 7,500 individuals versus a cap at the limit and a plan for waiver participation of not fewer than 7,500 individuals. If the Department maintains a waiting list or registry, each month the Department shall send a waiver application: if there are fewer than 600 individuals on the waiting list or registry, to all individuals on the waiting list or registry; if there are 600 or more individuals on the waiting list or registry, to at least 600 individuals on the waiting list or registry. A waiver application must state clearly and conspicuously that the applicant must submit the application within 6 weeks after receiving the application and the

applicant is required to meet all of the eligibility criteria for participation in the waiver within 6 months after submitting the application.

The Maryland Medicaid Home and Community Based Services Options Waiver (HCBOW) program can provide the needed services to Marylanders with disabilities at home. Maryland has permission from the federal government to grant 6,348 waivers for home and community-based services, but it only enrolls 4,286 residents. More than 25,000 residents sit on wait lists to be approved. In 2019, HCBOW served less than 5,700 individuals. When the MDH readjusts HCBOW program availability every few years, it does not count eligible people on the 8-year, 25,000-person waiting list. As long as Marylanders are unable to live at home and bypass the lengthy waiting list, their only option is entering a nursing home. This is costly and unnecessary. Senate Bill 28 provides Maryland an opportunity to educate those on the waiting list and potentially expand its home and community-based service program.

For these reasons, LeadingAge Maryland respectfully requests a favorable report for Senate Bill 28.

For additional information, please contact Aaron J. Greenfield, 410.446.1992

SB0028_FAV_LifeSpan, MAADS_HCBS - Participation an

Uploaded by: Danna Kauffman

Position: FAV



*Keeping You Connected...Expanding Your Potential...
In Senior Care and Services*



Managed by LifeSpan

TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer

DATE: January 25, 2022

RE: **SUPPORT** – Senate Bill 28 – *Home- and Community-Based Services – Waiver – Participation and Applications*

On behalf of the LifeSpan Network and the Maryland Association of Adult Day Services (MAADS), we **support** Senate Bill 28. Senate Bill 28 modifies the cap on home- and community-based services from a flat 7,500 to no fewer than 7,500 participants. The bill also states that if the Maryland Department of Health (MDH) maintains a waiting list or registry, each month it must send a waiver application:

1. If there are fewer than 600 individuals on the waiting list or registry, to all individuals on the waiting list or registry; and
2. If there are 600 or more individuals on the waiting list or registry, to at least 600 individuals on the waiting list or registry.

Lastly, the bill states that a waiver application that is sent by MDH must clearly state that the applicant must submit the application within six weeks after receiving the application and that the applicant is required to meet the eligibility criteria for participation in the waiver within six months after submitting the application.

It is our understanding that Maryland's current waiting list (Services Registry) contains approximately 22,000 individuals and that Maryland currently only has enrolled or budgeted for approximately 4,500 individuals, far fewer than the 7,500 allowable cap. Often, individuals on the waiting list either end up in a more costly nursing home or pass away before receiving waiver services.

Since inception, Maryland has never funded waiver services to the extent permitted by law. As Maryland's aging population increases, Maryland must ensure adequate availability to

affordable services and housing. As is evident by the size of the waiting list, demand for services remains extremely high. Therefore, we strongly support Senate Bill 28 which seeks to eliminate the waitlist to ensure that individuals have adequate options to “age-in-place.”

However, it is important to note that this is a two-part issue. The first part is ensuring that individuals have access to services and the opportunity to apply for the waiver program. However, the second part is ensuring that, after an application is submitted, it is processed in a timely manner to receive services. Currently, many applicants (and providers) are experiencing a backlog in having service plans approved by MDH. An individual cannot begin to receive services until that plan is approved. Too often, many are now waiting months for those plans to be approved and cannot access services, placing a strain on both the individual and the provider. Another issue affecting the ability to receive waiver services is provider availability. Low reimbursement and high administrative demands make the program unaffordable for many providers to be able to participate. The State needs to address both sides of the equation.

For more information call:

Danna L. Kauffman
Pamela Metz Kasemeyer
410-244-7000

NAELA Testimony 2022 - SB28 HCBW - Support.pdf

Uploaded by: Elena Sallitto

Position: FAV

**MARYLAND-D.C. CHAPTER OF THE
NATIONAL ACADEMY OF ELDER LAW ATTORNEYS
(MD NAELA)**

DATE: Tuesday, January 25, 2022

SUBJECT: Senate Bill 28: Home- and Community-Based Services Waiver - Participation and Applications

COMMITTEE: Senate Finance Committee
The Honorable Chair, Delores Kelley

POSITION: **SUPPORT**

Members of the National Academy of Elder Law Attorneys (NAELA) are attorneys who are experienced and trained in working with the legal problems of aging Americans and individuals of all ages with special needs. NAELA's mission is to educate, inspire, serve, and provide community to attorneys with practices in elder and special needs law.

Elder law and special needs planning includes helping such persons and their families with planning for incapacity and long-term care, Medicaid and Medicare coverage (including coverage of nursing home and home care), health and long-term care insurance, and health care decision-making. It also includes drafting of special needs and other trusts, the selection of long-term care providers, home care and nursing home problem solving, retiree health and income benefits, retirement housing, and fiduciary services or representation.

Senate Bill 28 *“alters the required contents of the home– and community–based services waiver submitted by the Maryland Department of Health to the Centers for Medicare and Medicaid Services; requires the Department to send an application to a certain number of individuals each month, if the Department maintains a waiting list or registry for the waiver.”*

Background:

The Maryland Medicaid Home & Community Based Services Options Waiver (HCBOW) program can provide needed services to Marylanders with disabilities at home, such as someone to assist them in bathing and dressing, if they are unable to afford them, **but it has an 8-year, 22,000-person waiting list (“the Registry”)**. This waiting list exists because the HCBOW is not required to meet the demand for services.

When the Maryland Department of Health (MDH) re-adjusts HCBOW program availability every few years, it does not count eligible people on the 8-year, 22,000-person waiting list. In 2016, the MDH actually reduced program availability DESPITE the size of the waiting list.

There is no way for Marylanders living at home to bypass the 8-year waiting list and stay at home, except by unnecessarily entering a nursing home. While on the Registry, registrants are also in the dark for 8 years over where they are on the waiting list.

Current Landscape:

Further, as evidenced by the large waiting list, Marylanders want home and community services. The number of older Marylanders is increasing. Of the nearly 6.1 million people in Maryland in 2020, 22.62% were age 60 or over. This percentage is expected to increase to 26.57% of Maryland’s projected population of 6.7 million by the year 2040.

Individuals 85 and over are the fastest growing segment of the population. This cohort will grow in number, statewide, from 122,092 in 2020 to 314,961 by the year 2045, a 158% increase.

As the US population ages, the number of people needing LTSS will rise. On average, 52 percent of people who turn 65 today will develop a severe disability that will require LTSS at some point. The average duration of need, over a lifetime, is about two years. <https://www.aarp.org/content/dam/aarp/ppi/2017-01/Fact%20Sheet%20Long-Term%20Support%20and%20Services.pdf>

Home care-giving falls disproportionately on women. “Gender disparities in caregiving persisted: Wives represented 57 percent of all caregiving spouses in 2004, as they did in 1994, while daughters represented almost two-thirds of all caregiving children in both years.” <https://assets.aarp.org/rgcenter/ppi/ltc/2010-09-caregiving.pdf>

Home care is less expensive

In a study prepared for MDH in December 2019, Hilltop estimates that the cost to the state of providing CO Waiver services to the 3,088 individuals on the registry who would likely meet financial eligibility and NFLOC requirements would be about \$31-\$39 million annually. The state cost for each additional CO Waiver enrollee is estimated to be about \$10,000-\$12,500 per year (\$20,000 - \$25,000 total funds). These estimates include nursing facility costs avoided. Estimates are for state costs only and do not include federal Medicaid matching funds

Notwithstanding our own well-documented experience with cost-savings and the experience of other states, we continue to severely limit and to underfund our Home and Community-Based Waiver slots. Most recently, the Department of Health actually reduced the number of available slots for home-based services (see attached appendix)

Senate Bill 28 will solve these issues by:

- Requiring a cap on waiver participation of not fewer than 7,500;
- Requiring the Department to establish a plan for waiver participation of not fewer than 7,500;
- Requiring the Department to send a waiver application to at least 600 individuals on the waiver waitlist or registry per month
- Requiring the Department to clearly and conspicuously state when the application must be submitted and when eligibility criteria must be met.

