

HOUSE APPROPRIATIONS COMMITTEE

Health and Social Services Subcommittee

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Virtual

Budget Hearing Agenda

Subcommittee Staff: June Chung

Budget Coordinator: Andrew C. Garrison

March 02, 2022 1:00 PM

Agency

Budget Analyst

Agency Representative

MDH Developmental Disabilities
Administration

Morgan Smith

The Honorable Dennis R. Schrader,
Secretary, Maryland Department of
Health (MDH)

(M00M)

Mr. Webster Ye,
Assistant Secretary of Health Policy,
MDH

Ms. Amalie Brandenburg,
Chief Financial Officer, MDH

Mr. Nick Napolitano,
Budget Director, MDH

Mr. Robert White,
Developmental Disabilities
Administration (DDA) Operations
Director

Ms. Rhonda Workman,
DDA Director of Federal Programs and
Integrity

03.02.2022 03.03.2022 MDH DDA Budget Response.pdf

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Position: FAV



Maryland Department of Health Developmental Disabilities Administration
Fiscal Year 2023 Operating Budget
Response to Department of Legislative Services Analysis

House Appropriations Committee
Health and Social Services Subcommittee
Delegate Kirill Reznik
March 2, 2022

Senate Budget and Taxation Committee
Health and Human Services Subcommittee
Senator Melony Griffith
March 3, 2022

The Department thanks the Governor, the Department of Budget and Management, and the Budget Committees for their support in 2020 and in 2021 with COVID-19 response efforts. We thank the Department of Legislative Services for its insightful budget analysis.

MDH should comment on the efforts that the department is taking to increase utilization of the available slots as current numbers show a number of authorized waiver slots are not utilized. Additionally, MDH should comment on the impact of unfilled slots on the ability to use the 10% eFMAP to expand waiver slots and provide updated cost estimates per waiver program. (pg. 6)

MDH Response: We are using the Maryland Access Point (MAP) service provided by the Maryland Department of Aging to effectively use all slots. Funded by the Administration for Community Living, the U.S. Centers for Medicare & Medicaid Services (CMS) and General funds, Maryland developed the MAP program to streamline access to long term care (LTC) information and community-based services. The MAP serves as the Aging and Disability Resource Center (ADRC) and is meant to streamline access to LTC information, address eligibility and provide access to services in order to help redirect those with LTC needs from institutions to the community.

There are 20 MAP agencies serving Maryland residents statewide, providing coordination and front-line assistance for people seeking alternatives to institutional LTC. These programs, in partnership with local Area Agencies on Aging (AAA), provide a Single-Entry Point/No Wrong Door approach to accessing benefits, programs and services aimed at diverting those with LTC needs from an institutionalized setting.

The DDA-operated Medicaid Waiver programs include reserved waiver capacity. Reserving waiver capacity allows some waiver openings (i.e., “slots”) to be set aside for persons who will be admitted to the waiver on a priority basis for the purpose(s) identified by the state. If capacity is not reserved, then all waiver openings are considered available to all target group members who apply for waiver services and are eligible to receive them. Reserved capacity is not available to persons who are not in the state-specified priority population. Examples of appropriate purposes for which capacity may be reserved include (but are not limited to):

- Setting aside capacity to accommodate the community transition of institutionalized persons (e.g., through a “Money Follows the Person” initiative). In this case, reserving capacity ensures that there is waiver capacity available when individuals are ready to transition to the community transition;
- Reserving capacity to accommodate the transition of individuals from other waivers;
- Reserving capacity to accommodate individuals who may require services due to a crisis or emergency; and,
- Providing for the transition of individuals who age out of another waiver or other services (e.g., youth who age out of child welfare services) in order to ensure the continuity of their services

The DDA operated Medicaid Waivers programs reserved slots includes slots for individuals with:

- Court Involvement;
- Emergency;
- Department of Human Services Age Out;
- MSDE Residential Age Out;
- Families with Multiple Children on the Waiting List;
- Money Follows the Person;
- Military Families;
- Family Supports Waiver Participants with New Service Need;
- Community Supports Waiver Participant with Increased Need;
- Previous Waiver Participant with a New Service Need;
- Psychiatric Hospital Discharge;
- State Funded Conversions;
- Transition Youth; and
- Waiting List Equity Fund.

The Community Pathways Waiver (CPW) has 775 reserved slots annually;
The Community Supports Waiver (CSW) has 478 reserved slots annually; and
The Family Supports Waiver (FSW) has 28 reserved slots annually.

In an effort to increase utilization of the FSW, the DDA is working on Coordinators of Community Services (CCS) to support new applications to this program.
The latest numbers regarding approved slots vs. filled slots and cost to fill slots for the three waivers is reflected in the table below.

Waiver	FY 22 Approved	Most Recent Filled	Cost
CPW	15,800	15,494	\$1,262 to \$135k (supp, meaningful day, res)

CSW	1,590	1,432	\$18k to \$1,262 (meaningful day, support)
FSW	400	314	\$18k to \$1,262 (meaningful day, support)

DDA should comment on the current status of the waitlist. (pg. 8)

MDH Response: The most recent waiting list/registry count (by priority category for DD eligible and active) as of 2/16/2022 is:

Crisis Resolution	7
Crisis Prevention	176
Current Request	3,545
Total	3,728

Total number of individuals taken off of the waiting list annually in fiscal years 2020, 2021, and 2022 YTD is:

FY	CPW	CSW	FSW	State Funded	Deactivated	Total
2020	1,047	317	227	N/A	114	1,735
2021	629	502	44	1	91	1,267
2022	120	291	16	N/A	84	511

* Revised on 2/16/2022

** Deactivated refers to people who are no longer interested in services including individuals who have moved to another state or deceased.

