Community Pathways Waiver Amendment 2026

Public Comment Summary

The Maryland Department of Health's (MDH) Community Pathways Medicaid home and community-based services waiver provides individual and family supports for persons with developmental disabilities. The public comment period for the Community Pathways Waiver Amendment 2026 proposal was from April 29, 2026, through May 28, 2026. In total, 846 individuals, families, providers, advocacy organizations, support brokers, and public members submitted input. Below is a summary of the input from the public, organized by the section of the waiver application each proposed change addresses. The "Other" section captures comments not directly aligned with a specific change proposed in the 2026 amendment.

DDA will continue to engage stakeholders, including individuals receiving services, families, providers, advocates, and the Waiver Advisory Council, regarding implementation of the policy and any future clarifications that may be needed.

Amendment Main Request

Amendment Main Request	
Comment	**Department Response**
1. **Stakeholder Engagement, Transparency, Public Comment Period, and Access to Information** a. 30-day public comment period is insufficient for changes of this scope. b. Proposed rates, wage tables, fiscal impact analyses, and implementation guidance were not published at the start of the comment period. c. Critical rate information was not released until weeks into the comment period, effectively shortening available time for review.	Federal regulations require states to provide at least 30 days' notice and an opportunity for public comment before submitting a waiver amendment to the Centers for Medicare and Medicaid Services (CMS). DDA exceeded this requirement and implemented several strategies to provide information and opportunities for stakeholder engagement. Maryland's 2026 legislative session was held from January through April 2026. During the legislative process, public hearings were held on DDA's proposed budget and the Fiscal Year 2027 Budget Bill (SB282). The final budget included specific DDA

Amendment Main Request	
Comment	**Department Response**
d. Without complete rate and fiscal impact data, meaningful public comment is not possible. e. Requesting that the comment period be extended or restarted with complete materials. f. Requesting that all proposed FY27 self-directed rates, underlying wage assumptions, and fiscal impact data be published immediately. g. Amendment process lacked genuine stakeholder engagement prior to public release. h. Public webinar held May 4, 2026 did not allow for meaningful dialogue; questions were redirected or unanswered. i. No formal pre-amendment stakeholder engagement process was provided. j. Requesting that DDA restart or extend the comment period with complete information. k. Requesting that DDA establish meaningful pre-amendment input processes with open dialogue. l. Requesting that all underlying data sets be released publicly. m. Waiver Advisory Council was not meaningfully involved before public release. n. Requesting that the Waiver Advisory Council be engaged early and consistently in future amendment development. o. Families and participants have been asked to evaluate hundreds of pages of simultaneous amendments, manual revisions, and policy changes over a very short period; many stakeholders do not feel their concerns	cost-containment actions that required changes to the Community Pathways Waiver. On April 29, 2026, Medicaid issued a public announcement regarding the proposed waiver amendment. Notices requesting public comment were posted on the Maryland Department of Health website and at DDA regional offices throughout the state. To support transparency and public review, DDA created a dedicated webpage for the 2026 Community Pathways Waiver Amendment that included detailed information about the proposed changes. DDA also provided track-change versions of the amendment documents, including both color and black-and-white formats to support accessibility and compatibility with screen readers. Additionally, summaries of proposed changes were provided in Spanish. In addition, DDA conducted 10 public webinars to explain the proposed changes, answer questions, and provide stakeholders with opportunities to learn more about the amendment during the public comment period. DDA values ongoing stakeholder engagement and regularly seeks input from individuals receiving services, family members, advocates, providers, and other community partners through the Waiver Advisory Council (WAC). The Waiver Advisory Council meets at least every other month and includes two subgroups: the Waiver Recommendation Group and the People with Lived Experience Group. These groups

Amendment Main Request	
Comment	**Department Response**
have been adequately addressed through the current engagement process.	provide opportunities for stakeholders to share feedback and recommendations on waiver policies, services, and program operations. At the April 2026 WAC meeting, DDA provided information about the 2026 legislative session and discussed key changes affecting DDA services and supports. During that meeting, DDA sought input from council members regarding effective ways to communicate information about the legislative changes and engage stakeholders throughout the implementation process. Feedback received through the Waiver Advisory Council helped inform DDA's outreach efforts and stakeholder engagement activities related to the proposed waiver amendment.
2. **Accessibility of Amendment Materials** a. Documents were not provided in plain language or accessible formats. b. Materials were not accessible to individuals with visual impairments or screen reader users. c. Materials were not accessible to non-English speakers or individuals with limited literacy. d. Possible use of generative AI in creating documents introduces screen reader and translation barriers. e. Requesting plain-language summaries and screen reader-compatible documents.	To support understanding and accessibility: 1. DDA created plain language overviews of the proposed amendment both in English and Spanish ○ Easy-to-Read Summary ○ Resumen de Fácil Lectura; 2. DDA conducted webinars in Spanish; and 3. DDA provided track-change versions of the amendment documents, including both color and black-and-white formats to support accessibility and compatibility with screen readers. 4. DDA provided summaries of proposed changes in Spanish.

Amendment Main Request	
Comment	**Department Response**
3. **LTSS*Maryland* Update** Amendment should outline how LTSS*Maryland* will be updated or enhanced to support any revisions; this information is needed for CCS teams and other system users to evaluate implementation feasibility.	Maryland Medicaid and DDA provide ongoing information about program operations, service authorizations, and system changes through LTSS*Maryland*, the state's electronic system for managing long-term services and supports. LTSS*Maryland* is used to maintain information about: ● Eligibility for services; and ● A participant's Person-Centered Plan (PCP), authorized services, and approved funding. Information about system updates and enhancements is regularly shared with Coordinators of Community Services (CCS) through monthly meetings, training sessions, and coordination meetings with provider leadership. In addition, Maryland Medicaid publishes the LTSS*Maryland* Monthly Spotlight, which provides information about new system features, upcoming upgrades, system improvements, and resolved technical issues. These ongoing communication efforts help ensure that participants, families, Coordinators of Community Services, and providers have access to information needed to support service planning and delivery.
4. **Scope of the Amendment** a. Amendment scope exceeds what is necessary for federal or state compliance. b. Changes described as required by CMS are in fact discretionary state policy decisions.	The amendment includes changes necessary to implement provisions of Maryland's Fiscal Year 2027 budget and to support the continued operation and sustainability of waiver services within requirements established through approved waiver authorities, federal requirements and guidance, and state law. Some

Amendment Main Request	
Comment	**Department Response**
c. CMS does not require wage reductions, broad restrictions on family caregivers, or replacement of self-direction with more restrictive models. d. Requesting that the amendment be limited to changes required for compliance. e. Requesting that DDA clearly distinguish between federal requirements and state policy choices.	changes reflect federal Medicaid requirements, while others are state policy decisions made in response to budgetary and programmatic considerations. The waiver amendment documents identify the specific sections being revised and describe the proposed changes. DDA provided track-change versions of the amendment to help stakeholders review and understand the modifications. The 10 stakeholder engagement webinars presented the proposed changes and their alignment with federal compliance and state compliance needs. CMS approval is required for all waiver amendments. As part of its review, CMS evaluates whether proposed changes comply with applicable federal Medicaid requirements and Home and Community-Based Services (HCBS) regulations.
5. **Request for CMS Intervention** a. Requesting that CMS pause approval and implementation of this amendment pending further review. b. Requesting that CMS issue a formal Request for Additional Information requiring Maryland to demonstrate that proposed changes will not harm participants or violate federal choice laws. c. Requesting that CMS require meaningful stakeholder engagement and transparency before approving the amendment. d. Requesting that CMS evaluate workforce stability, continuity of care impact, and institutionalization risk as part of its review.	DDA recognizes the importance of these concerns and carefully reviewed and considered all comments received during the public comment period. The public comment process is intended to provide participants, families, providers, advocates, and other stakeholders with an opportunity to review proposed waiver changes and provide feedback prior to submission of the amendment to CMS. The proposed waiver amendment was made available for public review in accordance with federal public notice requirements. DDA provided multiple opportunities for stakeholder engagement, including publication of amendment materials, track-change documents, public webinars, stakeholder meetings, and the

Amendment Main Request	
Comment	**Department Response**
	opportunity to submit written comments during the public comment period. DDA reviewed all comments received and provided this summary of the input from the public, organized by the section of the waiver application each proposed change addresses. The "Other" section captures comments not directly aligned with a specific change proposed in the 2026 amendment. Following completion of the public comment process, the waiver amendment, public comments, and summary will be submitted to CMS for review. CMS is responsible for evaluating the proposed amendment and determining whether it complies with applicable federal Medicaid and Home and Community-Based Services requirements. As part of its review process, CMS may request additional information, clarification, or supporting documentation, as appropriate. DDA remains committed to ongoing stakeholder engagement, transparency, participant health and welfare, person-centered planning, community integration, and compliance with applicable federal and state requirements.
6. **Support for the DDA Program and Self-Direction** a. General appreciation expressed for the DDA program and the positive impact of self-directed services on participants' lives. b. Self-directed services have enabled participants to volunteer in communities, maintain employment, reduce hospitalizations, and live full lives.	Self-directed services have helped individuals achieve personal goals, increase independence, maintain employment, participate in community activities, develop meaningful relationships, improve health and well-being, and remain in their homes and communities. DDA recognizes the important contributions of participants, families, direct support professionals, providers, Support Brokers,

Amendment Main Request	
Comment	**Department Response**
c. Support expressed for the continued sustainability and expansion of the program.	Coordinators of Community Services, advocates, and community partners who help make these opportunities possible. The Department remains committed to supporting individuals with intellectual and developmental disabilities in leading meaningful lives in their communities and exercising choice regarding the services and supports they receive. DDA also recognizes the value of the Self-Directed Service Delivery Model as an important option within the Community Pathways Waiver. Participants' self-directing services have increased 261% from Fiscal Year 2021 to Fiscal Year 2025. The Self-Directed Service Delivery Model continues to provide participants with employer and budget authority, allowing individuals to make decisions about the services, supports, and staffing arrangements that best meet their needs and goals. The Department appreciates the comments supporting the continued success, sustainability, and growth of home and community-based services and will continue working with stakeholders to strengthen and improve services for Marylanders with intellectual and developmental disabilities.

Appendix C: Participant Services - Community Living-Group Home

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Comment	**Department Comment**
1. **Residential Dedicated Staffing Hours Threshold Change (30 vs. 40 Hours of Meaningful Day Services)** a. Proposed reduction in shared dedicated staffing hours threshold from 40 to 30 hours raises concern about participants who receive fewer hours of meaningful day programming. b. The basis for selecting 30 hours has not been explained. c. Requesting clarification on how this interacts with participants who have high support needs and receive fewer meaningful day service hours. d. Recommending that the dedicated hours threshold change be piloted beginning September 1, 2026 with a goal of full implementation January 1, 2027, to allow the workforce time to prepare for the change.	The proposed amendment aligns waiver language with current DDA policy regarding the use of authorized residential dedicated support hours during periods when a person is not participating in meaningful day services. Under current policy, residential providers may use authorized dedicated support hours to support more than one participant in the home when individuals are retired, transitioning between meaningful day services, recovering from a health condition, or receiving fewer than 30 hours of meaningful day services per week. The Community Pathways Waiver offers a variety of meaningful day services designed to promote community participation, skill development, independence, and employment. These services may be authorized for up to 40 hours per week, with additional employment support services available based on individual need. Many participants also receive residential services, including Community Living–Group Home, Community Living–Enhanced Supports, and Supported Living. Residential rates are developed using a staffing model that includes funding for a minimum of 138 staff hours per week, including overnight supports. This rate methodology assumes that participants are engaged in at least 30 hours per week of meaningful day services or other community-based activities.

