



Developmental Disabilities Administration **Waiver Amendments 2025**

June 16, 2025



Conduct

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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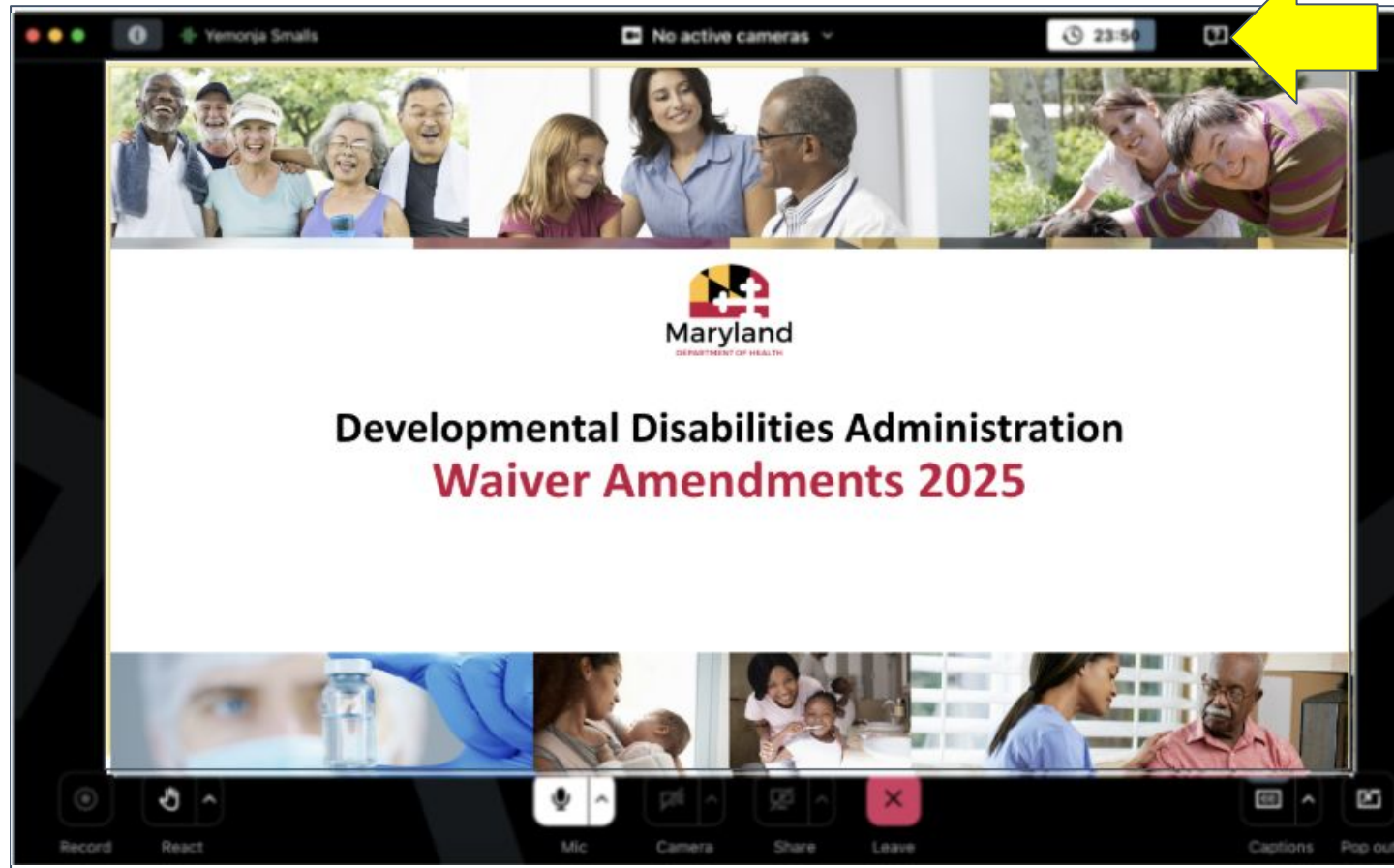
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Housekeeping



Housekeeping



Waiver Amendment 2025

Opening

Agenda

- DDA-Operated Medicaid Waivers Overview
- Budget Bill and Program Challenges
- Amendment Overview
- Overview of Service and Appendix Proposals
- Public Input
- Resources

Waiver Amendment 2025

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

Enrollment data as of April 15, 2025

Meaningful Day Services

- Employment Services
- Career Exploration
- Supported Employment
- Community Development Services
- Day Habilitation
- Medical Day Care

Note: Meaningful Day services are currently only available in the Community Supports and Community Pathways program.