MDH should comment on any progress in considering options to adjust statute to expand the allowable uses of the WLEF to reduce the growing balance. (pg. 8)

MDH Response: The Department has statutory language drafted that will achieve this goal and is always willing to engage in dialogue with any interested legislator or stakeholder on the Waiting List Equity Fund.

MDH should comment on why the additional federal funds from the first three quarters have not been added to the budget. (pg. 9)

MDH Response: We are currently working on the 2nd quarter projection, and developing a federal fund (FF) deficiency estimate. As appropriate, we will have further discussions with partner state agencies.

MDH should update the committees on the planned expenditures by fiscal year for rate increases and other enhancements. (pg. 10)

MDH Response: As outlined in the DLS analysis, MDH used 75 percent of the reinvestment monies from the enhanced match in American Rescue Plan Act on a 5.5 percent rate increase. The rate increase was retroactive to April 1, 2021. As previously discussed, we intend to use ARPA funds as long as available, which is currently estimated to go through early CY2024. States are prohibited from using the enhanced funds to supplant any activities that started before April 1, 2021.

CMS approved \$60 million for provider grants. \$50 million has been earmarked for noncompetitive grants while the remaining \$10 million has been earmarked for competitive grants. We are working on distributing the \$50 million identified for noncompetitive grants and are working with stakeholders to determine the parameters for the \$10 million competitive grant monies (e.g., amount, how many, targeted uses).

Our latest proposed spending plan can be found here:
<https://health.maryland.gov/mmcp/Pages/Public-Notices.aspx>.

MDH should provide an update on the vaccination rates within the DD population and staff, plans to encourage the DD community to receive boosters, and impacts of the recent Omicron surge on the number of individuals that tested positive and total deaths among DDA participants. (pg. 16)

MDH Response: The Department provided the following information to the Department of Legislative Services regarding COVID-19 data:

- **16,407 out of an estimated 20,346 (80.64%)** individuals known to the DDA have been vaccinated. As of February 28, 2022, there are 5,195 DDA participants (out of an estimated 20,346) who have received their boosters.
- 14,949 direct support staff and 3,518 administrative staff have been vaccinated, as reported to the DDA through our provider surveys.
- Since March 2020, 3,250 COVID cases have been reported from individuals receiving DDA services. There have been 131 confirmed COVID-19 deaths, including 14 direct support staff.
- Please note that this information is based on surveys from the 278 providers responding to DDA surveys.

The Department has encouraged all DD providers to ensure that their staff have the opportunity to be vaccinated, and made available the ability to request MDH mobile vaccination clinics through <http://governor.maryland.gov/govaxmobile> or 1-855-MD-GoVAX.

MDH requires all providers and operators of DDAGroup Homes to offer their residents the opportunity to receive an additional dose or booster through a MDH Order (pg. 4, <https://health.maryland.gov/phpa/Documents/2021.12.15.02%20-%20MDH%20Order%20-%20Amended%20Vaccination%20Matters%20Order.pdf>).

All Marylanders, including individuals with developmental disabilities, are encouraged to get a COVID-19 booster shot and be included in a drawing in the current VaxCash 2.0 promotion

(<https://www.mdlottery.com/promotion/vaxcash-2/>). Maryland continues its booster outreach through targeted communications campaigns that contact eligible individuals by phone, text, email, and social media/traditional communications channels. MDH partnered with the Maryland Developmental Disabilities Council to create several targeted flyers to encourage Marylanders with developmental disabilities to get vaccinated, boosted, and tested to remain protected against this deadly disease.

The fiscal 2023 allowance does not provide funds to begin implementation of such [the LTSS] transition. The department should discuss over what time frame it intends to implement the new rates and how it will do so in a manner that is affordable to the State. The department should also discuss how it will balance phasing in the new payment system while continuing to expand the number of people served during the rollout. (pg. 19)

MDH Response: Supplemental Budget No. 1 (item 27 - M00M01.02) provided \$85M in federal funds (ARPA Savings) for the Home and Community-Based Services rate increase and transition to *LTSSMaryland-DDA Module*.

<https://dbm.maryland.gov/budget/Documents/operbudget/2023/proposed/FY2023-Supplemental-Budget-No1.pdf>

The Department intends to transition additional DD providers into the *LTSSMaryland-DDA Module* in Calendar Year 2022 by using ARPA grants and reinvestment to incentivize and accelerate the transition. We intend to proceed in the following four phases with three discrete provider groups:

- Phase I/Group A -- A six-month expanded, voluntary, pilot of providers beginning in the first half of 2022 as required by SB796 (2020, Ch. 7 of 2021).
- Phase II/Group B – A secondary pilot for voluntary, interested providers in the beginning of FY2023
- Phase III– Assessment and implementation planning to guide network-wide go-live timeline
- Phase IV – Network-wide provider/regional-based go-live beginning in the fourth quarter of CY2022, with final go-live to be determined.

MDH should comment on the status of the finalized rates as well as when the general fund spending forecast using these finalized rates will be available. (pg. 21)

MDH Response: Currently Providers are working on the fiscal impact analysis tool (FIAT) to determine the impact of the new rates on their revenue. Once they have completed the FIAT tool the information will be validated and analyzed by Hilltop for accuracy. Hilltop will also aggregate the data to provide a universal impact of the rates. Once Hilltop has completed this work, MDH will be able to forecast the impact that these new rates will have on the General Funds. The goal/plan is to upload final rates into LTSS in April 2022. We will fine-tune our general funds forecast once we have the final rates.

MDH should comment on whether providers can utilize the data exchange features currently and if not, when these features will be available for use. DLS recommends language restricting funds pending submission of a report on the continuing transition to the LTSS system. In addition, DLS recommends committee narrative requesting submission of monthly utilization data. (pg. 21, pg. 22, #1) Further, DLS recommends the release of the \$1.0 million

in general funds restricted pending the submission of this report and will process a letter to this effect if no objections are raised by the subcommittees. (pg. 21)

MDH Response: The Department respectfully does not agree with this recommendation. We have regular meetings with stakeholders in the DD provider community as well as the Developmental Disabilities Coalition on these subjects. We are happy to work with DLS and requests for information, but we have not been approached on this subject.