We are in strong support of the Sponsor’s amendment

- Requiring the Department to apply to the Centers for Medicare and Medicaid Services for an amendment to the Home and Community Based waiver to increase the waiver cap size to be consistent with this act.

For these reasons, we respectfully ask that you give a favorable report to Senate Bill 28.

Please contact Elena Sallitto, 410-268-9246, elena@Stavellylaw.com; or Morris Klein, 301-652-4462, morrisklein@morrisklein.com with any questions.

APPENDIX 1: Home and Community Based Waiver Slots over time:

In the original authorization application covering the years 2016 - 2021, the Department submitted the following request:

Table B-3-a (2016)

Waiver Year	Unduplicated Number of Participants
Waiver Year 1	4585
Waiver Year 2	5094
Waiver Year 3	5659
Waiver Year 4	6287
Waiver Year 5	7280

(Waiver Amendment approved July 1, 2016, Appendix B-3, a. Unduplicated Number of Participants, at pg. 32)

In 2019, the Department amended those numbers when it adopted a triage system to negotiate the 20,000-person waiting list for services. Without any indication to the public that it was seeking a change, the Department submitted the following to CMS for approval:

Table B-3-a (2019)

Waiver Year	Unduplicated Number of Participants
Waiver Year 1	4585
Waiver Year 2	5094
Waiver Year 3	4800
Waiver Year 4	5520
Waiver Year 5	6348

(Appendix B-3, a. Unduplicated Number of Participants, at pg. 35) Amendment request dated: 2019.

Its current proposal reduces slots even further. The current submission provides for the following:

Table B-3-a (2021)

Waiver Year	Unduplicated Number of Participants
Waiver Year 1	3500
Waiver Year 2	3550
Waiver Year 3	3600
Waiver Year 4	3650
Waiver Year 5	3700

Source: Current proposal at p. 32

Per MDH Letter of March 31, 2021 in response to NAELA Comments:

“The Unduplicated Number of Participants identified in the CO Waiver Renewal application posted online was incorrect the correct figures are [below]. These figures were calculated based on actual trends over the last five years of waiver enrollment. The waiver application will be updated to reflect the figures listed [below].”

Waiver Year	C
1 - FY2022	5,489
2 - FY2023	5,543
3 - FY2024	5,599
4 - FY2025	5,655
5 - FY2026	5,711

USM SB 28 & HB 88 Home & Community Based Services

Uploaded by: Elizabeth Weglein

Position: FAV



United Seniors of Maryland

c/o Elizabeth Weglein, President
P.O. Box 1094
Sparks, MD 21152
410-608-7966
ew@elizabethcooneyagency.com

Senate Finance Committee Testimony for the United Seniors of Maryland January 25, 2022

Senate Bill 28 & House Bill 88 Home and Community Based Services Waiver- Participant and Application FAVORABLE SUPPORT

United Seniors of Maryland believes in safer, timely, accessible, and sustainable cost-effective care services for our most vulnerable senior and individuals with disabilities in the Home and Community Based Services Medicaid Waiver.

PROBLEM: 8 Year REGISTRY WAITLIST- Problematic Application Process

GOAL: ZERO REGISTRY & NO WAIT TIME & User-Friendly Applications

Answer: SB 28 helps to fix the program! Our neighbors in Delaware, Pennsylvania, New Jersey have fixed their wait list to zero and still save money.

Maryland's financially flush state, we must make seniors and individuals with disabilities our state's priority to correct the wait list and application process. SB 28 helps to correct the 8-year REGISTRY wait lists with over 22,000 citizens and growing.

SB Corrects:

- **Eliminates 8 year wait list within 12 months!**
- **Require HCBW Waiver to meet the growing and projected demand for services**
- **Require eligible services to be implemented within 30 days of authorization**
- **Disclose timely and regular update on the status of exact place on the Registry and estimated time to move towards services.**

Fully implement our Medicaid Waiver safety nets and favorably pass SB 28.

United Seniors of Maryland is a non-profit consortium of organizations and individuals who advocate for preservation and enhancing the mental, physical, and financial well-being of older adults in Maryland. Member organizations reach out to more than 3 million Marylanders. Member organizations include State and local governments, non-profits, associations, area agencies on aging, unions, retired state and federal workers, commissions on aging in each county, senior centers, provider groups interested in the welfare of seniors, retirement communities, and other consumer groups.

SB28_AlzheimersAssociationMD_FAV.pdf

Uploaded by: Eric Colchamiro

Position: FAV

Testimony of the Alzheimer's Association Greater Maryland and National Capital Area Chapters
SB 28 – Home and Community Based Services Waiver – Participation and Applications
Position: Favorable

Chair Kelley and Vice Chair Feldman,

My name is Eric Colchamiro, Director of Government Affairs for the Alzheimer's Association in Maryland, and here today to ask for your support of SB 28. This legislation requires the Maryland Department of Health (MDH) to increase access to its Home and Community-Based Services Waiver program.

The HCBS program concerns are not new to anyone on this Committee; yet what is new is that Maryland has a record surplus this year. This must be a priority as we consider our fiscal year 2023 policy priorities. Specifically, the Alzheimer's Association applauds the bill language to have no fewer than 7,500 people receiving services. This would be a significant improvement to Maryland's broken HCBS system, where roughly 4500 people are receiving services, and close to 24,000 are waiting.

This is fundamentally an issue of priorities. We urge the legislature to prioritize this bill, and to fix this historic injustice to Marylanders in need. I have attached the Washington Post's October 2021 article, which spoke about how most HCBS applicants go to nursing homes or die before they hear from MDH. That same article talks about how the Department is going through as many applicants "as their resource will allow..."; it is time to devote more resources to this program. Maryland spent about 18 percent of its Medicaid dollars on older adults and people with physical disabilities on home and community-based care in 2017 and 2018, ranking 33rd in the country. My goodness. We can do better.

I ask for your help today to prioritize this issue, and advance this legislation. We have a rainy-day fund for moments like this, where during a pandemic, seniors need help more than ever to stay in our communities and age in place. I am pleased that LifeSpan, representing Maryland's assisted living facility industry, is here to express provider support. I know the Maryland Association of Adult Day Services, and the Maryland Senior Citizen Advocacy Network are also in support. And the Alzheimer's Association urges a favorable report.

She's desperate to get home care for her mom. In Maryland, 21,000 are on the wait list.

By [Rebecca Tan](#)

October 9, 2021 at 6:47 p.m. EDT



Tiffanie Rivers was running out of time.

Over the past year, as the coronavirus swept through nursing homes across the country and as dementia deepened its hold on her mother, she had promised herself that she would do everything possible to keep Gayle Love, 75, at home with her in Hyattsville, Md.

She had pestered state employees about her paperwork for a Medicaid waiver, filed two years ago, that would help her afford home-based care. She had hired a consultant, who told her that the waiver that she was applying for in Maryland has a wait list of 21,000 names — one of the longest in the country — and that the vast majority of families see their loved ones check into nursing homes or die before they hear back.

In the caregiver Facebook groups that Rivers was in, people talked about a bill in Congress — recently absorbed into the \$3.5 trillion spending plan mired in debate on Capitol Hill — that would permanently bump up the federal match for home-based care and designate \$400 billion for states to expand access to such services.

In Annapolis, she heard, elder-care advocates were girding up for the 2022 General Assembly session. They had railed against the drawn-out waiver application process for years but struggled to make headway with state officials, who kept promising to address it in the next budget cycle, said Jason Frank, a retired eldercare attorney. Given the staggering coronavirus death toll in nursing homes, advocates were hopeful that legislators might finally pay attention to the wait lists.

Rivers, 46, stayed updated on these efforts. But now she couldn't afford to wait.

After toggling between working from home and caregiving for 19 months, her return to in-person work as an accountant was looming closer. She was running out of family leave, out of money and out of bandwidth. And her mother's needs were mounting. For four days last year, when Rivers was sick with a cold and bedridden, Love forgot to take her medication.

"I don't know what happens if [the waiver] doesn't kick in," Rivers said one recent afternoon, sitting outside her house. "I have to work. There's no other choice. My mom's care . . . it'll literally suffer."

Surging demand

In 2005, facing criticism that the long-term care system in the United States had an "institutional bias," the federal government made it possible — but not mandatory — for states to offer home and community-based services (HCBS) with Medicaid dollars. The goal was to let regular families access at-home help, a type of care usually reserved for the affluent. But over the past decade, experts say, these waiver programs have fallen far short of meeting demand.

