



# Developmental Disabilities Administration **Waiver Amendments 2025:** **Self-Direction**

June 17, 2025



# Conduct

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The free expression of diverse viewpoints is an essential value for our group. This freedom comes with the responsibility to engage respectfully, which involves treating one another with dignity and respect in good faith.

Uncivil behavior, disruptive conduct, abusive language, threats, or harassment will not be tolerated and may lead to being excused from the meeting.

# Housekeeping



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# Housekeeping

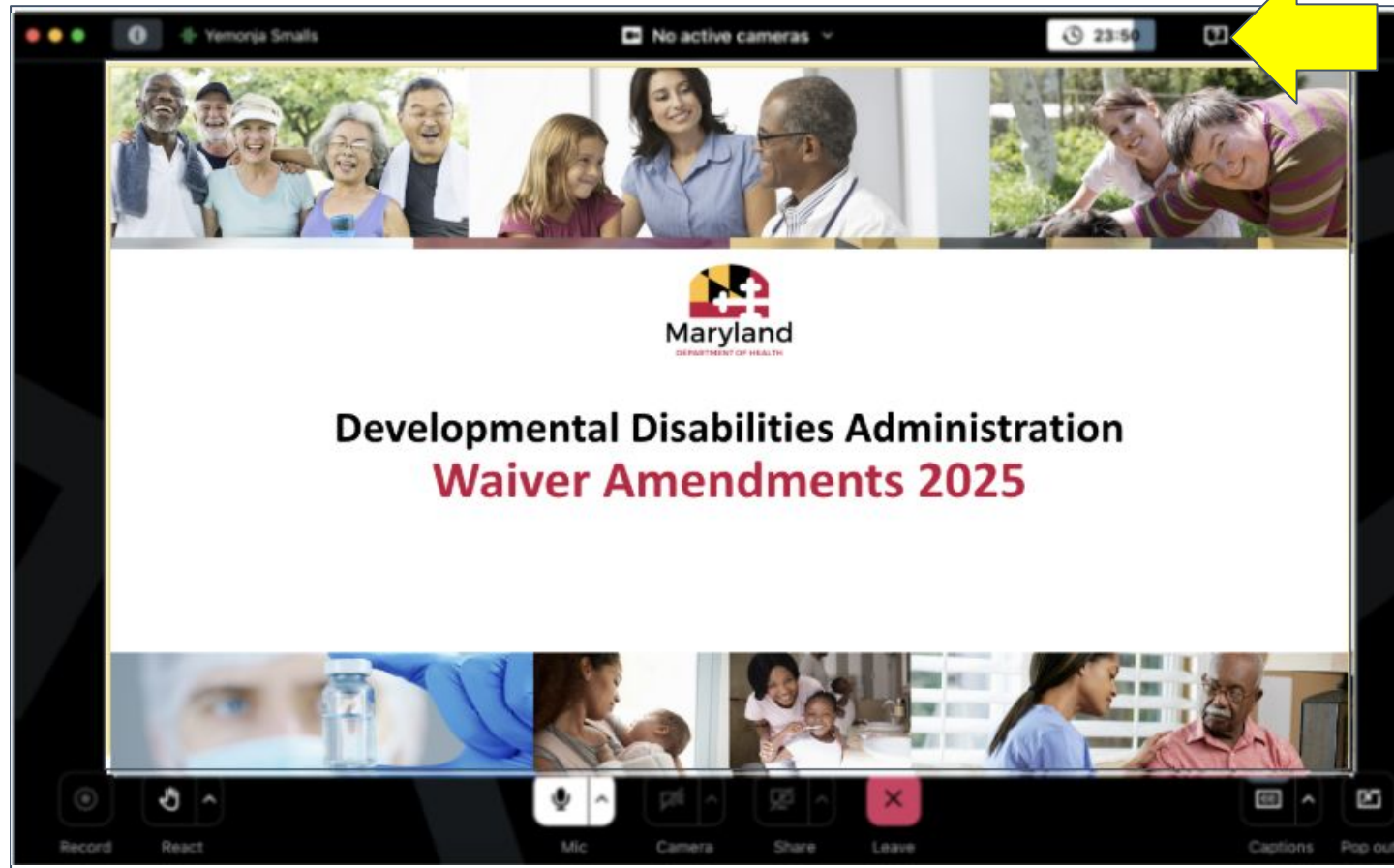




# Housekeeping



# Housekeeping



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## **Opening**

# Agenda

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- DDA-Operated Medicaid Waivers Overview
- Budget Bill and Program Challenges
- Appendix C - Participant Services (Self-Directed Services)
- Appendix E - Participant Direction of Services
- Public Input