FY 23 budget_DDA_MACS.pdf

Uploaded by: Lauren Kallins

Position: FAV

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Laura Howell,
Executive Director

House Appropriations Committee – Health and Social Services Subcommittee

FY 2023 Budget- MDH- Developmental Disabilities Administration

March 2, 2022

The Maryland Association of Community Services (MACS) is a non-profit association of over 100 agencies across Maryland serving people with intellectual and developmental disabilities (IDD). MACS members provide residential, day and supported employment services to thousands of Marylanders, so that they can live, work and fully participate in their communities.

MACS is in strong support of the Governor's proposed FY 23 budget which not only includes a rate increase of 4% for community services, but also includes funding for other priorities including transitioning youth, individuals with the most urgent needs and continued funding for people being supported in the capped waivers. The last two years have made very clear how essential these services are to the 18,000+ Marylanders with IDD who have relied on them throughout the pandemic.

As this Committee well knows, the 4% increase in funds for the reimbursement rate included in the FY 23 budget is *essential* to helping maintain a rate for direct support wages that attempts to keep pace with the minimum wage. However, this Committee is also aware that despite the increases mandated by the minimum wage legislation of 2014 and 2019, direct support wages continue to hover just above minimum wage. This historical underfunding, combined with a workforce decimated by the pandemic, has been largely responsible for the workforce crisis that has become the worst in history—despite the fact that the economy is improving in other sectors. A recent MACS survey revealed that one in three Maryland providers have a vacancy rate between 30%-60%; and almost 10% of Maryland providers have a vacancy rate between 50%-60%. Despite job fairs and hiring incentives, providers have struggled to attract new staff. Without a qualified workforce, providers will be challenged to effectuate the many important services funded in the Governor's FY 23 budget.

These dire circumstances, combined with the Department of Health's efforts to finalize rate setting and implement new rates over the next several years, and the extraordinary amount of funding provided by the federal government to help Maryland with its pandemic recovery, led the Developmental Disabilities Coalition to recommend that the Governor include an additional \$35 million (GF)/\$70 million (TF) for DDA services in a supplemental budget. While we know this decision is in the hands of the Governor, **we hope you will do what you can to support the DD Coalition's request—few in the General Assembly understand the complexity of our budgeting and operational constraints to the extent that you do.**

MACS thanks the budget committees for their ongoing support of the IDD community and urges you to support the FY 2023 DDA budget.

Thank you for your consideration.

Respectfully submitted,

Laura Howell
Executive Director
LHowell@macsonline.org

DDA Budget FY23_The Arc Maryland_Support.pdf for M

Uploaded by: Mathew Rice

Position: FAV

Developmental Disabilities Administration Budget

March 2, 2022 at 1 pm.

House Health and Social Services Subcommittee of the Appropriations Committee

Position: Support

The Arc Maryland is the largest statewide advocacy organization dedicated to the rights and quality of life of people with intellectual and developmental disabilities (I/DD) and we support the budget for the Developmental Disabilities Administration for Community Services and Supports. We appreciate the support we have received from Governor Hogan, Secretary Schrader, and other members of the Department of Health team for continuing its ongoing dialogue with the DD Coalition around key issues affecting Marylanders with intellectual, and or developmental disabilities.

The Developmental Disabilities Administration budget funds services and supports to approximately 18,000 Marylanders and their families. Without these needed supports many Marylanders with I/DD would not be able to pursue and obtain employment, remain in their homes with their families, or in their own homes, and would not be able to perform many of the necessary activities of daily living that many without disabilities take for granted.

Community support services are often provided by essential healthcare workers known, in our industry, as Direct Support Professionals (DSPs) These supports include, but are not limited to, job development, job coaching, and workplace assistance, day-to-day personal care tasks such as bathing, feeding, dressing, medication administration, and everything in between. The COVID-pandemic ravaged our systems of community supports with large numbers of Direct Support Professionals exiting the jobs for less risky jobs with better pay and benefits. Providers and people with disabilities who self-direct their services have focused a great deal of effort on recruiting to fill vacancies, and on retaining the DSPs who remain.

Unfortunately, competition for workers from the food and beverage, retail, and other industries has made pandemic recovery next to impossible and when one adds the impacts of inflation and the most recent wave of COVID, it is safe to say we are at a historic low in our workforce numbers and are truly in crisis.

While we are deeply appreciative of the 4% funding increase for DD Community Services that is included in the Governor's draft budget and other needed funding included in the budget to support people in crisis, Transitioning Youth, people aging out of children's services, short-term supports for families, and supports for individuals with the oldest caregivers on the

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waiting list. This said, we know we need additional funding to attract and retain a qualified workforce to meet the needs of Marylanders with developmental disabilities. Along with traditional DDA community service providers, there is a growing constituency of individuals who self-direct their services and supports. These individuals with disabilities are employers of record, and are responsible for training, retaining and recruiting their support staff. Just as service providers are struggling to retain and recruit staff, so are people in self-direction, often times with little to no backup staff available if an employee calls out from work.

In 2014, the Maryland General Assembly ordered a rate study- to examine the rates for Developmental Disabilities Community Services. That study was recently completed and shows that adequate funding for DDA would require a significant increase to the DDA budget. The state has communicated a plan to phase in increases over a multiple year period. We are grateful for the forethought, and also respectfully ask that the timeline for rate phase-in be escalated - in light of our workforce crisis and other historic changes to the costs of providing services.

