

March 6, 2026

Health Committee  
House Office Building  
6 Bladen Street  
Annapolis, MD 21401

**RE: HB1445, Maryland Medical Assistance Program and Developmental Disabilities Administration - Home- and Community-Based Services Eligibility Determinations (Maryland Protecting People With Disabilities Act)**

**Position: Favorable**

Honorable Heather Bagnall, Chair, and members of the House Health Committee:

Thank you for the opportunity to provide testimony on HB1445 on behalf of the over 200 adults with intellectual and developmental disabilities whom Jubilee supports with residential and housing support services. These people rely on the Developmental Disabilities Administration (DDA) Community Pathways Waiver for their Home and Community-Based Services.

Over the past year, Jubilee has spent significant time attempting to resolve disenrollment issues for the people we support who depend on us for continuous, and often around-the-clock, support. We appreciate the responsiveness from the DDA Southern Maryland Regional Office and engagement of Maryland Medicaid Director Perrie Briskin, including her meetings with community providers and the Montgomery County IDD Commission. Despite these efforts, disenrollment issues have been challenging to navigate, slow to resolve, and stressful for the people we support and their families.

Disenrollments place considerable financial strain on Jubilee, compounding the impact of last year's DDA budget cuts. Jubilee has currently provided over \$1 million (as of January) in uncompensated care for people experiencing enrollment interruptions. Because of the nature of residential support, we cannot discontinue services while issues are pending. Many people we support have no family members or caregivers to turn to and could face homelessness if services were halted.

I want to share a story that Curtis, who receives support from Jubilee, recently shared at a panel with Director Briskin.

*My name is Curtis. I live in a Jubilee home now, but I used to live in a foster home. My mother wasn't able to take care of us, so my sister and I were placed in a home together. I was called names and accused of doing things that I didn't do. My foster*

*mother used to whip me – with extension cords, with belts, with a flyswatter. I had scars, I still have scars, on the inside.*

*When I was old enough, I went to the courts and said I wanted to live with my mother. When I was living with my mom, we didn't have Christmas and we didn't celebrate birthdays. My mom couldn't take care of me either. When I had a pain in my tooth, I had to beg her to take me to an appointment. She didn't see that I was in pain.*

*When I was with my mom, I used to go to Gaithersburg to the soup kitchen there. When I was at the soup kitchen, I met someone who told me about Jubilee.*

*I found people I could trust at Jubilee.*

*At Jubilee, the staff helps me make appointments when my tooth hurts. People listen and they don't let me suffer with aches and pains. Jubilee helps me whenever I'm in need, there's good food, and they let me have my freedom. I can be independent. Sometimes I would feel like I'm not worth anything, but I know Jubilee cares for me and lets me be my own person."*

Jubilee provides housing and daily support for Curtis. He would have nowhere else to go if he left our services.

In the Spring of 2024, Curtis did not receive notice that his Medicaid redetermination was due. On June 1, 2024, Curtis's coverage was terminated. It took 15 months for us to help Curtis get his Medicaid coverage restored. During that time, Jubilee continued to house and support Curtis. (What else could we do?) But his medical appointments were not covered, and his Jubilee services were not reimbursed. Jubilee is yet to be reimbursed for the 15 months of services we provided to Curtis.

Additionally, people we support have experienced the following challenges:

- Enrollment notices sent to outdated or incorrect addresses, including to service coordinator (CCS) agencies that have not served the person in years.
- Families submit required materials by the stated deadlines yet receive termination notices—also sent to incorrect addresses—on the same day as the due date.
- Redetermination packets submitted via certified mail well before the deadline but still resulted in denials with no explanation provided.
- Requests for information letters from the Medicaid Eligibility and Determination Division (EDD) arrive only days before the stated deadline.

- Repeatedly unanswered phone calls to the customer service number listed on EDD communications, with voicemail boxes full.
- Redetermination dates in LTSS are listed as “12/31/9999,” making it impossible for community providers to anticipate or prepare for required actions.

Jubilee remains concerned that EDD is unnecessarily processing requests for people who should not be requested to complete redeterminations by the Waiver Unit. People enrolled in Medicaid coverage groups other than the Special Income Level group—including SSI recipients, Disabled Adult Children, and those enrolled in the Employed Individuals with Disabilities (EID) Program—should have their redeterminations conducted by different agencies and divisions, not the Waiver unit of EDD. Instead, Jubilee is seeing a significant number of the people we support in these coverage groups being requested by the Waiver Unit to submit a redetermination. We suspect this is not unique to Jubilee, and people statewide may be unnecessarily receiving redeterminations, adding strain to the overburdened EDD system. We have raised this issue with Director Briskin, and she has kindly promised to investigate it with her team.

Finally, systemic delays at EDD are preventing people from moving from “state-funded” status to Medicaid waiver enrollment in a timely manner. This change was included as a cost-containment measure in the FY26 DDA budget. Despite being given tight submission deadlines, applicants received little support and were not prioritized for timely processing, undermining the State’s budget goals. For example:

*Kathleen has received state-funded residential services from Jubilee for nearly 25 years. About this time last year, Maryland Department of Health gave Kathleen 30 days to apply for the Medicaid Waiver. The state offered her no technical help, but she was fortunate to have a brother who is a healthcare professional, and he helped her apply. She received a denial letter 218 days later—significantly beyond the federally required 45-day window. Kathleen’s brother called the Department of Health over 20 times to voice his concern that her earnings had been miscalculated, but he never got past voicemail. He filed an appeal, which remains pending. This delay means the state is losing over \$96K in federal funds per year for Kathleen’s services.*

This bill includes important safeguards for people with disabilities to maintain their services by requiring the State to follow federal timelines, help prevent Medicaid and waiver services from ending, and, if coverage does end, help to get it back.

Thank you for your attention to these critical issues and for your commitment to improving the Medicaid waiver enrollment and redetermination process for people with disabilities.