

LeadingAge Maryland - 2022 - SB 531 - AL Study - f

Uploaded by: Aaron Greenfield

Position: FAV



576 Johnsville Road
Sykesville, MD 21784

TO: Health and Government Operations
FROM: LeadingAge Maryland
SUBJECT: Senate Bill 531, Maryland Health Care Commission - Assisted Living Programs - Study
DATE: February 16, 2022
POSITION: **Favorable**

LeadingAge Maryland supports Senate bill 531, Maryland Health Care Commission - Assisted Living Programs - Study.

LeadingAge Maryland is a community of more than 135 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 partner with consumers, caregivers, researchers, public agencies, faith communities and others who care about aging in Maryland.

This bill requires the Maryland Health Care Commission, in consultation with the Office of Health Care Quality, the Maryland Long-Term Care Ombudsman Program, the Medicaid Administration, the Governor's Workforce Development Board, and interested stakeholders, to conduct a study regarding the quality of care by assisted living programs with nine or fewer beds.

Small-scale assisted living facilities are an alternative to traditional, large institutional nursing homes. They aim to create a homelike environment and have no more than a dozen residents. LeadingAge Maryland recognizes that there is an increasingly wide and diverse array of assisted living facilities. Uniform statutes and regulations applicable to the entire industry often fails to address the specific issues that could arise in a smaller assisted living facility. LeadingAge Maryland supports reviewing quality of care in assisted living facilities with nine beds or less with the recognition that the study may suggest a need for specific regulations to address this facility size.

LeadingAge Maryland is concerned about numerous assisted living bills before the 2022 Maryland General Assembly session that could further impact these smaller assisted living facilities. While the Committee evaluates assisted living legislation, we respectfully request that it does so with a lens towards the smaller assisted living facilities.

For these reasons, LeadingAge Maryland respectfully requests a favorable report for Senate Bill 531.

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

SB0531_FAV_LifeSpan_MHCC - Assisted Living Program

Uploaded by: Danna Kauffman

Position: FAV



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

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

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer

DATE: February 16, 2022

RE: **SUPPORT** – Senate Bill 531 – *Maryland Health Care Commission – Assisted Living Programs – Study*

On behalf of the LifeSpan Network, the largest and most diverse senior care provider association in Maryland representing nursing facilities, assisted living providers, continuing care retirement communities, medical adult day care centers, senior housing communities and other home and community-based services, we **support** Senate Bill 531. Senate Bill 531 requires the Maryland Health Care Commission to conduct a review of those assisted living programs with nine or fewer beds in the State.

A review of the make-up of the assisted living industry demonstrates that, for the most part, the assisted living industry is made up of small businesses. According to the Office of Health Care Quality, there are currently 1,699 assisted living programs that are licensed to care for 25,391 individuals. Of those, 1,285 assisted living programs are nine or fewer beds and are licensed to care for 7,035 individuals. Therefore, the nine or fewer bed assisted living programs make up approximately 76% of the industry and are licensed to care for approximately 28% of the assisted living population.

Small providers often serve our poorest citizens, relying upon funding sources such as the Medicaid waiver or SSI payments. Without a robust small provider network, many individuals would be placed in a nursing home and many others would find themselves without any safe shelter. It is important to note that Maryland is one of the only states that use one regulatory scheme for assisted living. The vast majority do not regulate the smallest providers the same as larger providers and then often apply a different regulatory set and/or limit the level of care that may be provided.

Therefore, we believe that this study is timely to better understand the challenges presented in providing care within this sector of the industry and how the State can better support these smaller programs to ensure that they have the tools needed to deliver quality care at affordable levels.