During Developmental Disabilities Day at the Legislature 2022, the advocates met around a theme of “Community for All.” In order to make that a reality, we must have adequate funding levels for all current Marylanders being served, and for those who will need services in the future. This is essential if we want more people with disabilities participating in the economy, buying homes, having relationships, or doing whatever their peers without disabilities do. To that end, we ask you to fully fund the Developmental Disabilities Administration budget and ask for your support for a funding supplement, should that be possible.

For more information, please contact:

Mat Rice

Director of Public Policy

office phone: 410-571-9320

cell phone: 410-925-5706

email address: mrice@thearcmd.org

DDA Budget House 2022 DRM Final.pdf

Uploaded by: Megan Rusciano

Position: FAV

**House Health and Social Services Subcommittee
March 2, 2022**

**Maryland Department of Health
Developmental Disabilities Administration**

SUPPORT FOR DDA BUDGET

Disability Rights Maryland (DRM) is the protection and advocacy system for people with disabilities in Maryland. DRM supports funding for the Developmental Disabilities Administration (DDA).

The Governor's DDA budget includes essential funding for transitioning youth, including youth transitioning from foster care. It also provides assistance to an estimated 300 people on the Waiting List for DDA services, and low intensity support services for 2800 children and adults who are not receiving any other DDA services. This funding provides a lifeline to people with intellectual and/or developmental disabilities to receive supports they need to live integrated lives in the community.

The Governor's DDA budget, also provides a critical 4% rate increase to DDA service providers. We applaud and are grateful for the Department's commitment, especially on the part of Secretary Schrader, this past year, to develop a plan to modernize and increase rates for direct support professionals who serve people with intellectual and/or developmental disabilities (I/DD). To recruit and retain employees, people with I/DD and provider agencies must have funding so they can pay higher than the minimum wage to compete for high quality staff. The importance of this increase cannot be overstated. During the course of the COVID-19 pandemic, staff have served on the frontlines, putting their lives at risk to ensure people with I/DD receive the supports they need to reside in the community. Today, I/DD community providers are facing the worst workforce crisis in history. Diminished provider capacity has resulted in institutionalization, criminal justice involvement, Emergency Room boarding, and other negative outcomes that severely impact the health and well-being of people with I/DD. While DRM applauds the 4% rate increase, additional funding is necessary to address this unprecedented workforce shortage.

The budget also falls in its failure to fully fund the waitlist of approximately 3,600 people with I/DD, who do not have access to adequate services that are designed to meet their needs, or who do not have services at all.

DRM has seen and continues to see concerning trends, that need attention and leadership. These concerns were reported to this committee last year and remain unresolved—and in some cases have worsened. We highlight three concerns below:

- First, DDA's recently Waiver Amendment 3 excludes children from accessing critical residential services. The DDA changed the minimum age for the Community Pathways Waiver, a waiver that previously did not have an age cap, to 18 years old. This occurred despite DRM and advocates across the state submitting comments asking DDA to not implement an age cap. Because of this change, children under 18 with I/DD who have not received the community services they

need and can no longer safely remain in their family homes, will be excluded from DDA's residential services. DRM has represented children in many cases who are stuck in private or state hospitals for weeks or months because they did not receive sufficient community supports from other state services; do not need and therefore do not qualify for residential services through educational programs; but return—even dozens of times—to private and/or state hospitals. In many of these cases, our clients have been able to get into the Community Pathways Waiver and access the services they need to remedy their crises. DDA's change eliminates this option and leaves these children with I/DD and their families with nowhere to go except the foster care system or out-of-state facilities with insufficient oversight. In the foster care system, families are forced to give up custody of their children, just so they can access services. Further, over the past several years, Maryland officials have had to remove a number of children placed out of state because the facilities in which they were placed have been cited in the press for abuse and neglect. We have serious concerns about changes to DDA's waiver program that exclude children from its residential service options.

- Second, serious issues remain with DDA's definition of personal supports, a service that allows people to receive critical personal care services in their homes so that they can remain in the community. DDA; however, has denied overnight personal supports to people who need them and cannot get them elsewhere. The loss and reduction in personal supports hours, especially overnight, has led to harmful consequences for people with I/DD and their families. It has jeopardized the health and safety of people with I/DD and placed them at serious risk of institutionalization.
- Third, nursing services in the Waiver exclude skilled nursing but offer no alternative to languishing in nursing facilities for those who are ineligible for any other Maryland Department of Health nursing program. The Maryland Department of Health must change its nursing definitions and regulations to meet the needs of this population in the community, and in conformity with federal program requirements.

DRM will continue to work with DDA to address these and other critical services system issues. The DDA requires the resources in this Budget to do its job effectively to support the 25,000 people who rely on these services for their lives. We urge you to support and shape the DDA budget and system to reflect Maryland's values that all people with I/DD deserve the supports they need to access high quality services and full integration into our communities.

Megan Rusciano
Managing Attorney
(443)727-6352 x 2487
MeganR@DisabilityRightsMD.org

DDAFY23Budget.DD Council.Info.pdf

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Position: FAV



Maryland Developmental Disabilities Council

CREATING CHANGE • IMPROVING LIVES

House Appropriations Committee
Health and Social Services Subcommittee

March 2, 2022

Developmental Disabilities Administration FY2023 Budget

Position: SUPPORT with No Cuts and No Delays

The Maryland Developmental Disabilities Council supports the FY2023 DDA budget with no cuts or delays. ***The majority of our Council members are people with developmental disabilities and parents or family members of people with developmental disabilities.***

Rate Increase (\$53M General + Federal Funds)

For the continuation of the 4% provider rate increase.

