

Written Testimony

Senate Bill 742: Maryland Medical Assistance Program and Developmental Disabilities Administration - Home- and Community-Based Services Eligibility Determinations (Maryland Protecting People With Disabilities Act)

Position: Support

Submitted By: Rick Callahan, Executive Director of Compass, Inc.

To: Chair and Members of the Senate Finance Committee:

Background and Position Summary

Compass is a nonprofit community provider supporting more than 175 Marylanders with intellectual and developmental disabilities (IDD) across the state.

We respectfully support Senate Bill 742 (and cross-filed House Bill 1445), which proposes critical enhancements to the Medicare Community Pathways waiver framework, including clearer eligibility criteria, streamlined renewal processes, and stronger protections for people with lived experience. These changes are essential because the current system often fails the very individuals it intends to empower.

The Navigation Problem: When Good Intentions Meet Red Tape

While the purpose of the Community Pathways waiver program is rooted in providing sustainable DD services, the application and recertification processes can be daunting and often result in denials despite diligence and attention to detail on the part of the person's team. Combine that complexity with sometimes-inconsistent guidance, a complicated appeals process, and variations among regions, and individuals face a complex maze of challenges that put them at risk of losing their waiver eligibility and access to essential services through no fault of their own, despite no change in their underlying disability. This can result in abrupt transitions in their support, and risks endangering their health and safety.

How SB 742 Addresses These Gaps

Senate Bill 742 (Maryland Protecting People with Disabilities Act) aims to strengthen protections and improve processes for individuals who receive a Community Pathways

waiver and aligns with the principles of the *Olmstead* decision by emphasizing continuity of care. It does so through several key provisions:

- **Appeal Period Alterations:** Changes the timeframe for individuals to appeal a loss of eligibility for Developmental Disabilities Administration services.
- **Eligibility Process Requirements:** Establishes new requirements for how eligibility determinations and redeterminations must be conducted, including timely processing and conducting *ex parte* redeterminations to prevent procedural disenrollment.
- **Prohibition on Procedural Disenrollment:** Bars the removal of individuals from services for procedural reasons, except under specific circumstances. Services must be reinstated if disenrollment occurred due to departmental error or delay.
- **Accessible Information:** Mandates that the Department of Health provide recipients with information in plain language and accessible formats to ensure understanding of their rights and responsibilities.
- **Waiver Slot Reservation:** Requires that certain waiver slots be reserved for eligible individuals who previously lost coverage, facilitating their return to services.
- **Reporting Requirements:** Directs the Department to report on program recipients and redetermination processes to the General Assembly.

These are common-sense improvements to an often-overwhelming process. We anticipate that these provisions would reduce the number of denials and gaps in care, providing the continuity that the waiver program was meant to support.

Real-Life Impact Stories

Since January 2024, six people Compass supports have lost their waiver through administrative problems that bear no relation to their underlying disability or any change in their services. A further 10 people experienced waiver issues that were resolved in time to avoid a gap in coverage. Combined, nearly 10 percent of the people we support have lost waiver coverage or had problems retaining coverage due to issues outside of their control. The provisions of SB 742 would have protected all of them.

To exacerbate this issue, many of the people being disenrolled are people with very complex needs and services, and gaps in their services can be potentially devastating to their progress.

CW is a 45-year-old man with severe health problems in addition to his intellectual disability. Among other conditions, he has myotonic dystrophy that results in a loss of muscle coordination. CW requires continuous 1:1 support to manage his health and

disability and has at times lived in a nursing home to receive the care he requires. His MCP waiver lapsed while in the nursing home and could not be renewed while there. This put him in a “catch-22” requiring a renewal to continue care, but he was unable to renew because of his complex needs.

SE also has complex care requirements, with Parkinson’s in addition to heart and circulation issues that leave him subject to falls and loss of consciousness, and is frequently hospitalized due to his conditions. SE is 73 and has lived in a Compass community living group home since 2015. Due to a simple paperwork issue, SE lost his MCP waiver in July 2025 and has been unable to regain coverage since.

These stories reflect three things that SB 742 would help resolve:

- Many people lose MCP waiver coverage because of simple errors resulting from navigating a complex system
- The loss of waiver coverage is unrelated to their disability
- The loss of coverage may have enormous consequences for their care

Conclusion

Senate Bill 742 is a pragmatic, compassionate step forward. By simplifying navigation, standardizing guidance, and clarifying appeals, the bill safeguards the Medicaid Community Pathways waiver for those who need it most. I urge the Committee to **pass this legislation swiftly**, ensuring that Maryland’s commitment to community-based support remains steadfast and accessible.

Thank you for your consideration.

Respectfully submitted,

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