Appendix C: Participant Services - Community Living – Group Home	
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	Because there are 168 hours in a week, the residential rate structure assumes that approximately 30 hours each week will be supported through meaningful day services rather than residential staffing. The amendment reflects this existing rate methodology and operational practice. The amendment does not change the ability of a participant to receive additional support when needed. Dedicated staffing may continue to be authorized based on an individual's assessed needs, including behavioral, medical, safety, or community integration needs that require one-to-one or two-to-one support. Residential Dedicated Supports During Meaningful Day Hours may also continue to be authorized in accordance with DDA policy and the person's assessed needs. The amendment is intended to clarify and align waiver language with current policy, service authorization practices, and the assumptions used in the development of residential reimbursement rates. In addition, Maryland's Fiscal Year 2027 Budget Bill (SB282) directs: ● "Dedicated hours may support more than one participant only when doing so meets each participant's assessed needs, and the participants are retired, transitioning between meaningful day services, recovering from a health condition, or receiving fewer than 30 hours of meaningful day services per week."

Appendix C: Participant Services - Community Living – Group Home	
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2. **Oversight and Monitoring of Dedicated Hours in Group Homes** a. Dedicated hours are currently documented manually, limiting DDA's ability to conduct timely, large-scale oversight. b. Recommending that DDA implement Electronic Visit Verification or require start and end times as mandatory billing fields for Community Living – Group Home dedicated hours. c. Automated time data would enable identification of overlapping or duplicate service times and strengthen fraud, waste, and abuse detection.	DDA recognizes the importance of maintaining strong program integrity safeguards and ensuring that services are delivered and billed in accordance with waiver requirements. DDA currently uses a variety of oversight and monitoring activities, including provider qualification requirements, service authorization reviews, billing reviews, audits, and other program integrity activities to monitor service delivery and identify potential concerns. The recommendation to require additional electronic time-tracking mechanisms, such as Electronic Visit Verification (EVV) or mandatory start and end times for dedicated support billing, is outside the scope of this waiver amendment. DDA will continue to evaluate opportunities to strengthen oversight, monitoring, and program integrity activities related to dedicated support services. As part of these efforts, DDA will seek input from stakeholders, including the Waiver Advisory Council (WAC), providers, individuals receiving services, family members, and other interested parties regarding potential future enhancements to monitoring and reporting processes. Any future changes to service documentation, billing requirements, or monitoring systems would be evaluated separately and would include stakeholder engagement and communication prior to implementation.
3. **Shared Dedicated Hours** Recommending safeguards: a. The arrangement must be 100% voluntary; b. Limit to two people who live together by choice;	Safeguards are important to support the health and welfare of participants. The proposed amendment does not change existing requirements related to person-centered planning, informed choice, individual rights, or the authorization of services based on

Appendix C: Participant Services - Community Living – Group Home	
Comment	**Department Comment**
c. Each person maintains their own PCP and individual budget; d. The arrangement must not create an unlicensed group home structure; e. Either person can end the arrangement at any time without penalty; f. DDA cannot force participants to use this option to cut costs.	assessed need. Participants will continue to have an individualized PCP, an individual service authorization, and an individual budget based on their assessed needs and approved services. The use of dedicated support hours must be determined through the person-centered planning process and be consistent with the participant's assessed needs, goals, preferences, health and safety requirements, and desired outcomes. Service planning decisions are made on an individual basis and are not determined solely by provider and funding considerations. The amendment does not create a new residential service model or alter existing residential licensing requirements. Participants receiving residential services will continue to receive services in settings that meet applicable waiver and state requirements. Participants retain the right to request changes to their services and supports through the person-centered planning process. If a participant's needs change, a revised PCP and service authorizations are completed as appropriate.

Appendix C1 and 2-5: Summary of Services and General

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Comment	**Department Comment**
1. **60/40 Rule – Support** a. Support expressed for the 60/40 rule and self-direction rate changes as a means of ensuring appropriate oversight. b. Support expressed for the 60/40 Rule as a means of ensuring appropriate oversight of family-provided services and preventing potential misuse of the program. c. Support increased oversight of fraud in family-as-staff arrangements. d. Support expressed for more robust fraud oversight mechanisms in addition to hour limitations. e. Requesting stronger mechanisms for oversight of service delivery in addition to the hour limitations.	As required by the Fiscal Year 2027 Budget Bill (SB282), DDA is implementing limitations on the number of hours that may be paid to legal guardians, relatives, and legally responsible persons for providing waiver services. The amendment incorporates these requirements into the Community Pathways Waiver. DDA agrees that strong oversight is important to help ensure services are delivered as authorized and that Medicaid funds are used appropriately. DDA currently utilizes a variety of program integrity activities, including service authorization reviews, billing reviews, audits, provider monitoring, and investigations of allegations involving fraud, waste, or abuse. DDA will continue to evaluate opportunities to strengthen oversight and monitoring processes.
2. **60/40 Rule – Recommendations** a. Create a process for participants to request reasonable modifications to service limitations to avoid discrimination in its implementation of the 60/40 Rule. b. Create an exception to the 60/40 rule that excludes family members who do NOT live with the participant. Any service by those family members would NOT count in the 60/40 rule. c. Create emergency exceptions to the 60/40 rule for temporary staffing shortages and unplanned departures. d. Incorporate emergency provisions similar to Pennsylvania's 60/40 emergency carve-out structure.	As required by the Fiscal Year 2027 Budget Bill (SB282), DDA is implementing limitations on the number of hours that may be paid to legal guardians, relatives, and legally responsible persons for providing waiver services. The amendment incorporates these statutory requirements into the Community Pathways Waiver. DDA recognizes that some participants have:

Appendix C1 and 2-5: Summary of Services and General	
Comment	**Department Comment**
e. Allow temporary flexibility for unexpected circumstances such as illness, weather emergencies, or sudden caregiver loss.	• Significant support needs and that workforce challenges continue to affect the availability of direct support professionals in some communities; • Unexpected staffing emergencies and other unforeseen circumstances that may create situations where participants rely on family members to maintain continuity of services and supports. **In response to public comments, DDA will revise the proposed amendment to include an exception for emergencies and unplanned departures of regularly scheduled workers.** **All participants are required to have a backup and emergency plan that identifies strategies for addressing situations when a regularly scheduled worker is unavailable. When backup and emergency plans have been utilized and no other worker or unpaid support is immediately available, an exception to the 60/40-hour limitation may be approved at the discretion of the employer, whether the participant is self-directing services or receiving services through a provider agency.** **Emergencies and unplanned departures include:** **1. Unexpected circumstances such as inclement weather, sudden illness, or an unplanned extension of medical leave that prevents a worker from reporting to work;** **2. The sudden loss of an unpaid caregiver which kept the provision of paid services by legal guardians, relatives, or legally responsible persons at or below 60/40 hours per week; or**

Appendix C1 and 2-5: Summary of Services and General	
Comment	**Department Comment**
	3. A worker unexpectedly quits or is terminated, resulting in a temporary staffing gap that requires a legal guardian, relative, or legally responsible person to provide additional paid support. **This revision is intended to help protect participant health and welfare, maintain continuity of services during unexpected events, and provide flexibility while preserving the overall goals of the statutory limitations.**
3. **60/40 Rule – General Opposition** a. The 60/40 Rule is opposed as arbitrary, not based on assessed need, and not derived from participant-level data. b. Disabilities do not pause at arbitrary hour thresholds; participants requiring 24-hour support cannot absorb these limits. c. Rule does not account for the absence of available replacement workforce. d. Requesting that the 60/40 Rule be removed from the amendment. e. Requesting that any future limits be based on individualized assessed need rather than categorical restrictions. f. Requesting that DDA review this precedent before implementing this restriction in Maryland.	As required by the Fiscal Year 2027 Budget Bill (SB282), DDA is implementing limitations on the number of hours that may be paid to legal guardians, relatives, and legally responsible persons for providing waiver services. The amendment incorporates these statutory requirements into the Community Pathways Waiver. DDA recognizes that some participants have: ● Significant support needs and that workforce challenges continue to affect the availability of direct support professionals in some communities; ● Unexpected staffing emergencies and other unforeseen circumstances that may create situations where participants rely on family members to maintain continuity of services and supports. **In response to public comments, DDA will revise the proposed amendment to include an exception for emergencies and unplanned departures of regularly scheduled workers.**

Appendix C1 and 2-5: Summary of Services and General	
Comment	**Department Comment**
	All participants are required to have a backup and emergency plan that identifies strategies for addressing situations when a regularly scheduled worker is unavailable. When backup and emergency plans have been utilized and no other worker or unpaid support is immediately available, an exception to the 60/40-hour limitation may be approved at the discretion of the employer, whether the participant is self-directing services or receiving services through a provider agency. **Emergencies and unplanned departures include:** ● **Unexpected circumstances such as inclement weather, sudden illness, or an unplanned extension of medical leave that prevents a worker from reporting to work;** ● **The sudden loss of an unpaid caregiver which kept the provision of paid services by legal guardians, relatives, or legally responsible persons at or below 60/40 hours per week; or** ● **A worker unexpectedly quits or is terminated, resulting in a temporary staffing gap that requires a legal guardian, relative, or legally responsible person to provide additional paid support.** **This revision is intended to help protect participant health and welfare, maintain continuity of services during unexpected events, and provide flexibility while preserving the overall goals of the statutory limitations.**

Appendix C1 and 2-5: Summary of Services and General	
Comment	**Department Comment**
4. **60/40 Rule – Health, Safety, and Participant Impact** a. Family caregivers are often the only consistent, reliable source of support for participants with complex behavioral, medical, or communication needs. b. Implementing arbitrary hour caps will create dangerous service gaps, increase risk of injury, hospitalization, and institutionalization. c. Non-verbal participants who cannot report abuse depend on family caregivers for protection that institutional or unfamiliar staff cannot replicate. d. Changing caregivers increases behavioral incidents, medical risk, and emotional distress for participants who depend on routine and familiarity. e. Participants with seizure disorders, elopement risk, non-verbal communication, Type 1 Diabetes, autism, cerebral palsy, rare genetic conditions, and similar complex needs cannot be safely transferred to unfamiliar staff. f. Reducing family hours from an existing effective cap of approximately 128 hours per week to 60 hours leaves a majority of a participant's week without authorized support.	DDA recognizes the critical role that family caregivers often play in supporting individuals with intellectual and developmental disabilities. Family members frequently provide continuity, familiarity, advocacy, and specialized knowledge regarding a participant's communication methods, health conditions, behavioral support needs, daily routines, and personal preferences. DDA understands stakeholder concerns regarding the potential impact that changes in staffing arrangements may have on participant health, safety, well-being, and quality of life. The proposed limitations do not change the process used to assess a participant's needs or determine the amount of authorized services. Participants will continue to receive services based on individualized assessments, person-centered planning, and identified health and safety needs. DDA acknowledges concerns regarding workforce availability and the challenges some participants may face in identifying and training additional support staff, particularly individuals with complex medical, behavioral, or communication needs. **In response to stakeholder feedback, DDA will revise the proposed amendment to include an exception for emergencies and unplanned departures of regularly scheduled workers. This exception is intended to help ensure continuity of services and protect participant health and welfare when unexpected staffing situations occur.**