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## **DDA-Operated Medicaid Waivers Overview**

# Current DDA-Operated Medicaid Waivers

The Developmental Disabilities Administration administers the following 1915 (c) Medicaid waiver programs on behalf of the Department:

Family Supports Waiver	Community Supports Waiver	Community Pathways Waiver
<ul style="list-style-type: none"><li>• Children birth to 21 years</li><li>• Various Support Services</li></ul>	<ul style="list-style-type: none"><li>• Children and adults</li><li>• Meaningful Day and Support Services</li></ul>	<ul style="list-style-type: none"><li>• Children and adults</li><li>• Meaningful Day, Support, and Residential Services</li></ul>
Enrollment: 288	Enrollment: 3,389	Enrollment: 14,361

Enrollment data as of April 15, 2025

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# **Budget Bill and Program Challenges**

# Fiscal Year 2026 Budget Bill (House Bill 350) and Budget Reconciliation and Financing Act 2025

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The recently passed [Fiscal Year 2026 Budget Bill \(House Bill 350\)](#) and [Budget Reconciliation and Financing Act 2025](#) requires that the Maryland Department of Health (MDH) implement changes to assist MDH in its efforts to sustain its DDA-operated Medicaid waiver programs.

These changes include caps or other limitations and actions on:

- Dedicated Hours Rates;
- Geographical Differential (Calvert, Charles, Frederick, Montgomery, and Prince George's Counties) Rates for Services;
- Day-to-Day Administrative Supports Services; and
- Individual and Family Directed Goods and Services

# Address Challenges

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- Operating three Medicaid waiver programs for individuals with developmental disabilities is not efficient, creates confusion among stakeholders, requires duplicative processes/reports, and impacts staff resources
- Individuals' needs that can no longer be met in their approved Medicaid waiver program have to disenroll from that program and complete a new waiver application process to receive services
- New applications and delays in processing impact enrollment and access to services to support health and safety needs
- Sustainability of programs