Why this is important: These funds are necessary to ensure all of the services can be provided by a sound, stable provider system – for people currently receiving services and those who will come off the waiting list. **It was for this reason that the Maryland General Assembly made a commitment to the DD community when it passed the minimum wage legislation (Fight for Fifteen) in 2019 and included language that mandated a 4% rate increase each year for four years beginning in FY20. The quality and availability of the services individuals and families rely on through the DDA system are very dependent upon the ability to attract and retain quality direct support professionals.**

DDA-licensed community services are only possible because of the dedication of the staff whose supports enable people with intellectual and developmental disabilities (IDD) to live meaningful, inclusive lives in their communities. **A strong, well-funded workforce to support people with developmental disabilities is critical. This pandemic has exacerbated already existing workforce crisis.** Adequate service rates are essential to maintain skilled staff in the midst of the COVID-19 crisis and ensure there will be sufficient staffing levels to continue to offer high quality supports to Marylanders with developmental disabilities.

This led the Developmental Disabilities Coalition to recommend that the Governor include an additional \$35 million (GF)/\$70 million (TF) for DDA services in a supplemental budget. This is critically important because:

- Over 18,000 Marylanders rely on community providers, and the Department of Health, for vital community supports that enable them to live and work in their communities. Their families are also reliant on DDA-funded services so that they can continue to work and support their families, while their loved ones with developmental disabilities have access to the supports they need and want.
- The rate increases for DD providers that were embedded in the minimum wage legislation of 2014 and 2019 have been based on 2.1% annual inflation in non-wage costs. Inflation in Maryland has increased by over 6%¹, affecting many of the costs of community providers, and eating into the funds once available for wages and benefits.
- The ability of community providers to support new people, including the approximately 600 youth that transition out of school each year, and people coming off of the DDA Waiting List, is seriously hindered by lack of staff and other increased expenses.

¹ https://www.bls.gov/regions/mid-atlantic/news-release/consumerpriceindex_baltimore.htm

Transitioning Youth (\$18.6M General + Federal Funds)

Approximately 566 youth exiting the school system will receive employment or other day supports.

Why this is important: Without this essential support, these young adults will sit home and lose skills gained over the course of their education. In addition, families may have to consider one of the parents leaving their job in order to stay home with their family member with a disability. Most families cannot afford this. These services have been considered a funding priority each year for nearly two decades.

Emergency Services (\$791,000 General + Federal Funds)

Approximately 32 people in emergency situations are projected to be served.

Why this is important: This is a critical and necessary portion of DDA's budget because emergencies must be addressed. An inadequate set aside for emergencies can result in people on the waiting list who are in need, but not in an emergency, waiting even longer.

Waiting List – Crisis Resolution and Prevention (\$9.8M General + Federal Funds)

An estimated 214 people in DDA's top priority categories – Crisis Resolution and Crisis Prevention – will receive services.

Why this is important: As the name of the priority category suggests, individuals placed in Crisis Resolution have been deemed by the Administration to meet strict criteria identifying them as having circumstances that must be resolved to ensure health, safety and well-being. Crisis Resolution means the individual is:

- Homeless, or at risk of losing their home;
- At risk of harming themselves or others; or
- Have caregivers who are elderly or cannot care for them because of illness

Waiting List Equity Fund (\$550,000 General + Federal Funds)

Approximately 36 people will receive support through the Waiting List Equity Fund (WLEF), a special non-lapsing fund with an important purpose but a limited reach.

Why this is important: The WLEF prioritizes people on the waiting list with the oldest caregivers.

Department of Social Services Aging Out Placements (\$422,100 General + Federal Funds)

DDA projects that approximately 20 young adults will age out of the child-serving DSS system and require adult services through the DDA adult service system.

Why this is important: It is essential that funds be set aside for these needs. If not, they will become emergencies or crises and DDA will have to use funds that otherwise could help people get off of the waiting list.

Low Intensity Support Services (\$5.5M General Funds)

Low Intensity Support Services (LISS) provides short term, low-cost services (\$2,000 per person, per year) that support children and adults who are not receiving other DDA services. LISS includes things like respite, home and vehicle accessibility modifications, and adaptive equipment.

Why this is important: LISS improves quality of life and promotes independence and community integration. DDA estimates 2,000 people will be supported.

Housing and Housing Resources (\$150,000)

Funding for the Maryland Inclusive Housing Corporation to serve as a catalyst for the development and identification of affordable and accessible housing and housing resources for people with intellectual and developmental disabilities.

Additional funds are included to continue providing services for people receiving services in FY 2022.

Source: All funding amounts and data provided by the Developmental Disabilities Administration

Contact: Rachel London, Executive Director; RLondon@md-council.org

ⁱCOMAR 10.22.12.07B (1)-(3).

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Position: FAV



Maryland Developmental Disabilities Council

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House Appropriations Committee
Health and Social Services Subcommittee

March 2, 2022

Developmental Disabilities Administration FY2023 Budget

Position: SUPPORT with No Cuts and No Delays

The Maryland Developmental Disabilities Council supports the FY2023 DDA budget with no cuts or delays. ***The majority of our Council members are people with developmental disabilities and parents or family members of people with developmental disabilities.***

Rate Increase (\$53M General + Federal Funds)

For the continuation of the 4% provider rate increase.

Why this is important: These funds are necessary to ensure all of the services can be provided by a sound, stable provider system – for people currently receiving services and those who will come off the waiting list. **It was for this reason that the Maryland General Assembly made a commitment to the DD community when it passed the minimum wage legislation (Fight for Fifteen) in 2019 and included language that mandated a 4% rate increase each year for four years beginning in FY20. The quality and availability of the services individuals and families rely on through the DDA system are very dependent upon the ability to attract and retain quality direct support professionals.**

DDA-licensed community services are only possible because of the dedication of the staff whose supports enable people with intellectual and developmental disabilities (IDD) to live meaningful, inclusive lives in their communities. **A strong, well-funded workforce to support people with developmental disabilities is critical. This pandemic has exacerbated already existing workforce crisis.** Adequate service rates are essential to maintain skilled staff in the midst of the COVID-19 crisis and ensure there will be sufficient staffing levels to continue to offer high quality supports to Marylanders with developmental disabilities.

