

Written Testimony on HB1142, Maryland Interested Parties Advisory Group
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Given the challenges Maryland will face with Medicaid in the coming year, an IPAG is a critical piece of meeting those challenges.

After managing my son Rob's care over a quarter of a century in Maryland, I've observed that the Medicaid program stovepipe systems in place at MDH are failing to keep seniors and disabled persons at home, routinely shifting to a facility-based model. Facilities are far more expensive than home settings—just look at the expenses related to maintenance, staffing, and administration—and facilities produce far worse health outcomes, which can lead to additional ER visits and hospitalizations, which are uncapped Medicaid expenditures.

A key concern for those who wish to be in community settings is the home care workforce. In my long view of MDH, the Department collects little data, offers little coordination among programs, and forces persons eligible for Medicaid services who live in their community into multiple programs with overlapping staffing prohibitions and other considerations that increase costs to the State at the expense of home care worker salaries.

Given the abysmal state of Medicaid facility care in Maryland, we cannot support facility care over home care. The bulk of the profits from facilities go to owners, top administrators, and shareholders. That's wasted taxpayer money. We need the IPAG to provide guidance to enable the home care workforce that Maryland needs and deserves.