Appendix C1 and 2-5: Summary of Services and General	
Comment	**Department Comment**
5. **60/40 Rule – Conflict with Person-Centered Planning and Participant Choice** a. Rule violates participant choice and employer authority, which are foundational to self-direction. b. Rule is inconsistent with federal requirements under 42 CFR §441.301(c) requiring services based on individualized assessed need. c. Rule limits provider choice in violation of 42 CFR §431.151. d. Rule conflicts with Maryland's Self-Direction Act of 2022 (Chapter 737), which strengthened participant choice and family-supported models. e. Forcing participants to use unfamiliar outside staff when family is the preferred choice undermines self-determination and the purpose of self-direction. f. The 60/40 cap applies across all Medicaid waiver services; participants with high support needs whose family caregivers also provide services under Community First Choice cannot access CFC hours to offset the cap. g. Delete “across all Medicaid waiver services” and replace it with “across DDA’s Medicaid waiver services.” h. Clarify that the 60/40 Rule only applies to legal guardians, legally responsible adults, and relatives while they are providing support to their family members or people for whom they serve as legal guardians.	DDA remains committed to person-centered planning, participant choice, and self-direction principles. DDA recognizes that participant choice and self-determination are foundational principles of self-directed services. Participants who self-direct services retain important employer responsibilities and decision-making authority, including recruiting, hiring, training, supervising, and dismissing workers, consistent with applicable program requirements. The proposed limitations do not change the person-centered planning process or the requirement that services be based on an individual's assessed needs, goals, preferences, strengths, and desired outcomes. Participants will continue to receive individualized service plans and service authorizations based on their assessed needs and approved services. The amendment does not eliminate the ability of legal guardians, relatives, or legally responsible persons to provide services. Rather, it establishes limitations on the number of paid hours that may be provided by those individuals, as required by the Fiscal Year 2027 Budget Bill (SB282). Participants may continue to utilize family members as paid staff within the parameters established by the program. DDA acknowledges stakeholder concerns regarding the impact of the limitations on participants who prefer family members as their primary paid support providers. The hourly limitations apply to services authorized through the Community Pathways Waiver and do not change eligibility for waiver services or the process used to determine an individual's service needs. Participants will

Appendix C1 and 2-5: Summary of Services and General	
Comment	**Department Comment**
	continue to receive service authorizations based on individualized assessments and person-centered planning. The limitation applies to services provided by legal guardians, relatives, and legally responsible persons under the Community Pathways Waiver and does not establish limits on services provided through other Medicaid programs. **In response to stakeholder feedback, DDA will revise the proposed amendment to include an exception for emergencies and unplanned departures of regularly scheduled workers to help support continuity of services and protect participant health and welfare during unexpected staffing situations.** **DDA will also revise the proposed amendment to clarify the limit applies to Community Pathway Medicaid waiver services.**
6. **60/40 Rule – Justification and Data** a. Requesting that DDA publicly release the data, analysis, and federal justification used to support the 60/40 Rule. b. Stated rationale shifted between cost containment and health and safety across different public forums without supporting evidence for either. c. No data demonstrating a systemic health or safety risk associated with family caregivers was presented. d. Family caregivers meet the same training, credentialing, and background check requirements as non-family staff.	The proposed 60/40-hour limitations are being implemented in accordance with the Fiscal Year 2027 Budget Bill (SB282), which requires DDA to establish limits on the number of paid service hours provided by legal guardians, relatives, and legally responsible persons. The amendment incorporates these statutory requirements into the Community Pathways Waiver. DDA acknowledges stakeholder requests for additional information regarding the policy rationale and implementation of the limitations. In addition to implementing the legislative requirement, DDA considered factors related to participant health and welfare, continuity of services, the importance of backup

Appendix C1 and 2-5: Summary of Services and General	
Comment	**Department Comment**
e. Requesting identification of specific risks analyzed, incident data reviewed, and less restrictive alternatives considered.	staffing arrangements, caregiver well-being, and program integrity safeguards associated with family-provided services. DDA recognizes that family caregivers play an essential role in supporting many individuals receiving waiver services. The proposed limitations are not based on a determination that family caregivers provide lower-quality services or pose a greater risk to participants than non-family staff. Family caregivers who provide waiver services must continue to meet applicable program requirements, including required qualifications, training, background checks, documentation standards, and other program requirements.
7. **60/40 Rule – Workforce Shortage Context** a. Maryland has a documented shortage of Direct Support Professionals, with annual turnover rates averaging approximately 50%. b. Many participants rely on family members as paid staff precisely because traditional providers are unavailable, unwilling, or unable to serve individuals with complex needs. c. Traditional providers have rejected participants with complex behavioral or medical needs; for these individuals, family caregivers are the only option. d. Restricting family hours without ensuring an available replacement workforce will result in unmet service needs. e. Requesting a workforce capacity analysis before implementing any hour limitations.	DDA recognizes that recruitment and retention of Direct Support Professionals continues to be a challenge across Maryland and nationally. DDA also acknowledges that some participants, particularly those with complex medical, behavioral, communication, or support needs, may experience additional challenges identifying and retaining qualified staff. Family caregivers often play a critical role in helping participants maintain continuity, stability, and access to needed services. The proposed 60/40-hour limitations are being implemented in accordance with the Fiscal Year 2027 Budget Bill (SB282), which requires DDA to establish limits on the number of paid service hours provided by legal guardians, relatives, and legally responsible persons. The amendment incorporates these statutory requirements into the Community Pathways Waiver. DDA understands stakeholder concerns regarding workforce capacity and the availability of replacement staff. DDA continues

Appendix C1 and 2-5: Summary of Services and General	
Comment	**Department Comment**
f. Self-directing participants face additional recruitment barriers: major hiring platforms do not recognize them as traditional businesses, limiting advertising options.	to support workforce development initiatives and strategies intended to strengthen the direct support workforce and improve access to services for participants throughout the state. DDA also recognizes that unexpected staffing challenges may occur. **In response to stakeholder feedback, DDA will revise the proposed amendment to include an exception for emergencies and unplanned departures of regularly scheduled workers. This exception is intended to help support continuity of services and protect participant health and welfare when unexpected staffing disruptions occur.** To support participants and families in accessing services, DDA recently conducted a provider capacity survey of MDH-licensed and DDA-certified providers interested in serving individuals who self-direct their services. The survey results were used to develop a resource guide that helps participants and families identify providers available to support self-directed services. DDA will continue to monitor implementation of the statutory requirement, review available workforce and service utilization data, and engage stakeholders.
8. **60/40 Rule – Financial Impact on Caregivers** a. Many family caregivers left outside employment to provide care; the combination of hour caps and wage reductions threatens housing stability and household income.	DDA recognizes that many family caregivers make significant personal, professional, and financial sacrifices to support their family members. DDA understands that some caregivers have reduced work hours, left outside employment, adjusted retirement plans, or made other financial decisions to meet the support needs of a family member receiving waiver services. DDA also acknowledges concerns regarding the potential impact of the

Appendix C1 and 2-5: Summary of Services and General	
Comment	**Department Comment**
b. For single-parent households and elderly caregivers, reductions in paid hours may make continued caregiving financially unsustainable. c. Family caregivers who do not reside in the home do not qualify for the difficulty of care tax exclusion and therefore absorb the full financial impact of rate and hour reductions. d. Reducing paid hours does not reduce the participant's care needs; it shifts responsibility onto unpaid family labor.	proposed limitations on household income and financial stability for some families. The proposed 60/40-hour limitations are being implemented in accordance with the Fiscal Year 2027 Budget Bill (SB282), which requires DDA to establish limits on the number of paid service hours provided by legal guardians, relatives, and legally responsible persons. The amendment incorporates these statutory requirements into the Community Pathways Waiver. DDA recognizes that participants may continue to require the same level of support regardless of who provides the service. The proposed limitations do not change the process used to assess participant needs or determine the amount of authorized services. Participants will continue to receive service authorizations based on individualized assessments, person-centered planning, and identified health and safety needs. DDA also acknowledges stakeholder concerns regarding the availability of alternative workers and the potential impact on families who currently provide a substantial portion of a participant's paid supports. **In response to stakeholder feedback, DDA will revise the proposed amendment to include an exception for emergencies and unplanned departures of regularly scheduled workers to help support continuity of services during unexpected staffing situations.**
9. **60/40 Rule – Respite Services** a. The 60-hour combined family cap applies to respite services, which are typically used in time-limited,	DDA recognizes the important role respite services play in supporting caregivers and helping families maintain their ability

Appendix C1 and 2-5: Summary of Services and General	
Comment	**Department Comment**
intensive situations such as family vacations or primary caregiver illness. b. Applying the cap to respite eliminates meaningful respite options for families operating primarily with family staff. c. Respite providers are often trusted extended family members providing overnight or multi-day coverage who are not the primary caregiver. d. Recommending that respite services be excluded from the combined 60-hour family cap. e. Requesting that non-primary family caregivers providing respite in the respite provider's home be allowed to provide 12–16-hour shifts without counting against the cap.	to provide ongoing support to individuals receiving waiver services. DDA also understands that respite services may be used during periods of increased need, including caregiver illness, family emergencies, vacations, or other circumstances requiring temporary support from another qualified caregiver. The proposed limitations are being implemented in accordance with the Fiscal Year 2027 Budget Bill (SB282), which requires DDA to establish limits on the number of paid service hours provided by legal guardians, relatives, and legally responsible persons. The hourly limitations apply to Community Pathways Waiver services provided by legal guardians, relatives, and legally responsible persons, including situations where family members provide respite services. DDA acknowledges stakeholder concerns regarding the availability of respite providers and the potential impact of the limitations on families that rely on extended family members or other relatives to provide respite supports. DDA also recognizes concerns regarding participants with complex support needs who may have a limited number of qualified and trusted caregivers available to provide services.
10. **60/40 Rule – Definition of Family and In-Law Relationships** a. Including in-laws in the definition of 'family' creates inconsistent outcomes based on marital status. b. An in-law caregiver would not be subject to the cap before marriage but would become subject to it solely because of marriage, and would no longer be subject to it upon divorce.	DDA acknowledges stakeholder concerns that family relationships established through marriage may change over time and that the application of the limitations may vary based on changes in marital status.