Transitioning Youth (\$18.6M General + Federal Funds)

Approximately 566 youth exiting the school system will receive employment or other day supports.

Why this is important: Without this essential support, these young adults will sit home and lose skills gained over the course of their education. In addition, families may have to consider one of the parents leaving their job in order to stay home with their family member with a disability. Most families cannot afford this. These services have been considered a funding priority each year for nearly two decades.

Emergency Services (\$791,000 General + Federal Funds)

Approximately 32 people in emergency situations are projected to be served.

Why this is important: This is a critical and necessary portion of DDA's budget because emergencies must be addressed. An inadequate set aside for emergencies can result in people on the waiting list who are in need, but not in an emergency, waiting even longer.

Waiting List – Crisis Resolution and Prevention (\$9.8M General + Federal Funds)

An estimated 214 people in DDA's top priority categories – Crisis Resolution and Crisis Prevention – will receive services.

Why this is important: As the name of the priority category suggests, individuals placed in Crisis Resolution have been deemed by the Administration to meet strict criteria identifying them as having circumstances that must be resolved to ensure health, safety and well-being. Crisis Resolution means the individual is¹:

- Homeless, or at risk of losing their home;
- At risk of harming themselves or others; or
- Have caregivers who are elderly or cannot care for them because of illness

Waiting List Equity Fund (\$550,000 General + Federal Funds)

Approximately 36 people will receive support through the Waiting List Equity Fund (WLEF), a special non-lapsing fund with an important purpose but a limited reach.

Why this is important: The WLEF prioritizes people on the waiting list with the oldest caregivers.

Department of Social Services Aging Out Placements (\$422,100 General + Federal Funds)

DDA projects that approximately 20 young adults will age out of the child-serving DSS system and require adult services through the DDA adult service system.

Why this is important: It is essential that funds be set aside for these needs. If not, they will become emergencies or crises and DDA will have to use funds that otherwise could help people get off of the waiting list.

Low Intensity Support Services (\$5.5M General Funds)

Low Intensity Support Services (LISS) provides short term, low-cost services (\$2,000 per person, per year) that support children and adults who are not receiving other DDA services. LISS includes things like respite, home and vehicle accessibility modifications, and adaptive equipment.

Why this is important: LISS improves quality of life and promotes independence and community integration. DDA estimates 2,000 people will be supported.

Housing and Housing Resources (\$150,000)

Funding for the Maryland Inclusive Housing Corporation to serve as a catalyst for the development and identification of affordable and accessible housing and housing resources for people with intellectual and developmental disabilities.

Additional funds are included to continue providing services for people receiving services in FY 2022.

Source: All funding amounts and data provided by the Developmental Disabilities Administration

Contact: Rachel London, Executive Director; RLondon@md-council.org

¹COMAR 10.22.12.07B (1)-(3).

03.02.2022 03.03.2022 MDH DDA Budget Response.pdf

Uploaded by: Webster Ye

Position: FAV



Maryland Department of Health Developmental Disabilities Administration
Fiscal Year 2023 Operating Budget
Response to Department of Legislative Services Analysis

House Appropriations Committee
Health and Social Services Subcommittee
Delegate Kirill Reznik
March 2, 2022

Senate Budget and Taxation Committee
Health and Human Services Subcommittee
Senator Melony Griffith
March 3, 2022

The Department thanks the Governor, the Department of Budget and Management, and the Budget Committees for their support in 2020 and in 2021 with COVID-19 response efforts. We thank the Department of Legislative Services for its insightful budget analysis.

MDH should comment on the efforts that the department is taking to increase utilization of the available slots as current numbers show a number of authorized waiver slots are not utilized. Additionally, MDH should comment on the impact of unfilled slots on the ability to use the 10% eFMAP to expand waiver slots and provide updated cost estimates per waiver program. (pg. 6)

MDH Response: We are using the Maryland Access Point (MAP) service provided by the Maryland Department of Aging to effectively use all slots. Funded by the Administration for Community Living, the U.S. Centers for Medicare & Medicaid Services (CMS) and General funds, Maryland developed the MAP program to streamline access to long term care (LTC) information and community-based services. The MAP serves as the Aging and Disability Resource Center (ADRC) and is meant to streamline access to LTC information, address eligibility and provide access to services in order to help redirect those with LTC needs from institutions to the community.

There are 20 MAP agencies serving Maryland residents statewide, providing coordination and front-line assistance for people seeking alternatives to institutional LTC. These programs, in partnership with local Area Agencies on Aging (AAA), provide a Single-Entry Point/No Wrong Door approach to accessing benefits, programs and services aimed at diverting those with LTC needs from an institutionalized setting.

The DDA-operated Medicaid Waiver programs include reserved waiver capacity. Reserving waiver capacity allows some waiver openings (i.e., “slots”) to be set aside for persons who will be admitted to the waiver on a priority basis for the purpose(s) identified by the state. If capacity is not reserved, then all waiver openings are considered available to all target group members who apply for waiver services and are eligible to receive them. Reserved capacity is not available to persons who are not in the state-specified priority population. Examples of appropriate purposes for which capacity may be reserved include (but are not limited to):

- Setting aside capacity to accommodate the community transition of institutionalized persons (e.g., through a “Money Follows the Person” initiative). In this case, reserving capacity ensures that there is waiver capacity available when individuals are ready to transition to the community transition;
- Reserving capacity to accommodate the transition of individuals from other waivers;
- Reserving capacity to accommodate individuals who may require services due to a crisis or emergency; and,
- Providing for the transition of individuals who age out of another waiver or other services (e.g., youth who age out of child welfare services) in order to ensure the continuity of their services

The DDA operated Medicaid Waivers programs reserved slots includes slots for individuals with:

- Court Involvement;
- Emergency;
- Department of Human Services Age Out;
- MSDE Residential Age Out;
- Families with Multiple Children on the Waiting List;
- Money Follows the Person;
- Military Families;
- Family Supports Waiver Participants with New Service Need;
- Community Supports Waiver Participant with Increased Need;
- Previous Waiver Participant with a New Service Need;
- Psychiatric Hospital Discharge;
- State Funded Conversions;
- Transition Youth; and
- Waiting List Equity Fund.