Support Services

- | | |
|--|--|
| <ul style="list-style-type: none">• Assistive Technology• Behavioral Support Services (Behavioral Assessment, Behavior Support Plan, Behavioral Consultation, Brief Support Implementation Services)• Environmental Assessment• Environmental Modification• Family and Peer Mentoring Supports• Family Caregiver Training and Advocacy Supports• Individual and Family Directed Goods and Services | <ul style="list-style-type: none">• Housing Support Services• Live-in Caregiver• Nursing Support Services• Participant Education, Training, and Advocacy Supports• Personal Support Services• Remote Support Services• Respite Care (Daily, 15min, camp)• Support Broker Services• Transition Services• Transportation Services• Vehicle Modifications |
|--|--|

Residential Services

- Community Living - Group Home
- Community Living - Enhanced Supports
- Shared Living
- Supported Living

Note: Residential services are currently only available in the Community Pathways program.

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Budget Bill and Program Challenges

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

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

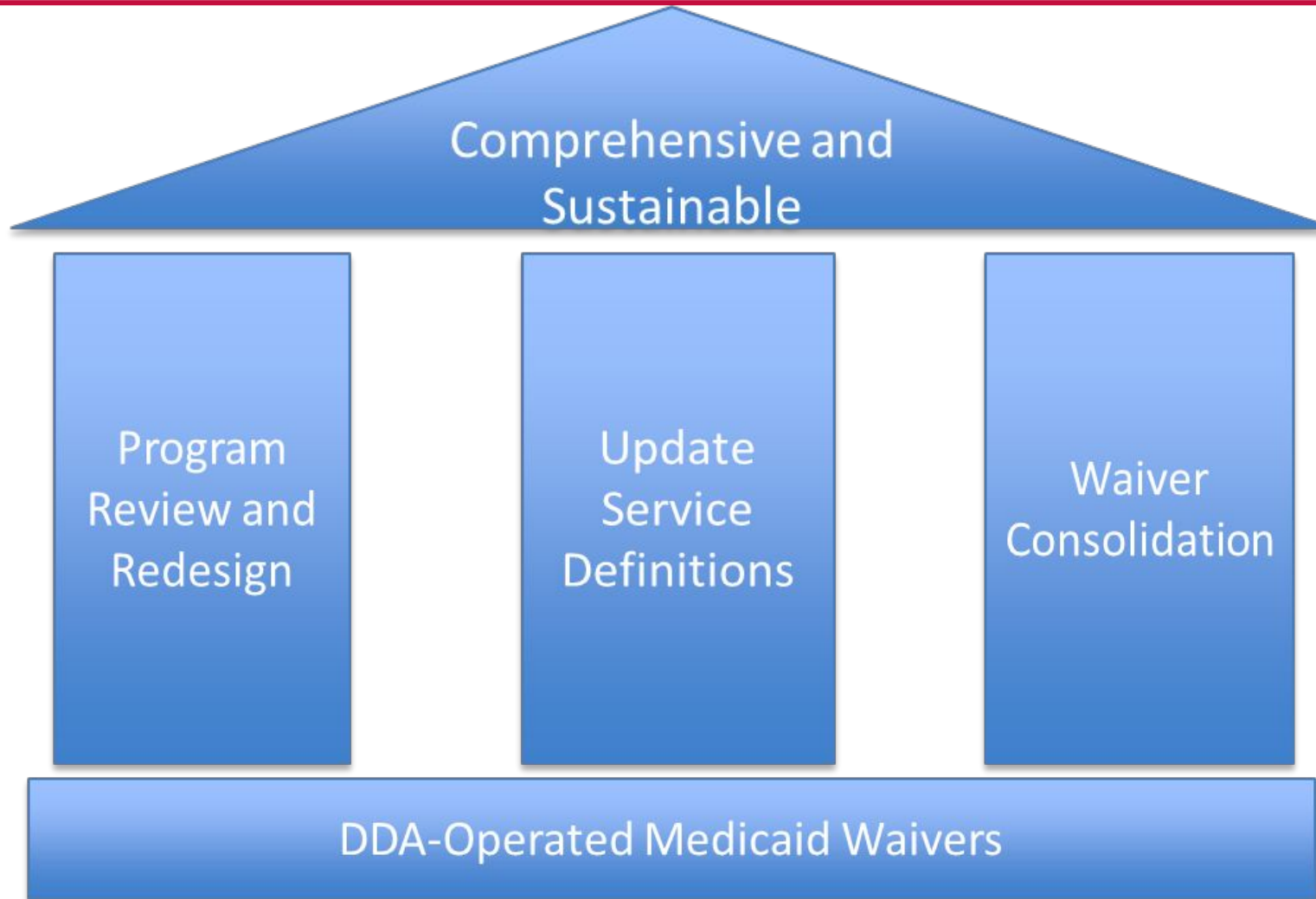
Address Challenges

- 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

Amendment Vision: Comprehensive and Sustainable Medicaid Waiver Program



Amendment Purpose

- Streamline and enhance service delivery by merging the waivers into a single, comprehensive program — the Community Pathways Waiver
 - **All participants will have access to the full array of support services, meaningful day services, and residential services, based on assessed needs. This will improve efficiency, ensure equitable access, provide a more person-centered approach to supports, and increase timely access to services.**

Amendment Purpose

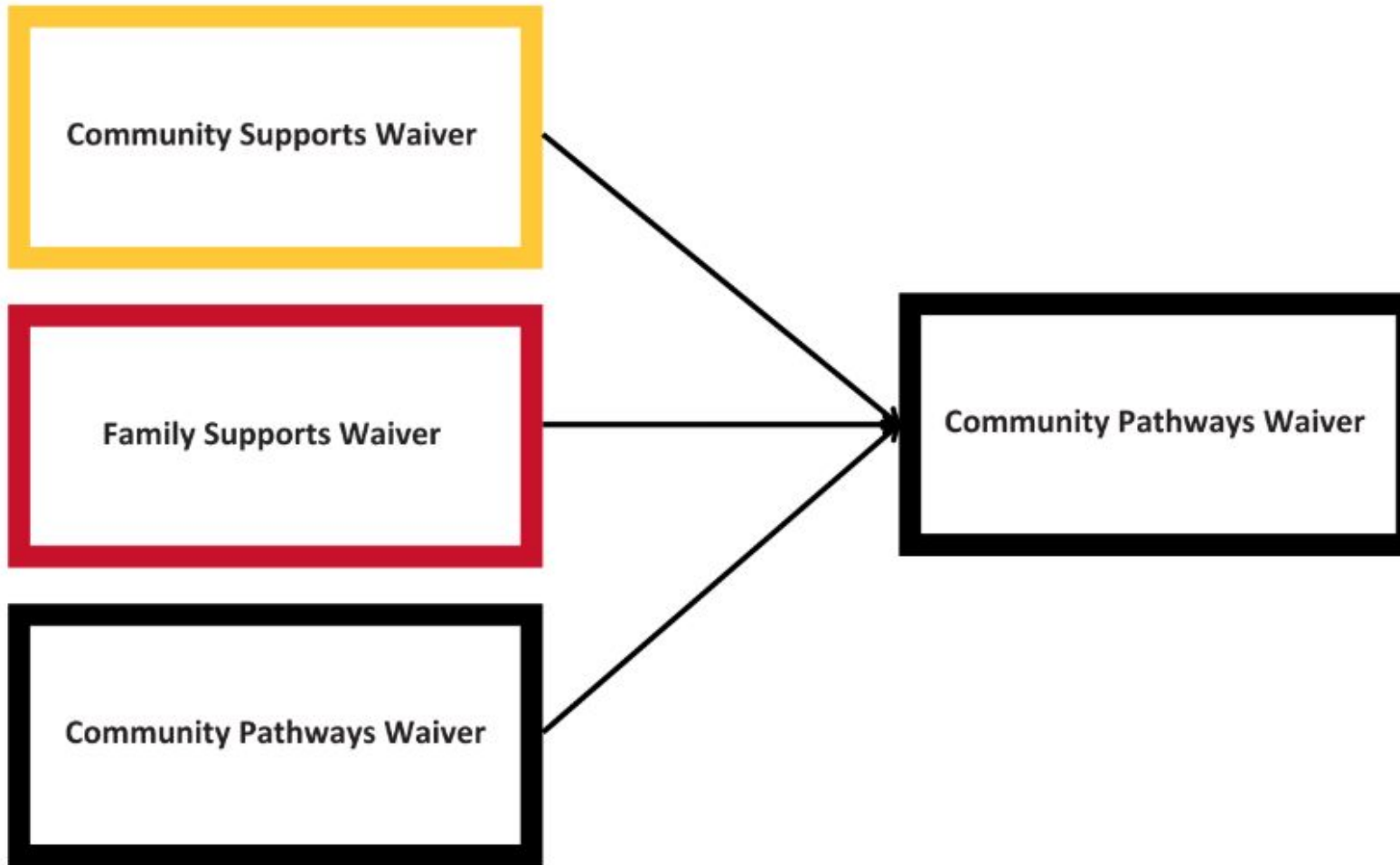
- Ensure greater transparency
- Streamlined service delivery
- Ensure funding is outcome-driven and sustainable
- Meet federal assurances
- Reinforce regulatory compliance within the Medicaid waiver program