For more information call:

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

SB531 MHCC Assisted Living Study Under 9 Beds_LTCO

Uploaded by: Eileen Bennett

Position: FAV

TESTIMONY IN SUPPORT OF SB531:Maryland Health Care Commission – Assisted Living Programs Study

MARYLAND STATE LEGISLATIVE 2022 SESSION - SENATE HEARING - FINANCE COMMITTEE

Thursday, February 16, 2022 at 1pm

Submitted By: Eileen Bennett, Program Manager II, Montgomery County, MD Long Term Care Ombudsman

Thank you, Chairwoman Kelley and members of the Finance Committee, for allowing me to address the key elements outlined and supported in SB531. Thank you Senator Beidle for your sponsorship of the bill. Thank you to those are interested in the best possible healthcare practices and protections for our most vulnerable citizens living in long term care settings in Maryland. This study is crucial for consumers of assisted living services, and their support networks, have access to reliable data and tools which provide insight into the services provided within these smaller assisted living settings.

As a brief introduction, I am Eileen Bennett, directing the local long term care ombudsman program in Montgomery County. I am also speaking on behalf of other local programs statewide in partnership with the state ombudsman who also providing testimony in support of this bill today. The term “ombudsman” is a Swedish a concept, adopted within the Older Americans Act to specific designation to the Long Term Care Ombudsman serving residents of nursing homes and licensed assisted living in Maryland. Through federal and state law, the ombudsman program members are tasked with being the advocates for these residents. I have been a member of the program since 1989 and have personally experienced the changes in care which evolved from a marketing concept to the regulations governing licensed assisted living in Maryland.

However, the available public information regarding services in small assisted living regulations have not kept pace with the continuous attempts of the industry to attract and retain residents in these communities. SB531 provides the Maryland Health Care Commission with the directive to develop a study, collecting relevant data on the service and practices which includes very complex health care which is equal to care provided in nursing home settings.

For example, I was working in the ombudsman program when assisted living laws were first introduced in Maryland, there were eight smaller homes which were enrolled in the assisted living program. Twenty three (23) years later, there are over 200 homes in Montgomery County with nine or less licensed beds, and little data is available about their quality of care offered or delivered for consumers to compare in their search for services. Some questions can include demographic, diagnosis, prognosis, activities and care provided within the setting, but also who monitors the quality of life for the residents in these smaller settings on a regular basis. The study should include admission, transfer, and discharge practices to assurance that residents are not transferred within a variety of locations owned by the same operator. The Maryland Health Care commission study should allow a mechanism to develop evaluation tools and public data that the consumer can access in decision making at the time of placement searches.

The ombudsman program continuously receives the feedback from family members who are seeking the smaller setting of care for their loved ones but find little reliable data on which to base their placement decisions.

In Montgomery County, I can attest there are very few assisted living settings which do not have residents with memory impairment. Their families deserve the type of information that can be provided through the Maryland Healthcare Commission Study outlined in SB531

Thank you for allowing me to share my professional insight in support of SB531.

-Eileen Bennett, Montgomery County MD LTC Ombudsman

3950 Ferrara Drive, 2nd Floor, Silver Spring, MD 20906

Desk/Voicemail: 240-777-1067 Email: Eileen.Bennett@montgomerycountymd.gov

SB531_FAV_AlzheimersAssociationMD.docx.pdf

Uploaded by: Eric Colchamiro

Position: FAV

Testimony of the Alzheimer's Association Greater Maryland and National Capital Area Chapters
SB 531 - Maryland Health Care Commission - Assisted Living Programs - Study
Position: Favorable

Chair Kelley and Vice-Chair Feldman,

My name is Eric Colchamiro, and I am Director of Government Affairs for the Alzheimer's Association in Maryland. Thank you for the opportunity to be before you here today on Senate Bill 531, legislation which requires a study of Maryland's 1285 assisted living facilities with nine or fewer beds.

I want to start by thanking the bill's sponsor, Delegate Beidle, for her leadership on issues related to long-term care, including vulnerable Marylanders with Alzheimer's and other dementia. Last session, this Committee passed what is now Chapter 480 of 2021, the law she sponsored which requires an update to Maryland's assisted living facility regulations. I am pleased to say that the Maryland Department of Health (MDH) is implementing that law, and I hope that the regulations are adopted by the law's December 1, 2022 codified deadline.