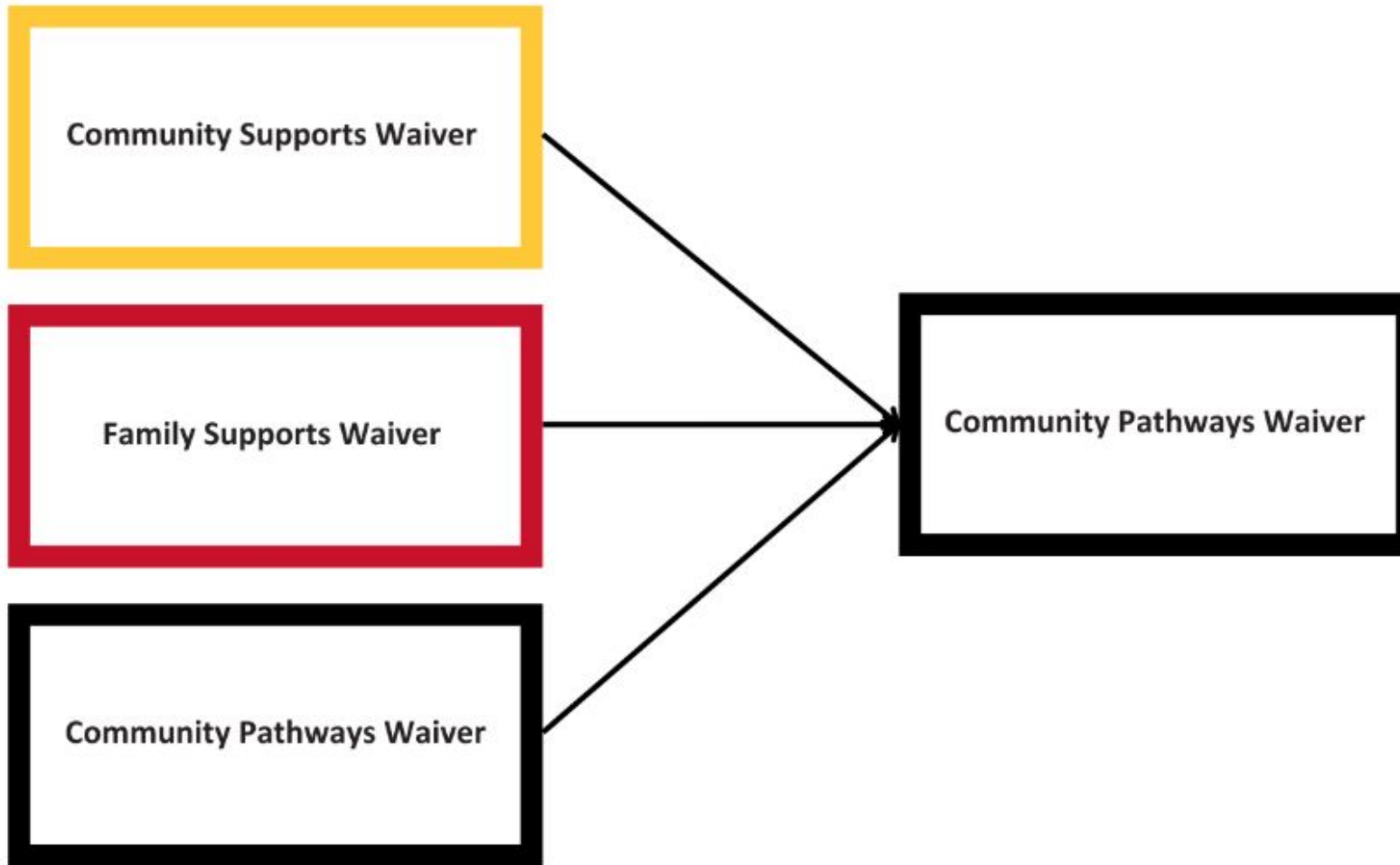
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# **Amendment Overview**

# Consolidated Waiver - Beginning October 6, 2025

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**All participants will have access to the full array of support services, meaningful day services, and residential services, based on assessed needs.**

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# **Waiver Appendices**

# Waiver Organization

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Appendix A - Waiver Administration and Operation

Appendix B - Participant Access and Eligibility

**Appendix C - Participant Services**

Appendix D - Participant-Centered Planning and Service Delivery

**Appendix E - Participant Direction of Services**

Appendix F - Participant Rights

Appendix G - Participant Safeguards

Appendix H - Systems Improvement

Appendix I - Financial Accountability

Appendix J - Cost Neutrality Demonstration

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## **Appendix C - Service Updates**



# General Updates

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- Incorporated information from PolicyStat and DDA guidance
- Clarified that anyone paid to provide a Medicaid waiver service, including a participant's employees, are considered a Medicaid Provider, subject to all laws and regulations associated with a Medicaid Provider
- Removed Deputy Secretary waiver of provider qualification standards
- Clarified that DDA providers must submit a provider renewal application at least 60 days before expiration of its existing approval

# General Updates

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- Clarified that CPR training must include a hands-on, in-person component
- Clarified that virtual supports has an electronic method of service delivery and associated requirements shared during initial implementation
- Clairfied service authorization and removed “unless otherwise authorized by DDA” language
- Removed language associated with legacy services transitioning to LTSS*Maryland*

# Assistive Technology and Services

<b>Service Updates</b>	<ul style="list-style-type: none"><li>● Clarified that Assistive Technology and Services can be used as a creative solution to help with a participant's health and safety, build relationships, and increase independence at home, in the community, or at work</li><li>● Added monthly service fees as a covered service</li><li>● Removed personal emergency response systems as they are covered under Community First Choice</li></ul>
Service Limits	No change
<b>Provider Qualifications</b>	<ul style="list-style-type: none"><li>● Added Shift Enabling Technology Certification as an acceptable certification for a qualified AT Specialist</li></ul>
Who can provide	No change