Amendment Purpose

- Incorporate and clarify program standards and requirements

This includes in-person health, welfare and service monitoring visits. It also includes incorporating policy standards such as meaningful day services, training, and competitive integrated employment requirements.

Consolidated Waiver - Beginning October 6, 2025



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

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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Amendment Request and Main Proposal

Amendment Request and Main Proposal

- Purpose of amendment
- Brief Waiver Description
 - Disenrollment Reasons
 - Waiver Re-Enrollment
- Waiver Advisory Council
- Public Input Summary
- Transition Plan

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Appendix B - Participant Access and Eligibility Updates

Appendix B

Participant Access and Eligibility (1 of 2)

- Updated eligibility to include all ages
- Updated total number of unduplicated participants incorporating the Family Supports and Community Supports participants
- Adding new Medicaid eligibility groups including:
 - Pregnant women;
 - Infants and children under age 19; and
 - Foster care.
- Updated performance measure to include information gained from the Quality Improvement Organization's Targeted Case Management Reviews

Appendix B

Participant Access and Eligibility (2 of 2)

Updated reserve categories slots based on trends, priorities, and funding:

- Increased “Transitioning Youth,” “Money Follows the Person” and “State Funded Conversions” categories
- Added a new “Deinstitutionalization” category
- Discontinued the “Waiting List Equity Funds “which will be used to fund current services per the Fiscal Year 2026 budget bill
- Discontinued the “End the Waiting List Act” category which does not have allocated funding to support
- Discontinued the “Family Support Participants with Increased Need” and “Community Support Participants with Increased Need” categories as they are no longer needed with consolidation of programs

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Appendix C - Service Updates

General Updates

- 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

- 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

Service Updates	<ul style="list-style-type: none">● 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● Added monthly service fees as a covered service● Removed personal emergency response systems as they are covered under Community First Choice
Service Limits	No change
Provider Qualifications	<ul style="list-style-type: none">● Added Shift Enabling Technology Certification as an acceptable certification for a qualified AT Specialist
Who can provide	No change

Behavioral Support Services

Service Updates	<ul style="list-style-type: none">• Clarified that a Behavioral Assessment includes reviewing data and environments• Clarified the inclusion of dedicated supports in a Behavior Support Plan• Clarified that Behavioral Consultation includes graphing and analysis of collected data to identify trends and patterns of target behaviors• Added information from DDA policy and guidance
Service Limits	No change
Provider Qualifications	<ul style="list-style-type: none">• 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• Removed requirements for high school or equivalent/higher
Who can provide	<ul style="list-style-type: none">• No change

Career Exploration

Service Updates	No change
Service Limits	No change
Provider Qualifications	<ul style="list-style-type: none">Added staff training requirements as noted in the Meaningful Day Services Training policy
Who can provide	No change

Community Development Services

Service Updates	<ul style="list-style-type: none">• 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• For people in self-direction, added the option to provide training and benefits
Service Limits	No change
Provider Qualifications	<ul style="list-style-type: none">• Added staff training requirements as noted in the Meaningful Day Services Training policy
Who can provide	No change

Community Living - Group Home and Community Living - Enhanced Supports

Service Updates	<ul style="list-style-type: none">• 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• Added the requirement that overnight staff must be alert and awake
Service Limits	No change
Provider Qualifications	<ul style="list-style-type: none">• Removed requirement for staff to have GED or high school diploma
Who can provide	No change

Day Habilitation

Service Updates	<ul style="list-style-type: none">• 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• Clarified that Day Habilitation is a separate and distinct service from residential services
Service Limits	No change
Provider Qualifications	<ul style="list-style-type: none">• Added staff training requirements as noted in the Meaningful Day Services Training policy
Who can provide	No change