The legislation before you today, like that law, emanates from the work of Maryland's Oversight Committee for the Quality of Care in Nursing Homes and Assisted Living Facilities. The bill asks the Maryland Health Care Commission (MHCC) to explore key questions about these smaller providers who comprise 76 percent of our state's assisted living facilities. When asked about these smaller facilities recently, Stevanne Ellis—our state's long-term care ombudswoman, who frequently works with them in her work to aid residents—described them as often someone's home. She added that they could be in your neighborhood, and you might not realize it, because there is often no sign on the door. Sometimes residents of these assisted living facilities share bedrooms. The kitchen can be like one in your house; it is not an industrial kitchen. The caregiver may do everything; the laundry, the housekeeping, and the care for the residents. It is often a significantly different environment than Maryland's larger assisted living providers.

The Alzheimer's Association is grateful that the bill's sponsors want to learn more about how we can elevate the quality of care these facilities provide. For example:

- MHCC conducts an annual long-term care survey of facilities with 10 or more beds; yet smaller facilities are not under their purview. What can we learn, from an analysis of MDH inspection data, about the quality of care these smaller providers offer?
- In the last five fiscal years of data available, according to MDH, Maryland has averaged 130 closures of assisted living facilities; yet the total number of providers has increased. As we try to enhance the quality of care in these residential settings, what portion of this significant turnover is related to these smaller providers any why is there so much turnover? And, on a separate but related note as to their stability, are smaller providers receiving adequate reimbursement rates for their services provided?
- And as we continue to work our way through COVID-19, and prepare for the next public health emergency, Marylanders have benefitted from MDH's easily accessible coronavirus reporting website. That site, which maintains data about COVID in congregate care settings, does not include any of these 1285 providers on its main dashboard, due to patient confidentiality concerns. Is there a way to protect patient privacy, yet help countless Marylanders quickly know if their small providers have had a COVID-19 case at their facility?

I am pleased to report that this legislation was developed in coordination with LifeSpan, who is here today in support of this bill. We have also spoken, on multiple instances, with the Maryland Health Care Commission; they have expressed support for looking closely at this issue.

Thank you for your time and the Alzheimer's Association urges a favorable report on this bill.

HFAM Testimony SB 531.pdf

Uploaded by: Joseph DeMattos

Position: FAV



**TESTIMONY BEFORE THE
SENATE FINANCE COMMITTEE**

February 16, 2022

Senate Bill 531: Maryland Health Care Commission - Assisted Living Programs - Study
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 531. 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 531 requires the Maryland Health Care Commission (MHCC), in consultation with the Office of Health Care Quality (OHCQ), the Maryland Long-Term Care Ombudsman Program, the Medicaid Administration, the Governor's Workforce Development Board, and interested stakeholders, to conduct a study regarding the quality of care by assisted living programs with nine beds or fewer. This legislation also requires MHCC to report its recommendations, including draft legislation, to the Governor, the Department of Health, and certain committees of the General Assembly.

According to the OHCQ licensee directory, there are currently 1,699 licensed assisted living providers in Maryland. Of these licensed assisted living providers, 1,285 have nine beds or less. These small providers constitute a majority of licensees; however, they care for far fewer total Marylanders than assisted living providers with more than nine beds.

By way of background, all assisted living providers in Maryland are currently regulated the same regardless of bed size. Many assisted living providers with nine beds or fewer are independently owned, small enterprises. Some owners may operate several small facilities. These small providers have different challenges and operational structures than medium or large assisted living providers.

In our experience, the majority of medium and large assisted living centers provide an outstanding residential living experience and provide high quality care. This is also true of many small assisted living providers with four to nine residents. That said, we are most concerned about the extremely small assisted living centers who provide a residence and care to the poorest and most medically complex Marylanders.

It is critically important that we ensure the highest possible quality of care across the board for all residents in assisted living facilities regardless of size. It is also extremely important for consumers to have accurate and timely quality of care information to ensure that they and their loved ones are in the best setting for their clinical and social needs.

HFAM Testimony - Senate Bill 531

February 16, 2022

Page 2

We are at a critical point as we shape healthcare delivery going forward. Together, we must ensure continued quality care for all Marylanders and create lasting and sustainable common-sense solutions driven by data.

