



## Written Testimony

Senate Budget & Taxation  
Health and Human Services Subcommittee  
Maryland Department of Health, Developmental Disabilities Administration  
Thursday, February 20, 2025 - 1:00 PM  
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Thank you for the opportunity to submit written testimony in **OPPOSITION** to the Maryland Department of Health, Developmental Disabilities Administration (DDA) budget proposal for 2026 on behalf of Makom, a Maryland nonprofit organization supporting 250 people with intellectual and/or developmental disabilities (IDD) and employing a workforce of nearly 500. Founded in 1982, Makom's mission is to support and empower people with IDD to achieve the quality of life to which they aspire.

As proposed, **the budget cuts \$460 million from services and supports for Marylanders with intellectual and/or developmental disabilities (IDD), which would eviscerate the State's capacity** to continue supporting its citizens with IDD and their families. As proposed, funding cuts and policy changes will result in:

1. **Forfeiture of approximately \$220 million in federal financial participation** — federal Medicaid matching funds — that are likely to be made permanent through the block granting of federal Medicaid funds currently being considered on the federal level. The Trump Administration has declared Medicaid block granting a priority cost-cutting measure and efforts are underway in the U.S. Congress to codify this funding shift. Shifting to Medicaid block grants on the federal level will transfer significant fiscal burden to Maryland when beneficiary needs exceed the federal contribution. This type of block grant or cap provides only a fixed amount of federal funding for the State, based on a fixed number of beneficiaries from the prior year. DDA's proposed budget this year (2025) will be the number used by the federal government in 2026 to set the amount of Maryland's block grant for Medicaid.
2. **Immediate jeopardy for Marylanders with IDD who are receiving so-called 'Dedicated Supports.'** Makom supports 36 individuals who receive dedicated supports. These individuals have significant, round-the-clock care needs that have been documented to State standards and approved by DDA. The DDA has announced its intent to modify its dedicated supports policy in such a way as to substantially decrease the availability of these supports that are used to assure health and safety of people whose support needs are substantial. Absent these supports, which provide for 1:1 staffing supports for people whose needs are well documented — which the DDA has approved in the first place — the health and safety of people with significant support needs will be in immediate jeopardy.
3. **Elimination of the geographic differential.** Makom is primarily located in Montgomery County and serves individuals in Montgomery County, and both the cost of living and cost of doing business in Montgomery County is demonstrably higher than in other counties across the state. The proposed elimination of the geographic differential would pay providers in Montgomery County the same rate as in Allegheny County, for example, when costs of living and doing business in those two are substantially, materially different. This significantly threatens the ability



of provider organizations in high cost areas to continue to conduct business, resulting in organizational and program closures and/or constrictions, leaving system capacity in high costs areas unsustainable. This may raise unintended consequences around equal access provisions of federal Medicaid law and regulations promulgated thereunder.

The cumulative result of these policy and rate changes will have a chilling effect on the availability of services and supports for Marylanders with IDD. Taken together, cuts aggregate to an estimated 18% of the DDA's budget — and, they are proposed for implementation 39 days from the Senate Budget & Taxation Committee hearing. For Makom, cuts may be as high as \$7.6 million, fully 21.7% of its operating budget. There have been:

- **No impact analyses** — the State nor the IDD system have any idea of impact. There has been a single (at this writing) one-hour, virtual meeting of system stakeholders, particularly people with IDD and their families. There have been no attempts at discerning likely outcomes to these cuts/policy changes. In short, we have no idea the impacts of these changes.
- **No glidepath** — implementation apparently remains set at April 1. There have been no discussions of titrated implementation, no review of implementation details, no direction or guidance as to implementation.
- **No community engagement** — as above, there has been one (1) meeting, limited to one hour and held virtually, that afforded system beneficiaries to ask questions or seek guidance. The Maryland IDD system supports nearly 21,000 people.

There are, undoubtedly, efficiencies that can and should be identified, planned, implemented and achieved in order to assure continued viability of Maryland's system of supports for its citizens with IDD. The provider community is eager to be engaged in this work. The first meeting of the provider community as to the proposed 2026 DDA budget was held 7 February, at that point 52 days from implementation of cuts/policy changes to a \$2.7 billion system.

**The proposed DDA budget must be rejected outright.** While all system stakeholders recognize the rapidly changing environment, particularly since COVID-19, a system of this scale and complexity simply cannot be radically changed without meaningful engagement, careful analyses and review of unintended consequences, and a fully researched and appropriately choreographed implementation. The consequences of our failure to meet these minimum standards are grave.

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