



DEPARTMENT OF HUMAN SERVICES

Wes Moore, Governor · Aruna Miller, Lt. Governor · Stacy L. Rodgers, Acting Secretary

April 3, 2026

The Honorable William C. Smith, Jr., Chair
Senate Judicial Proceedings Committee
2 East, Miller Senate Office Building
Annapolis, Maryland 21401

**RE: TESTIMONY ON HB 1181 - FAMILY LAW - CHILDREN IN OUT-OF-HOME
PLACEMENT - VOLUNTARY PLACEMENT AGREEMENTS - POSITION: INFORMATION**

Dear Chair Smith and Members of the Judicial Proceedings Committee:

The Maryland Department of Human Services (DHS) thanks the Committee for its consideration and respectfully submits information on House Bill 1181 (HB 1181).

With offices in every one of Maryland's jurisdictions, DHS provides preventative and supportive services, economic assistance, and meaningful connections to employment development and career opportunities to assist Marylanders in reaching their full potential. Our Social Services Administration (SSA) implements the Well-Being and Clinical Services program which is affected by HB 1181. HB 1181 would alter out-of-home (OOH) placement provisions under Voluntary Placement Agreements (VPAs), mandate specific 5-day assessment and eligibility timelines, clarify that parents retain legal and educational rights, and expand the duties of the Workgroup on Children in Unlicensed Settings.

Aspects of HB 1181 codify existing practices outlined in our policy [SSA-CW #22-01 \(VPA Policy\)](#), such as designating timelines, preserving custody on behalf of the parents, and designating specific state entities to handle different aspects of the VPA process. However, the bill differs in key areas that intersect with federal law and funding. Federal regulations ([45 CFR §1356.22](#)) require a judicial determination that a VPA is in the best interests of the child within 180 days to maintain eligibility for Title IV-E federal reimbursement. Any state-level extension or alteration of the review process must strictly adhere to the federal timelines, or the state risks losing federal maintenance and administrative funding for those cases. Given the significant uncertainty in federal policy and the escalating fiscal shortfalls forecasted through Fiscal Year 2028, DHS urges caution against legislation that increases expenditures or diverts revenue

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without sustainable funding offsets. In light of the current fiscal crisis, the state must remain disciplined and strategic in its funding decisions to protect essential services for all Marylanders.

In addition, HB 1181 would require “uniform criteria for waiving or reducing child support obligations for low-income families who enter into a” VPA in a way that is inconsistent with federal child support requirements. Federal law and regulations (42 U.S.C. § 667(a); 45 CFR 302.56(g)) require that states “establish guidelines for child support award amounts within the State” that are rebuttably presumed to result in the correct amount of child support. To rebut this presumption, there must be a written or specific finding on the record that the application of the Guidelines would be unjust or inappropriate *in a particular case*. There is no federal framework for waiving child support obligations for a class or group of cases. Child support is a right of the child; a parent or agency does not have the right to waive child support. As the Maryland Supreme Court held in the *Matter of Marriage of Houser*, 490 Md. 592 (2025), parents cannot waive child support because it is a legal right held by the child, not the parent. The bill’s mandate for uniform criteria set by DHS to waive or reduce child support obligations after the case is initiated would conflict with judicial discretion and the best interests of the child standard required in individual court findings.

DHS agrees that there are systemic bottlenecks in the VPA process. However, HB 1181 does not address the root causes driving these issues. VPAs are most commonly used as a last resort for parents who lack resources or means to provide for their children’s medical needs. For example, a parent may not be able to be physically present to the extent the child needs, or the parent may not have the insurance coverage or funds necessary to get the child specialized care. The VPA process is complex and includes support for parents who are incarcerated or who experience hospitalization themselves. Neither of these scenarios are addressed in this bill. The bill focuses on oversight, enhanced timeframes, and increased regulation. Adding another governing body to the VPA process will add to the administrative burden and timeline, potentially setting the initiative up for failure. Oversight by the committee is helpful but does not address factors outside DHS control, such as health system capacity challenges.


Preserving families is best practice in supporting child well-being and treatment. Assessing reasonable efforts to provide in-home and community-based services is a critical first step before exploring out-of-home options through a VPA. This bill removes the role of the Local Care Teams whose purpose is to help families of children with intensive needs identify potential local resources through a coordinated interagency approach. Removing Local Care Teams from the process would negatively impact families who want to explore community services before relying on placement of their child to more intensive residential options.

HB 1181 is specifically trying to reduce pediatric hospital overstays through changes to the VPA process. However, many VPAs do not transpire from pediatric hospital overstays. Voluntary placing a child into OOH care is a difficult decision for parents to make, whether the child is in a hospital setting or not. Placing their child in OOH care in an attempt to ensure the child's needs are met is not a decision parents make lightly. When supporting these families, DHS tries to ensure that all other options are exhausted – a VPA is a last resort. Our process ensures families attempt to use their own resources, insurance, and community-based programs to address their child's needs before OOH placement.

Walking parents through all possible avenues by which to acquire care for their child also addresses an important reality of the VPA program. When services conclude for their child, parents must agree to bring the child back into their home. Ensuring families are aware of the services available in their community has a positive impact on stability when their child returns home.

We appreciate the opportunity to provide information to the Committee for consideration during your deliberations. If you require additional information, please contact Justin Hayes, Acting Director of Government Affairs, at justin.hayes1@maryland.gov.

In service,

A handwritten signature in blue ink that reads "Gloria Brown-Burnett". The signature is written in a cursive style with a large initial "G".

Gloria Brown-Burnett
Deputy Secretary for Operations