Across the country, at least 820,000 people — primarily the disabled and the elderly — are on wait lists for waivers that could help them afford home care, according to the Kaiser Family Foundation. Eligibility

requirements, resources and wait times for these programs vary from state to state, but most were under-resourced even before the coronavirus pandemic, leaving applicants to wait an average of 39 months. When the coronavirus tore through skilled-nursing facilities, killing as many as one in every 10 residents, occupancy rates across the country plunged to record lows and the wait lists for home care ballooned. In Maryland, which has wait lists that rival far more populous states like Florida, elder-care attorneys and consultants say the situation has long been overwhelming.

Maryland has permission from the federal government to grant 6,348 waivers for home and community-based services, but it only enrolls 4,286 residents, according to the state's health department. More than 25,000 residents sit on wait lists to be approved.

Andy Owen, a spokesman for the department, said that the state hasn't set a cap on waivers and is going through "as many applications as our resources and those of our local partners and networks will allow." Officials need time to process applicants on the wait list and vet them based on their technical, medical and financial conditions, he said.

Owen added that there are "ongoing efforts to reduce the number of individuals on the wait list," including a new screening process that prioritizes individuals at risk of being placed in long-term care facilities. "Maryland remains committed to providing its robust system of home and community-based services," Owen said.

Elder-care advocates disagree. They say the state has not adequately invested in home-based care even though demand for these services has clearly surged.

In fiscal years 2017 and 2018, Maryland spent about 18 percent of its Medicaid dollars on older adults and people with physical disabilities on home and community-based care, ranking 33rd in the country. Most of the remaining expenditure went toward institutionalized long-term care. The District was third, and data for Virginia was not provided.

"The wait list [in Maryland] is essentially meaningless at this point," said Elena Sallitto, president of the Maryland/DC Chapter of the National Academy of Elder Law Attorneys. "People die, people move, people have dementia and don't open their mail. By the time they're at the front of the line . . . it's too late." One woman in Rockville helped her elderly mother apply for a waiver in 2014, only to receive approval five years later, at which point, both she and her mother were in nursing homes. A couple in Towson joined a waiver wait list when their disabled son was 5 and heard back when he was 14.

Most applicants in Maryland never end up accessing the benefit even when they're fully eligible, advocates say. And the situation in other parts of the country, particularly the South, is worse.

"It's heartbreaking," said Susy Murphy, an elder-care consultant based in Silver Spring. "Families come to you wanting to honor their parents' wishes. The one thing that they need, that gold ring, is just outside their grasp. And you can't — you don't know how — to say why" you don't know how to say why.

Unpaid work, ticking clocks

Part of the challenge in scaling up home care is resistance from nursing home lobbies, which worry competing models of long-term care could threaten their profits.

But the more significant issue, said Harvard University researcher David Grabowski, is that state governments

are often too financially strapped to invest in any social services that aren't mandatory, especially since states have to match federal funding with their own dollars. So even though researchers have shown for years that caring for someone in their home costs the government less in the long run than placing them in an institution, many states like Maryland have held back funding for home-based care. This still doesn't have the effect of driving people to skilled-nursing facilities.

In Maryland, the number of nursing home beds for long-term care had been declining for more than a decade before the pandemic. Rather than admit their loved ones into an institution, some families empty their savings to pay for a professional caregiver or have a relative, often a woman, cut down on work to provide care herself. "To say that, well, this care is unpaid, doesn't mean it's free," Grabowski said. "It's hugely inefficient to put this burden on families."

If and when families are able to procure the waiver, other challenges persist.

Home-care workers earn a median wage of \$12 an hour, and about a fifth of them live in poverty, according to the Economic Policy Institute. The Medicaid rate for direct-support professionals (DSPs), who make up the bulk of homecare workers, can be half or a third of what private payers offer, so many staffing agencies don't take Medicaid reimbursement.

Laura and Brian Hatcher waited nine years to get a Medicaid waiver that allows them to pay for at-home help for their son, Simon, who has cerebral palsy, autism, epilepsy and several other medical conditions. The DSP they hired in 2019 provided much-needed respite. But at the start of the pandemic, like thousands of other home-care workers, she quit. Unable to find a replacement, Brian underwent training to become a DSP so that the family could still benefit from the Medicaid reimbursement.

The family now has two ticking clocks, Laura said. One counting down to January, when the state's emergency measure allowing relatives to be reimbursed as caregivers expires. And the second counting down to 2027, when Simon turns 21 and loses eligibility for the waiver that lets him receive home-based care. He's eligible for other waivers, but they all come with wait lists.

"There simply are not enough supports to go around for everyone who needs them," Laura said at their home in Towson. "Every day, I hope against hope that before my husband and I become unsuitable to care for him, that he'll get the appropriate support."

No more time

An iPhone alarm labeled "Mom's pills" was going off for the second time.

It was midday, about the time Rivers, the accountant in Hyattsville, went from working to caregiving. She rummaged for her phone, tapping "snooze" just as an older woman walked into the living room, dressed in a coral blazer and dress pants.

"Hi, Mom," Rivers said gently. "We're not going anywhere, you know."

The woman stared at her, a small leather handbag swinging from her arm.

Love retired from a career in marketing two decades ago. But this was one of the facts of her life that dementia had made fuzzy, along with where she lived (Maryland, not Massachusetts), the name of her only child (Tiffanie) and the whereabouts of her ex-husband (alive in Nebraska, not dead).

"I am 75," she said tentatively to her daughter. "Is that right?"

"Yes. We had that big Zoom party, remember? Everyone on video?"

"Oh," Love said, nodding. "Okay then."

For Rivers, these conversations — more frequent by the day — were reminders of why she couldn't place her mother in a nursing home.

In early September, a state official told Rivers to call back about the waiver in two months, and for a while, she thought this meant her mother had a shot.

But in early October, two days after Love wandered out of the house for the first time, Rivers got another call from the Maryland health department. There'd been a mistake, the state employee told her. It would actually take much longer than two months and many more rounds of paperwork for her mother to be considered for the waiver.

Standing at her desk, Rivers felt her ears go hot and her legs throb. She had started this process two years ago and hired both a consultant and an attorney to help. She didn't know what more she could have done, or could do.

Rivers typed out an email to a state senator, ending with a plea to help in her case and change the system that had left her in this position. Then quietly, sadly, she started to research nursing homes.

Senate Bill 28 - ACLA testimony - SUPPORT.pdf

Uploaded by: Heather Suri

Position: FAV

Tuesday, January 25, 2022

The Honorable Chair, Delores Kelley
Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Senate Bill 28: Home- and Community-Based Services Waiver - Participation and Applications
SUPPORT

My name is Heather Suri and I am the current president of the Mid-Atlantic Chapter of the Aging Life Care Association.

We have over 200 chapter members, predominantly social workers and nurses, and of those members, about one quarter of them serve the residents of the state of Maryland. Our clients are among the most vulnerable in the state and often face complex challenges of aging and/or disability. While some of our clients have significant wealth and are able to pay for whatever care and support they need, all of us also provide guidance to families whose financial resources are extremely limited, or have finally been exhausted after paying for years of care.

We help these families understand what government services their loved one may be entitled to and how to navigate accessing those services. An issue that most of us face on a weekly basis is how to pay for long term care when our client and their family have run out of money.

The use of the Medicaid waiver provides the opportunity for working families to keep their aging loved one at home to honor the promise that they have often made to “never put me away in a nursing home.”

In many cases, quality of life and care are better at home rather than premature or unnecessary admission to a nursing home. These families are often still shouldering the burden of much of the care that is needed, but they can’t do it all alone. Increased funding of the Medicaid waiver will not just provide great quality of life to our clients and keep families intact, it will also cost the state significantly less money than paying for care in a skilled nursing facility.

On behalf of the Mid-Atlantic Chapter of the Aging Life Care Association, we strongly support the passage of Senate Bill 28.