# Behavioral Support Services

<b>Service Updates</b>	<ul style="list-style-type: none"><li>• Clarified that a Behavioral Assessment includes reviewing data and environments</li><li>• Clarified the inclusion of dedicated supports in a Behavior Support Plan</li><li>• Clarified that Behavioral Consultation includes graphing and analysis of collected data to identify trends and patterns of target behaviors</li><li>• Added information from DDA policy and guidance</li></ul>
<b>Service Limits</b>	No change
<b>Provider Qualifications</b>	<ul style="list-style-type: none"><li>• Expanded qualified professionals for behavioral assessment and consultations to include a Licensed graduate-level professional counselor, Licensed masters-level social worker, and Board Certified Behavior Analyst</li><li>• Removed requirements for high school or equivalent/higher</li></ul>
<b>Who can provide</b>	<ul style="list-style-type: none"><li>• No change</li></ul>

# Community Development Services

<b>Service Updates</b>	<ul style="list-style-type: none"><li>• Added language that dedicated supports can be provided for participants new to services and participants in services who have specific, documented behavioral or health and safety needs for up to 6 months while a Behavior Support Plan and Nursing Care Plan gets authorized and developed</li><li>• For people in self-direction, added the option to provide training and benefits</li></ul>
Service Limits	No change
<b>Provider Qualifications</b>	<ul style="list-style-type: none"><li>• Added staff training requirements as noted in the Meaningful Day Services Training policy</li></ul>
Who can provide	No change



# Day Habilitation

<b>Service Updates</b>	<ul style="list-style-type: none"><li>• Added language that dedicated supports can be provided for participants new to services and participants in services who have specific, documented behavioral or health and safety needs for up to 6 months while a Behavior Support Plan and Nursing Care Plan gets authorized and developed</li><li>• Clarified that Day Habilitation is a separate and distinct service from residential services</li></ul>
Service Limits	No change
<b>Provider Qualifications</b>	<ul style="list-style-type: none"><li>• Added staff training requirements as noted in the Meaningful Day Services Training policy</li></ul>
Who can provide	No change

# Employment Services

<b>Service Updates</b>	<ul style="list-style-type: none"><li>• Added information from DDA policy and guidance</li><li>• Clarified that when seeking service authorization and/or re-authorization for Employment Services through Follow-Along Job Supports and/or Ongoing Job Supports, a person's job must have the qualities of competitive integrated employment</li><li>• For the Provider Managed Services delivery model, clarified which service may be authorized</li></ul>
Service Limits	No change
<b>Provider Qualifications</b>	<ul style="list-style-type: none"><li>• Added staff training requirements as noted in the Meaningful Day Services Training policy</li></ul>
Who can provide	No change

# Environmental Assessment

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<b>Service Changes</b>	<ul style="list-style-type: none"><li>Clarified that an authorized annual assessment is based on plan year</li></ul>
Service Limits	No change
Provider Qualifications	No change
Who can provide	No change

# Environmental Modifications

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<b>Service Changes</b>	<ul style="list-style-type: none"><li>Added smart home devices that require attachment to the home, such as voice-activated door openers, blinds and shade openers</li></ul>
Service Limits	No change
<b>Provider Qualifications</b>	<ul style="list-style-type: none"><li>Streamlined to have a current license with the Maryland Home Improvement Commission or be a Division of Rehabilitation Services approved vendor</li></ul>
Who can provide	No change

# Family and Peer Mentoring Supports

<b>Service Changes</b>	<ul style="list-style-type: none"><li>● Clarified that mentors provide support in navigating systems, local resources, and community services, while helping participants and families build knowledge, skills, and confidence to achieve their goals and live their best life</li><li>● Clarified that Family Mentoring is provided to the participant's primary unpaid caregiver while Peer Mentoring is provided to the participant</li></ul>
Service Limits	No change
<b>Provider Qualifications</b>	<ul style="list-style-type: none"><li>● Eliminates the requirement for Bachelor's Degree and includes lived experience as a standard for family and peer mentors</li></ul>
Who can provide	No change



