



March 4, 2020

Re: HB 984
Position: Support

Dear Chairperson Pendergrass and Members of the Committee:

I am submitting these comments related to HB 984 - Developmental Disabilities Administration (DDA) - -- Program Changes and Required Reports. My comments are in support of this legislation which will delay both the implementation of new service definitions and the LTSS until such time as there is more clarity and confidence that stakeholders, including DDA, are fully prepared. I am submitting these comments as a Board member of The Arc Maryland as well as the staff person for the Prince George's Provider Council which is a member organization of over thirty agencies that provide services to residents of Prince George's County who have an intellectual/developmental disability.

As I look back over the growth and development of the Developmental Disability system in Maryland, I am reminded of a number of changes or transitions which have preceded the current planned one such as:

- The closing of Great Oaks institution which was the last to be opened
- The passage of the Waiting List Equity legislation which provided services for people currently living with families and which was originally based on the age of the caregiver
- The commitment of the State to a line item funding for students identified as Transitioning Youth
- The Waiting List Initiative, which was a five-year funded plan targeted toward providing service to as many people as possible
- The closure of Rosewood institution which was the oldest of our institutions

Each of these transitions was directed toward improving and expanding community-based services and supports for those eligible for DDA services. None were without their challenges and for which considerable planning was directed to ensure success. However, in my opinion, none was as complicated, posing as much risk to all stakeholders or as controversial due to its complexity.

Last week, in testifying on the DDA budget, Secretary Neall indicated the DDA system was the most complex of those in his department. This is something with which I would agree for a number of reasons. Clearly, the numbers of people currently being served by the DDA has grown tremendously in numbers over the years and as people with disabilities live longer and we have committed as a state to community-based services, many people have more complex service needs than we saw in the past. In addition, the components of this current planned transition are greater, requiring much more integration of all factors such as funding for the new rate system, a new billing and payment system, clear understanding of many new service definitions, updating of the regulations for DDA (which have not been updated since 1989), written policies, procedures, and guidelines, clear communication with all stakeholders, and many more factors which are needed to assure a smooth transition.

In our opinion, the transformation that is underway has a very important goal of an updated service system for the 25,000 people who are currently receiving DDA-funded services as well as the many others who will most likely receive services in future years. Because the end result is likely to be something all stakeholders will live with in many years to come, it is important that we get it right! Providers have been adjusting not only to changes with the current DDA waivers, but also with transition to compliance with the CMS final rule. Services funded through the Medicaid waivers need to be community-based, not facility based. People who used to be supported in groups of 6 people to one staff in a building are now supported individually or in groups no larger than 4. Funding has not changed however, and it is much more expensive to run a program in and around the community during the day than it is to support people in a building. The change is good for many people, but most providers still struggle to have meaningful activities with the lack of funding. Community partners are complaining that the libraries, recreation centers, malls, Starbucks, and parks have become inundated with people with disabilities and their support staff, all looking for something meaningful to do. However, there are not a lot of free activities one can do all day, every day and they are often bored or suffering.

In addition, our providers are currently dealing with great staff shortages and had average vacancy rates of between 18% and 28% last year. When coping with such a crisis, it is not the time to add an entirely new services system without making sure that risk for providers and those receiving services is minimal to the extent possible.

In our current situation, any funding shortfalls or delays of funding increases will only exasperate a system under siege. To also add the proposed DDA service and billing changes (however well-intended in their goals) has the high potential of causing the system to crash.

The bill also includes the requirement of a number of reports from DDA to help ensure that whenever the transition plan is in effect it is working. I would suggest that in addition to deadlines for report submission, some key milestones or benchmarks need to be met prior to implementation of the system. We all have a responsibility to make sure we are ready and able to be fully committed; with the necessary tools, funding and commitment to the work which is to be undertaken for our success.

Thank you for the opportunity to submit these comments. I look forward to sharing a few of my comments today at the hearing.

Bea Rodgers