For these reasons, we request a favorable report from the Committee on Senate Bill 531.

Submitted by:

Joseph DeMattos, Jr.

President and CEO

(410) 290-5132

SB 531 Beth Wiseman Testimony 20220215_16263633.pd

Uploaded by: Pamela Beidle

Position: FAV

Beidle, Pamela Senator

From: Beth Wiseman <bwiseman84@hotmail.com>
Sent: Monday, February 14, 2022 4:23 PM
To: Beidle, Pamela Senator
Subject: Fw: SB 531

TESTIMONY IN FAVOR OF S.B. 531
Maryland Health Care Commission - Assisted Living Programs - Study

As an advocate for seniors and people with a disability, I was particularly delighted to see this Bill.

Assisted living programs have been a concern for me because they are not under federal regulations, as are nursing homes. Instead, they are regulated and inspected by the overworked OHCQ which does an excellent job.

Paragraph (b)(1) holds particular significance to me, as I remember an aide constantly complaining that the small facility where she worked served canned food, not fresh. She had many other complaints of poor resident care but that is the only one I remember. It was around thirty-five years ago.

This Bill encompasses many areas of study to determine if, how, and where improvements can be made. I feel sure the improvements resulting from the study will more than compensate the one-time SF expenditure of \$50,000.

As we are all facing the aging process and/or that of our loved ones, I feel certain the members of the Committee will also feel the need and give this Bill a favorable vote.

Thank you.

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

SB 531 Testimony20220215_16153298.pdf

Uploaded by: Pamela Beidle

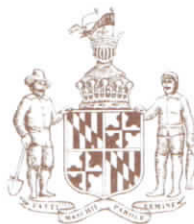
Position: FAV

PAMELA G. BEIDLE
Legislative District 32
Anne Arundel County

Finance Committee

Vice Chair

Executive Nominations Committee



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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 16, 2022

SB 531

Maryland Health Care Commission – Assisted Living Programs – Study

Good Afternoon Chair Kelley, Vice Chair Feldman and Members of the Finance Committee;

SB 531, Maryland Health Care Commission – Assisted Living Programs - Study is a cross file of Delegate Belcastro's HB 636. The Oversight Committee for Nursing Homes and Assisted Living, on which we both serve, frequently discusses the many differences between smaller assisted livings and the much larger facilities. We discovered that many states have different regulations and oversight for smaller facilities, defined as 9 or fewer beds.

This bill simply requires the Maryland Health Care Commission, in consultation with the Office of Health Care Quality, the Long-Term Care Ombudsman, the Medicaid Administration, the Governors Workforce Development Board and interested stakeholders to conduct a study group regarding the assisted living programs of nine or fewer beds.

Specifically they must review:

- Do they receive sufficient reimbursement to cover cost of care.
- Can waivers programs be revised to improve quality of care and increase provider participation.
- Review staffing resources, measures to encourage recruitment and retention.

Their findings and recommendations, including draft legislation to the Governor, the Department of Health, Senate Finance and the House Health and Government Operations Committee must be reported by October 1, 2023.

Thank you for the opportunity to present SB 531 and I respectfully request a favorable report.

2022 The Coordinating Center SB 531 Senate Side.pd

Uploaded by: Robyn Elliott

Position: FAV



THE COORDINATING CENTER
INSPIRED SOLUTIONS

Committee: Senate Finance Committee

Bill Number: Senate Bill 531 – Maryland Health Care Commission – Assisted Living Programs - Study

Hearing Date: February 16, 2022

Position: Support

The Coordinating Center strongly supports *Senate Bill 531 – Maryland Health Care Commission – Assisted Living Programs – Study*. The legislation charges the Maryland Health Care Commission with developing recommendations regarding assisted living in consultation with stakeholders.

Our organization provides care coordination services for many individuals in home and community-based waivers. The assisted living community is an important part of the continuum of care for individuals living with complex conditions, including dementia and Alzheimer’s disease. The study, as authorized in the legislation, would take a comprehensive review of issues facing assisted living providers, such as reimbursement and staffing.