Appendix C1 and 2-5: Summary of Services and General	
Comment	**Department Comment**
c. Monitoring marriages and divorces of in-law providers creates unnecessary administrative burden. d. Requesting that in-laws be excluded from the definition of family for purposes of the 60/40 rule. e. In-laws are included on the new family-as-staff form despite not being listed as family in the SDS manual, creating an inconsistency that further widens the scope of the cap beyond what the written policy describes.	**After consideration of the comments received, DDA has determined that including in-law relationships in the definition provides a clearer and more consistent framework for implementation of the statutory requirements. As a result, DDA will revise the proposed amendment to explicitly include in-law relationships within the definition of relative. This revision is intended to clarify the scope of the policy and promote consistent application of the statutory requirements.** The proposed 60/40-hour limitations apply to legal guardians, relatives, and legally responsible persons in accordance with the requirements established by the Fiscal Year 2027 Budget Bill (SB282). DDA believes that explicitly identifying in-law relationships within the definition of relative provides greater clarity regarding which family relationships are subject to the limitations.
11. **60/40 Rule – Paid Time Off (PTO) Hours** a. Clarify whether PTO hours used by family members, legal guardians, or legally responsible persons count toward the 60/40 weekly calculation. b. Counting PTO toward the cap would penalize caregivers for using earned benefits and reduce effective direct care hours further. c. Requesting that DDA explicitly exclude PTO hours from the 60-hour weekly cap calculation.	DDA recognizes the importance of providing clear guidance regarding how the hourly limitations will be applied and understands stakeholder concerns regarding the potential impact of including PTO hours in the weekly cap calculation. The purpose of the 40/60-hour limitation is to establish limits on the number of hours of waiver services provided by legal guardians, relatives, and legally responsible persons. PTO hours do not represent the delivery of waiver services to a participant. **In response to stakeholder feedback, DDA will clarify in policy that approved PTO hours are not counted toward the 40-hour**

Appendix C1 and 2-5: Summary of Services and General	
Comment	**Department Comment**
	per participant limitation or the 60-hour weekly limitation applicable to legal guardians, relatives, and legally responsible persons. This clarification is intended to ensure that caregivers are not penalized for utilizing earned leave benefits and that the hourly limitations are applied consistently to hours during which waiver services are actually delivered. DDA will incorporate additional guidance regarding the treatment of PTO hours as part of implementation of the statutory requirements.
12. **60/40 Rule – Clarification on Scope Across Services** a. The amendment states limits apply across 'all Medicaid waiver services'; requesting clarification on whether this means only Community Pathways Waiver services or all Medicaid-funded services including traditional model. b. Requesting clarification on how 2:1 services are treated under the overlapping three-tier cap structure. c. Clarify whether the phrase regarding services across all participants is intended to prevent clinicians or service providers from serving multiple participants if total hours exceed 60. d. Requesting clarification on the monitoring system (LTSS*Maryland*, FMCS, or other) that will track hours across multiple participants and multiple relative/guardian providers.	The hourly limitations apply to Community Pathways Waiver services provided by legal guardians, relatives, and legally responsible persons. The limitations do not apply across all Medicaid programs. **DDA will also revise the proposed amendment to clarify the limit applies to Community Pathway Medicaid waiver services.** DDA will provide additional guidance to clarify how the limitations are applied within the Community Pathways Waiver. DDA also appreciates the request for clarification regarding services authorized at a two-to-one staffing ratio. The hourly limitations apply to each legal guardian, relative, or legally responsible person providing services. The limitations are based on the number of hours worked by the individual caregiver and apply regardless of whether services are authorized at a one-to-one or two-to-one staffing ratio.

Appendix C1 and 2-5: Summary of Services and General	
Comment	**Department Comment**
	Stakeholders also requested information regarding how compliance with the hourly limitations will be monitored. In April 2026, to support implementation and oversight of the statutory requirements, DDA issued the Reporting Form: Relatives, Legally Responsible Persons, and Legal Guardians Providing Waiver Services. All participants enrolled in the Community Pathways Waiver are required to complete this form, regardless of whether they receive services through the Provider Managed or Self-Directed Services Delivery Model. The form identifies whether a participant utilizes a relative, legally responsible person, or legal guardian to provide waiver services and supports DDA's monitoring and oversight of the hourly limitations. The form and oversight will be updated to apply the 60-hour limit. Additional information regarding reporting requirements, monitoring processes, and implementation of the hourly limitations will be communicated to stakeholders.
13. **60/40 Rule – Recommendations for Modification** a. Apply hour limits only to family members who reside in the home with the participant. b. Allow the primary caregiver or legally responsible individual to serve as family as staff without a rigid combined cap. c. Create an individualized exception process based on assessed need and documented medical necessity. d. Exempt credentialed family caregivers (e.g., RNs, CMTs, CNAs, BCBAs, RBTs, social workers) from the cap.	DDA appreciates the numerous recommendations submitted regarding potential alternatives and modifications to the proposed 60/40-hour limitations. DDA carefully reviewed these recommendations and recognizes the important role family caregivers play in supporting individuals receiving waiver services. DDA also acknowledges stakeholder concerns regarding participant choice, workforce availability, continuity of care, and the potential impact of the limitations on individuals with significant support needs.

Appendix C1 and 2-5: Summary of Services and General	
Comment	**Department Comment**
e. If a combined cap is retained, set it at a level reflecting actual support need (e.g., 112 hours per week, excluding sleeping hours). f. Retain the prior 40-hour-per-person limit without adding a new combined household cap. g. Apply limits only to new participants, grandfathering existing arrangements. h. Consider a salary-based model for live-in primary caregivers rather than an hourly cap. i. Apply any cap consistently across all staff, not only family members.	The proposed 60/40-hour limitations are being implemented in accordance with the Fiscal Year 2027 Budget Bill (SB282), which requires DDA to establish limitations on the number of paid service hours provided by legal guardians, relatives, and legally responsible persons. As a result, DDA is not adopting the recommended alternatives that would eliminate, substantially increase, or otherwise exempt individuals from the statutory limitations. **In response to stakeholder feedback, however, DDA will revise the proposed amendment to include an exception for emergencies and unplanned departures of regularly scheduled workers. This exception is intended to support continuity of services and protect participant health and welfare when unexpected staffing situations occur.** DDA will continue to monitor implementation of the statutory requirements, review available data, and engage stakeholders

Appendix E: Participant Direction of Services

Appendix E: Participant Direction of Services	
Comment	**Department Comment**
1. **Self-Directed Budget Methodology – Removal of Programming and Administrative Components** a. Restore the full cost component structure consistent with the original Brick/JVGA methodology, including program support and general and administrative costs. b. Conduct and publish a comprehensive self-direction rate study. c. Demonstrate how excluded cost components remain accessible within participant budget or provide justification for their removal. d. Add explicit waiver language preserving participant employer and budget authority within self-directed services. e. Ensure compliance with parity requirements under the Self-Direction Act of 2022. f. The proposed budget methodology removes programming and administrative cost components from self-directed service rates, resulting in approximately 35% total budget reductions for some participants. g. These previously unallocated funds were used by participants to provide employee benefits such as PTO and mileage reimbursement; non-family staff in traditional settings receive comparable benefits. h. Removing these components ignores the operational realities of self-direction, where participants must absorb administrative and benefit costs that agencies absorb in the traditional model.	The purpose of the Self-Directed Services Rate is to establish a participant's budget allocation under the Self-Directed Service Delivery Model. The SDS rate differs from the DDA Provider Rate because the two service delivery models operate differently and include different supports and responsibilities. DDA Provider Rates include cost components associated with operating a provider agency, including Program Support, General and Administrative expenses, and, for certain services, Facility Costs. These components support activities such as staff supervision, agency administration, billing, human resources, quality assurance, and facility operations. Under the Self-Directed Service Delivery Model, participants assume employer and budget authority responsibilities and receive separate supports to assist with those functions. These supports include Financial Management and Counseling Services (FMCS), Support Broker Services, CCS support, and other waiver services that assist participants with employer and budget management responsibilities. As a result, Program Support, General and Administrative expenses, and Facility Costs are not included in the SDS rate methodology. The SDS rate methodology continues to include the cost components applicable to the Self-Directed Service Delivery Model, including the Direct Support Professional wage,

Appendix E: Participant Direction of Services	
Comment	**Department Comment**
i. Requesting that cost components removed from the rate methodology be addressed with alternative means of supporting benefit expenses for self-directed staff. j. The health insurance premium benefit available to self-directed staff has significant restrictions: it cannot be used for dental or vision coverage and must be individual rather than part of a family premium, rendering it unusable for many staff; other standard workforce benefits such as continuing education, life insurance, and retirement accounts are not available to self-directed employees.	Employment Related Expenses (ERE), training, and transportation, as applicable. DDA acknowledges stakeholder concerns regarding employee benefits and other costs associated with employing staff. Employment Related Expenses (ERE) includes payroll taxes, workers' compensation, and employee benefit-related costs, as applicable determined by the participant. Participants who self-direct services retain authority to establish wages and utilize available budget funds consistent with DDA's reasonable and customary standards and applicable program requirements. The revised SDS budget methodology is intended to align the budget allocation with the costs associated with the Self-Directed Service Delivery Model while maintaining separate supports and services that assist participants in exercising employer and budget authority.
2. **Self-Directed Budget Methodology – Lack of Transparency** a. The amendment states budgets will be based on assessed needs and rates but does not provide a formula or examples. b. Participants cannot determine whether services will be reduced or by how much. c. Requesting that DDA publish the budget methodology formula and provide real examples comparing current participant budgets to projected budgets.	DDA recognizes the importance of providing clear information regarding how self-directed budgets are calculated and understands stakeholder interest in the methodology used to establish budget allocations under the Self-Directed Service Delivery Model. The SDS budget methodology is based on the participant's authorized services and approved funding as reflected in the PCP. The methodology applies rates specific to the Self-Directed Service Delivery Model and is intended to align budget allocations with the costs associated with self-directed services. DDA will continue to provide information and guidance regarding the SDS

Appendix E: Participant Direction of Services	
Comment	**Department Comment**
d. Requesting clarification on whether PCP revisions will be required for all self-directing participants or only those with wage exception rates. e. Given the volume of PCP revisions required, requesting that DDA provide concrete supports to CCS providers to meet revised PCP expectations. f. Recommending that DDA delay implementation of the new budget methodology until January 1, 2027 and explore implementing the methodology change through LTSS*Maryland*'s electronic systems rather than requiring individual PCP revisions for each participant, reducing administrative burden on CCS teams and participants. g. Recommendation for a one-year rollout plan.	rate methodology, budget calculations, and implementation requirements. Revised PCPs and new budgets will be needed for all self-directing participants regardless if they currently have a wage exception. DDA also appreciates stakeholder concerns regarding the administrative impact of implementation on participants, families, support brokers, Financial Management and Counseling Services providers, Coordinators of Community Services, and other stakeholders. **In response to public comments, DDA will revise the implementation timeline for the SDS budget methodology. The effective date will be changed to January 1, 2027, to provide additional time for PCP and budget sheet development, authorization, and processing.** DDA recognizes the importance of minimizing administrative burden and is evaluating implementation processes, including system enhancements and operational approaches that support efficient administration of the revised methodology. Additional guidance will be provided regarding any required PCP updates, implementation activities, and supports available to participants and Coordinators of Community Services.
3. **Overutilization Framework and Budget Monitoring** a. Legitimate reasons for fluctuating service use—staff turnover, weather events, health changes, training periods, seasonal community participation—should not be characterized as overutilization.	Budget monitoring and service utilization are important components of responsible administration of the Community Pathways Waiver. Effective monitoring supports participant health and welfare, helps ensure services are delivered in accordance with approved PCPs, promotes compliance with federal Medicaid waiver requirements, and supports the State's responsibility to

Appendix E: Participant Direction of Services	
Comment	**Department Comment**
b. Budget monitoring should focus on fraud prevention, not on penalizing participants for using approved services.	ensure that public funds are used appropriately and in accordance with approved service authorizations. DDA recognizes that service utilization may vary throughout the year for many legitimate reasons, including changes in health status, staffing availability, employee turnover, severe weather events, participant goals and activities, training needs, vacations, seasonal opportunities, and other circumstances that affect the timing and delivery of authorized services. The purpose of budget monitoring is not to penalize participants for appropriately utilizing authorized services or to discourage the use of services that have been approved through the person-centered planning process. Participants are expected to use authorized services in a manner that supports the goals, outcomes, health, welfare, and needs identified in their PCP. Budget monitoring is intended to help participants effectively manage their approved budget allocation throughout the plan year, identify circumstances that may require additional planning or support, and ensure compliance with Medicaid requirements, waiver assurances, and program integrity standards. Monitoring activities may also assist in identifying potential fraud, waste, abuse, billing errors, or other issues requiring additional review. Fluctuations in service utilization do not, by themselves, indicate inappropriate use of services. Utilization patterns must be evaluated in the context of the participant's individual circumstances, authorized services, documented needs, and service delivery challenges.