# Family Caregiver Training and Empowerment Service

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Service Changes	No change
Service Limits	No change
Provider Qualifications	No change
<b>Who can provide</b>	<ul style="list-style-type: none"><li>• Added Organized Health Care Delivery System as a qualified provider option</li></ul>

# Individual and Family Directed Goods and Services (IFDGS) (1 of 6)

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<b>Service Changes</b>	<ul style="list-style-type: none"><li>● Clarified the extent of goods and services allowable, in line with the Center for Medicare and Medicaid technical guide</li><li>● Clarified coverage for goods and services<ul style="list-style-type: none"><li>○ Clarified that tickets, memberships, and related costs to attend recreational activities and events, such as museums, zoos, bowling, and indoor skydiving, are not covered</li><li>○ Clarified fitness items that can be purchased at most retail stores not to exceed \$1,000</li><li>○ Clarified that specific items must be related to the person’s disability, recommended by a medical professional, and not covered by health insurance</li><li>○ Clarified that dental services recommended by a licensed dentist and not covered by health insurance, such as dental anesthesia and denture services, are covered</li></ul></li></ul>
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\*See proposed waiver for additional information.

# Individual and Family Directed Goods and Services (IFDGS) (2 of 6)

<b>Service Changes</b>	<ul style="list-style-type: none"><li>● Clarified coverage for goods and services continued:<ul style="list-style-type: none"><li>○ Added that a person must first access integrated programs or activities that are available to the public, free, or at a lower cost</li><li>○ Clarified that goods and services must be the most effective way of meeting the participant’s needs</li><li>○ Clarified that reimbursement is based on reasonable and customary fees</li><li>○ Clarified that goods, services, equipment, and supplies cannot pay for common household expenses (e.g., subscription to a cable television service)</li></ul></li><li>● Clarified that DDA cannot pay for items/services purchased prior to DDA approval of request</li><li>● Clarified that a request cannot be submitted if person does not have an active and approved Initial, Revised or Annual Person-Centered Plan</li></ul>
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\*See proposed waiver for additional information.

# Individual and Family Directed Goods and Services (IFDGS) (3 of 6)

Service Changes	<ul style="list-style-type: none"><li>● Clarified Day-to-Day Administrative Supports provide assistance with participant’s who self-direct their services with household management and scheduling medical appointments<ul style="list-style-type: none"><li>■ Decision tree checklist is to be used to identify:<ul style="list-style-type: none"><li>● Tasks a participant can do for themselves with or without assistance from others</li><li>● Support and training to help the participant learn to complete tasks themselves</li><li>● Current team members, Medicaid services, and local, State, and Federal resources that can assist with the tasks</li><li>● Unmet needs that a Day-to-Day Administrator can provide within the scope of the approved Medicaid waiver service</li></ul></li></ul></li></ul>
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\*See proposed waiver for additional information.

# Individual and Family Directed Goods and Services (IFDGS) (4 of 6)

<b>Service Changes</b>	<p>Clarified Day-to-Day Administrative Supports continued</p> <ul style="list-style-type: none"><li>● Day-to-Day Administrative Supports does not include<ul style="list-style-type: none"><li>○ Making payments for household management care including repairs, snow removal, and lawn care</li><li>○ Making decisions for the participant</li><li>○ Approving and signing timesheets or vendor/provider invoices;</li><li>○ Personal Supports Services including budgeting and money management, maintaining a home (e.g. cleaning out refrigerator, ensuring paper products, etc.), meal preparation, personal care, house cleaning/chores, laundry, and overnight supports</li><li>○ Developing staffing schedules and cleaning schedules which can be supported by team members, Support Brokers, and Personal Support Services staff</li><li>○ Financial management</li><li>○ Assistance with human resources</li></ul></li></ul>
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\*See proposed waiver for additional information.

# Individual and Family Directed Goods and Services (IFDGS) (5 of 6)

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<b>Service Limits</b>	<ul style="list-style-type: none"><li>● Reinstated the initial cap on good and services expenditures at \$5,000 per year<ul style="list-style-type: none"><li>○ Participants with currently approved Individual and Family Directed Goods and Services above this limit can continue to utilize the authorized amount through the end of their plan year.</li></ul></li><li>● Day-to-Day Administrative Supports must be reasonable and may be provided up to 10 hours per month</li><li>● Day-to-Day Administrative Supports providers can provide collectively for all participants they support up to 40 hours per week of Day-to-Day Administrative Supports</li></ul>
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\*See proposed waiver for additional information.

