



**TESTIMONY BEFORE THE  
SENATE BUDGET AND TAXATION COMMITTEE**

Senate Bill 622: Medicaid Waiver Programs - Waitlist and Registry Reduction (End the Wait Act)

March 7, 2023

*Written Testimony Only*

**POSITION: FAVORABLE**

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for Senate Bill 622. HFAM represents skilled nursing centers and assisted living communities in Maryland, as well as associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction of the state.

Senate Bill 622 authorizes certain Medicaid funding to be used for hiring and retaining providers in certain waiver programs, and alters the uses of certain funding appropriated to the Dedicated Purpose Account in the fiscal year 2023 budget bill.

We support moving Marylanders off waiver wait lists and into safe and appropriate care settings. In our settings, the Home- and Community- Based Options Waiver provides community services to older adults and people with disabilities such as assisted living, medical day care, family training, senior center plus, and accessibility adaptations.

In order to qualify for this waiver, people must need support with activities of daily living and meet the level of care required to qualify for nursing facility services. It is important to address ongoing concerns surrounding the Home- and Community-Based Options Waiver so that Marylanders can receive care in the clinically-appropriate setting of their choice.

It is critical that the Maryland Department of Health (MDH) does not cut long-term care Medicaid 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 other 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 at home, then they should 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 that family members are unable to provide. 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.

We must continue to increase care capacity and adequate rates across multiple settings. 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.

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.

Again, it is critical that there are no cuts to long-term care Medicaid rates or utilization in other Medicaid programs to fund home- and community-based care.

**For these reasons and with these considerations, we respectfully request a favorable report from the Committee on Senate Bill 622.**

*Submitted by:*

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