Appendix E: Participant Direction of Services	
Comment	**Department Comment**
	DDA will continue to engage stakeholders regarding implementation of budget monitoring processes and related guidance to ensure that monitoring activities support participants' ability to effectively manage and utilize their authorized services while maintaining compliance with federal and state requirements.
4. **Financial Management and Counseling Services - Payment Responsibility Shift from Participant Budget to DDA** a. Support expressed for the shift in FMCS fees from participant budgets to DDA. b. Proposed change shifts FMCS costs from participant budgets to DDA. Requesting clarification on how this shift will be reflected in Appendix J cost neutrality calculations. c. Requesting clarification on whether FMCS costs will be included in Factor D or treated as an administrative cost. d. FMCS providers have a documented history of poor responsiveness; requesting that DDA establish a participant help desk and clear guidance for problem resolution during this transition.	The proposed change to pay Financial Management and Counseling Services (FMCS) fees directly by DDA is intended to simplify budget administration for participants and maximize the funds available within a participant's self-directed budget for authorized services and supports. Under this approach, participants will no longer need to account for FMCS fees within their individual budget sheets. In relation to the waiver cost neutrality calculations, the change does not alter the underlying FMCS service expenditures reported under the waiver. FMCS services will continue to be provided and reimbursed as waiver services, and actual claims expenditures will continue to be reflected in waiver financial reporting and cost neutrality calculations. As a result, the payment methodology change does not create a shift in waiver expenditures or cost neutrality assumptions because the same services will continue to be claimed and reported under the waiver. DDA recognizes the important role FMCS providers play in supporting participants who self-direct services. DDA maintains oversight and monitoring responsibilities for FMCS providers and will continue to provide guidance, technical assistance, and

Appendix E: Participant Direction of Services	
Comment	**Department Comment**
	communication regarding implementation of this change. Participants, families, Support Brokers, Coordinators of Community Services, and providers will receive additional information regarding the transition and available supports. The change is intended to reduce administrative complexity for participants while maintaining access to the financial management and employer-related supports necessary for successful self-direction.
5. Financial Management and Counseling Services a. Add language stating that participants shall retain the right to select and evaluate FMCS providers and that FMCS providers shall remain accountable to participant-directed outcomes. b. Ensure participants maintain meaningful choice of FMCS providers, with a minimum of three options as contemplated under the Self-Direction Act of 2022.	Participants who self-direct their services shall retain the right to freely select, change, and evaluate their Financial Management and Counseling Services (FMCS) provider. FMCS providers shall remain accountable for supporting participant-directed outcomes and carrying out their responsibilities in a manner that promotes participant choice, control, and self-determination. The State shall ensure that participants have meaningful choice among qualified FMCS providers. Consistent with the principles of the Self-Direction Act of 2022, participants shall be offered no fewer than three qualified FMCS provider options whenever practicable and available. Participants shall not be required to use a specific FMCS provider and may change providers in accordance with established transition procedures.
6. **Pre-authorization requirements** New pre-authorization requirements introduced in Appendix E create bureaucratic delays that can leave participants without	The proposed waiver amendment does not establish new pre-authorization requirements for self-directed services. Participants will continue to request services through the person-centered planning process, and authorized services will

Appendix E: Participant Direction of Services	
Comment	**Department Comment**
needed support; support needs do not wait for administrative approvals.	continue to be documented in the PCP. Participants who self-direct services will continue to develop and submit a Self-Directed Services budget sheet in accordance with existing processes and requirements. DDA recognizes the importance of timely access to services and supports and will continue to work with participants, families, Coordinators of Community Services, Support Brokers, Financial Management and Counseling Services providers, and other stakeholders to support efficient service planning, authorization, and implementation processes. The proposed amendment does not change the requirement that services be authorized based on assessed need through the person-centered planning process and approved in accordance with applicable waiver requirements.
7. **Transition from Unlicensed Vendors to Qualified DDA Providers** a. The change from "vendor" to "individual provider" is a substantive policy change rather than a technical terminology update. b. The amendment eliminates participant access to community-based organizations, small businesses, home care agencies, and specialized programs currently operating as vendors. c. The change reduces participant choice and limits the range of available service delivery options under the self-directed service delivery model. d. Small businesses, minority-owned businesses, culturally responsive providers, and specialized service providers may be disproportionately affected.	Appendix C outlines qualified providers requirements. The Fiscal Year 2027 Budget Bill (SB282) eliminated the use of unlicensed vendors as a provider type under the Community Pathways Waiver effective July 1, 2026. As a result, DDA is updating waiver language, provider classifications, and provider qualification requirements to align with the provider types authorized to deliver waiver services. On June 29, 2026, DDA announced a 45-day transition extension for this requirement, from July 1 through August 15, 2026, for participants receiving services from unlicensed vendors who have not yet obtained DDA -certification. The extension, developed in response to stakeholder feedback, is intended to support continuity of services while participants transition to DDA-certified providers, as required under the FY

Appendix E: Participant Direction of Services	
Comment	**Department Comment**
e. The change may reduce competition among service providers and negatively affect service quality. f. Clarification is needed regarding whether small businesses currently operating as vendors may continue providing services and whether they qualify as DDA Individual Providers. g. Clarification is needed regarding the relationship between the new provider classifications and existing provider qualification requirements. h. Providers holding Residential Service Agency licensure or other state approvals are already subject to oversight and should not be required to complete duplicative approval processes. i. Some vendors reported previously receiving guidance to operate as vendors rather than pursue DDA provider approval and expressed concerns regarding the impact of the policy change on existing business operations. j. Accept current OHCQ licensed RSA vendors as “qualified providers” with temporary deemed approval status and permissions to continue providing services while completing the DDA provider application and approval process within a specified and reasonable time frame. k. Create an abbreviated or expedited application pathway for currently licensed RSAs that relies primarily on verification of active OHCQ licensure and limited supplemental documentation. l. Grant provisional approval status to OHCQ-licensed vendors during the transition period while full DDA review is pending; or extend the July 1 implementation deadline for currently licensed vendors to prevent	2027 budget. During the transition period, DDA will continue funding authorized services provided by the current unlicensed vendor. The purpose of this change is not to eliminate service options or reduce participant choice. Rather, the change establishes a consistent provider qualification framework to ensure that Medicaid-funded waiver services are delivered by providers that meet applicable program, waiver, and Medicaid requirements. The amendment does not prohibit current vendors from continuing to provide waiver services. Current unlicensed vendors, including individuals, small businesses, and organizations, may apply to become approved DDA providers and continue providing authorized waiver services if they meet applicable qualification requirements. Once approved, providers will receive a DDA Provider Certification Letter and DDA Provider Number and may continue delivering services as qualified Medicaid providers. Questions were raised regarding the term "individual provider." Under the Community Pathways Waiver, DDA Individual Providers are limited to provider types specifically authorized by DDA, including nursing support services (who must complete DDA required training) and support broker services (who must achieve the DDA Support Broker Certification). Other waiver services must be delivered by qualified DDA provider agencies. The provider classification applicable to a service is determined by the service definition and applicable provider qualification requirements.

Appendix E: Participant Direction of Services	
Comment	**Department Comment**
avoidable interruptions in participant services while applications are processed. m. Consider and implement a reasonable "ramp" to licensure so that individuals and organizations with applications submitted by July 1, 2026 may continue to provide services in good faith while their application is being reviewed, considered, and a final determination is made about their licensure status.	The amendment does not affect qualified individuals and entities that provide allowable goods and services through Individual and Family Directed Goods and Services. These goods and services may continue to be purchased in accordance with waiver requirements and do not require DDA provider enrollment. DDA recognizes that some organizations currently operating as vendors may already hold other state licenses, certifications, or approvals. However, providers participating in the Community Pathways Waiver must meet the provider qualification requirements established for the waiver program. While existing licensure or certification may satisfy certain qualification requirements, participation in the waiver program requires approval consistent with DDA provider enrollment standards. DDA also recognizes that some organizations may have previously operated under vendor arrangements that were permissible under prior program requirements. The Fiscal Year 2027 Budget Bill changed those requirements and necessitated corresponding revisions to the waiver and provider enrollment processes. DDA will continue to provide guidance, technical assistance, and communication regarding provider qualifications, and enrollment requirements.
8. **Provider Transition Process, Continuity of Services, and Implementation Timeline** a. The July 1, 2026 implementation date does not provide sufficient time for current vendors to complete the DDA provider approval process.	Ensuring continuity of services and protecting participant health and welfare are important considerations in the implementation of any waiver program change. DDA recognizes the importance of

Appendix E: Participant Direction of Services	
Comment	**Department Comment**
b. Provider approval, background checks, and related administrative requirements may delay provider enrollment and create barriers to timely implementation. c. The transition from ePREP to MPRIME may create additional operational challenges for providers seeking approval. d. DDA should delay implementation, establish provisional approvals, create bridge periods, or allow existing vendors to continue providing services while completing the approval process. e. Existing providers should have access to expedited or streamlined approval processes, particularly providers that already hold state licenses or certifications. f. Participants may lose access to trusted providers and established relationships during the transition process. g. Individuals with significant medical, behavioral, communication, or support needs may experience disruptions in services, routines, community participation, and health and welfare outcomes. h. Participants who rely on specialized vendor services may experience challenges accessing comparable services during the transition. i. Coordinators of Community Services, Support Brokers, Financial Management and Counseling Services providers, and other stakeholders may experience operational challenges during implementation. j. DDA should develop a comprehensive transition plan to ensure continuity of services and prevent disruptions for participants and providers.	maintaining stable supports and minimizing disruptions for individuals receiving Community Pathways Waiver services. The transition from unlicensed vendors to qualified DDA providers is required by the Fiscal Year 2027 Budget Bill (SB282), which eliminates the use of unlicensed vendors as a provider type effective July 1, 2026. DDA also recognizes concerns regarding continuity of services for participants who have longstanding relationships with current vendors and for individuals with significant medical, behavioral, communication, or support needs. The purpose of the transition is not to reduce participant access to services, but to ensure that Medicaid-funded waiver services are delivered by qualified providers who meet applicable provider standards and program requirements. Current unlicensed vendors are not required to obtain DDA licensure to continue providing services unless applying to provide Day Habilitation, Career Exploration - Facility Services, or residential services. Rather, vendors must complete the DDA provider certification application process, receive DDA approval, and obtain a DDA Provider Certification Letter and DDA Provider Number. Once approved, providers may continue delivering authorized waiver services and submit claims through a participant's Financial Management and Counseling Services provider as a qualified Medicaid provider. DDA recognizes stakeholder concerns regarding application processing, background checks, provider readiness, and operational challenges associated with the State's transition from

Appendix E: Participant Direction of Services	
Comment	**Department Comment**
k. Requesting that DDA provide alternative application methods (e.g., mail-in or download) during the portal closure period.	Maryland Medicaid's online Electronic Provider Revalidation and Enrollment Portal (ePREP) to Maryland Provider Registration and Information Management Enterprise (MPRIME). Vendors applying to become a DDA approved provider are not required to enroll in ePREP at this time. Approved providers will be required to register in MPRIME when enrollment becomes available, which is currently anticipated in spring 2027. DDA will continue to provide guidance and technical assistance regarding future MPRIME registration requirements. DDA will continue to monitor implementation activities and address operational issues that may arise during the transition process to support participant access to services and minimize disruptions in service delivery.

