

March 2, 2020

Re: SB 642/ HB 1163



Dear Esteemed Legislators:

I am writing you in support of SB 642 and HB 1163. I am a “boots on the ground” eldercare consultant and work on a multidisciplinary team of fifteen clinicians with a combined 300+ years in guiding disabled adults, the elderly, their friends and family, in navigating the complex and sometimes unforgiving web of care options, housing, and supports, both community funded and privately resourced.

Our interdisciplinary team serves disabled adults as young as 23-years-old and elderly folks as old as 103. We assess the cognitive, psycho-social, and physical functioning of adults who are in decline in order to provide feasible, goal-oriented plans of care. Often these “care plans” include placement to senior housing, in-home care and support, mental health services, medical providers, specialists, and programs. We routinely assist folks who have exhausted their resources and find themselves at the mercy of the state and federal government for medically necessary care. This is where home-based and community care waivers in Maryland should “take the care ball downfield” but instead fall flat.

I’m from St. Mary’s County and for three centuries, my people have lived simply, by necessity. I am very familiar with the struggles that aging family members experience when they need care but cannot pay for home care agency services without help. Their only choice is not a choice at all.

By allowing home-based and community care waivers to be so grossly understaffed, underfunded, and waitlisted, the State of Maryland is by default, mandating that needy declining adults be warehoused in skilled care facilities (nursing homes).

Our current waivers and laws for home and community-based care are suffering from acute atrophy. Instead of offering fiscally-sound community-based care alternatives for Marylanders, our needy aging adults are plucked from their homes, families, friends, communities and places of worship, to be housed in a small room next to a complete stranger, where they are concurrently exposed and isolated.

Despite the state and federal government paying a combined yearly average of almost \$80,000 for each Medicaid long-term care patient, that cost does not even cover a private room. It is no wonder that nursing home living often fosters depression, unsavory behaviors, and disengaged residents who may be on medications to regulate days and nights. This is not the ideal environment for folks who can safely remain at home and wish to do so.

Deb is a graduate of MICA. She was in a serious auto accident and underwent two years of rehabilitation where she was abused by staff. Once she returned to the community, she vowed never go back to a skilled care facility. When I assessed her years later in a basement apartment, she had had not been bathed for seven months and was bed-ridden. Her story could have easily ended there but at that time there was funding and staff for the waiver that would save her life. Now with the waiver, she is living (thriving!), full of life, and her whole person, mind and body, is in much better health.

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But Deb is the only client home-based care waiver success story we have had in three years because of growing waitlists.

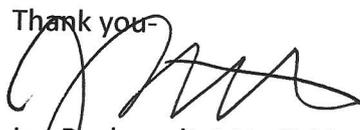
Bill is 63 and has battled major depression his entire life. He is also diabetic and has had such severe infections in his feet that he is at risk for amputation. He was a professional and a taxpayer for many years and earns a social security retirement check, but the check cannot possibly cover his complex medical needs. Bill was assessed /admitted by a waiver nurse five months ago and still will not receive care for at least three months. He qualifies medically and fiscally but there simply is not enough waiver staff to do intake and establish budgets and care (supports planners). Even those who have been cleared for waiver services to begin are waiting eight months for care. Bill has not been bathed in over three months. There are home health agencies with Medicaid contracts able to serve Bill but no one to generate or sign off on a budget for his care. Bill is significantly declining as a result, both physically and mentally.

Ken is 67 and has Huntington's Disease. He watched two siblings with Huntington's die young in nursing homes and told me during my in-home assessment that "I'll fall on a knife before I go to a nursing home". Ken has a wife who is still working full-time and two college aged children. Ken will not live long enough to access the waiver program if it is not revamped and revived immediately.

Our team and other professionals like us, have had to place clients in skilled care facilities because the waiver programs have not kept care promises, are short staffed, and underfunded. These older folks would have been suitable candidates for remaining at home with fiscal support from a waiver. We often do not even discuss waivers with families and clients because securing a waiver for home-based care is simply the most important yet unreliable program that the State of Maryland offers. I have practiced in four states and although Maryland is considered the wealthiest and most progressive of the four, we have the worst track record for home options waivers for frail and needy seniors that I have witnessed.

Please thoughtfully consider updating our home/community-based waiver programs and fulfilling the promises made to our most vulnerable adults and elderly population. As our state ages, this waiver problem will continue to manifest exponentially. In 2020, our lawmaking visionaries have an opportunity to set a higher standard for those who are needy, need care, and call Maryland home.

Thank you-



Jen Rynbrandt, MA, CMC

Aging Life Care Association-Advanced Professional Member

Member- National Academy of Certified Care Managers

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