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THE MARYLAND HOUSE OF DELEGATES  
ANNAPOLIS, MARYLAND 21401

**Testimony in Support of HB 80**

**Home- and Community-Based Services Waiver – Participation and Applications**

Good afternoon, Vice Chairman Peña-Melnyk, Chairman Pendergrass and honorable members of the committee. Thank you for this opportunity to present HB 080, **Home- and Community-Based Services Waivers– Participation and Applications**. This bill seeks to provide more opportunities for our vulnerable residents to age-in-place by getting appropriate medical services in their homes and in the community. It does this by making several requirements on the Maryland Department of Health (MDH):

- Making a request to the federal centers for Medicare and Medicaid Services (CMS) to increase the current cap on participation to 7,500 slots
- Develop a plan for filling all waiver slots
- Double the number of people on the waiting list/registry who receive application forms to 600 per month

You should have two amendments to the bill before you; one that requires the Department to work with its community-based partners in the outreach and follow up processes and the second moves up the implementation date to July 2022. Our residents should not have to wait any longer.

This is the third time I have brought this bill to you, and I believe that there were others before me who were asking to make ALL the waivers slots we have been allotted by the federal government available to those who need them and qualify. The ultimate goal would be to eliminate the waiting list of over 21,000 residents in one year and make sure that they are getting the services they need in the environment that is most conducive to meeting those needs and maintaining their quality of life. Unfortunately, I must report to you that while the Department understands the needs, there has been no significant progress in filling the slots.

Just by the numbers:

Individuals on the waiting list/registry	Number of slots filled	Slots Available
2018	21,765	
2020	20,869	4,308
2022	21,238	4,286

I met with the Secretary and members of his staff in November. They explained to me that they had been sending out 300 applications a month and that they get an average of a 30% response each month. They reported that they did follow up calls. But the number of slots filled declined, not increased with these efforts. The pandemic made placement in institutions more challenging over the last two years, so it seems like focusing efforts on enabling those who could stay in their homes would become a priority under those circumstances. It should be noted that the slots that are still available might meet the needs of those on the current waiting list/registry, given a 14% rate of individuals who currently meet the eligibility criteria.

I met with members of the Board of the Coordinating Centers, which is one of the community-based organizations that MDH partners with. They helped me to understand how successful outreach to this vulnerable population cannot be achieved with letters and phone calls. The individuals may not understand the documents, they may move from family member to family member to get support, they may not have the documents that are being required of them or know how to obtain them and they may often feel disenfranchised by the “system.” This information put a whole new light on the need of a better strategic plan to address the issue and I have not seen that plan from MDH thus far.

The fiscal note on this bill has significantly decreased over the years. In 2019 it was “at least” an increase of \$22.6M, in 2020 it was \$13.8M and in 2022, it is \$1.5M in state expenditures. There are a couple of reasons for this, but I believe it is primarily because we have a better understanding of how many individuals qualify and the cost of home care services as they compare to nursing homes.

So we have better information now—and it is time to make progress. As a state we should be committed to providing a continuum of options for people of all ages and disabilities to meet their needs for a reasonable quality of life. Nursing homes and other long term care facilities have an important role in that continuum. But we should also be maximizing the appropriate opportunities for these individuals to stay in their homes if they can get the appropriate care there. This bill moves that concept forward for some of our most vulnerable families. The bonus is that the state will save money on each of the individuals who can be served in this way.

Thank you for your consideration and I respectfully request a favorable report.