



Date: March 4, 2020  
To: Health and Government Operations Committee  
From: Rob Malone, Executive Director, The Arc Prince George's County  
Re: **HB984 - Please Make Sure DDA is Ready Before They Flip The Switch**

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Thank you Committee Chair and Committee Members for this opportunity to provide a perspective on the Developmental Disabilities Administration's (DDA) systems transition.

My name is Rob Malone and I am the Executive Director for The Arc Prince George's County. The Arc provides **critical lifetime supports** for people with intellectual and developmental disabilities. Every year, we make a positive difference in the lives of more than 3,000 people with disabilities and their family members who are Prince George's County residents.

When I am in the office, I work in close proximity to our Residential Department. I see them hustling around the office, communicating about the care for people we support and making sure we have plans to support the needs of folks as they arise. It is a flurry of activity. The **ownership and commitment is obvious**. We are the engine of support behind people in our programs and their families.

For the last several years, the supports systems for people with disabilities has been put in a difficult situation. In Prince George's County, we have seen the impact of having the margin between minimum wage and the pay rate DDA funding allows for Direct Support Professionals dissipate. Essentially, I cannot offer a better salary to these critical staff that exceeds what many of them could get from working at McDonald's or some other fast-food place, or a home cleaning service. As a result, our staff vacancy rate has risen to 18% (which is approximately 120 positions we are unable to fill) over the last couple of months, and families who rely on us to pick up their son or daughter are having their lives disturbed because we don't have enough staff to do that. We unfortunately have to call families at the last minute to let them know that we cannot pick up their son or daughter. Just a couple of weeks ago this affected 12 families –at our agency alone which is one of thousands! And this week, there were **more**.

This is horrible. But, it is also something that we have warned for years would happen without change; at least every year since 2015 when I joined this organization as Executive

Director. **And, as if this is not enough, we have a major systems change that DDA wants to push prematurely that has no funding to support the additional costs that consultants have demonstrated is required. How in the world to you add burden on the system that is already in disarray with high staff turnover and vacancy rates with no additional funding beyond the increase we were promised just to keep pace with state minimum wage?**

**If the transition is not smooth, it presents significant risks to providers and services, and ultimately to people with intellectually/developmentally disabilities we serve. In addition to coordination and the new payment system, issues will drive up administrative burden and costs.** The people scurrying around in my office will be completely stressed out because not only do they support the infrastructure, they also sometime fill in for shifts left uncovered due to lack of direct care staffing.

A key component to this new system is ePrep. Providers must have an ePrep number assigned for Medicaid billing through the system. Four months prior to a major systems change, **our chapter still doesn't have a base Medical Assistance number approved in ePrep – and our initial application was submitted more than a year ago!** We had to start all over because there were a couple documents that were not attached out of confusion over the submission process. Most recently, our DDA license expired on January 31, 2020 in the middle of the process for our November ePrep resubmission review – based on a submission two months earlier. Because the license had just expired, guess what happened? Yes, the saga for ePrep approval continues. Not only do we not have this major step completed despite our best efforts and with minimal support and guidance, we have no clarity from DDA how people who fall out of the waiver and fail to renew their medical assistance number will be supported, or how providers will be compensated for services rendered during a period of ineligibility.

Based on updates we hear from DDA, most components of this transition are still in process with no final commitments. **No policies, procedures, operating manuals, guides; nothing is finalized or has been shared telling us how to do all of this.** What we typically hear from DDA is: “We are working on that” or “We are looking at that.” That is not the type of language you want to be hearing about a \$1.3 billion operation, four to five months away from a major systems change. All of the 17,000+ people with disabilities directly supported by DDA and its provider network need to have Person Centered Plans (PCPs) approved by the launch of LTSS. To date, after months of work by DDA and the Coordinators of Community Services (CCS), **two-thirds of the people our organization supports do not have approved PCPs – a number of which were submitted as far back as last July!** This has led to a lot of fear amongst our staff and families. Delaying implementation, to ensure we are adequately prepared, will show respect for the families we support and will allay fears of all stakeholders involved.

I am concerned by the lack of funding to support the transition because I already see the increased cost of technology and administrative infrastructure and transportation in a fully community-based day program. Additionally, DDA's draft final rates show that funding for employment services will evaporate – resulting in de-prioritization of services to help people with disabilities obtain jobs.

All of this is too risky to just overlook. I am so proud and thankful for Delegate Bonnie Cullison for sponsoring this bill and ask that you move it forward favorably with haste before DDA takes actions to override your ability to provide oversight and accountability.