The Community Pathways Waiver (CPW) has 775 reserved slots annually;
The Community Supports Waiver (CSW) has 478 reserved slots annually; and
The Family Supports Waiver (FSW) has 28 reserved slots annually.

In an effort to increase utilization of the FSW, the DDA is working on Coordinators of Community Services (CCS) to support new applications to this program.
The latest numbers regarding approved slots vs. filled slots and cost to fill slots for the three waivers is reflected in the table below.

Waiver	FY 22 Approved	Most Recent Filled	Cost
CPW	15,800	15,494	\$1,262 to \$135k (supp, meaningful day, res)

CSW	1,590	1,432	\$18k to \$1,262 (meaningful day, support)
FSW	400	314	\$18k to \$1,262 (meaningful day, support)

DDA should comment on the current status of the waitlist. (pg. 8)

MDH Response: The most recent waiting list/registry count (by priority category for DD eligible and active) as of 2/16/2022 is:

Crisis Resolution	7
Crisis Prevention	176
Current Request	3,545
Total	3,728

Total number of individuals taken off of the waiting list annually in fiscal years 2020, 2021, and 2022 YTD is:

FY	CPW	CSW	FSW	State Funded	Deactivated	Total
2020	1,047	317	227	N/A	114	1,735
2021	629	502	44	1	91	1,267
2022	120	291	16	N/A	84	511

* Revised on 2/16/2022

** Deactivated refers to people who are no longer interested in services including individuals who have moved to another state or deceased.

MDH should comment on any progress in considering options to adjust statute to expand the allowable uses of the WLEF to reduce the growing balance. (pg. 8)

MDH Response: The Department has statutory language drafted that will achieve this goal and is always willing to engage in dialogue with any interested legislator or stakeholder on the Waiting List Equity Fund.

MDH should comment on why the additional federal funds from the first three quarters have not been added to the budget. (pg. 9)

MDH Response: We are currently working on the 2nd quarter projection, and developing a federal fund (FF) deficiency estimate. As appropriate, we will have further discussions with partner state agencies.

MDH should update the committees on the planned expenditures by fiscal year for rate increases and other enhancements. (pg. 10)

MDH Response: As outlined in the DLS analysis, MDH used 75 percent of the reinvestment monies from the enhanced match in American Rescue Plan Act on a 5.5 percent rate increase. The rate increase was retroactive to April 1, 2021. As previously discussed, we intend to use ARPA funds as long as available, which is currently estimated to go through early CY2024. States are prohibited from using the enhanced funds to supplant any activities that started before April 1, 2021.

CMS approved \$60 million for provider grants. \$50 million has been earmarked for noncompetitive grants while the remaining \$10 million has been earmarked for competitive grants. We are working on distributing the \$50 million identified for noncompetitive grants and are working with stakeholders to determine the parameters for the \$10 million competitive grant monies (e.g., amount, how many, targeted uses).

Our latest proposed spending plan can be found here:
<https://health.maryland.gov/mmcp/Pages/Public-Notices.aspx>.

MDH should provide an update on the vaccination rates within the DD population and staff, plans to encourage the DD community to receive boosters, and impacts of the recent Omicron surge on the number of individuals that tested positive and total deaths among DDA participants. (pg. 16)

MDH Response: The Department provided the following information to the Department of Legislative Services regarding COVID-19 data:

- **16,407 out of an estimated 20,346 (80.64%)** individuals known to the DDA have been vaccinated. As of February 28, 2022, there are 5,195 DDA participants (out of an estimated 20,346) who have received their boosters.
- 14,949 direct support staff and 3,518 administrative staff have been vaccinated, as reported to the DDA through our provider surveys.
- Since March 2020, 3,250 COVID cases have been reported from individuals receiving DDA services. There have been 131 confirmed COVID-19 deaths, including 14 direct support staff.
- Please note that this information is based on surveys from the 278 providers responding to DDA surveys.

The Department has encouraged all DD providers to ensure that their staff have the opportunity to be vaccinated, and made available the ability to request MDH mobile vaccination clinics through <http://governor.maryland.gov/govaxmobile> or 1-855-MD-GoVAX.

MDH requires all providers and operators of DDAGroup Homes to offer their residents the opportunity to receive an additional dose or booster through a MDH Order (pg. 4, <https://health.maryland.gov/phpa/Documents/2021.12.15.02%20-%20MDH%20Order%20-%20Amended%20Vaccination%20Matters%20Order.pdf>).

All Marylanders, including individuals with developmental disabilities, are encouraged to get a COVID-19 booster shot and be included in a drawing in the current VaxCash 2.0 promotion

(<https://www.mdlottery.com/promotion/vaxcash-2/>). Maryland continues its booster outreach through targeted communications campaigns that contact eligible individuals by phone, text, email, and social media/traditional communications channels. MDH partnered with the Maryland Developmental Disabilities Council to create several targeted flyers to encourage Marylanders with developmental disabilities to get vaccinated, boosted, and tested to remain protected against this deadly disease.

The fiscal 2023 allowance does not provide funds to begin implementation of such [the LTSS] transition. The department should discuss over what time frame it intends to implement the new rates and how it will do so in a manner that is affordable to the State. The department should also discuss how it will balance phasing in the new payment system while continuing to expand the number of people served during the rollout. (pg. 19)

MDH Response: Supplemental Budget No. 1 (item 27 - M00M01.02) provided \$85M in federal funds (ARPA Savings) for the Home and Community-Based Services rate increase and transition to *LTSSMaryland-DDA Module*.