Heather Suri, RN BSN CMC

Heather Suri, RN BSN CMC
President, Mid-Atlantic Chapter Aging Life Care Association
heather@pathwaysinaging.com

SB 28 Testimony.pdf

Uploaded by: Maryland Legal Aid

Position: FAV



**MARYLAND
LEGAL AID**

Advancing
**Human Rights and
Justice for All**

**STATEWIDE
ADVOCACY SUPPORT UNIT**

Cornelia Bright Gordon, Esq.
Director of Advocacy
for Administrative Law
(410) 951-7728
cbgordon@mdlaborg

Gregory Countess, Esq.
Director of Advocacy
for Housing & Community
Economic Development
(410) 951-7687
gcountess@mdlaborg

Anthony H. Davis, II, Esq.
Director of Advocacy
for Consumer Law
(410) 951-7703
adavis@mdlaborg

Erica I. LeMon, Esq.
Director of Advocacy
for Children's Rights
(410) 951-7648
elemon@mdlaborg

January 19, 2022

The Honorable Delores Kelley
Chair, Senate Finance Committee
3 East
Miller State Office Building
Annapolis, MD 21401

**Re: Support for Senate Bill 28: Home and Community Based
Services Waiver – Participation and Applications**

Dear Madam Chair and Members of the Committee:

Thank you for the opportunity to testify in support of SB28. This Bill will require the Maryland Department of Health to invite at least 600 individuals on the Home and Community Based Options Waiver waitlist per month to apply for the Waiver.

Maryland Legal Aid (MLA) is a non-profit law firm that provides free legal services to the State's low-income and vulnerable residents. MLA handles civil legal cases involving a wide range of issues, including family law, housing, public benefits, consumer law (e.g., bankruptcy and debt collection), and criminal record expungements to remove barriers to obtaining employment, child custody, housing, and a driver's license. MLA provides this written testimony at the request of Senator Kelly.

The Maryland Medical Assistance Program provides access to medical care and health-related services to low-income people, including older adults and people with disabilities of all ages. The Home and Community Based Options Waiver (HCBOW, or Waiver) is a Medical Assistance program that provides certain services to persons who have nursing home level of care. These services include personal care (such as bathing, dressing, toileting), nurse monitoring, assisted living, medical daycare, and more in a disabled person's home and the community. These services and supports enable older adults and people with disabilities to live in the community instead of in an institution such as a nursing home.

EXECUTIVE STAFF

Wilhelm H. Joseph, Jr., Esq.
Executive Director

Stuart O. Simms, Esq.
Chief Counsel

Gustava E. Taler, Esq.
Chief Operating Officer

Administrative Offices
500 East Lexington Street
Baltimore, MD 21202
(410) 951-7777
(800) 999-8904
(410) 951-7778 (Fax)

www.mdlaborg
04.2021



There is a cap of 7,500 people who can be served under the Waiver. As of November 1, 2021, there were 4,181 participants. The number of individuals who request the HCBOW services far exceeds the cap. As a result, the Maryland Department of Health maintains a waiting list for people to apply, called “the registry.” There are currently over 20,000 Marylanders on the registry.

Several MLA clients have been waiting for many years for an invitation to apply for HCBOW services. The only way to bypass the waiting list is to sign themselves into a nursing home, apply for and be determined eligible for Medical Assistance Long Term Care benefits, and then apply for the HCBOW to return into the community. This process can take more than six months and is not a practical solution. While in nursing homes, these individuals risk losing their homes, Section 8 vouchers, and community support.

MLA supports SB28, as it requires the Health Department to invite at least 600 individuals on the registry per month to apply for the Waiver. This would rapidly increase the number of individuals served. It would fill the 2,500+ vacancies and significantly reduce the number of people on the waiting list. Most importantly, it will allow older adults and people with disabilities to continue living in the community with the essential support of families, friends, and caregivers rather than in an institution.

Thank you for considering this written testimony. For the reasons stated above, **MLA urges a favorable report on SB 28.**

Sincerely,

/s/ Mary Aquino

Mary M. Aquino
Senior Attorney for Elder Law

sb28-2022-MSBA.pdf

Uploaded by: Morris Klein

Position: FAV

To: Chair and Members of the Senate Judicial Proceedings Committee

From: Maryland State Bar Association Elder Law and Disability Rights Section

Date: January 25, 2022

Subject: SB 28: Home and Community-Based Services Waiver - Participation and Applications

Position: Favorable

The Elder Law and Disability Rights Section of the Maryland State Bar Association supports SB 28: Home and Community-Based Services Waiver - Participation and Applications

The Elder Law and Disability Rights Section of the Maryland State Bar Association is an attorney organization whose 579 members represent primarily senior and disabled adults.

The legislation requires utilization of all of the 7,500 slots originally legislated for the waiver program and increases the number of slots to be offered each month to individuals on the waiting list.

SB 28 is sorely needed for the following reasons:

- Marylanders in need of help with their activities of daily living dearly want to receive such care in the community. Yet, the Medicaid program for such services has a waiting list of over 20,000 persons resulting in a delay of up to 8 years to become eligible. People on the waiting list either die or resort to care in a nursing home instead.
- Maryland prides itself in progressive health care policies, and this legislation corrects one area where Maryland lags behind other states. Maryland's home and community based program has one of the largest waiting lists in the country. A survey by the Kaiser Family Foundation based on the most recent available information found that only Texas, Florida, Ohio, and Louisiana had bigger wait lists than Maryland. (<https://www.kff.org/report-section/key-questions-about-medicaid-home-and-community-based-services-waiver-waiting-lists-appendix-tables/>).
- The cost of home and community based services is less expensive per person than nursing home care.

We urge your Committee to give a favorable report to this legislation.

/s/ Morris Klein, Section Public Policy Committee

SB0028_CC_Vaughan_Favorable.pdf

Uploaded by: Regan Vaughan

Position: FAV

Senate Bill 28
Home and Community Based Services Waivers – Participation and Applications

Finance Committee
January 25, 2022

Support

Catholic Charities of Baltimore supports SB 28 which would end the waiting list for the Maryland Medicaid Home & Community Based Services Options Waiver.

Inspired by the Gospel to love, serve and teach, Catholic Charities provides care and services to improve the lives of Marylanders in need. As the largest human service provider in Maryland working with tens of thousands of Marylanders each year, we recognize the dignity of individuals to receive services in the community avoiding institutionalization when possible.

Catholic Charities offers a spectrum of services to older adults including a reference phone line, senior apartment buildings, adult medical day care, an assisted living facility and a long term care facility. Through this experience we have learned that most seniors prefer to age in place and when that is not possible, they want to age in their community in the least restrictive environment possible. Institutionalization in a long-term care facility is generally their last choice.

The Medicaid Home and Community-Based Services Options Waiver (HCBOW) permits the state to provide an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. Services included directly in the HCBOW are assisted living, medical day care and senior centers. Unfortunately, the program is capped at 7,500 participants which has resulted in an extensive waiting list. The individuals on the waiting list are forced to choose between going without services or entering a long-term care facility. The only way to bypass the waiting list is to enter institutionalized care first.

SB 28 offers a solution to end the stagnation and increase the ability of individuals to live in the community. The bill requires the state to remove the cap, to create a plan to increase waiver participation, and to send applications to individuals on the waitlist.

For the reasons listed above, Catholic Charities of Baltimore appreciates your consideration, and urges the committee to issue a favorable report for SB 28.

Submitted By: Regan Vaughan, Director of Advocacy

SB28 Home and Community Based Services Waiver.pdf

Uploaded by: Sara Agresti

Position: FAV



MARIAN HOUSE
Women Moving from Dependence to Independence

TESTIMONY IN SUPPORT OF SB28

Home – and Community-Based Services Waiver – Participation and Applications

January 25, 2022

Senator Delores G. Kelley
Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

Testimony of Marian House in Support of SB28

Dear Senator Delores G. Kelley and Members of the Finance Committee,

Marian House is a holistic, healing community for women and their children who are in need of housing and support services. Marian House provides comprehensive support services to assist women experiencing poverty. **I write to urge you to support Senate Bill 28 – Home – and Community-Based Services Waiver – Participation and Applications.**

Almost forty years ago, Marian House was opened to provide reentry supports for women leaving incarceration as Sisters and laywomen recognized that lack of support contributed to recidivism rates. Today, we have also expanded to serve women with histories of trauma including poverty, homelessness, incarceration, neglect, abuse, substance abuse, and more. Since our opening, we have assisted women in reinventing themselves through services such as: counseling, substance abuse treatments, GED tutoring, job training, and providing both long- and short-term housing. All the women we have served have overcome obstacles on their journeys to become contributing members of society in the Baltimore area. These obstacles include waiting to apply for Medicare and Medicaid waivers.

According to the United States Census Bureau, in 2019 21.2% of Baltimore’s citizens lived below Maryland’s poverty rate of \$12,880 per a one-person household. At Marian House, all of the women we serve live at or below the poverty line. With the current waitlist system in place, members of this population are waiting a longer period of time either without health insurance, or paying for insurance they cannot afford. Some families face the impossible and inhumane decision to choose between paying for food, housing, or basic needs, or paying for care. By enacting Senate Bill 28, more Marylanders will be able to afford insurance sooner by having quicker access to the necessary waivers provided by the Maryland Department of Health.

