

HB 1445
Support/FAV
Health Committee
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The landmark 1999 decision of the United States Supreme Court in *Olmstead v. L.C.* established that people with disabilities have the right to receive services in the most integrated setting appropriate to their needs and that states must provide community-based services when such services are appropriate, desired by the individual, and can be reasonably accommodated.

Maryland is required to follow federal rules related to Medicaid applications, and decisions about eligibility and renewals of benefits. When people with disabilities lose their Medicaid and waiver eligibility, they are at increased risk of institutionalization and loss of services. Since January 2024, people have been losing their Medicaid and even when they reapply, some are being told they need to wait for a slot to open up before they can have their services again. Providers of Developmental Disabilities supports, including WeAchieve, Inc., report they are unable to be paid, for services and supports they have provided to people, when the person loses Medicaid coverage.

WeAchieve supports approximately 52 individuals in residential group homes, all of whom receive services around the clock. Since January 2024, between five and ten people we support, or between 9.6%-19.2% of our census, were out of the waiver at any given time. If averaged to seven people, on an annual basis, the approximate loss of revenue is \$1,073,785. Since, despite being unable to bill for these services, WeAchieve continues to provide round the clock supports and has not, to date, discharged anyone, we are incurring the costs of staffing and all other aspects of care. The annualized costs to support these same seven individuals in residential services alone is approximately \$1,335,852. The revenue loss and cost to provide services together represent a total annualized loss of -\$2,409,637, a staggering amount for a provider to shoulder without relief or a resolution in sight – and that is only for one type of service.

WeAchieve provides four types of services under the waiver: residential, community development services (CDS), personal supports, and employment. Unlike some of our peers. WeAchieve is wholly dependent on The DDA for funding, either directly, or indirectly through amounts gleaned through the Montgomery County or Prince George's County Supplements – both of which are tied directly to amount of DDA revenue received by WeAchieve.

In January, 2026, WeAchieve formed an internal task force, named the Waiver Reclamation Project, that meets weekly or more often, and have shifted responsibilities for some administrative positions to focus solely or primarily on getting people we support reinstated on the waiver. This reallocation of resources is necessary for our survival and continuity of

services; however, it is not reimbursable and therefore is another unfunded consequence of the problems inherent in the Maryland DDA/EDD/Medicaid system.

Through our intensive work, we were able to get two people we support in residential supports, and one person we support through CDS, reinstated. However, as of March 3rd, 2026, WeAchieve has the following percentages of people supported out of the waiver in each service: Residential, 9.6%; CDS, 9.7%; Personal Supports, 13.6%; Employment, 13.4%. On an annualized basis, the loss of DDA revenue for the individuals represented in these percentages is approximately \$2,082,361.

As a provider, we are limited in terms of how much we can impact any one person's Medicaid status. There are systemic flaws embedded in the process, in addition to the circumstantial hurdles complicating each individual case.

Systemically, the majority of the people WeAchieve supports who are out of the waiver are NOT people for whom WeAchieve is the Representative Payee. We do not have access to their finances, do not receive their redetermination packets, or other documents and alerts critical to them maintaining their waiver and Medicaid status. Despite being the provider of record, and being on a person's team for decades, we are not in a position to mitigate waiver issues before they arise, or even see information that is relevant in the new systems used by DDA and Coordinators of Community Services (CCS). A family member, in many cases, is the Representative Payee, and without intervention from a consistent and proactive CCS, may not understand the information or importance of waiver documents. We, as a provider, do not receive the documents or letters unless we are the payee, or the family shares them with us, or the CCS shares them with us. We also cannot, in most cases, advocate for the individual with EDD or Medicaid without consent from the Representative Payee to do so. Without skilled and persistent intervention, an individual who has fallen out of the waiver cannot be reinstated, and we cannot be paid – period. In nearly all cases, if the provider had a larger role and access to information BEFORE an individual falls out of the waiver, the majority of these cases would be prevented.

In addition to the systemic issues, each case has its own idiosyncrasies – and must be resolved through skilled provider intervention.

One case scenario we encountered involves a 53-year-old woman who came into DDA services in 1994 as a Transitioning Youth out of high school. She was deemed eligible by The DDA and developmentally appropriate for services at that time through assessments, including school triannuals, psychological exams, and a competency exam (CE). She receives supported employment and personal supports services. In September 2023, she was required by EDD to take a CE exam to prove her disability still existed, and she was, in fact, “deemed disabled” as a result of the CE. In September 2025, through her redetermination process, EDD deemed “insufficient mental evidence with a request for further examination diagnoses.” She was

required to undergo yet another competency exam, which she completed in February 2026. In the meantime, she remains out of the waiver, and still receiving services from WeAchieve.

Another case scenario involves an individual WeAchieve supports in one of our group homes and through CDS. She has developmental, physical, and medical needs. Her mother is her representative payee. Due to a temporary change in her health status, the individual needed to enter the hospital, followed by a stay in a rehabilitation facility. Since she needed to stay in the rehabilitation facility for more than 90 days, she moved from the community based waiver to the Long Term Care (LTC) waiver. She moved back to her home with WeAchieve in August 2025, meetings were held, appropriate forms and waiver documents were filed. According to her CCS, her waiver reinstatement application was originally created 9/17/2025, but EDD needed a signature from her mother and the application was submitted with new documents on 1/9/2026. At this time, she remains out of the waiver, and WeAchieve is continuing to provide round the clock services.

Ensuring timely Medicaid eligibility decisions, including providers and other critical team members in a proactive way to prevent unnecessary and procedural terminations, and protecting the continuity of HCBS waiver services to all Marylanders is of critical importance. Every data point, every denial, every delay, affects a vulnerable human being – and the payment issues threaten the human services provider framework that was put in place to support the most vulnerable humans in our care. An ounce of prevention is worth a pound of cure. Let's stop expending our precious resources on the cure, and get the prevention right the first time through fixing these issues. Thank you.