Employment Services

Service Updates	<ul style="list-style-type: none">• Added information from DDA policy and guidance• 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• For the Provider Managed Services delivery model, clarified which service may be authorized
Service Limits	No change
Provider Qualifications	<ul style="list-style-type: none">• Added staff training requirements as noted in the Meaningful Day Services Training policy
Who can provide	No change

Environmental Assessment

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

Environmental Modifications

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

Family and Peer Mentoring Supports

Service Changes	<ul style="list-style-type: none">● 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● Clarified that Family Mentoring is provided to the participant's primary unpaid caregiver while Peer Mentoring is provided to the participant
Service Limits	No change
Provider Qualifications	<ul style="list-style-type: none">● Eliminates the requirement for Bachelor's Degree and includes lived experience as a standard for family and peer mentors
Who can provide	No change

Family Caregiver Training and Empowerment Service

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

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

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

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

Service Changes	<ul style="list-style-type: none">● Clarified coverage for goods and services continued:<ul style="list-style-type: none">○ Added that a person must first access integrated programs or activities that are available to the public, free, or at a lower cost○ Clarified that goods and services must be the most effective way of meeting the participant’s needs○ Clarified that reimbursement is based on reasonable and customary fees○ Clarified that goods, services, equipment, and supplies cannot pay for common household expenses (e.g., subscription to a cable television service)● Clarified that DDA cannot pay for items/services purchased prior to DDA approval of request● Clarified that a request cannot be submitted if person does not have an active and approved Initial, Revised or Annual Person-Centered Plan
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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">● 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">■ Decision tree checklist is to be used to identify:<ul style="list-style-type: none">● Tasks a participant can do for themselves with or without assistance from others● Support and training to help the participant learn to complete tasks themselves● Current team members, Medicaid services, and local, State, and Federal resources that can assist with the tasks● Unmet needs that a Day-to-Day Administrator can provide within the scope of the approved Medicaid waiver service
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*See proposed waiver for additional information.

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

Service Changes	<p>Clarified Day-to-Day Administrative Supports continued</p> <ul style="list-style-type: none">• Day-to-Day Administrative Supports does not include<ul style="list-style-type: none">○ Making payments for household management care including repairs, snow removal, and lawn care○ Making decisions for the participant○ Approving and signing timesheets or vendor/provider invoices;○ 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○ Developing staffing schedules and cleaning schedules which can be supported by team members, Support Brokers, and Personal Support Services staff○ Financial management○ Assistance with human resources
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*See proposed waiver for additional information.

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

Service Limits	<ul style="list-style-type: none">● Reinstated the initial cap on good and services expenditures at \$5,000 per year<ul style="list-style-type: none">○ 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.● Day-to-Day Administrative Supports must be reasonable and may be provided up to 10 hours per month● 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
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*See proposed waiver for additional information.

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

Provider Qualifications	<ul style="list-style-type: none">● Added Day-to-Day Administrator requirement<ul style="list-style-type: none">○ 18 years or older○ Pass criminal background investigation○ Live in Maryland
Who can provide	<ul style="list-style-type: none">● 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● Relatives can provide this service if they are not also a legal guardian or legally responsible person

*See proposed waiver for additional information.

Live-in Caregiver Supports

Service Changes	<ul style="list-style-type: none">• 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• 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
Service Limits	
Provider Qualifications	
Who can provide	<ul style="list-style-type: none">• Clarified that a sibling may be paid to provide this waiver service unless they are a legally responsible person or legal guardian

Medical Day Care

Service Changes	
Service Limits	<ul style="list-style-type: none">● Providing a new option to receive Behavioral Supports Services during Medical Day Care services
Provider Qualifications	
Who can provide	

Nursing Support Services

Service Changes	<ul style="list-style-type: none">• Clarified that Health Case Management does not include delegation of medications and medical/health/nursing treatments provided by paid staff• 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• Removed the requirement for 24/7 availability or provide qualified backup services
Service Limits	No change
Provider Qualifications	No change
Who can provide	No change

Participant Education, Training and Advocacy Supports

Service Changes	No change
Service Limits	No change
Provider Qualifications	<ul style="list-style-type: none">● 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
Who can provide	<ul style="list-style-type: none">● Removed individual participant support professionals and added Organized Health Care Delivery System as a qualified provider