This bill is crucial to Maryland’s most vulnerable populations. On behalf of the women we serve at Marian House, I respectfully urge you to take the call to action in **SUPPORT of SB28**

Thank you for your support,



MARIAN HOUSE

Women Moving from Dependence to Independence

A handwritten signature in black ink that reads "Katie Allston". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Katie Allston, LCSW-C

President and C.E.O.

BJC SB28 Home-and Community-Based Services – Waive

Uploaded by: Sarah Miicke

Position: FAV

OFFICERS

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ELIZABETH GREEN

1st Vice President

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HOWARD LIBIT

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Amit Women

Association of Reform Zionists of America

Baltimore Board of Rabbis

Baltimore Hebrew Congregation

Baltimore Jewish Green and Just Alliance

Baltimore Men's ORT

Baltimore Zionist District

Beth Am Congregation

Beth El Congregation

Beth Israel Congregation

Beth Shalom Congregation of

Howard County

Beth Tfiloh Congregation

B'nai B'rith, Chesapeake Bay Region

B'nai Israel Congregation

B'nai Jacob Shaarei Zion Congregation

Bolton Street Synagogue

Chevra Ahavas Chesed, Inc.

Chevrei Tzedek Congregation

Chizuk Amuno Congregation

Congregation Beit Tikvah

Congregation Beth Shalom of

Carroll County

Congregation Tiferes Yisroel

Federation of Jewish Women's

Organizations of Maryland

Hadassah

Har Sinai - Oheb Shalom Congregation

J Street

Jewish Federation of Howard County

Jewish Labor Committee

Jewish War Veterans

Jewish War Veterans, Ladies Auxiliary

Jewish Women International

Jews For Judaism

Moses Montefiore Anshe Emunah

Hebrew Congregation

National Council of Jewish Women

Ner Tamid Congregation

Rabbinical Council of America

Religious Zionists of America

Shaarei Tfiloh Congregation

Shomrei Emunah Congregation

Simon E. Sobeloff Jewish Law Society

Suburban Orthodox Congregation

Temple Beth Shalom

Temple Isaiah

Zionist Organization of America

Baltimore District

WRITTEN TESTIMONY

Senate Bill 28 – Home-and Community-Based Services – Waiver – Participation and Application

Finance Committee

January 25, 2022

SUPPORT

Background: If enacted, Senate Bill 28 (SB28) will ensure that at least 7,500 eligible individuals participate in the Home and Community Based Services Waiver Program. Currently only 4,500 people are being served, with well over 20,000 people on the waiting list. This bill would also require the Department of Health to maintain a waiting list and send applications to those on the waiting list or registry every month if there are under 600 people on the list, or if there are more than 600 people, to send applications to at least 600 people.

Written Comments: The Baltimore Jewish Council represents the Associated Jewish Community Federation of Baltimore and all of its agencies, including Jewish Community Services (JCS). JCS provides services, including in home care to individuals with disabilities and older adults to help them age in place. However, JCS and similar nonprofits do not have the funding to be able to care for the vast majority of people in need of in home care who cannot afford it otherwise. SB28 would help thousands of individuals every year by making sure that the waiver program is being properly utilized. In addition, it is important that department have enough staff to be able to process the waivers efficiently so that people can begin to receive their services without delay.

With this in mind, the Baltimore Jewish Council urges a favorable report of SB28.

The Baltimore Jewish Council, a coalition of central Maryland Jewish organizations and congregations, advocates at all levels of government, on a variety of social welfare, economic and religious concerns, to protect and promote the interests of The Associated Jewish Community Federation of Baltimore, its agencies and the Greater Baltimore Jewish community.

MSCAN 2022 Testimony SB28[2].pdf

Uploaded by: Sarah Miicke

Position: FAV



Maryland Senior Citizens Action Network

MSCAN

AARP Maryland

*Alzheimer's
Association,
Maryland Chapters*

*Baltimore Jewish
Council*

Catholic Charities

*Central Maryland
Ecumenical Council*

Church of the Brethren

*Episcopal Diocese of
Maryland*

*Housing Opportunities
Commission of
Montgomery County*

*Jewish Community
Relations Council of
Greater Washington*

*Lutheran Office on
Public Policy in
Maryland*

*Maryland Association of
Area Agencies on Aging*

*Maryland Catholic
Conference*

*Mental Health
Association of Maryland*

Mid-Atlantic LifeSpan

*National Association of
Social Workers,
Maryland Chapter*

Presbytery of Baltimore

*The Coordinating
Center*

*MSCAN Co-Chairs:
Carol Lienhard
Sarah Mücke
410-542-4850*

Testimony in Support of Senate Bill 28: *Home-and Community-Based Services – Waiver – Participation and Application* Senate Finance Committee January 25, 2022

The Maryland Senior Citizens Action Network (MSCAN) is a statewide coalition of advocacy groups, service providers, faith-based and mission-driven organizations that supports policies that meet the housing, health, and quality of care needs of Maryland's low and moderate-income seniors. MSCAN strongly supports Senate Bill 28.

Senate Bill 28 seeks to increase participation in waiver services by ensuring that Maryland provides waiver services to **at least** 7500 participants. Currently, only about 4500 participants are currently receiving services, even though approximately 22,000 are awaiting services on the waiting list. To enroll 7500 participants, Senate Bill 28 requires the Maryland Department of Health to send applications to individuals on the waiting list or registry monthly, dependent on the number of individuals currently on the waiting list or registry.

Over the years, several bills have been introduced before the General Assembly attempting to increase access to waiver services, but access remains an issue. Too often, individuals request waiver services but instead languish on the waiting list. Ultimately, many either end up in more costly nursing homes or spend their time in and out of hospitals, both at an increased cost to the State. Maryland must ensure that Maryland's aging and disabled residents have access to affordable services and housing that allow them the opportunity to "age-in-place" within the community. In addition, it should be noted that access to services does not automatically translate to receiving services. Maryland must also ensure that the applications can be processed in a timely manner so that once removed from the waiting list an applicant can begin receiving services expeditiously.

Therefore, MSCAN strongly supports Senate Bill 28 and urges a favorable vote.

SB28_MoCoCommAging_FAV

Uploaded by: Shawn Brennan

Position: FAV



COMMISSION ON AGING

January 25, 2022

The Honorable Delores G. Kelley
Chair, Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Re: SB 28 - Favorable

Dear Senator Kelley,

On behalf of the Montgomery Commission on Aging (CoA), I express support for SB 28, Home and Community-Based Services Waiver - Participation and Applications, which will maximize the number of slots available under the Maryland Home and Community-Based Services Waiver and improve the rate at which slots are offered to those on the waiting list.

The CoA is authorized by the Older Americans Act, P.L. 116-131, and was established by Montgomery County in 1974 to advise County government on the needs, interests and issues of Older Adult residents, and to advocate on their behalf at the local, state and national levels.

The Commission firmly believes that persons who require help with their activities of daily living much prefer to stay at home rather than be institutionalized in a nursing home. The Maryland Medicaid program has an institutional bias that steers people into a nursing home rather than to receive home and community services. This bias is in part due to a lengthy 8-year waiting list for home and community services, forcing persons who need care to move to a nursing home to receive necessary care. This legislation will aim to reduce the waiting list by utilizing the maximum number of available slots the law allows and opening slots more frequently. Further, the cost to the state is less for home and community services than a nursing home.

Again, the CoA supports SB 28, and we ask the Committee for a favorable report. We thank you for your consideration.

Sincerely,

Barbara Selter

Barbara Selter, Chair

cc: Members of Senate Finance Committee
Montgomery County Delegation

Department of Health and Human Services

401 Hungerford Drive, 4th Floor, Rockville, Maryland, 20850 240-777-1120, FAX 240-777-1436

www.montgomerycountymd.gov/hhs

Senate Bill 28 - Susy Murphy Maryland Medicaid Wai

Uploaded by: Susy Murphy

Position: FAV

Tuesday, January 25, 2022

The Honorable Chair, Delores Kelley
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

Senate Bill 28: Home- and Community-Based Services Waiver - Participation and Applications
SUPPORT

My name is Susy Elder Murphy and I am the owner of Debra Levy Eldercare Associates, an Aging Life Care Management company that has been in business for nearly 34 years.