We ask for a favorable report; and if enacted, The Coordinating Center would be interested in being included in the workgroup under this bill. If we can provide any additional information that is helpful, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

SB 531 HB636.pdf

Uploaded by: Stevanne Ellis

Position: FAV

SB 531/HB 0636 Maryland Health Care Commission– Assisted Living Study
Position – Support from the Office of the State Long-Term Care Ombudsman
February 15, 2022

There has been little focus, data, and public information about assisted living residents and assisted living facilities in Maryland. This bill would require a study, and the data will be used to help identify trends in assisted living facilities across the state. The following should be noted:

- The systematic analysis of survey data will help identify issues related to quality of care and quality of life. This would lead to discussion and planning to improve any problem areas.
- Patterns for facilities opening and closing would be identified that will help to identify trends related to regulatory issues and other concerns that lead to business success or failure including affordability and funding sources.
- Currently, there is not any public data available about small assisted living facilities (ALF). If it is feasible to develop a reporting system, this would allow for further analysis of ALF issues and provide information for the public to learn more about these types of facilities in the state and to better ensure informed decisions about choosing a facility for themselves or a loved one.
- The study would lead to greater transparency of complaint information and information available to the public. Survey data for small assisted living facilities is not currently posted publicly.

As the State Long-Term Care Ombudsman, I support this bill that could potentially lead to greater protections and more informed decision making for residents and their families.

Sincerely,

Stevanne Ellis, State Long-Term Care Ombudsman

SB 531 Maryland Health Care Commission Assisted Li

Uploaded by: Tammy Bresnahan

Position: FAV



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**SB 531 Maryland Health Care Commission – Assisted Living Programs – Study
Senate Finance Committee
FAVORABLE
February 16, 2022**

Good afternoon Chair Kelley and members of the Senate Finance Committee. I am Tammy Bresnahan. I am the Director of Advocacy for AARP Maryland. As you know, AARP Maryland is one of the largest membership-based organizations in the country. AARP Maryland and its more than 850,000 members support SB 531. We thank Senator Beidle for sponsoring this bill for Maryland's most vulnerable citizens. We also thank her for being a champion for long term care quality.

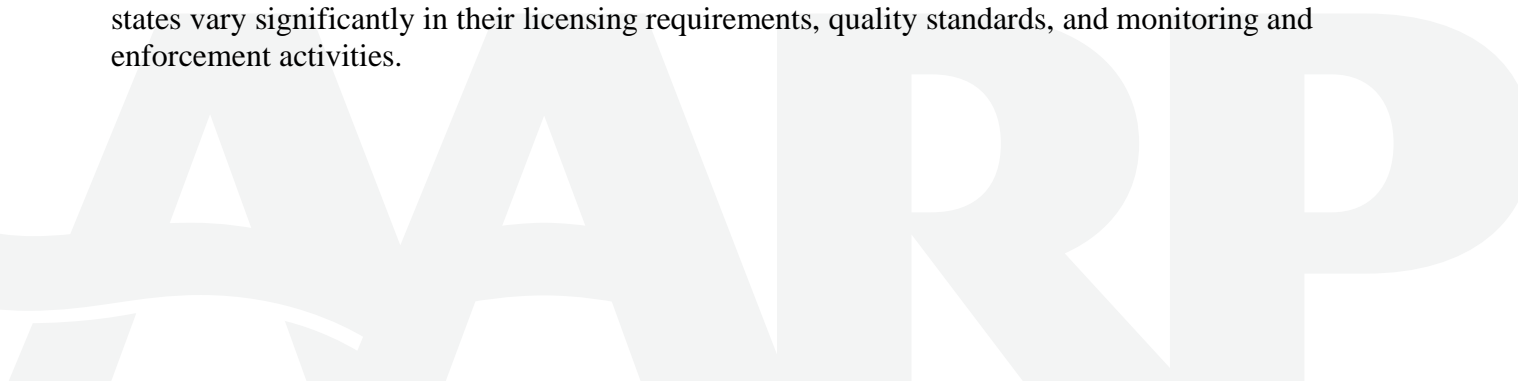
AARP is a nonpartisan, nonprofit, nationwide organization that fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

SB 531 requires the Maryland Health Care Commission, in consultation with the Office of Health Care Quality, the Maryland Long-Term Care Ombudsman Program, the Medicaid Administration, the Governor's Workforce Development Board, and interested stakeholders, to conduct a study regarding the quality of care by assisted living programs with nine or fewer beds.