Appendix I: Financial Accountability / Rates

Appendix I: Financial Accountability / Rates	
Comment	**Department Comment**
1. **New Self-Directed Service Rate Methodology – BLS Code Concerns** a. SOC 21-1093 (Social and Human Service Assistants) is used as the wage basis for approximately 15 distinct service types, creating concentration risk. b. SOC 19-4099 (used for BSS Brief Support Implementation) was reclassified in the 2018 SOC revision; limited wage data may be available.	Appendix I includes information regarding the Bureau of Labor Statistics (BLS) Occupational Employment and Wage data used to support the Self-Directed Services rate methodology. The BLS occupational codes used for the Self-Directed Services methodology align with the BLS codes used in the Provider-Managed Service Delivery Model. This alignment supports parity across service delivery models while recognizing

Appendix I: Financial Accountability / Rates	
Comment	**Department Comment**
c. SOC 39-9021 (Personal Care Aides, used for Respite in earlier waiver years) was merged into SOC 31-1120 in 2018; requesting confirmation that all Appendix J calculations reflect the updated code. d. The 10% geographic premium for five counties should be validated against actual BLS area wage data rather than assumed. e. Requesting a market wage analysis comparing BLS median wages to actual provider wage data for each of the service types using SOC 21-1093.	that other cost components included in each rate methodology may differ. The use of BLS wage data provides a standardized and publicly available wage basis for rate development. DDA uses BLS occupational categories that most closely align with the type of work performed for the applicable waiver services. Some BLS occupational categories may apply to more than one waiver service when the underlying duties, responsibilities, and support functions are similar. DDA will continue to review applicable BLS data sources, occupational code updates, and geographic wage information as part of ongoing rate review and implementation activities. The Self-Directed Services rate methodology is intended to provide a consistent, transparent basis for developing participant budget allocations under the Self-Directed Service Delivery Model. DDA will continue to provide information regarding the methodology and will monitor implementation, stakeholder feedback, and available wage data as part of future rate review processes.
2. **Self-Directed Services Rate Methodology and Rate Development** a. Clarification requested regarding The Brick Method™ and whether it is used in Medicaid programs, and whether it has been accepted by CMS for use in other 1915(c) waivers.	The Brick Method™ is a systematic rate-setting methodology developed by consultants Johnston, Villegas-Grubbs and Associates (JVGA) and was approved by CMS for the Community Pathways program. The Self-Directed Services rate methodology for employees is based on the same general rate-setting framework used for the

Appendix I: Financial Accountability / Rates	
Comment	**Department Comment**
b. Additional documentation should be provided regarding the cost components used in the methodology, including Employment Related Expenses (ERE), Program Support, Training, Transportation, Facility Costs, and General and Administrative (G&A) expenses. c. The 12 percent General and Administrative factor should be based on Maryland provider cost information rather than industry assumptions. d. Comments regarding the BLS occupational classifications used to establish rates, including whether the selected classifications appropriately reflect the services being delivered. e. Clarification requested regarding the use of BLS occupational codes, geographic differentials, and assumptions used to establish wage-related components of the methodology. f. Clarification regarding whether employer authority services and budget authority services will utilize different rate structures and how payments will be administered through Financial Management and Counseling Services. g. Concerns that individual providers currently working as self-employed vendors could be negatively affected by the proposed changes. They noted that self-employed workers have business expenses, such as self-employment taxes that are not reflected in a standard wage.	Provider-Managed Service Delivery Model and utilizes standardized wage and cost data to establish participant budget allocations. Appendix I includes information regarding the methodology, applicable BLS occupational classifications, and the cost components used in the rate calculations. **In response to public comments related to individuals self-employed providers, DDA will revise the proposed amendment to include rates for individual providers based on the BLS wage job code used for the employee's reasonable and customary wages for the service plus a percentage added for self-employment tax.** The methodology was developed to reflect the costs associated with the Self-Directed Service Delivery Model. While both service delivery models use BLS wage data as a foundation, the cost components included in each methodology differ because participants who self-direct services assume many responsibilities traditionally performed by provider agencies and receive separate supports to assist with those functions. Accordingly, Self-Directed Services rates include applicable Direct Support Professional wages, Employment Related Expenses, Training, and Transportation costs. Provider-managed rates include additional cost components such as Program Support, General and Administrative expenses, and, where applicable, Facility Costs. These additional supports are provided separately through the Self-Directed Service Delivery Model, including Financial Management and Counseling Services, Support Broker

Appendix I: Financial Accountability / Rates	
Comment	**Department Comment**
	Services, Coordinators of Community Services, and other waiver services. DDA uses publicly available BLS occupational classifications that most closely align with the services being provided and applies those classifications consistently across the rate methodologies. Because no single occupational category precisely reflects every waiver service, occupational classifications are used as standardized benchmarks for rate development. Additional information regarding rate calculations, budget allocations, employer authority services, budget authority services, and Financial Management and Counseling Services processes will continue to be made available through implementation materials, training, and technical assistance activities.
3. **Self-Directed Services Workforce and Participant Impact** a. The BLS occupational classifications used in the methodology do not fully reflect the complexity, skill level, responsibilities, and risks associated with providing supports to individuals with intellectual and developmental disabilities. b. There is no dedicated BLS occupational classification for Direct Support Professionals, resulting in rates that may not reflect the actual work performed. c. Participants with significant medical, behavioral, or support needs often require workers with specialized	The direct support workforce plays a critical role in supporting individuals receiving Community Pathways Waiver services, and DDA recognizes the ongoing workforce challenges affecting service delivery throughout Maryland and nationally. The Self-Directed Services rate methodology is intended to establish participant budget allocations that reflect the costs associated with the Self-Directed Service Delivery Model. Participants who self-direct services continue to exercise employer and budget authority and may determine employee wages and provider payments within DDA's reasonable and customary standards and approved budget allocations.

Appendix I: Financial Accountability / Rates	
Comment	**Department Comment**
training, certifications, or credentials that may command higher wages than those reflected in the methodology. d. The proposed methodology may reduce available funding for some participants and limit their ability to recruit and retain qualified staff. e. Non-family direct support professionals may experience wage reductions or reduced earning opportunities under the revised methodology. f. Maryland's cost of living and workforce challenges make recruitment and retention of qualified workers increasingly difficult. g. The rate differential between self-directed and provider-managed services may discourage participation in self-direction or create incentives to transition to provider-managed services. h. The rate differential between self-directed and provider-managed services should be reduced or eliminated.	Participants also retain flexibility to make decisions regarding staffing arrangements, service utilization, and provider selection consistent with their approved PCP and budget. The methodology recognizes that the Self-Directed and Provider-Managed Service Delivery Models operate differently and include different administrative, management, and support structures. As a result, differences in the rate methodologies reflect differences in the services, supports, and responsibilities associated with each model rather than a preference for one service delivery model over another. DDA recognizes stakeholder concerns regarding workforce recruitment, retention, and specialized staffing needs on participants and workers. DDA will continue to review stakeholder feedback, service utilization information, workforce data, and implementation outcomes as part of ongoing rate review and quality improvement activities. **To support implementation and stakeholder planning, DDA has revised the effective date of the Self-Directed Services budget methodology to January 1, 2027, providing additional time for communication, training, technical assistance, and implementation activities.**
4. **New Self-Directed Employee Rates – Exclusion of Cost Components** a. SDS employee rates exclude Program Support, Facility, and G&A (12%) cost components, creating a rate	The Self-Directed Services rate methodology was developed to reflect the costs associated with the Self-Directed Service Delivery Model and differs from the provider-managed rate methodology because the two service delivery models include different responsibilities, supports, and administrative structures.

Appendix I: Financial Accountability / Rates	
Comment	**Department Comment**
differential between self-directed and provider-managed services. b. The practical effect is that SDS employees receive lower compensation than provider-managed DSPs for equivalent work. c. Analysis requested of whether reduced SDS rates affect participants' ability to recruit and retain qualified staff.	Provider-managed service rates include cost components associated with operating a provider agency, including Program Support, General and Administrative expenses, and, where applicable, Facility Costs. These components support activities such as supervision, human resources, billing, quality assurance, administrative operations, and facility-related expenses. Under the Self-Directed Service Delivery Model, participants assume employer and budget authority responsibilities and receive separate supports to assist with those functions. These supports include Financial Management and Counseling Services, Support Broker Services, Coordinators of Community Services, and other waiver services that support participants in carrying out employer and budget management responsibilities. As a result, Program Support, General and Administrative expenses, and Facility Costs are not included in the Self-Directed Services employee rate methodology. The Self-Directed Services rate methodology continues to include the cost components applicable to the Self-Directed Service Delivery Model, including Direct Support Professional wages, Employment Related Expenses, Training, and Transportation, as applicable. The purpose of the Self-Directed Services rate methodology is to establish participant budget allocations that reflect the costs associated with self-directed service delivery. Participants who self-direct services continue to exercise employer authority and may determine employee wages and benefits within DDA's

Appendix I: Financial Accountability / Rates	
Comment	**Department Comment**
	reasonable and customary standards and approved budget allocations. DDA recognizes stakeholder concerns regarding workforce recruitment and retention and the ability of participants to attract and maintain qualified staff. DDA will continue to monitor implementation of the revised methodology, review stakeholder feedback, workforce information, and service utilization data, and evaluate the impact of the methodology on participant access to services and supports.
5. **New Self-Directed Service Rates – Impact on Workforce and Access** a. Proposed rate reductions will result in loss of experienced and specialized staff. b. Workers cannot afford to work at waiver rates in Maryland's high cost-of-living environment. c. Raising concerns under Medicaid access requirements (42 U.S.C. §1396a(a)(30)(A)) that payment rates must be sufficient to ensure service availability. d. Requesting a workforce impact analysis prior to finalizing rate reductions.	Maintaining a qualified workforce and ensuring participant access to authorized services are important considerations in the administration of the Community Pathways Waiver. DDA recognizes the critical role direct support professionals play in supporting individuals with intellectual and developmental disabilities and acknowledges the workforce challenges that exist throughout Maryland and nationally. The Self-Directed Services rate methodology was developed to establish budget allocations that reflect the costs associated with the Self-Directed Service Delivery Model. The methodology uses standardized wage and cost data and aligns with the rate-setting framework used for the Provider-Managed Service Delivery Model while reflecting the unique characteristics of self-direction. Participants who self-direct services continue to exercise employer authority and may establish wages and benefits within DDA's reasonable and customary standards and approved budget allocations. Participants also retain flexibility in determining how