I have worked as a care manager for almost 29 of those 34 years. We are the second oldest care management practice in the state of Maryland, and one of the largest, and employ 15 care managers, most of them full time. Our team is made up of nurses, social workers and gerontologists and we provide support to clients experiencing challenges as a result of aging, disability or both. We serve clients of all ages and currently our oldest client is 102.

Today I am not only testifying as a business owner and full time care manager, but also on behalf of our professional association, the Aging Life Care Association.

We have over 2000 members across the country and over 200 in the Mid-Atlantic region. I served for 2 years as the President of our local chapter and as co-coordinator of our local Metro DC unit for nearly 10 years. I currently also serve on the national board of our association. So the experiences that I will share today are not just my experiences, but typical of the experiences of my colleagues across the state of Maryland. We are all trying to advocate for our clients and their families and to do everything possible so that they can live out their last days with as much dignity and quality of life as possible, even as they face sometimes daunting physical, emotional and medical challenges.

Because I have been in this field for so long, I can actually remember when the Medicaid waiver was first introduced and was successful in getting the waiver for one of my clients, Elly.

- She was German and had married an American GI at the end of WWII and emigrated to the US where she raised their family. After she was widowed, she began to show signs of memory loss and was ultimately diagnosed with Alzheimer's. After her life savings were depleted, she had only her modest social security income to pay for her care. She had already moved to a small group home in Silver Spring, where she was very happy and well cared for. Her daughter was trying to figure out how to keep from having to move her to a skilled nursing facility when the Medicaid waiver was introduced and I helped her apply. Her application was fairly quickly approved and Elly was able to remain in what she considered "her home" until the end of her life.

I was so excited about this success and prepared to guide other families through this process. Little did I know at the time, that that would be the one and only time in more than 28 years working full time as a care manager that I would be able to assist a family in being granted a Medicaid waiver. As the years passed and the waiting list grew, sometimes closing completely to new applications, I stopped even

discussing it as an option with families who had loved ones who were outliving their assets. It seemed cruel to mention something that really wasn't attainable.

About 5 years ago I was contacted by an adult daughter whose mom was in her mid-90's and lived in a group home and had been on the waitlist for a waiver for about 10 years. Miraculously, her number came up and a waiver was made available to them. But by that time, the daughter had developed so many of her own medical issues that she was unable to bring her mom back home to live with her and make use of the waiver to provide care, to supplement what she herself could provide. Instead, her mom went into a skilled nursing facility, the very thing that they had worked so hard to avoid.

Every week we get calls from families wondering what to do because their mom or dad or other family member has already outlived their assets, or is about to, and they are looking for guidance on what the options are. I sometimes mention the "back door" to the Medicaid Waiver, that they can leapfrog over the wait list and qualify for long term care, move to a skilled nursing facility, and then apply for the waiver and move back into the community. The two clients that we assisted most recently with this process were still waiting for paperwork to be completed by the state more than a year after their application had been submitted. In the meantime, they continued to experience decline and the likelihood diminished that their family would be able to provide the care needed to supplement whatever the waiver would provide, and the time that they would have spent with their families was forever lost.

Most recently I worked with 3 families whose stories I think are very compelling and which demonstrate why we need to finally fix the Medicaid waiver system in our state.

1. One family contacted me last year. Their mom was 91 at the time and had been living in an in-law apartment with one of her 6 adult children for the last 20 years, ever since their dad died. However, she now needed assistance with nearly all of her activities of daily living (bathing, toileting, dressing, transferring) and her life savings were nearly exhausted. Those of her children who could, were helping to cover the cost of caregivers to be with her during the day, but her adult son and daughter-in-law were up multiple times at night to help their mom. They were getting some financial support through the VA's Aid and Attendance program, but that didn't begin to cover the cost of her care. Her children had promised their mom that they would not move her to a skilled nursing facility but they couldn't continue as they were. I asked if any of her children lived in any other jurisdictions. In Washington, DC, for instance, an application for long term care Medicaid is presumed to be for support so that the person applying can remain at home. If she had any children in New York state, they might even be able to be paid to provide some care for her through their Medicaid waiver program, if she moved in with them. Ultimately, the family moved their 91 year old mom out of her home of over 20 years to Florida, where the Medicaid rules provided more support for her, without requiring her to move to a skilled nursing facility.
2. Another family that contacted me was looking for ways to provide support for their 67 year old dad who had been diagnosed with PSP, a neurodegenerative disease in the Parkinson's family, although unlike Parkinson's there is no treatment for it, other than anti-depressants to help you cope with your life-limiting diagnosis. Their dad was diagnosed with this terrible illness just before his 65th birthday, and his wife and two adult sons provided care for him until he started needing more help with his activities of daily living—bathing, dressing, transferring and eating. A hallmark of this illness is difficulty swallowing and he required thickened liquids and soft foods to avoid choking incidents or aspiration of his food, which

would lead to pneumonia. The family was East Asian and, in their own home, their parents could remain together and he could continue to eat the foods that were familiar to him, carefully prepared and pureed to a texture that he could safely swallow. His wife was herself not strong enough to assist her 200 lb. husband with his activities of daily living, so they started paying for care, first for a few hours a day, and, by the time they called me and had already spent tens of thousands of dollars on his care, for 10 hours per day. Again, these sons were willing to care for their dad in the evening and overnight. But they needed someone to help out during the day so that they could continue to work and pay for the mortgage on the home they all shared. A Medicaid waiver would have made the difference between keeping their parents together or splitting them apart for the last years of their dad's life. Between being able to watch his grandchildren grow up and spend time with them every day and having a visit for an hour from his bed in a skilled nursing facility or communicating with them via zoom.

3. Just this week I met with a 77 year old woman who has cerebral palsy. Despite her disability, she was able to successfully graduate from high school, attend college, have a career and even marry. In today's world, with the Americans with Disabilities Act, that doesn't seem miraculous, but to a child born with a disability in the 1940's, it was nothing short of a miracle. She and her husband were doing fine in their fully paid off, accessible condo, happily living out their retirement on their social security and his government annuity. And then her husband was diagnosed with Parkinson's and suffered some medical crises that forced him into long term care at a skilled nursing facility. My client found a roommate who would assist her with bathing and dressing each morning and then getting ready for bed each night, in return for free room and board. But her roommate isn't always available and will eventually no longer be able to provide the care that allows my client to remain at home, due to her own challenges of aging. When my client has to pay for care, it costs close to \$30/hour, and completely breaks her monthly budget. She explained that if she could just have help for 4 hours each morning and 4 hours each evening, she could continue to live in her own home for the foreseeable future. Being granted a Medicaid waiver would be the answer to her very simple prayer to be able to do so. I told her about the work I was doing with our local membership of the Aging Life Care Association together with the Maryland chapter of the National Association of Elder Law Attorneys to advocate for change. I said, if you're very lucky, 2022 will be the year that we finally more fully fund our Medicaid waiver program.

More than 20,000 Marylanders are waiting for a Medicaid waiver today. 10,000 baby boomers turn 65 every day. This is not a problem that is going to get smaller or go away. Fiscally, it makes sense to let our elderly and disabled residents remain at home with support from their families and the funds from a Medicaid waiver. And morally, it is unconscionable to keep telling more than 20,000 elderly and disabled Marylanders that they just have to keep waiting.

It's time to end the wait for the working families of Maryland, and time to pass Senate Bill 28.

Thank you!

Susy Elder Murphy, BA, CMC
smurphy@care-manager.com

Testimony, Tiffanie Love Rivers.pdf

Uploaded by: Tiffanie Love Rivers

Position: FAV

DATE: Tuesday, January 25, 2022

SUBJECT: Senate Bill 28: Home- and Community-Based Services Waiver - Participation and Applications

COMMITTEE: Senate Finance Committee
The Honorable Chair, Delores Kelley

POSITION: **SUPPORT**

Good afternoon Chair, Vice-Chair and members of the Senate Finance Committee!

My name is Tiffanie Love Rivers and I am here in support of Senate Bill 28 (House Bill 80) on behalf of my mother, Gayle R. Love.

I have had to take a FMLA leave, which exhausts in March, from my job to care for my mother full-time. She has cognitive impairment due to dementia, the likely result of a brain aneurysm she had the week I was born, this also was when my Mom, Gayle's, professional career ended.

As a result of also caring for my Grandmother before she passed, my Mom has no valuable assets, long-term-care, or life insurance. I bought my home here in Maryland 4 years ago to care for my Mom. I pay all the bills, but I can not afford to pay for home care as well. Are you might be aware, Prince George's County is the wealthiest Black county in the country, and yet the waitlist is one of the worst in the country! This lack of an effective process affects working families struggling to provide care and their ability to pass down assets and generational wealth to their children!

