



Testimony in Support of HB 1176, Home- and Community-Based Services Waiver – Eligibility
Health and Government Operations Committee

March 1, 2024, 2:00 pm

Respectfully submitted by

Dennis C. Alexander, Director of Government Relations

Madam Chair and Members of the Committee, on behalf of Easterseals, thank you for the opportunity to testify in support of HB 1176.

Easterseals is a nonprofit organization serving Maryland (except for the Eastern Shore), Northern Virginia, and the District of Columbia, leading the way to full equity, inclusion, and access through direct and life-changing disability and community services to thousands of children and adults in our neighborhoods, regardless of their disability, military status, income, race, or age.

We currently operate three successful Adult Day Service programs in the state – in Baltimore, Hagerstown, and Silver Spring – that provide daily clinical care, supervision, activities, and curb-to-curb transportation for adults, seniors, and veterans in a safe, home-like environment. Our skilled medical professionals and staff have a personal commitment to every individual we serve. Adult Day Services provide a nurturing, cost-effective alternative to nursing home care, allowing clients to remain in their homes and communities.

This bill makes three important changes to the law that would directly impact people receiving Adult Day Services through the Home & Community Based Options Waiver (HCBOW). First, it establishes standard policy for the Maryland Department of Health to allow a married couple to pool their assets to allow a spouse to meet waiver eligibility standards. The State lacks standard policy that allows for a married couple to pool their assets to allow a spouse in need of HCBS services to meet income eligibility standards. The lack of a policy makes it unclear as well as unlikely that a married couple where one spouse needs HCBOW services can achieve income eligibility.

Second, it adjusts the income cap to allow for more individuals to qualify financially if they are otherwise eligible for home and community-based services. The Center for Medicare and Medicaid Services (CMS) provides leeway to states to make determinations most advantageous to their population, without being more stringent than what CMS requires. It is time to revisit financial eligibility caps in Maryland to allow patients to receive care that best fits their needs, whether that is care in a skilled nursing facility or more cost effectively in their home or a community-based setting.

Third, it requires the Maryland Department of Health to develop regulations specific to the population that is transitioning from Community First Choice (CFC) to the Home-and-Community Based Options Waiver. Current law allows eligible individuals to continue to receive services through the Medicaid home and community-based services waiver if the individual received home and community-based services through the CFC. While the law took effect July 1, 2019, there has been no standard policy established by the Department to deal with the transition of these individuals from CFC to the HCBOW. HB 1166 requires the Department to develop regulations specifically to handle this circumstance.

Thank you for the opportunity to testify in support this important bill and I respectfully request that you act favorably on it.