Assisted living facilities are designed for older people who are no longer able to manage living independently and need help with daily activities such as bathing or dressing, but don't require the round-the-clock health care that a nursing home would provide. Assisted living is there to offer that assistance, while maximizing their independence.

What we are all familiar with is that assisted living facilities usually provide residents with their own apartments or rooms, as well as some common areas. They may offer around-the-clock supervision and a range of services, including meals, housekeeping and laundry, as well as assistance with personal care and help with medications. What we have in Maryland is a rather large percentage of smaller assisted living facilities that provide level three care like what is provided in a nursing home.

In contrast to nursing homes, no federal quality standards exist for assisted living. Additionally, states vary significantly in their licensing requirements, quality standards, and monitoring and enforcement activities.



In October 2000, the Oversight Committee on Quality of Care in Nursing Homes and Assisted-Living Facilities originated when the General Assembly established the Oversight Committee on Quality of Care in Nursing Homes. The Committee adopted its present name on October 1, 2005 adding Assisted Living to the Oversight Committee. As a group who is represented on the Committee, it has been brought to the attention of the committee, problems in the smaller assisted living facilities, such as inadequately trained staff, too few staff, medication errors, and the admission and retention of individuals who need more care.

AARP Maryland believes that state governments should conduct regular, thorough, and consistent oversight of long-term care including assisted living. Oversight should include evaluation of consumer outcomes and the quality of care.

AARP Maryland also believes that States should also ensure quality of care and quality of life for all consumers. The rights of the consumer should be protected in all long-term care settings including assisted living.

For these reasons, AARP Maryland respectfully requests the Senate Finance Committee issue a favorable report for SB 531. For questions or further follow up, please contact Tammy Bresnahan at tbresnahan@aarp.org or by calling 410-302-8451.

13 - SB 531 - FIN - MHCC - LOI.pdf

Uploaded by: Heather Shek

Position: INFO



February 16, 2022

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

RE: SB 531 - Maryland Health Care Commission – Assisted Living Programs - Study

Dear Chair Kelley and Committee Members:

The Maryland Health Care Commission (MHCC) is submitting this letter of information on SB 531 - *Maryland Health Care Commission – Assisted Living Programs - Study (SB 531)*. *MHCC is providing this letter of information because we wish to inform the Committee that we may lack sufficient resources at this time to complete the thorough study this issue deserves.*

HB 636 requires MHCC in consultation with the Office of Health Care Quality, the Maryland Long-Term Care Ombudsman Program, the Medicaid Administration, the Governor's Workforce Development Board, and interested stakeholders, to conduct a study regarding the quality of care by assisted living programs with nine or fewer beds; and requiring the Commission to report its recommendations, including any draft legislation, to the Governor, the Department of Health, and certain committees of the General Assembly.

In addition, SB 531 requires MHCC to:

- (1) analyze the inspection data from the Office of Health Care Quality to determine, on a systemic level, where quality of care may be improved;
- (2) examine the entry into and exit from the market for assisted living programs, including any noticeable trends related to inspection data or regulatory requirements;
- (3) consider the feasibility of developing a reporting system for assisted living programs that protects patient confidentiality and makes data related to catastrophic health emergencies declared by the Governor and quality of care publicly available;
- (4) review the current assisted living program licensure regulations to determine whether these programs should be regulated differently than programs with ten or more beds;
- (5) determine whether: (i) assisted living programs receive sufficient reimbursement to cover the cost of care for the services provided, including for residents with Alzheimer's

and other dementia-related conditions, under initiatives offered through the Maryland Medicaid Administration or other State or local initiatives; and (ii) the Home-and Community-Based Options Waiver, or any other waiver program that may be used for assisted living programs, can be revised to improve the quality of care, and increase provider participation; and

(6) review staffing resources that could be better utilized and made available for these programs, including measures to encourage the recruitment and retention of staff and meet standards for sufficient staffing.