# Individual and Family Directed Goods and Services (IFDGS) (6 of 6)

<b>Provider Qualifications</b>	<ul style="list-style-type: none"><li>● Added Day-to-Day Administrator requirement<ul style="list-style-type: none"><li>○ 18 years or older</li><li>○ Pass criminal background investigation</li><li>○ Live in Maryland</li></ul></li></ul>
<b>Who can provide</b>	<ul style="list-style-type: none"><li>● For Day-to-Day Administrative Supports, a legally responsible person and legal guardian of the participant cannot be paid by the Medicaid waiver program to provide this Medicaid waiver program service</li><li>● Relatives can provide this service if they are not also a legal guardian or legally responsible person</li></ul>

\*See proposed waiver for additional information.

# Live-in Caregiver Supports

<b>Service Changes</b>	<ul style="list-style-type: none"><li>• Clarified that a live-in caregiver is defined as someone who is residing in the same household with a participant who is also providing supports and services in the participant's individual's home</li><li>• Clarified that reimbursement is for the months in which the service agreement is successfully carried out. When entering into the service agreement with the caregiver, the participant will take on the risk for all unmet rental obligations</li></ul>
Service Limits	
Provider Qualifications	
<b>Who can provide</b>	<ul style="list-style-type: none"><li>• Clarified that a sibling may be paid to provide this waiver service unless they are a legally responsible person or legal guardian</li></ul>



# Nursing Support Services

Service Changes	<ul style="list-style-type: none"><li>• Clarified that Health Case Management does not include delegation of medications and medical/health/nursing treatments provided by paid staff</li><li>• Clarified as per Code of Maryland Regulations 10.27.11, the delegating nurse shall be readily available when delegating a nursing task to an unlicensed individual, certified nursing assistant, or medication technician, and to address the participant's health needs as may arise emergently</li><li>• Removed the requirement for 24/7 availability or provide qualified backup services</li></ul>
Service Limits	No change
Provider Qualifications	No change
Who can provide	No change

# Participant Education, Training and Advocacy Supports

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Service Changes	No change
Service Limits	No change
<b>Provider Qualifications</b>	<ul style="list-style-type: none"><li>● Clarified that a legally responsible individual, legal guardian, or a relative of a participant may be not paid to provide this service as the service is payment of invoices for training programs, workshops and conferences</li></ul>
<b>Who can provide</b>	<ul style="list-style-type: none"><li>● Removed individual participant support professionals and added Organized Health Care Delivery System as a qualified provider</li></ul>

# Personal Supports

<b>Service Changes</b>	<ul style="list-style-type: none"><li>● Clarified that the DDA may authorize an enhanced rate, 2:1 supports, and overnight services for participants who have a specific, documented behavioral or health and safety need for up to 6 months while a Behavior Support Plan and Nursing Care Plan gets authorized and developed</li><li>● Clarified that Personal Supports enhanced cannot be provided virtually</li><li>● Added the requirement that overnight staff must be alert and awake</li></ul>
<b>Service Limits</b>	<ul style="list-style-type: none"><li>● Removed the limitation of 82 hours for the traditional provider model</li><li>● Clarified that legally responsible persons, legal guardians, and relatives may not be paid for greater than 40-hours per week for services</li></ul>
Provider Qualifications	No change
Who can provide	No change

# Remote Support Services

Service Changes	<ul style="list-style-type: none"><li>Added that the service must be designed to provide the participant with the options to have control over the equipment, including the ability to turn off the remote monitoring device/equipment, if they choose to do so unless otherwise required as noted in a Behavioral Support Plan or Nursing Care Plan</li></ul>
Service Limits	No change
Provider Qualifications	No change
Who can provide	No change

