



**TESTIMONY BEFORE THE
SENATE FINANCE COMMITTEE**

March 10, 2020

SB 965: Day Care Centers for the Elderly and Day Care Centers for Adults - Reimbursement
Written Testimony Only

POSITION: SUPPORT

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for Senate Bill 965. 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. HFAM members provide the majority of quality and cost-efficient care to Marylanders in skilled nursing and rehabilitation centers annually.

HFAM members provide more than 4 million days of Medicaid supported quality care (the clear majority of long-term care) to Marylanders who would otherwise be receiving care in hospitals at a higher cost and farther from home. Our members are a critical part of the healthcare safety net in Maryland.

HFAM supports this legislation. We applaud its sponsors and this Committee for advancing this important work, with one note: A weather-related event that closes an Adult Day Center should be documented, such as with a County Office Closing, a National Weather Service Warning, or a government weather emergency declaration. Similarly, when an adult day participant leaves because of an unforeseen medical need, that should be documented. Such a documentation requirement can be done during administrative rulemaking around this important and needed reimbursement change.

Adult Day providers play a critical role in the continuum of care by allowing Marylanders to be engaged and well. When a person receiving care at an Adult Day center must leave early due to a weather-related event or medical emergency, after participating in care and activity for most of the day, it is right that the center be compensated for the care and activity provided.

It is interesting to note that for a number of years skilled nursing and rehabilitation centers were paid a special partial rate for residents who were unexpectedly sent to the hospital; such a partial Medicaid rate is no longer paid in our setting.

Residents who receive long-term and post-acute care in our skilled nursing and rehabilitation centers often have severe, multiple comorbidities (congestive heart failure, diabetes dementia, renal failure, or perhaps a behavioral diagnoses) and have high activities of daily living (ADL) scores, meaning that they need more help with everyday tasks. The vast majority of people cared for in our skilled nursing and rehabilitation centers would otherwise receive care in hospitals at a much higher cost.

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Participants in Adult Day programs with care supported by Medicaid are often at a point in the care relative to their chronic conditions that the services and activities they receive are key to their engagement, health and overall wellness. As with skilled nursing and rehabilitation, the people served in the Adult Day setting are often living with some form of dementia and are well served in this setting.

For these reasons, we request a favorable report from the Committee on Senate Bill 965.

Submitted by:

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