



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 31, 2023

The Honorable Bill Ferguson  
President of the Senate  
H-107 State House  
Annapolis, MD 21401-1991

The Honorable Adrienne Jones  
Speaker of the House  
H-101 State House  
Annapolis, MD 21401-1991

**RE: House Bill 1020 (2022) Section 5 - Baseline Report on Utilization and Cost of Self-Directed Services - 2022**

Dear President Ferguson and Speaker Jones:

Pursuant to House Bill 1020 (2022), the Maryland Department of Health respectfully submits the baseline report on utilization and cost of self-directed services.

If you have any questions about this report, please contact Megan Peters, Acting Director, Office of Governmental Affairs, at [megan.peters@maryland.gov](mailto:megan.peters@maryland.gov).

Sincerely,

Laura Herrera Scott, M.D., M.P.H.  
Secretary

cc: Bernard Simons, Deputy Secretary, Developmental Disabilities Administration  
Megan Peters, Acting Director, Office of Governmental Affairs  
Sarah Albert, Department of Legislative Services (5 copies) MSAR # 14280

Effective October 1, 2022, Health - General Articles, §7-408, §7-409, and §7-410 of the Annotated Code of Maryland were amended by House Bill 1020 (2022) to expand self-directed services (SDS) under the Maryland Department of Health (MDH) Developmental Disabilities Administration (DDA).

MDH presents the following report in response to Section 5 of House Bill 1020 (2022), which requests the preparation of a “baseline report...on the utilization and cost of self-directed services.” Data regarding SDS were collected according to the Maryland state fiscal year (FY) of July 1 to June 31. The DDA analyzed the two most recent complete fiscal years of FY21 and FY22, and used data regarding both 1) approved person-centered plans (PCPs) and 2) aggregate expenditures over these years. Detailed totals are provided in Tables 1 and 2.

When comparing PCP budgets and real expenditures, expenditures may fall below approved budgets for a variety of reasons, including a number of factors associated with the public health emergency. Since 2020, some participants and families have turned down some services to mitigate potential COVID-19 exposure. In addition, the public health emergency exacerbated the direct support professional crisis. Both participants self directing and providers of traditional services continue to have staff vacancies which may affect service delivery and availability.

**Table 1. SDS vs. traditional services populations, PCP approved budgets, and expenditures**

	# of people	Total Approved PCP Budgets	Avg. Approved PCP Budget per person	Total Spending	Avg. Spending per person
<b>Self-Directed</b>					
FY21	1,618	\$175,879,854.74	\$108,702.01	\$84,527,517	\$52,242
FY22	2,042	\$257,157,599.76	\$125,934.18	\$171,858,440	\$84,162
<b>Traditional</b>					
FY21	16,259	\$2,109,604,293.45	\$129,749.94	\$1,364,189,797	\$83,904
FY22	16,754	\$2,494,058,607.52	\$148,863.47	\$1,471,949,222	\$87,857

**Table 2. Total PCP approved budget and number of approved PCPs by FY**

	Total # of people	Total Approved PCP Budgets	Avg. Approved PCP Budget per person
FY21	17,877	\$2,285,484,148.19	\$127,844.95
FY22	18,787	\$2,751,216,207.28	\$146,372.43

In FY21, the DDA had a total of 17,877 active service recipients, of whom 1,618 (9.1%), were in SDS, and 16,259 (91.0%) were in traditional services. SDS recipients had an average approved PCP budget of \$108,702 in FY21, for a total approved SDS budget of \$175,879,855 across all

SDS recipients. This compares to an average budget of \$129,750 for traditional services recipients in FY21, for a total traditional services budget of \$2,109,604,293 across all traditional services recipients.

SDS thus comprised 7.7% of total PCP budgets in FY21. In FY21, SDS recipients spent 48.1% of their approved budgets, for a real expenditure of \$84,527,517 overall, or an average of \$52,242 per recipient. Also in FY21, traditional services recipients spent 64.6% of their approved budgets, for a real expenditure of \$1,364,189,797 overall, or an average of \$83,904 per recipient.

In FY22, the DDA had a total of 18,787 active service recipients, of whom 2,042 (10.9%) were in SDS, and 16,754 (89.5%) were in traditional services. SDS recipients had an average budget of \$125,934 in FY22, for a total SDS budget of \$257,157,600 across all SDS recipients. This compares to an average budget of \$148,863 for traditional services recipients in FY22, for a total traditional services budget of \$2,494,058,608 across all traditional services recipients.

SDS thus comprised 9.3% of total PCP budgets in FY22. In FY22, SDS recipients spent 66.8% of their approved PCP budgets, for a real expenditure of \$171,858,440 overall, or an average of \$84,162 per recipient. Also in FY22, traditional services recipients spent 59.0% of their approved budgets, for a real expenditure of \$1,471,949,222 overall, or an average of \$87,85 per recipient.