<https://dbm.maryland.gov/budget/Documents/operbudget/2023/proposed/FY2023-Supplemental-Budget-No1.pdf>

The Department intends to transition additional DD providers into the *LTSSMaryland-DDA Module* in Calendar Year 2022 by using ARPA grants and reinvestment to incentivize and accelerate the transition. We intend to proceed in the following four phases with three discrete provider groups:

- Phase I/Group A -- A six-month expanded, voluntary, pilot of providers beginning in the first half of 2022 as required by SB796 (2020, Ch. 7 of 2021).
- Phase II/Group B – A secondary pilot for voluntary, interested providers in the beginning of FY2023
- Phase III– Assessment and implementation planning to guide network-wide go-live timeline
- Phase IV – Network-wide provider/regional-based go-live beginning in the fourth quarter of CY2022, with final go-live to be determined.

MDH should comment on the status of the finalized rates as well as when the general fund spending forecast using these finalized rates will be available. (pg. 21)

MDH Response: Currently Providers are working on the fiscal impact analysis tool (FIAT) to determine the impact of the new rates on their revenue. Once they have completed the FIAT tool the information will be validated and analyzed by Hilltop for accuracy. Hilltop will also aggregate the data to provide a universal impact of the rates. Once Hilltop has completed this work, MDH will be able to forecast the impact that these new rates will have on the General Funds. The goal/plan is to upload final rates into LTSS in April 2022. We will fine-tune our general funds forecast once we have the final rates.

MDH should comment on whether providers can utilize the data exchange features currently and if not, when these features will be available for use. DLS recommends language restricting funds pending submission of a report on the continuing transition to the LTSS system. In addition, DLS recommends committee narrative requesting submission of monthly utilization data. (pg. 21, pg. 22, #1) Further, DLS recommends the release of the \$1.0 million

in general funds restricted pending the submission of this report and will process a letter to this effect if no objections are raised by the subcommittees. (pg. 21)

MDH Response: The Department respectfully does not agree with this recommendation. We have regular meetings with stakeholders in the DD provider community as well as the Developmental Disabilities Coalition on these subjects. We are happy to work with DLS and requests for information, but we have not been approached on this subject.

HB300_FY23DDServices_KennedyKrieger.pdf

Uploaded by: Emily Arneson

Position: INFO



March 3, 2022

The Honorable Maggie McIntosh
Chair, House Appropriations
Room 121 House Office Building
6 Bladen Street
Annapolis, MD 21401

Re: HB300 – Budget Bill Fiscal Year 2023 – MDH Developmental Disabilities Administration

Dear Chair McIntosh:

Kennedy Krieger Institute supports the Fiscal Year 2023 Developmental Disabilities Administration budget and thanks the Governor and the Maryland Legislature for their support of provider programs supporting individuals with disabilities in all aspects of a meaningful life. Kennedy Krieger Institute respectfully urges the Committee to maintain the developmental disabilities community provider rate of 4% in House Bill 300 – Budget Bill Fiscal Year 2022 – MDH Developmental Disabilities Administration.

Kennedy Krieger's Neurodiversity at Work program takes a multi-faceted approach to hiring and retaining individuals of all abilities as part of the workforce. Neurodiversity at Work is a collective impact initiative designed to create and support gainful employment for individuals with disabilities, providing economic benefit for businesses and the larger community. The Neurodiversity at Work program fosters integrated workplace settings where all individuals can experience success and independence. Currently the program includes several specialty initiatives Project SEARCH, CORE Foundations a Developmental Disabilities Administration Licensed Agency, HR pathways hiring program, training and education services, legislative efforts, research, transition consultation services, and planning for a national conference and on-going events.

Two years into the COVID-19 pandemic and the direct support professional workforce crisis continues to significantly affect individuals with disabilities access to services, employment, and their community. The current Developmental Disabilities Administration rates fund an average hourly rate of \$13.00 an hour for direct support professionals. Direct support professionals are responsible for the safety, well-being, and community engagement of individuals with disabilities and deserve a rate of pay that matches their commitment and level of responsibility. Providers need to be able to offer a competitive wage to recruit and retain qualified and skilled employees to support the complex needs of individuals with disabilities. One in three providers in Maryland report a direct support professional vacancy rate of 30% - 60%, with the average vacancy rate for providers in Maryland at 26%. The direct support professional workforce crisis has created an alarming situation for our most vulnerable citizens facing an imminent cessation of critical services.

In addition, the implementation of the Maryland Long Term Supports and Services (LTSS) requires increased resources, staffing, and training to ensure compliance with waiver regulations, and implementation of community- based services. The rate study that has spanned two Governors, will now be reviewed by a group of stakeholders to review, analyze, and make recommendations. The efforts to transform services requires increased resources, staffing, and training to ensure compliance with waiver regulations, and implementation of community- based services. Correct compensation for Direct support professionals is critical to maintain the quality of care that individuals with disabilities have a right to access.

There are over 200 organizations in Maryland that serve 25,000 developmentally disabled individuals, a fraction of the overall population of people with developmental disabilities in Maryland. These organizations depend almost exclusively on Medicaid and State funds to flow through the Maryland Developmental Disabilities Administration to pay for staff. The staffing crisis is compounded by the retailers offering higher pay with less burden of extensive on-boarding trainings, on-going certifications and job hazards.

State dedicated resources continue to be needed to support the following, but not limited too; rebuilding of provider agency programs, establishing new agencies, staff recruitment and retention, increasing access to services, and well-being support efforts. The pandemic has proven the value and need for providers agencies and the direct support professionals workforce.

Kennedy Krieger encourages legislators to respond to the workforce crisis of the developmental disabilities provider community and continue to consider increasing provider rates in the coming legislation session.

Sincerely,

Bradley L. Schlaggar, MD, PhD
President and CEO