Appendix I: Financial Accountability / Rates	
Comment	**Department Comment**
	to utilize their approved budgets to recruit, hire, and retain staff consistent with their service needs. DDA recognizes stakeholder concerns regarding workforce recruitment, retention, and service availability. DDA will continue to monitor workforce trends, service utilization, stakeholder feedback, and implementation outcomes to assess the impact of the revised methodology on participant access to services and supports. **To provide additional time for planning, communication, training, and implementation activities, DDA has revised the effective date of the Self-Directed Services budget methodology to January 1, 2027. This additional implementation period will support participant, provider, and stakeholder preparation for the transition to the revised methodology.** DDA remains committed to ensuring that individuals receiving waiver services have access to needed supports and will continue to evaluate service delivery, workforce conditions, and participant outcomes as part of ongoing program administration and quality improvement activities.
6. **Support expressed for the Self-Direction rate changes.**	The proposed Self-Directed Services rate methodology was developed to create budget allocations that reflect the costs associated with the Self-Directed Service Delivery Model while maintaining compliance with applicable federal and state requirements. The methodology aligns with the distinct roles, responsibilities, and supports available within the Self-Directed Service Delivery Model, including Financial Management and

Appendix I: Financial Accountability / Rates	
Comment	**Department Comment**
	Counseling Services, Support Broker services, and other supports available to participants.
7. **Self-Directed Services - Reasonable and Customary Standards** a. Proposed reductions represent approximately 20–50% cuts for some staff, depending on geographic location. b. Personal Support family maximum rate decreasing from approximately $32.45 to $23.69; CDS family maximum decreasing from approximately $32.45 to $28.96. c. Staff currently earning $22–$40/hour will leave for other employment where wages are higher. d. Losing experienced caregivers who have been with participants for years risks care disruption and 'failed placements' at far greater cost. e. FMCS fees are being shifted to DDA while direct care wages are cut simultaneously; staff lose both the support of budget flexibility and wage levels. f. Requesting retention of current wage rates or, at minimum, a grandfather clause protecting existing staff wages. g. Requesting a phased reduction plan allowing families time to adjust rather than a single large cut. h. A significant and growing differential exists between self-directed and provider-managed service rates (e.g., self-directed personal support at approximately $18.50/hour vs. provider-managed at approximately $24.75/hour). i. Licensed provider CDS rate reduced from approximately $68.44 to $44 per unit, a cut of over 35%, and was not	The modifications to reasonable and customary wage standards are required by the Fiscal Year 2027 Budget Bill and are not changes proposed through the waiver amendment. DDA is responsible for implementing the requirements established through the State budget process while continuing to administer services in accordance with federal and state requirements. The reasonable and customary standards establish maximum allowable compensation levels for services within the Self-Directed Service Delivery Model. Participants who self-direct services continue to maintain authority to recruit, hire, schedule, supervise, and compensate workers within applicable program requirements and approved budget allocations. DDA recognizes stakeholder concerns regarding workforce stability, continuity of supports, and the potential impact of compensation changes on participants, families, and direct support professionals. DDA will continue to monitor workforce trends, service utilization, provider capacity, participant outcomes, and stakeholder feedback as implementation activities proceed.

Appendix I: Financial Accountability / Rates	
Comment	**Department Comment**
communicated publicly until after the comment period began. j. CDS self-directed wages reduced at a greater rate than PS wages, while provider-managed CDS rates remain significantly higher than PS rates. k. Support Broker services appear to be the only service receiving a substantial rate increase; direct care rates are seeing reductions. l. Proposed rate structure compensates family caregivers at a lower rate than non-family caregivers for identical services, without service-based justification. m. Family caregivers meet the same training, credentialing, and background check requirements as non-family staff. n. Lower rates for family caregivers may constitute wage discrimination; family HCBS caregivers are disproportionately women, raising potential disparate impact concerns under Title VII. o. Non-family staff members working in the same role for the same participant receive higher compensation solely because of their non-family status. p. Requesting equal pay for equal work regardless of family relationship to the participant.	
8. **Elimination of Wage Exception Process** a. The wage exception process allowed participants with complex or high-acuity needs to offer competitive wages necessary to recruit specialized staff.	The elimination of the wage exception process is required by the Fiscal Year 2027 Budget Bill and is not a change proposed through the waiver amendment. DDA is responsible for implementing the requirements established through the State budget process,

Appendix I: Financial Accountability / Rates	
Comment	**Department Comment**
b. Eliminating wage exceptions removes flexibility for participants whose needs exceed standardized rate assumptions. c. Current staff wages approved through the existing exception process represent a commitment to those staff; abrupt elimination harms workers who structured their employment around approved rates. d. Requesting that the wage exception process be preserved. e. Requesting that, at minimum, a grandfather clause protect existing staff wages approved through the current process. f. Requesting an individualized exception process based on documented medical and behavioral need.	which requires DDA to eliminate the wage exception process and implement revised reasonable and customary wage standards. The Community Pathways Waiver will continue to support person-centered planning and individualized service authorization based on assessed needs. Participants who self-direct services will continue to maintain employer authority, including the ability to recruit, hire, train, supervise, schedule, and dismiss staff, and to establish wages within applicable reasonable and customary standards and approved budget allocations. DDA will continue to provide guidance, technical assistance, and stakeholder engagement regarding implementation of the revised reasonable and customary standards and will continue to monitor workforce trends, service utilization, participant outcomes, and stakeholder feedback as implementation proceeds.
9. **Rates – Community Living Group Home, Community Living Enhanced Supports, and Supported Living** Requesting that rate adequacy for these residential services be validated, given that the rate methodology uses a single occupational code for a broad range of service intensities.	Community Living–Group Home, Community Living–Enhanced Supports, and Supported Living rates are developed using DDA's established rate-setting methodology, which incorporates BLS wage data, standardized cost components, and service-specific adjustments. The methodology is designed to provide a consistent and transparent framework for establishing reimbursement rates across residential services. The residential rate structure recognizes differences in service delivery by incorporating factors such as the number of individuals supported in the setting, staffing assumptions, overnight supports, and service-specific adjustments. In addition to direct support professional wages, the rates include

Appendix I: Financial Accountability / Rates	
Comment	**Department Comment**
	Employment Related Expenses, Program Support, Training, Transportation, General and Administrative expenses, and other applicable components associated with residential service delivery. DDA uses BLS occupational classifications that most closely align with the work being performed and applies those classifications consistently within the rate methodology. While a single occupational classification may be used as the wage basis for multiple services, the overall reimbursement rate reflects additional service-specific assumptions and adjustments that account for differences in service delivery and support needs. DDA recognizes the importance of maintaining adequate provider capacity and ensuring access to residential services for individuals with varying support needs. Residential service rates are reviewed as part of DDA's ongoing rate-setting and program administration activities, and DDA will continue to evaluate available data, stakeholder feedback, service utilization information, and workforce considerations as part of future rate review efforts.

Appendix J: Cost Neutrality

Appendix J – Cost Neutrality	
Comment	**Department Comment**
1. **Cost Neutrality Methodology – Policy-Constrained Projections** a. Cost neutrality appears achieved through constrained service access (including reduced utilization assumptions,	Cost neutrality is a federal requirement for Home and Community-Based Services waiver programs and is an important part of maintaining the Community Pathways Waiver. DDA must

Appendix J – Cost Neutrality	
Comment	**Department Comment**
restricted hour caps, and rate reductions) rather than through genuine efficiency. b. Policy-driven cost controls are embedded in the cost neutrality calculation, translating directly into service limitations for participants. c. Cost neutrality must reflect the cost of meeting participant needs, not the cost of limiting them. d. Requesting a detailed explanation of how service utilization assumptions were developed and how they reflect actual participant need. e. Provide full disclosure of cost neutrality assumptions and methodologies. f. Provide institutional cost calculations and utilization projections. g. Publish updated analyses and methodologies from The Hilltop Institute. h. Submit required CMS 372 reports for waiver year 2025. i. Develop a strategy to address instability in the current cost neutrality demonstration resulting from comparisons between approximately 20,000 individuals and fewer than 100 individuals.	demonstrate that, on average, the cost of waiver services does not exceed the cost Medicaid would otherwise pay for institutional services in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The cost neutrality projections are not intended to replace person-centered planning or limit services below a participant's assessed need. Participants will continue to receive services based on individualized assessments, approved PCPs, health and welfare needs, and applicable waiver requirements. DDA follows CMS guidance for developing cost neutrality projections, including the use of historical cost and utilization data to estimate future waiver expenditures. DDA asked the Hilltop Institute to review actual Medicaid claims data so that cost factors could be updated using recent service utilization and expenditure information. Beginning in Fiscal Year 2026, DDA revised its institutional cost methodology after further review determined that prior calculations included services funded entirely with State funds without Federal matching. Because cost neutrality compares Medicaid waiver costs to Medicaid institutional costs, DDA updated the methodology to use actual ICF/IID stays and Medicaid expenditure data. This approach provides a more accurate comparison between Medicaid-funded waiver services and Medicaid-funded institutional services. Service utilization assumptions in Appendix J are developed using historical claims, utilization trends, projected waiver enrollment,

Appendix J – Cost Neutrality	
Comment	**Department Comment**
	and approved waiver service changes. These projections are used to estimate aggregate waiver expenditures for federal reporting and CMS review. They do not determine an individual participant's assessed need or replace the person-centered planning process. DDA recognizes concerns that policy changes affecting rates, service utilization, or provider requirements may affect projected waiver expenditures. DDA will continue to monitor actual utilization, participant outcomes, service access, and cost neutrality performance to ensure that waiver services remain available in accordance with assessed needs while maintaining compliance with federal cost neutrality requirements.
2. **Updated Utilization Methodology – Years 4 and 5** a. The State updated estimates for Years 4 and 5 using FY25–26 paid claims data rather than CMS 372(S) reports, citing the completed billing system transition and waiver merger. Requesting confirmation that CMS approved this methodology change. b. Stakeholders have repeatedly challenged the accuracy and application of the Hilltop Institute data sets used in supporting analyses; the State moved forward without addressing these concerns. c. Requesting independent, third-party review of the cost neutrality methodology, underlying data sets, and rate assumptions.	DDA follows CMS guidance when developing cost neutrality projections and utilization estimates for the Community Pathways Waiver. To ensure the projections reflected the most accurate and current information available, DDA determined that actual paid claims data was the most reliable source of utilization and expenditure information for Years 4 and 5 of the waiver. CMS approved the use of this methodology. To support development of the projections, DDA engaged the Hilltop Institute to review actual Medicaid claims and utilization data and update the cost factors used in Appendix J. The use of paid claims data provided a more current representation of service utilization and expenditures than historical reports that reflected periods prior to waiver consolidation and significant billing system transitions.

Appendix J – Cost Neutrality	
Comment	**Department Comment**
	DDA recognizes the importance of using accurate and reliable information when developing waiver projections. The methodology incorporates actual claims experience, utilization trends, enrollment projections, approved waiver services, and other factors required for federal cost neutrality calculations. This approach is intended to provide a more accurate estimate of future waiver expenditures and utilization patterns. The utilization estimates and cost neutrality projections included in the waiver amendment are subject to CMS review and approval as part of the waiver amendment process. CMS reviews Appendix J and all supporting assumptions to ensure compliance with federal cost neutrality requirements and other applicable waiver standards. DDA will continue to monitor actual expenditures and utilization, review available data, and work with CMS, the Hilltop Institute, and other partners to ensure that cost neutrality projections remain accurate, transparent, and consistent with federal requirements.
3. **Factor D Updates – Years 4 and 5** a. The J-1 table shows dual Factor D values for Years 4 and 5, representing original and amended figures; requesting clarification on which value is proposed and which is replaced. b. The Year 4 column for Total D+D' contains a possible typographical error; requesting verification of the arithmetic.	The J-1 table includes both the previously approved Factor D values and the amended Factor D values proposed through this waiver amendment. Track-change versions of the amendment proposals are reflected in red in the color version and white text with black highlights for the black-and-white version, both of which are available on the DDA webpage dedicated to this amendment proposal.