Being proactive, and seeing my Mother's decline, I applied for the Medicaid Waiver Option nearly 3 years ago. In 2-1/2 years we received no correspondence from the state of Maryland, no information regarding the application process, no suggestion that we should update Access Point as she became a level 6 (urgency), and in fact I was never informed that we were placed on a waitlist at all. I thought the questionnaire I completed with Access Point was the application for Medicaid, until this past summer 2021 I found out we were placed on a wait list. I found out because my mother had a seizure, she now needs continuous care, and supervision as she sometimes wanders out the door on her most confused days. I updated Access Point with this information during the summer.

After pressuring the state and a 2-1/2 year wait we were finally invited to apply in October. The first letter I received from the Maryland Department of Health was the invitation to apply and the application, and the second letter I received explaining the process and services was after we applied in October. Isn't that after the fact?

The correspondence also states that the state of Maryland has 6 months to process the application. We are at the halfway point, but as I am still on FMLA, with my leave running out, there has been no confirmation for Maryland that they will meet that 6-month deadline. I am not confident as even my supports planning agency cannot find out the status of the application. I am hearing Maryland is behind on applications by several months. I run out of FMLA leave time, which protects my employment, 6-weeks before Maryland's deadline.

At this time I have contacted the state of Rhode Island, where my daughter lives, and where I might be forced to relocate. Rhode Island Medicaid office staff are also working from home, however they still have a 24-hour line where someone picks up the phone. I spoke with them, they do not have this wait list Maryland has and they are processing applications within 30-90 days, sometimes faster! I do not want to relocate, it will be very disruptive for someone with dementia, but my employer now allows remote work, and my job is in jeopardy. If Maryland had met their obligations in a timely manner, our family would not be in this situation.

Addendum:

I want to explain the correspondence with Maryland along with the difficult deadlines for caregiving families (who are already overwhelmed):

In October we receive the invitation to apply and the application as mentioned above. We received this by mail October 13th, it was postmarked oddly on a holiday, October 11th (Columbus/indigenous People's Day). However, it was dated October 5th, with a deadline of 21 days, October 26th (but I only actually had 7 business days or I lose my spot on the wait list). Also the deadline didn't say must be postmarked within 21 days, it said received by! Due to anxiety and a desperation for services, I spent 48 hours on this application and mailed it in 2 days on October 15th. Certified mail receipt says they received it October 19th, however they state the 6-month deadline for them to process the application begins October 29th. I pulled together what became nearly 80 pages of required documentation, no one answers their phones when I had questions, paid for photocopies and certified mail, and they docked me 10 days! Each day day without care for my Mom counts!

In November, I received a request for information on November 9th, letter dated November 1st, the deadline was November 11th (again a holiday – Veterans Day!), I had 2 days and couldn't call if I had questions on the holiday. Besides all calls in MD are routed to google voice mail, call back 2 or more days later. Took hours to figure out how to register and submit the documents online via MD MyThink (no instructions were included). I requested my PIN again online, but scanning the document at home I missed the deadline by 3 hours, I submitted at 3am! The PIN to access MD MyThink was received the day after the deadline by mail, it was dated November 1st (and still no instructions on how to submit).

In December, just before the cyber attack, I contacted the MD Department of Health for a status update and they had no record of their letter sent to me or my response in November. After the cyber attack none of my calls or an email have been returned! I have no idea of the status of my application and I am running out of FMLA to protect my job!

Thank you for listening to my story and I ask that you support Senate Bill 28.

Sincerely,

Tiffanie Love Rivers
5102 60th Ave
Hyattsville, MD 20781
Prince George's County
Love4tif@yahoo.com

Benson co-sponsor affirmation.pdf

Uploaded by: Delores Kelley

Position: FWA

AFFIRMATION OF COSPONSORSHIP

Please fill in requested information, print and sign the form, then scan and return the form to the sponsor of the LR by email.

LR Number: 2lr1201 / *SB 28*

Bill Title: Home- and Community- Based Waiver - Participation and Applications

Senator Joanne C. Benson intends to cosponsor the above-referenced LR for introduction in the Senate.

Signature: *Joanne C. Benson*

SB0028-333221-01.pdf

Uploaded by: Delores Kelley

Position: FWA

BY: Finance

AMENDMENTS TO SENATE BILL 28
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 7, after “waiver;” insert “requiring the Department to apply to the Centers for Medicare and Medicaid Services for an amendment to the home–and community–based services waiver on or before a certain date, and thereafter as necessary to increase the cap on participation in the waiver to be consistent with a provision of law;”.

AMENDMENT NO. 2

On page 5, after line 16, insert “

SECTION 2. AND BE IT FURTHER ENACTED, That on or before July 31, 2022, and thereafter as necessary, the Maryland Department Of Health shall apply to the Centers For Medicare And Medicaid Services for an amendment to the home– and community–based waiver under § 1915(c) of the federal Social Security Act to increase the waiver cap size to be consistent with Section 1 of this Act.”; in line 17, strike “2.” And substitute “3.”

SB28_Sponsor_FWA

Uploaded by: Delores Kelley

Position: FWA

SENATOR DELORES G. KELLEY
Legislative District 10
Baltimore County

Chair
Finance Committee

Executive Nominations Committee
Rules Committee
Legislative Policy Committee



Miller Senate Office Building
11 Bladen Street, Suite 3 East
Annapolis, Maryland 21401
410-841-3606 · 301-858-3606
800-492-7122 Ext. 3606
Fax 410-841-3399 · 301-858-3399
Delores.Kelley@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

TESTIMONY OF SENATOR DELORES G. KELLEY
REGARDING SENATE BILL 28-HOME AND COMMUNITY BASED
SERVICES WAIVER-PARTICIPATION AND APPLICATIONS
BEFORE THE SENATE FINANCE COMMITTEE
ON JANUARY 25, 2022

Mr. Vice Chairman and Members:

The Maryland Medicaid Home and Community Based Services Options

Waiver is designed to help certain disabled Marylanders who meet income guidelines to receive assistance in their homes with bathing, dressing, toileting, eating, and with management of their medicines. The problem in Maryland is that the waiting list of eligible registrants is over 22,000 persons, and the wait for services is about 8 years. This long waiting list exists because the HCBO is not required to meet the service demand. Maryland is therefore not operating HCBO in accordance with federal standards, nor with our level of need.

- **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.LC. 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 is currently benefiting from an enhanced Federal match because of recent Federal Financial Relief packages.**
 - **CARES Act bump is 6.2%. On the HCBS ARPA funds there is that year of possible 10% addition for HCBS program.**
 - **While it is time limited those enhanced match funds could be used to cover any short-term increase in costs until savings are realized from decreased nursing home costs.**

Elena Sallitto, Esq., President of the National Academy of Elder Law Attorneys, MD-DC Chapter will explain in depth the budgetary benefits to the State of Maryland from passing this Bill. 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 28 will solve long term issues with Maryland's Home and Community Based Options Waiver program by:

- **Requiring a cap on waiver participation of not fewer than 7,500;**
- **Requiring the Department to establish a plan for waiver participation of not fewer than 7,500;**
- **Requiring the Department to send a waiver application to at least 600 individuals on the waiver waitlist or registry per month; and**
- **Requiring the Department to clearly and conspicuously state when the application must be submitted and when eligibility criteria must be met.**

I am submitting for the Committee's consideration the following amendments:

- 1. a requirement that the Department apply to the Centers for Medicare and Medicaid Services for an amendment to the Home and Community Based waiver to increase the waiver cap size to be consistent with this act;**
- 2. the addition of Senator Joanne Benson as a co-sponsor.**

I am asking for your favorable report on SB 28.

Wiseman TESTIMONY IN SUPPORT OF SB 28.pdf

Uploaded by: Delores Kelley

Position: FWA

TESTIMONY IN SUPPORT OF SB 28
Home-and-Community-Based Services Waiver - Participation and Applications

As an advocate for seniors and people with disabilities, I was so pleased to see this Bill.

Since the inception of this wonderful program, it has never been sufficient to satisfy the number of people who desire it. Rather, these people are languishing in facilities when they would rather be in a familiar setting with those who love them and can take care of them.

The Bill emphasizes that the number of slots must be not fewer than 7,500. It adds that after the Maryland Department of Health reviews the number of slots monthly, an application should be sent to the next 600 people on the list to begin the process, allowing the applicant six weeks to submit it and six months to meet all eligibility criteria.

