

Department of Legislative Services
Maryland General Assembly
2025 Session

FISCAL AND POLICY NOTE
Enrolled - Revised

House Bill 1244

(Delegate Guyton, *et al.*)

Health and Government Operations

Finance

Maryland Developmental Disabilities Administration Waiver Advisory Council - Establishment

This bill generally codifies the Maryland Developmental Disabilities Administration (DDA) Waiver Advisory Council in DDA, with additions to the membership compared to the existing council. DDA must staff the council. Members of the council may not receive compensation but are entitled to reimbursement for expenses under standard State travel regulations. The council may provide travel arrangements for members of the council with disabilities. DDA must include a dedicated council webpage on the Maryland Department of Health website that includes specified information.

Fiscal Summary

State Effect: As the bill generally codifies the current DDA Waiver Council, any expenditures resulting from the bill can likely be absorbed with existing budgeted resources (such as additional travel or expense reimbursement). Revenues are not affected.

Local Effect: The bill does not materially affect local government operations or finances.

Small Business Effect: None.

Analysis

Bill Summary: The purpose of the council is to (1) advise and provide recommendations to DDA on system design, service delivery, and quality enhancement strategies for the Medicaid waiver programs operated by DDA and (2) foster meaningful engagement and establish a feedback loop with all stakeholders while prioritizing input from individuals with lived experience with a Medicaid waiver program. The council must adhere to

person-centered thinking, diversity, equity, and inclusion principles, and evidence-based and data-driven discussion and problem solving. The council must provide advice and make recommendations to DDA on (1) DDA-operated Medicaid waiver program system design, including waiver application regulations and policies; (2) service delivery and access to services; (3) federal waiver assurances; (4) ensuring access to Medicaid services; (5) quality enhancement efforts and improvement strategies; (6) communication with stakeholders, including a transparent feedback process; and (7) collaborative processes with stakeholders.

The council must vote on the advice and recommendations provided to DDA and attempt to reach consensus. All members must be afforded an opportunity to be heard. If consensus cannot be reached, the council may vote with a 75% agreement threshold. A council member may not vote on another member's behalf; however, a council member may designate a proxy. A council member's proxy (1) may vote on behalf of a member only if the proxy is attending the meeting for the member and (2) may not vote on behalf of the proxy.

Council Membership

The council consists of the following *voting* members appointed by the Secretary of Health, including:

- 21 individuals with lived experience participating in a DDA program, as specified;
- 2 licensed providers of residential and day services;
- 2 certified providers of services including employment, personal support, technology, and transportation;
- 2 coordination of community services providers;
- 1 financial management and counseling services provider;
- 1 representative of an ethnic advocacy group in the State;
- 1 representative of the Maryland Center for Developmental Disabilities;
- 1 representative of the Maryland Developmental Disabilities Council;
- 1 representative of the Self-Directed Advocacy Network of Maryland;
- 1 representative of the Parents' Place of Maryland;
- 1 representative of the Maryland Association of Community Services;
- 1 representative of The Arc Maryland;
- 1 individual who is a support broker;
- 1 representative of Service Coordination, Inc.;
- 3 family members with experience with self-directed services; and
- 3 family members with experience with traditional services.

The council also consists of the following *nonvoting* members, including:

- 1 member of the Senate of Maryland;
- 1 member of the House of Delegates;
- the Director of Federal Programs and Integrity in DDA;
- 1 representative of the Department of Disabilities;
- 1 representative of the Department of Housing and Community Development;
- 1 representative of the Department of Human Services;
- 1 representative of the Division of Rehabilitation Services in the Maryland State Department of Education; and
- 7 members designated or appointed by the Secretary of Health.

The Director of Federal Programs must serve as a nonvoting cochair, and the council must vote for the additional cochair. Family members appointed to the council must include at least one family member from each region. To the extent practical, the membership of the council must reflect the gender, racial, ethnic, and geographical diversity of the State. DDA must establish an application and review process for members who wish to serve on the council.

Council Meetings

The council must meet once every two months in a location that is made publicly available at least two weeks before the meeting. The council may hold additional meetings if determined necessary by the cochairs. Meetings of the council must (1) be open to the public and recorded by video; (2) follow agendas that are distributed at least one week before the meeting to council members by email; (3) conclude with a clear understanding of expectations and assignments for future steps; (4) provide accommodations for individuals with disabilities; and (5) include time for public comment after meeting agenda items have been addressed.

Meetings may be held virtually if determined necessary by the cochairs. The council must provide notice of its meetings by email to members at least one week before the meeting and must include an agenda and any documents to be reviewed for the meeting. Meeting minutes must be distributed within two weeks after each meeting.

The council may form workgroups that may meet as directed by the cochairs. The council must establish a code of conduct for council meetings.

Current Law: DDA provides self-directed services through three special Medicaid waiver programs known as the Medicaid home- and community-based services (HCBS) programs, including the Family Supports, Community Supports, and Community Pathways waivers.

Medicaid waiver programs allow states to make exceptions to specified rules and enable services to be provided in different settings that are tailored to individuals with different needs or varying income levels. For those who qualify, the waiver programs offer services within the community as an alternative to receiving services in an institution. Applicants must meet specific technical, medical, and financial criteria to receive services.

A participant in self-directed DDA services works with a coordinator of community services to identify needs and preferences and identify an allocated budget amount. A participant develops a self-directed budget for services authorized in their person-centered plan. Participants then select staff or vendors and arrange for services and supports as authorized in the person-centered plan.

The [DDA Waiver Advisory Council](#) first convened in October 2024 to bring together individuals who have used Medicaid waiver HCBS programs, as well as other interested groups. The goal of the council is to help improve HCBS programs. The council provides input on (1) how DDA-operated Medicaid waiver programs are designed; (2) how services are delivered and accessed by people; (3) federal rules; (4) improving access to Medicaid services; and (5) strategies to make sure services continue to improve.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: SB 1027 (Senator Lewis Young) - Finance.

Information Source(s): Maryland Department of Health; Department of Legislative Services

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Analysis by: Amberly E. Holcomb

Direct Inquiries to:
(410) 946-5510
(301) 970-5510