Personal Supports

Service Changes	<ul style="list-style-type: none">● 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● Clarified that Personal Supports enhanced cannot be provided virtually● Added the requirement that overnight staff must be alert and awake
Service Limits	<ul style="list-style-type: none">● Removed the limitation of 82 hours for the traditional provider model● Clarified that legally responsible persons, legal guardians, and relatives may not be paid for greater than 40-hours per week for services
Provider Qualifications	No change
Who can provide	No change

Remote Support Services

Service Changes	<ul style="list-style-type: none">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
Service Limits	No change
Provider Qualifications	No change
Who can provide	No change

Respite Care Services

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

Support Broker Services (1 of 2)

Service Changes

- Updated to simplify information in alignment with the Center for Medicare and Medicaid Services' Technical Guide
- Clarified that service assists the participant with supported decision making related to employment-related subjects
- Adding requirements for Support Brokers to sign and adhere to a code of conduct
- Clarified that administrative and non-billable activities include attending training, correspondence or research, creating and issuing invoices, and travel
- Clarifies that individuals and organizations providing Support Broker Services may provide no other paid service to the DDA-operated Medicaid waiver participant
- 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

Support Broker Services (2 of 2)

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

Supported Living Services

Service Changes	<ul style="list-style-type: none">• 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• Added the requirement that overnight staff must be alert and awake
Service Limits	No change
Provider Qualifications	No change
Who can provide	No change

Transition Services

Service Changes	<ul style="list-style-type: none">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
Service Limits	No change
Provider Qualifications	No change
Who can provide	No change

Transportation Services

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

Vehicle Modifications

Service Changes	<ul style="list-style-type: none">Clarified that the service does not include charging electric vehicles
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)

- 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)

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)

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)

- 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)

- 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

- 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 D - Participant-Centered Planning and Service Delivery Updates

Appendix D

Person-Centered Planning and Service Delivery

- Added Coordinator of Community Services monitoring, competency-based skills, and knowledge requirements, per Code of Maryland Regulations 10.09.48
- Clarified that a Coordinator of Community Services cannot provide waiver services to a participant as the participant's employee or as the employee of a vendor or provider
- Added language about sharing information about the self-directed orientation/training and exploring assistive technology
- Updated the performance measure to include information gained from the National Core Indicators In-Person Surveys and Quality Improvement Organization Targeted Case Management Reviews

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Appendix E - Participant Direction of Services Updates

Appendix E

Participant Direction of Services (1 of 3)

- 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)

- 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)

- 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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Appendix F - Participant Rights Updates

Appendix F

Participant Rights

- Updated to include the new dedicated “Request a Fair Hearing. File an Appeal” website which includes plain language information, frequently asked questions, and an option to submit fair hearing request online at: <https://health.maryland.gov/mmcp/Pages/medicaid-appeal.aspx>
- Updated the case resolution conference to be specifically related to DDA eligibility determinations

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Appendix G - Participant Safeguards Updates

Appendix G

Participant Safeguards

- Added language about the Quality Improvement Organization and their role in quality monitoring, quality assurances and evaluating compliance
- Clarified that the Office of Health Care Quality has the authority to investigate investigate all incidents and all types of providers
- Clarified that the DDA website home page includes a link to information on how to report abuse or concerns. Information can be viewed at:
<https://health.maryland.gov/dda/Pages/Report%20Abuse.aspx>
- Updated the performance measure to include information gained from the National Core Indicators In-Person Surveys and Quality Improvement Organization Health and Welfare Reviews

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Appendix H - Systems Improvement Updates

Appendix H

Quality Improvement Strategy

- Clarified that the Quality Improvement Organization evaluates and develops continuous quality enhancement processes related to performance
- Clarified that the DDA Waiver Advisory Council creates meaningful engagement and a feedback loop with stakeholders, and with a focus on people with lived experience
- Added information related to the DDA seeking to achieve Network Accreditation from the Council on Quality and Leadership

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Appendix I and J - Financial Accountability and Cost Neutrality Demonstration Updates

Appendix I and J

(1 of 2)

Financial Integrity and Accountability and Cost Neutrality Demonstration

- Added Day-To-Day Administrative Supports and Assistive Technology monthly service projections
- Clarified that Medical Day Care claims are submitted electronically for payment into the State's eMedicaid system which interfaces with the Medicaid Management Information System
- Updated performance measures

Appendix I and J

(2 of 2)