In Maryland, an assisted living program is defined as: a residential or facility-based program that provides housing and supportive services, supervision, personalized assistance, health-related services, or a combination of these services to meet the needs of individuals who are unable to perform, or who need assistance in performing, the activities of daily living or instrumental activities of daily living, in a way that promotes optimum dignity and independence for the individuals.¹

There is a wide variety of assisted living providers in Maryland. They range from large, corporate-managed facilities where hundreds of people live in their own apartments to small, private homes in which the owners provide services to two residents who may share a bedroom. What these providers have in common, is that they all offer their residents some level of assistance with their daily activities, including dressing, bathing, and eating. These facilities are not as highly regulated by the government as nursing homes. More than 70% of assisted living facilities have nine (9) or fewer beds. These facilities are less likely to be subject to OHCQ routine inspections and they are not currently listed on the Maryland Health Care Quality Website.

Assisted living facilities serve an important niche in the long-term care landscape. During the COVID-19 pandemic and especially during the repeated surges assisted living facilities were beset with the same challenges faced by nursing homes and adult living facilities – rapid outbreaks of the disease, lack of PPE and other needed equipment, and limited and often demoralized workforce. COVID-19 outbreaks at assisted living facilities did not generate nearly the public outcry, although the outbreaks were nearly as widespread and equally devastating to the residents.

¹ COMAR 10.07.14.02 (11) (a)



Government and commercial payers rarely cover the living costs for assisted living. Almost all assisted living services costs are paid for by residents (or their families) out of their personal funds. Long term care insurance generally will pay for assisted living, but the insurance must be purchased in advance and paid for from personal funds.² Virtually all payers will cover the health care services delivered to residents of assisted living. These services could range from primary care and behavioral health services, a range of rehabilitation, and even sophisticated respiratory and ventilation care. A separate secure dementia unit often exists in larger assisted living facilities. A more limited range of services will be available at the small facilities.

Increased nursing home care costs and expanding scope of services available at larger assisted living facilities has increased payers, particularly Medicaid, interest in providing assisted living benefits. These programs are still in the pilot phases, but it is possible that the programs will expand. A barrier to broader coverage of assisted living care is the lack of national standards like those that exist for nursing homes and home health agencies. Medicare and Medicaid certified nursing homes and home health agencies are required to undergo rigorous state inspections annually with results readily accessible to consumers. State licensing standards for assisted living vary greatly in the scope of review and authority to intervene. These problems are magnified for the smaller facilities.

Comparable data for assisted living is sparse and in Maryland it is focused on facilities with ten beds or more. MHCC publishes the results of OHCQ inspection surveys performed on-site, influenza vaccination rates, and descriptive information on ownership, the size of the facility, and the scope of services for facilities. For facilities with nine beds or fewer, information is limited to inspection reports from the Office of Health Care Quality.

The MHCC commends the sponsors for offering this study. Our concerns about undertaking the study rest on the availability of staff resources. A broad assessment of assisted living services encompassing the entire industry is warranted. Included in that study should be an assessment of the appropriate regulatory framework given the growing popularity of assisted living and the increasing acuity of the resident population. Small facilities present especially complex challenges as they often serve patients with fewer financial resources.

² Assisted Living in Maryland, *What you Need to Know*, 2002, available at <https://aging.maryland.gov/documents/ALGuide.pdf>




We hope this information is helpful. If you would like to discuss this further or have any questions, please contact Tracey DeShields, Director, Policy Development and External Affairs at tracey.deshields2@maryland.gov.

Sincerely,



Andrew Pollack
Chair, MHCC



Ben Steffen
Executive Director, MHCC

cc:

The Honorable Pamela Beidle
The Honorable Malcolm Augustine
The Honorable Adelaide C. Eckardt
The Honorable Antonio Hayes
The Honorable Mary Washington
Tracey DeShields, Director, Policy Development and External Affairs, MHCC