# Respite Care Services

<b>Service Changes</b>	<ul style="list-style-type: none"><li>● Clarified that the purpose of respite is to provide the primary caregiver and the participant with a break from their daily routines</li><li>● Clarified that respite may not be provided by the primary caregiver</li><li>● Removed day trips as an allowable service component</li></ul>
<b>Service Limits</b>	No change
<b>Provider Qualifications</b>	<ul style="list-style-type: none"><li>● Clarified that State respite camps must be certified by the Maryland Department of Health</li><li>● Clarified that out-of-state camps may be approved</li></ul>
<b>Who can provide</b>	<ul style="list-style-type: none"><li>● Clarified that respite may not be provided by the primary caregiver</li></ul>

# Support Broker Services (1 of 2)

<b>Service Changes</b>	<ul style="list-style-type: none"><li>● Updated to simplify information in alignment with the Center for Medicare and Medicaid Services' Technical Guide</li><li>● Clarified that service assists the participant with supported decision making related to employment-related subjects</li><li>● Adding requirements for Support Brokers to sign and adhere to a code of conduct</li><li>● Clarified that administrative and non-billable activities include attending training, correspondence or research, creating and issuing invoices, and travel</li><li>● Clarifies that individuals and organizations providing Support Broker Services may provide no other paid service to the DDA-operated Medicaid waiver participant</li><li>● To ensure quality services, adding that Support Brokers can provide collectively for all participants they support up to 40 hours per week of Support Broker Services</li></ul>
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# Support Broker Services (2 of 2)

<b>Service Limits</b>	<ul style="list-style-type: none"><li>• Clarified initial orientation and assistance authorization up to 15 hours for the first month when enrolled</li></ul>
<b>Provider Qualifications</b>	<ul style="list-style-type: none"><li>• Enhanced qualified providers to include required training and code of conduct</li><li>• Removed requirement for First Aid and CPR</li><li>• Clarified that Support Brokers must satisfactorily complete all DDA-required Support Broker trainings and requirements</li></ul>
<b>Who can provide</b>	<ul style="list-style-type: none"><li>• Clarified that a designated representative may never be a Support Broker for that participant</li></ul>

# Supported Living Services

Service Changes	<ul style="list-style-type: none"><li>• DDA may authorize dedicated support for participants new to services and participants in services who have specific, documented behavioral or health and safety needs for up to 6 months while a Behavior Support Plan and Nursing Care Plan gets authorized and developed</li><li>• Added the requirement that overnight staff must be alert and awake</li></ul>
Service Limits	No change
Provider Qualifications	No change
Who can provide	No change



# Transition Services

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Service Changes	<ul style="list-style-type: none"><li>Adding service to include the cost for training direct support professionals who will be supporting participants with complex medical or behavioral needs prior to the transition date to ensure health and welfare on the first day of community services</li></ul>
Service Limits	No change
Provider Qualifications	No change
Who can provide	No change

# Transportation Services

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<b>Service Changes</b>	<ul style="list-style-type: none"><li>Removed day trips as an allowable service component</li></ul>
Service Limits	No change
Provider Qualifications	No change
Who can provide	No change

# Vehicle Modifications

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<b>Service Changes</b>	<ul style="list-style-type: none"><li>• Clarified that the service does not include charging electric vehicles</li></ul>
Service Limits	No change
Provider Qualifications	No change
Who can provide	No change

# Appendix C - 1 and 2-5

## General Service Specifications

- Added Coordinators of Community Services Training requirements noted in the Code of Maryland Regulations 10.09.48
- Added information related to virtual supports
- Added information related to the Quality Improvement Organization quality reviews and auditing of provider qualifications

## **Appendix C-2-5 - Extraordinary Care, Legally Responsible Persons, Legal Guardian, and Relatives (1 of 5)**

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- Clarified the scope of legally responsible individuals, relatives, and legal guardians in providing extraordinary care
- Added grandparent, step-grandparent, sibling, step-sibling, aunt, uncle, niece, and nephew to the definition of relative
- Clarified that services provided by a legally responsible person, relatives, and legal guardians are subject to the same Person-Centered Plan and claims monitoring procedures that are applied to all Medicaid waiver services

## Appendix C-2-5 - Extraordinary Care, Legally Responsible Persons, Legal Guardian, and Relatives (2 of 5)

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Center for Medicare and Medicaid Services new waiver requirements:

- The state has policies to determine that the provision of services by a legally responsible individual, legal guardian, and relatives is in the best interest of the participant
- State processes ensure that legally a responsible individual, legal guardian, and relatives who have decision-making authority over the selection of waiver service providers use substituted judgement on behalf of the individual

## Appendix C-2-5 - Extraordinary Care, Legally Responsible Persons, Legal Guardian, and Relatives (3 of 5)

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Center for Medicare and Medicaid Services waiver requirements:

- Limitations on the circumstances under which payment will be authorized or the amount of personal care and other services for which payment may be made
- Safeguards the state implements when services are provided
- The procedures that are used to implement required state oversight

## Appendix C-2-5 - Extraordinary Care, Legally Responsible Persons, Legal Guardian, and Relatives (4 of 5)

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- Added that legally responsible persons, legal guardians, and relatives providing services cannot also make decisions regarding service delivery (e.g., wage rates, number of hours, etc.)
- Added that the participant must have a signed Supported Decision Making Agreement to support making independent decisions regarding service delivery



## Appendix C-2-5 - Extraordinary Care, Legally Responsible Persons, Legal Guardian, and Relatives (5 of 5 )

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- Defined emergency, unplanned departures, and temporary exceptions to service delivery for legally responsible persons, legal guardians, and relatives
- Added that participants are to use back-up plan and emergency plans prior to seeking exceptions. Submission of an overtime request, when necessary
- Added that a request form is required for authorization before a legally responsible person, legal guardian, or relative provides services

## Appendix C-2-5 - Services in Acute Care Hospital, Safeguard, and Services Updates

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- Added that specific Medicaid waiver program services can be provided in the acute care hospital setting, and when direct support may be provided in those settings, to support the participant's personal, behavioral, and communication supports not otherwise provided in that setting
- Clarified safeguards related to participant satisfaction, health and welfare through Coordinators of Community Services quarterly monitoring and follow-up activities

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## **Appendix E - Participant Direction of Services Updates**

# Appendix E

## Participant Direction of Services (1 of 3)

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- Clarified that Financial Management and Counseling Services providers must provide timely responses and resolutions to participant requests
- Clarified that non-disclosure agreements with participants associated with the Medicaid waiver program services are prohibited

# Appendix E

## Participant Direction of Services (2 of 3)

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- Updated safeguards to meet federal assurances to include:
  - The Coordinator of Community Services conducts quarterly visits and more frequently as needed including wellness checks
  - The DDA regional office staff conducts site visits which include Quality Enhancement and Nurses to follow-up on health and safety concerns and reported complaints and incidents
  - The Office of Health Care Quality conducts site visits and investigations based on complaints and incidents reported

# Appendix E

## Participant Direction of Services (3 of 3)

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- Updated information related to terminating the participant's enrollment in the Self-Directed Service Delivery Model
- When a participant overutilizes authorized services, before involuntarily terminating the participant from the self-directed services model, the DDA may first:
  - Require a meeting to review rights and responsibilities, including the monitoring and usage of funding for authorized services; and/or
  - Require a corrective action plan

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# **Stakeholder Engagement and Public Comment**

# Stakeholder Engagements

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- Stakeholder Amendment Overview Webinar: June 16, 2025
- Stakeholder Amendment Webinar Reviews:
  - [Waiver Application Overview and Input Process](#) - June 17, 2025 from 9 - 10:30 a.m.
  - [Self-Direction](#) - June 17, 2025 from 12 - 1:30 p.m.
  - [Services and Provider Qualifications](#) - June 17, 2025 from 2:30 - 4:30 p.m.
- Formal Public Comment Period: June 9, 2025 - July 8, 2025



# Public Comment Process

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- The official public comment period is from June 9, 2025 - July 8, 2025.
- Track change documents regarding the amendment proposals are on: [DDA Waiver Program website page](#)
- Public comments can be:
  - Submitted to [wfb.dda@maryland.gov](mailto:wfb.dda@maryland.gov); or
  - Mailed to: DDA Federal Programs at 201 West Preston Street, 4th Floor, Baltimore MD 21201
- To be considered, all public comments must be submitted by **11:59 PM on July 8, 2025.**

# Questions

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