Financial Integrity and Accountability and Cost Neutrality Demonstration

- Updated assumptions, estimated users, average units, average cost, and total cost, based on the waiver consolidation
- Added that, based on the budget allocations, rates may be funded at a percentage of the fully loaded Brick up to 100%. In addition, the geographical differential rates may also be funded at a percentage above the standard rates

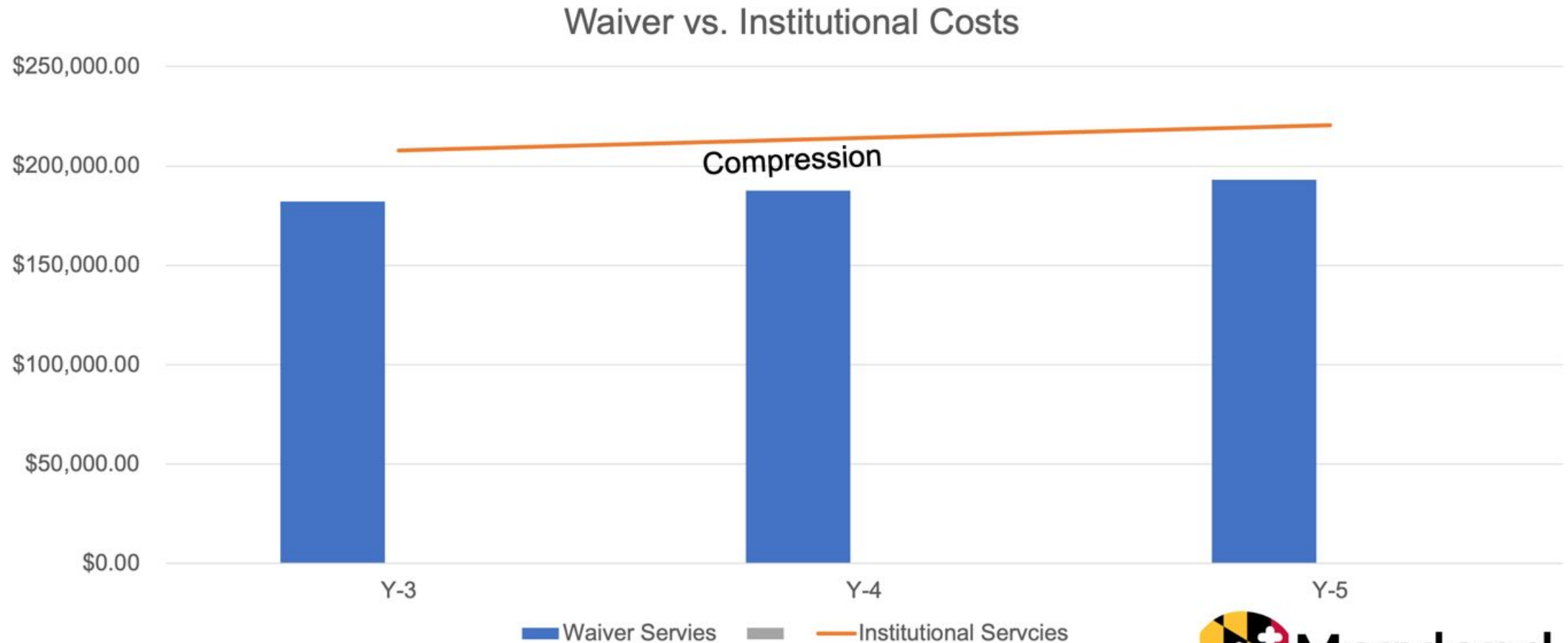
Federal Requirements: Cost Neutrality

- States must demonstrate that providing waiver services will not cost more than providing services in an institution (also known as cost neutrality assurance)
- The federal Secretary of Health and Human Services monitors the implementation of Medicaid waivers and ensures requirements are being met, and shall, after notice and opportunity for a hearing, ***terminate any waiver*** that is non-compliant
- Participants' service utilization continues to grow and many individuals' actual costs are exceeding institutional costs
 - Increased participation in the self-directed service model
 - Increased family members as paid staff
 - Family as staff are paid at higher rates

