Concerned Citizens of
Self-Direction Maryland
Community. Choice. Accountability

Chair and Members of the Committee:

My name is Jonathan Martinis. I am submitting this testimony on behalf of **Concerned Citizens of Self-Direction Maryland** (CCSDSMD). We urge a favorable report on SB 742, with amendments that fully advance both the subject and the spirit of the bill.

A. SB 742 is necessary and timely

First, thank you for introducing SB 742. The bill addresses a real and urgent problem: Marylanders should not lose Medicaid or Medicaid Waiver services because of administrative delays, renewal backlogs, missing paperwork, or inaccessible communications. By requiring timely eligibility processing, *ex parte* renewals, accessible information, and continuity of services while due process is pending, SB 742 provides important protections to people at real risk of institutionalization.

B. *Olmstead* should be codified in state law

We applaud and support your intent to codify *Olmstead v. L.C* in state law. *Olmstead* is the lynchpin of Medicaid Waiver services and reflects a core civil rights promise: people with disabilities have (and should have) the right to receive services in the most integrated setting appropriate to their needs, and states may not unnecessarily institutionalize people or put them at risk of such institutionalization.

Furthermore, the U.S. Department of Justice has made it clear that state budget cuts can violate *Olmstead* when they reduce community services and put people at risk of institutionalization.

Source: https://www.ada.gov/resources/olmstead-mandate-statement

C. Why SB 742 does not go far enough

Therefore, while SB 742 is a strong and needed start, it does not go far enough to protect the most vulnerable Marylanders, because the Developmental Disabilities Administration's (DDA) proposed budget and recent policy actions can, will, and have limited or destabilized community services to the point where thousands of people with intellectual and developmental disabilities face a looming, oppressive, and unlawful risk of institutionalization.

These include:

1. **A proposed $500,000 cap on an individual's "personal budget,"** with an exceptions process contemplated but not delineated. A cap of this kind, if not paired with automatic and timely exceptions based on medical necessity and safety, will predictably harm the small number of individuals with the most complex conditions by forcing them into institutions when their needs cannot be met by DDA's scaled-down funding and services.

2. **Categorically limiting or denying access to certain services** such as "dedicated hours" for 1:1 and 2:1 staffing for people with high medical or behavioral needs, even as public reporting indicates that people who "absolutely need" these hours are already losing them.

   Source: https://patch.com/maryland/across-md/advocates-services-workers-risk-second-year-developmental-disabilities-budget

   In DOJ's words, budget cuts like these "require the elimination or reduction of community services specifically designed for individuals who would be institutionalized without such services" and can quickly create health and safety crises. This is the exact outcome that DOJ identifies as an *Olmstead* violation.

   Source: https://www.ada.gov/resources/olmstead-mandate-statement/

   This overarching *Olmstead* issue extends beyond budget cuts because DDA policy changes, made without appropriate community input or support, have limited or denied access to critical supports and services that people need to live safely in the community.

   For example, DDA has categorically denied access to certain services for people who receive Rare and Expensive Case Management (REM) supports. One of these is access to DDA nursing services, including for administrative tasks like writing Nursing Care Plans.

However, DDA policy also requires that people submit a Nursing Care Plan in order to access certain services such as overnight care and Personal Supports Enhanced. As a result, REM participants who have consistently received those supports now cannot receive them because DDA policy prevents them from obtaining the paperwork they need.

This creates an administrative catch-22: services people need to avoid institutionalization are denied not because of individualized assessment, but because of an unattainable paperwork requirement imposed by DDA policy. Such a structure undermines the person-centered, needs-based framework required under federal law and creates precisely the serious risk of institutionalization that *Olmstead* prohibits.

3. **Reducing self-directed wages and/or limiting payment flexibility,** which families and advocates warn will drive workers out and leave people unable to hire and retain qualified staff.

   Source: https://marylandmatters.org/2026/02/02/advocates-services-workers-at-risk-from-second-year-of-developmental-disabilities-budget-cuts/

   When staff cannot be hired or kept, services become unavailable in practice, even if "authorized" on paper, especially in rural and underserved areas and for those with the most complex needs. The result is predictable and inevitable: a push toward institutionalization instead of community-based care, the exact situation *Olmstead* and SB 742 are designed to prevent.

D. Requested amendments

Accordingly, CCSDSMD urges a **favorable report with amendments** that, consistent with *Olmstead,* protect against agency actions that limit or destabilize community living and increase both institutionalization and the risk of it.

Specifically, we urge amendments that would:

1. **Prohibit "hard caps," service reductions, or categorical limits on services that create serious risk of institutionalization** unless the State demonstrates, with detailed data, that the policy will not create such risk and provides a detailed and individualized exception process that guarantees the continued and practical availability of medically necessary community-based supports.

2. **Require DDA to publish an *Olmstead* risk impact statement** before implementing any action that reduces the availability or scope of any Medicaid Waiver services or supports. This report should include:
    - The number of people who will be affected by the proposed action;
    - How the State will ensure that services and supports will remain both authorized and practically available despite the proposed action;
    - A detailed identification of the risks of institutionalization resulting from the proposed action and how each will be addressed and ameliorated; and
    - How a detailed and individualized exception process will be created and implemented before the proposed actions are implemented;
3. **Require meaningful community engagement before implementation,** including at least:
    - Advance public notice in accessible formats;
    - A public comment period; and
    - Mandatory, structured stakeholder consultation with self-advocates and families to include providing individualized written responses to any concerns raised, before implementing the proposed action.

These amendments are not "extra." They are practical mechanisms that will allow SB 742 to fulfill its stated purpose, truly codify *Olmstead,* protect community living, and prevent unnecessary institutionalization.

Thank you again for your leadership on SB 742. CCSDSMD stands ready to work with you on amendments that make its protections complete, actionable, and enforceable.