Without the benefit of a Fiscal and Policy Note, I believe the number on the Wait List exceeds 20,000 applications.

I am always interested in saving taxpayer money. The cost for each person to receive the services provided in the community will be equal to, or less than those provided in a nursing facility.

I trust the members of the Committee will think about themselves and/or their family members and give this Bill a favorable vote.

Thank you.

Beth Wiseman
1216 Glenback Avenue
Pikesville, Maryland 21208
410-484-6866

HFAM Testimony SB 28 Final.pdf

Uploaded by: Joseph DeMattos

Position: FWA



**TESTIMONY BEFORE THE
SENATE FINANCE COMMITTEE**

January 25, 2022

Senate Bill 28: Home- and Community-Based Services Waiver - Participation and Applications
Written Testimony Only

POSITION: FAVORABLE WITH AMENDMENT

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support with amendment for Senate Bill 28. HFAM represents over 170 skilled nursing centers and assisted living communities in Maryland, as well as nearly 80 associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction in the state.

Senate Bill 28 will address concerns with the home- and community-based services waiver wait list by setting the waiver cap at no fewer than 7,500 individuals, requiring the Maryland Department of Health (MDH) to send waiver applications to at least 600 individuals each month, and stating clear timelines and eligibility criteria for participation.

We support the intent of this legislation, which is to move Marylanders off the waiver wait list and into safe and appropriate care settings. It is important to address ongoing concerns surrounding the home- and community-based services waiver so that Marylanders can receive care in the clinically-appropriate setting of their choice.

We respectfully request that this legislation be amended to add language stating that the Maryland Department of Health is prohibited from cutting rates or utilization in other Medicaid programs to fund home- and community-based care. Long-term care Medicaid provides access to quality care for Marylanders facing multiple chronic conditions who would likely otherwise require care in a hospital at higher cost. Medicaid funding in long-term care remains underfunded and new or expanded programs cannot be funded at the expense of Marylanders receiving care in settings across the healthcare continuum.

HFAM has long advocated that Marylanders in need of post-acute and long-term care should receive that care in a clinically appropriate setting that meets both their medical and personal needs. HFAM has also long supported access to care and adequate funding across settings.

If a person can safely receive care support at home, then they should certainly have the opportunity to do so. However, the vast majority of people who receive care in Maryland's skilled nursing and rehabilitation centers are medically complex and require round-the-clock care. Therefore, they are unable to safely receive care at home.

Medicare and Medicaid rate structures are designed to support quality long-term and post-acute care in skilled nursing and rehabilitation centers for these medically complex people who cannot live or receive rehabilitation safely at home. Frankly, the current rate systems are not designed to sufficiently support the care of individuals with light medical needs.

We must continue to increase care capacity and adequate rates across multiple settings. We must also acknowledge that it is more expensive to provide 24-hour care for a medically complex patient with high acuity at home than in a skilled nursing and rehabilitation center. We do need to build home- and community-based care capacity, just as we need to increase capacity in long-term and post-acute care.

Again, in building capacity in any of these areas, we cannot cut rates in one setting at the expense of another, nor can we assume a reduction in the utilization of services in any particular setting. Ultimately our success in reducing utilization of long-term care services will come from our population health work to reach Marylanders at risk of chronic illness.

For these reasons and with an amendment stating that nursing home rates cannot be reduced to fund other Medicaid programs, we request a favorable report on Senate Bill 28.

Submitted by:

Joseph DeMattos, Jr.
President and CEO
(410) 290-5132

SB 28_MoCo_Frey_SWA.pdf

Uploaded by: Leslie Frey

Position: FWA



Montgomery County

Office of Intergovernmental Relations

ROCKVILLE: 240-777-6550

ANNAPOLIS: 240-777-8270

SB 28

DATE: January 25, 2022

SPONSOR: Senator Kelley, et al.

ASSIGNED TO: Finance

CONTACT PERSON: Leslie Frey (leslie.frey@montgomerycountymd.gov)

POSITION: SUPPORT WITH AMENDMENT- Department of Health and Human Services

Home- and Community-Based Services Waiver - Participation and Applications

This bill would require a minimum enrollment of 7500 individuals for the Home and Community Based Services (HCBS) Medicaid waiver, and require the Maryland Department of Health (MDH) to send at least 600 applications to individuals on a waiting list for HCBS each month.

Montgomery County Department of Health and Human Services (MCDHHS) supports increasing the number of individuals in the State served by HCBS. Maryland maintains one of the largest waiting lists for HBCS in the country¹, and MCDHHS wholeheartedly supports the intent of the bill to increase the number of Marylanders served by the program. However, the State struggles with staff shortages and backlogs relating to the current workload required to enable individuals to begin services let alone higher targets as would be required by Senate Bill 28. MCDHHS has observed delays in processing waiver applications, obtaining nurse assessments, assigning cases to a Supports Planning Agency, and reviewal and approval of Plans of Services- all critical elements of an individual entering HCBS.

MCDHHS would support an increase in waiver enrollment capacity if SB 28 is amended to also address existing barriers to service. We respectfully ask for an amendment to the bill to require an analysis of the backlogs and a report from MDH on a plan to implement the recommendations raised in the analysis.

Montgomery County respectfully urges the committee to adopt the above amendment and issue a favorable report on Senate Bill 28.

¹ <https://files.kff.org/attachment/Issue-Brief-Key-State-Policy-Choices-About-Medicaid-Home-and-Community-Based-Services>

2 - SB 28 - FIN - MDH - LOO.docx.pdf

Uploaded by: Heather Shek

Position: UNF



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

January 25, 2022

The Honorable Delores G. Kelley
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

**RE: SB 28 – Home- and Community-Based Services Waiver – Participation and Applications
– Letter of Opposition**

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of opposition on Senate Bill (SB) 28 – Home- and Community-Based Services Waiver – Participation and Applications. SB 28 would have a large annual fiscal impact. For Fiscal Year (FY) 2023 alone, the legislation will cost a total of \$77.9 million (\$38.9 million in State general funds, \$38.9 million in federal funds). MDH respectfully opposes this legislation on the basis of fiscal impact.

SB 28 will require MDH to have a minimum of at least 7,500 participants in the community-based long-term services and supports waiver programs. Currently, MDH is approved by the Center for Medicare and Medicaid Services (CMS) for 6,348 participant slots, of which approximately 4,286 are filled. The bill will require funding to fill the remaining 2,062 unfilled slots and create 1,152 new slots to bring the total to 7,500 slots in FY23. Additionally, MDH will need to submit a waiver amendment to CMS.

To fill the 3,214 vacant slots needed to reach the minimum of 7,500 participants, MDH estimates sending 20,088 mailings, which in turn will generate an estimated 12,053 applications and a total of 3,214 enrollments.¹ The initial cost of assessing the 12,053 applications for FY23 will be \$5.8 million. The annual assessing costs for these enrolled individuals after FY23 will be \$1.6 million with additional annual service costs of \$141 million. MDH will need additional staff to handle the large volume of applications anticipated.

SB 28 also requires MDH to contact 600 individuals on the waiver waiting list or registry monthly. MDH currently contacts 300 individuals on the registry monthly (3,600 annually). Mailings will need to state that the individual must submit an application within six weeks of receipt. MDH notes that individuals are currently permitted nine weeks to return an application. MDH anticipates that of the additional 3,600 individuals contacted, 2,160 will apply and an additional 576 individuals will enroll annually beginning in FY24.

¹ Our historical data shows we only get a response rate of about 30% for mailings and of those responses, only a fraction meet the requirements for the waiver.

The total projected cost for FY23 is \$77.9 million (\$38.9 million State general funds, \$38.9 million federal funds). Based on retention of existing enrollees and year over year annual growth of 576 new enrollees, costs will compound beginning in FY24. Expected costs for subsequent fiscal years are as follows:

- FY24: \$169.3 million (\$84.65 million State general funds, \$84.65 million federal funds)
- FY25: \$194.8 million (\$97.4 State general funds, \$97.4 million federal funds)
- FY26: \$220.4 million (\$110.2 State general funds, \$110.2 million federal funds)
- FY27: \$246 million (\$123 million State general funds, \$123 million federal funds)

Due to the estimated cost of approximately \$908 million over the next five fiscal years, MDH respectfully opposes this legislation. If you would like to discuss this further, please contact Heather Shek, Director, Office of Governmental Affairs at (443) 695-4218 or heather.shek@maryland.gov.

Sincerely,



Dennis R. Schrader
Secretary