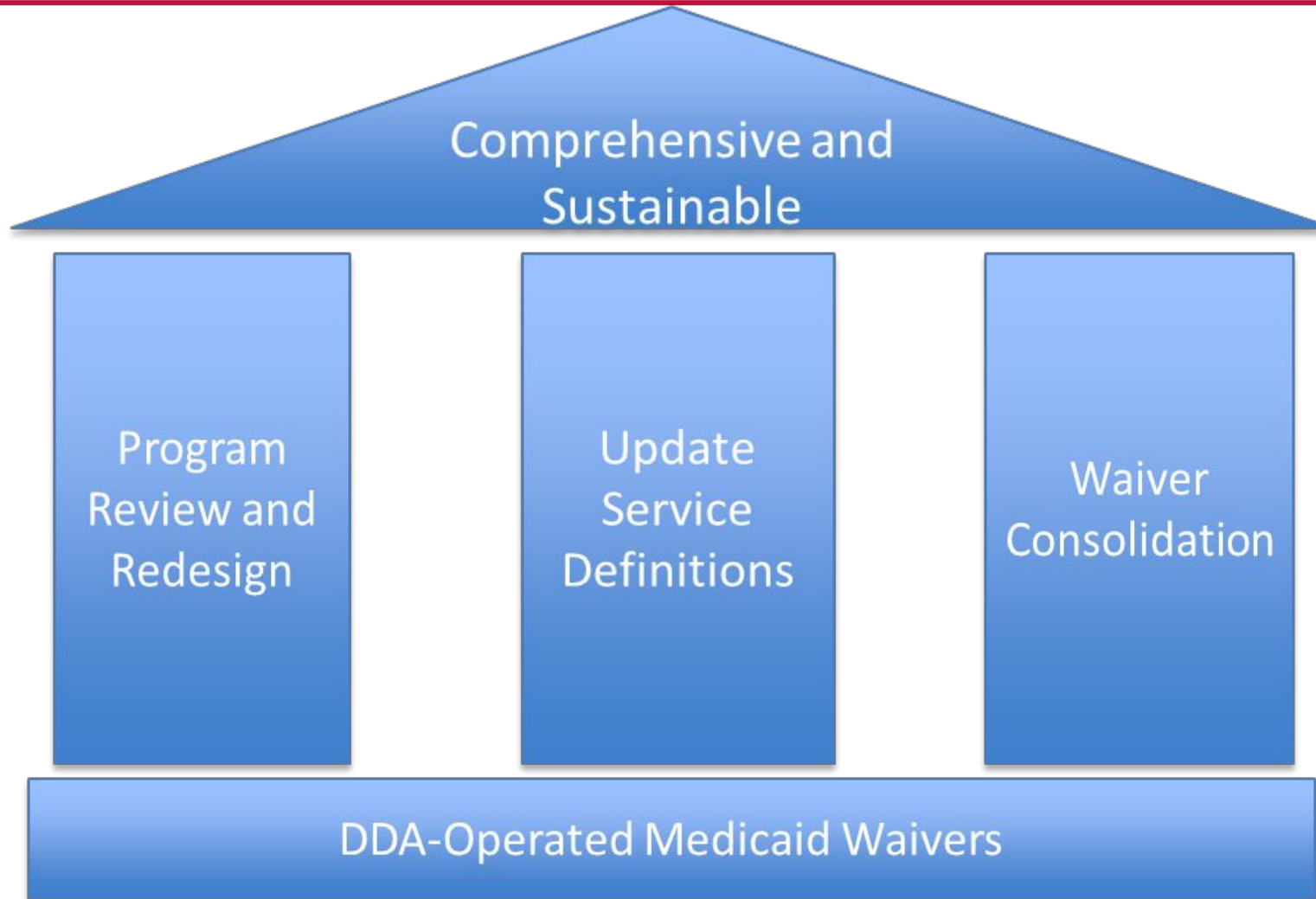
Federal Requirements: Cost Neutrality

- Each waiver cycle is five years
- Historic projections included non-allowable facility costs and State-funded services
- FY 2026 is DDA-operated Medicaid waiver programs' third waiver year
- The Hilltop Institute actual allowable cost analysis demonstrates:
 - Narrow cost difference margin is approximately \$35,000 for [three] remaining years (FY 2026-FY 2028)
- Continued increase cost for services risks violating cost neutrality and termination of the program under the current federal administration
 - General Funds at risk: About \$1.6 billion

Cost Neutrality Updates: Waiver Years 3-5



Amendment Vision: Comprehensive and Sustainable Medicaid Waiver Program



Waiver Amendment 2025

Stakeholder Engagement and Public Comment

Stakeholder Engagements

- 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

- 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; 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

