



# MB&TPI FACT SHEET

## DEVELOPMENTAL DISABILITIES ADMINISTRATION BUDGET

FEBRUARY 20, 2009

- **The Department of Health and Mental Hygiene – Developmental Disabilities Administration (DDA) provides “direct services to individuals with mental retardation in institutions and through funding coordinated service delivery system to individuals with developmental disabilities in the community.”**

DDA expects to serve 25,000 individuals in the community next fiscal year. Eighty four individuals are currently served in State operated psychiatric facilities. The proposed budget totals \$816 million, of which about 39% comes from federal funding. The budget represents a \$31 million (4%) increase over the current appropriation.

The deinstitutionalization of Rosewood has contributed to the increase in community service (CS) programs. \$6 million will be used by DDA for rebasing services (actual placement and services provided to individuals in the community).

- **18,000 people are on DDA’s waiting list for one or more of 3 basic services (i.e. residential, day, and/or support services). Thousands are in crisis categories.**

The DDA waiting list operates under a four-tier system: crisis resolution, crisis prevention, current request and future need. In FY 2008, 6,372 people fit the category of crisis resolution, *meaning*, the most vulnerable get served first. However, when the Waiting List Equity Fund (WLEF) has just \$2.8 million to serve an estimated 80 additional individuals, hope is slim. The WLEF balance on June 30, 2008 was \$3.5 million.

Fifty three percent of community service funds go to residential placements, which are estimated to cost \$74,703 per client in FY 2010. Multiply that by 9,540 people on the waiting list. Obviously, we have a long way to go and cutting the DDA budget is not an option.

- **Provider rates have worsened and it is hard to retain staff, let alone provide adequate services to vulnerable clients**

The Task Force to Study the Community Provider Rate System was directed to identify strengths and weaknesses in the current rate system for community-based providers, as well as identify changes and make recommendations to address the problem. The task force found that providers' financial conditions have, in fact, worsened (due to negative operating margins & net assets). "The task force advises DDA to act prudently and to give priority to improving the rate system for supported employment and day services, which are the services with the greatest level of underfunding on recent cost report produced by the Community Services Rate Reimbursement Commission (CSRRC)."

Paying direct care providers \$12.50 per hour for work and expecting them to continue for the heart and soul of it, just won't cut it. Staff turnover in these positions will continue to occur if cost of living adjustments (COLA) aren't taken seriously, as a means to attempt to keep pace with inflation.

### **Sources**

Department of Budget and Management. Maryland Budget Highlights FY 2010. January 21, 2009

Department of Legislative Services. Department of Health and Mental Hygiene – Developmental Disabilities Administration Analysis of the Fiscal 2010 Maryland Executive Budget. February 2009.

#### **About the Maryland Budget & Tax Policy Institute**

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