



Maryland Senior Citizens Action Network

MSCAN

AARP Maryland

*Alzheimer's
Association,
Maryland Chapters*

*Baltimore Jewish
Council*

Catholic Charities

*Central Maryland
Ecumenical Council*

Church of the Brethren

*Episcopal Diocese of
Maryland*

*Housing Opportunities
Commission of
Montgomery County*

*Jewish Community
Relations Council of
Greater Washington*

*Lutheran Office on
Public Policy in
Maryland*

*Maryland Association of
Area Agencies on Aging*

*Maryland Catholic
Conference*

*Mental Health
Association of Maryland*

Mid-Atlantic LifeSpan

*National Association of
Social Workers,
Maryland Chapter*

Presbytery of Baltimore

*The Coordinating
Center*

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Testimony in Support of SB 642 - Home and Community-Based Waiver Services - Alterations and Task Force

Senate Finance Committee

March 3rd, 2020

Good afternoon, my name is Eric Colchamiro, and I am the Director of Government Affairs for the Alzheimer's Association. I am here today on behalf of the Association and as a member of the Maryland Senior Citizens Action Network (MSCAN), a statewide coalition that supports policies that meet the housing and care needs of Maryland's low and moderate-income seniors.

This legislation alters the Home and Community-Based Services (HCBS) waiver submitted by the Maryland Department of Health to the Centers for Medicare and Medicaid Services. In doing so, it requires the Department to send monthly letters to individuals who are eligible/likely to be eligible for waiver participation; it expands participation in the program; and creates a multi-stakeholder task force to review Maryland's policies and payment mechanisms, including how to eliminate the waiting list for the waiver.

Maryland has over 20,000 individuals currently on the registry to receive HCBS; just over 10 percent of those individuals are receiving some sort of services. Applicants for HCBS are initially screened by the Maryland Access Point screening tool, and referred to programs and resources that may meet their needs. Yet—under the Department's current methodology—individuals receive invitations to participate based on their priority group; there are over 18,000 individuals in priority group 6.

To move forward, a review of rates is certainly necessary; we welcome efforts by the Health Department to adjust rates which will sustain current providers of care and attract new ones. Yet the lack of adequate community-based, long-term services and supports is fundamentally an issue of priorities. We urge the legislature to prioritize this bill, to prioritize a task force to bring solutions to the State, and to prioritize eliminating the injustice of the over 20,000 individuals waiting for care.

Thank you for the opportunity to testify on this bill. I respectfully request a favorable report on this legislation.