Appendix J – Cost Neutrality	
Comment	**Department Comment**
c. The proposed 2% rate reduction in Year 4 is embedded in Factor D projections; requesting clarification on the policy basis and access to impact analysis for this reduction.	The amended values reflect updated utilization and expenditure projections based on actual claims experience, updated cost factors, enrollment assumptions, and other revisions included in the amendment. Figures in this document are rounded to two decimal places. As a result, small rounding differences may appear in totals. As required by the Fiscal Year 2027 Budget Bill (SB282), DDA is implementing a 2% rate reduction for community providers. Upon CMS approval of the amendment, the amended Factor D values will replace the previously approved values for Years 4 and 5.
4. **Cost Neutrality – Narrowing Margin** a. The difference between Factor D and Factor G narrows from approximately $168,702 per participant in Year 1 to approximately $35,837–36,945 in Year 5, representing approximately a 78% reduction in margin. b. This thin margin is sensitive to inflation rate changes, utilization increases, and rate adjustments. c. Recommendation for questing sensitivity analysis demonstrating the margin's resilience under multiple scenarios.	Appendix J is developed in accordance with CMS cost neutrality requirements and includes projections based on historical claims experience, utilization trends, enrollment assumptions, approved waiver services, and applicable rate and policy changes. CMS reviews the projections and supporting assumptions as part of the waiver amendment process to determine whether the waiver continues to meet federal cost neutrality requirements. DDA will continue to monitor actual expenditures, utilization, and cost neutrality performance throughout the waiver period. If utilization or expenditure trends change, DDA will evaluate the impact on cost neutrality and take appropriate action through ongoing program administration, future waiver amendments, or waiver renewal processes. DDA recognizes the importance of maintaining sufficient cost neutrality margin and will continue to review available data and

Appendix J – Cost Neutrality	
Comment	**Department Comment**
	work with CMS and its partners to support the long-term sustainability of the Community Pathways Waiver.
5. **Claims Data vs. Actual Participant Need** a. Cost projections are based on claims data (what was paid), not actual participant need. b. Claims data does not capture services that could not be staffed, services reduced due to workforce shortages, or unpaid support provided by families. c. For participants with complex needs, claims data systematically underestimates actual support need.	DDA recognizes that claims data reflects services that were authorized, delivered, and billed for payment. CMS requires states to use historical utilization and expenditure data when developing cost neutrality projections for Home and Community-Based Services waiver programs. Consistent with CMS guidance, DDA uses actual claims and utilization data to develop waiver expenditure projections and cost neutrality calculations. Cost neutrality projections are intended to estimate aggregate waiver expenditures and utilization trends for federal waiver oversight purposes. They are not intended to determine an individual's support needs, establish service authorizations, or replace the person-centered planning process. Individual service needs continue to be determined through assessments, person-centered planning, and the service authorization process. DDA recognizes that service utilization may be influenced by a variety of factors, including workforce availability, participant preferences, changes in health status, and other circumstances. As part of ongoing waiver administration, DDA continues to monitor utilization patterns, service access, workforce trends, and participant outcomes to help ensure that individuals receive services consistent with their assessed needs and approved PCPs. DDA will continue to use the best available data and information when developing cost neutrality projections and will continue to

Appendix J – Cost Neutrality	
Comment	**Department Comment**
	evaluate utilization trends and program performance as part of ongoing oversight of the Community Pathways Waiver.
6. **Cost Neutrality – Capital Costs of Institutional Expansion** a. Cost neutrality analysis may not account for capital costs of expanding institutional capacity when waiver enrollment growth exceeds existing institutional capacity. b. Past the threshold where institutional capacity must be expanded, actual institutional costs increase sharply; an analysis that does not account for this may understate the cost advantage of waiver services. c. Requesting clarification on whether capital costs of institutional expansion are incorporated in a credible way. d. Cost neutrality premise is not inclusive of all service costs for people receiving services in the remaining state institutions; requesting that all costs of serving people in institutional settings be fully incorporated into the comparison.	Cost neutrality calculations for Home and Community-Based Services waivers are developed in accordance with CMS requirements and methodologies. Federal cost neutrality calculations compare the projected Medicaid cost of providing waiver services to the projected Medicaid cost of serving individuals in an ICF/IID. States are required to use methodologies and expenditure data that are consistent with CMS guidance and federal waiver requirements. Beginning in Fiscal Year 2026, DDA revised its methodology for calculating institutional costs to align with best practices and actual Medicaid expenditures. The revised methodology uses actual ICF/IID stays and Medicaid claims data to identify institutional costs and other Medicaid expenditures incurred during an individual's institutional stay. The methodology excludes services funded entirely with State funds because cost neutrality is based on a comparison of Medicaid-funded expenditures. The institutional cost factors included in Appendix J reflect the methodology approved for use in federal cost neutrality calculations and are intended to represent the average Medicaid cost of institutional services for purposes of waiver compliance. The purpose of the calculation is not to estimate all potential costs associated with constructing, expanding, or operating institutional facilities under hypothetical future scenarios, but rather to apply

Appendix J – Cost Neutrality	
Comment	**Department Comment**
	the federal cost neutrality framework required for Home and Community-Based Services waivers. DDA will continue to work with CMS, the Hilltop Institute, and other partners to ensure that institutional cost assumptions and cost neutrality calculations remain consistent with federal requirements, actual Medicaid expenditure data, and accepted cost neutrality methodologies.
7. **Cost Neutrality – Transparency and Comment Period** a. Critical rate and wage information was not fully disclosed during the public comment period; stakeholders cannot meaningfully evaluate the validity of cost projections without complete rate data. b. Requesting release of all underlying rate and wage data used in cost neutrality calculations before CMS submission. c. Requesting extension or restart of the comment period to allow stakeholders to review complete financial methodology information. d. Requesting clarification on how the dedicated staffing hours threshold change affects cost neutrality projections in Appendix J.	DDA provided the proposed waiver amendment, supporting appendices, track-change documents, and related materials for public review during the public comment period. Additional information regarding the proposed changes was shared through public webinars, stakeholder meetings, and information posted on the dedicated waiver amendment webpage. DDA also conducted extensive stakeholder outreach and engagement activities that exceeded the federal public notice requirements applicable to waiver amendments. Appendix I includes information regarding the Self-Directed Services rate methodology, applicable BLS occupational classifications, and rate components used in the development of the proposed rates. Appendix J includes the cost neutrality projections and supporting assumptions used for federal waiver reporting purposes. The cost neutrality calculations reflect the waiver services, rates, utilization assumptions, enrollment projections, and policy changes included in the amendment. As with all waiver amendments, CMS will review the proposed projections and

Appendix J – Cost Neutrality	
Comment	**Department Comment**
	supporting assumptions as part of its review of Appendix J and the overall amendment package. DDA recognizes the importance of transparency and stakeholder engagement in the waiver amendment process and carefully reviewed all comments received during the public comment period. DDA will continue to provide information regarding waiver implementation, rate methodologies, and cost neutrality projections through guidance, training, stakeholder engagement activities, and publicly available materials. DDA does not plan to reopen or extend the public comment period. The Department met and exceeded the federal public notice requirements for waiver amendments and provided multiple opportunities for stakeholder review, comment, and engagement prior to submission of the amendment to CMS.

Other

Other	
Comment	**Department Comment**
1. Pre-Amendment Implementation of Policy Changes a. Certain policy changes, including hour limitations and service hour restructuring, appear already in effect in PCPs prior to CMS approval. b. Service hours restructured into fixed daytime (7 AM–7 PM) and nighttime (7 PM–7 AM) blocks have been enforced in PCPs without formal notice or opportunity for appeal.	The proposed waiver amendment includes only changes that require CMS review and approval as part of the federal waiver amendment process. Several comments relate to operational practices, reporting requirements, service authorization processes, rate implementation activities, and budget actions required by the

Other	
Comment	**Department Comment**
c. 60/40 Rule request form requirement effective April 1, 2026 precedes the September 1, 2026 amendment effective date; the authority for pre-approval implementation has not been explained. d. Prior year wage reductions already implemented before this amendment's comment period have created staffing disruptions families are still absorbing. e. Requesting clarification on the legal authority for pre-approval implementation. a. Requesting due process protections for participants whose services were affected before the amendment takes effect.	Fiscal Year 2027 Budget Bill. These activities may be implemented under separate state authority, operational guidance, program administration responsibilities, or statutory requirements and are not dependent on approval of the waiver amendment. PCP service requests are reviewed and authorized in accordance with applicable federal and state laws, regulations, waiver requirements, policies, and guidance. Participants are notified of service authorization decisions and informed of their appeal rights in accordance with established Medicaid and waiver procedures. Commenters also raised concerns regarding the designation of daytime and nighttime Personal Support hours. A recent LTSSMaryland system enhancement included the designation of Personal Support daytime and nighttime hours to support service planning and administration. This system enhancement does not change service definitions, authorized service amounts, billing requirements, or reimbursement. In April 2026, the DDA Reporting Form: Relatives, Legally Responsible Persons, and Legal Guardians Providing Waiver Services was implemented as an administrative reporting and monitoring tool to support program oversight and implementation of waiver requirements established in October 2025. The reporting form does not authorize, deny, increase, decrease, or otherwise modify waiver services.

Other	
Comment	**Department Comment**
	DDA remains committed to ensuring that participants receive all applicable notice, appeal, and due process protections required under Medicaid, waiver, and state requirements. Individual service authorization decisions continue to be subject to established person-centered planning, notification, and appeal processes.
2. **Meaningful Day 15-minute Service Bucket** Recommend reinstating the technical revision from the prior amendment version that created a shared pool of hours for meaningful day services in the provider-managed model, allowing individuals to select different activities throughout the week without requiring PCP revisions.	DDA supports increasing flexibility and reducing administrative burden associated with accessing meaningful day services. Implementation of a Meaningful Day 15-minute service bucket is a system enhancement and operational change that does not require a waiver amendment. **DDA is working to implement this functionality through LTSS*Maryland* to support greater flexibility in service utilization and to reduce the need for Person-Centered Plan revisions when participants choose to use different meaningful day services. The enhancement will allow authorized meaningful day service hours to be managed more efficiently while maintaining appropriate service authorization, utilization tracking, and program oversight**. Because this change can be implemented administratively through system enhancements and operational processes, it is not necessary to include it in the Community Pathways Waiver amendment. DDA will continue to engage stakeholders regarding implementation and provide additional information as the enhancement is developed and deployed.

Other	
Comment	**Department Comment**
3. **Risk of Institutionalization and Olmstead Compliance** a. The combined effect of the proposed changes increases the risk of unnecessary institutionalization. b. Restricting family caregivers, eliminating vendors, reducing rates, and limiting hours simultaneously — without a workforce plan — foreseeably forces participants into more restrictive settings. c. Policies that knowingly create these conditions are inconsistent with Olmstead v. L.C. and the federal HCBS integration mandate. d. Request that DDA conduct an Olmstead impact analysis before implementing changes that reduce access to community-based supports.	DDA remains committed to supporting individuals with intellectual and developmental disabilities in the most integrated setting appropriate to their needs and in accordance with applicable federal and state requirements. The Community Pathways Waiver continues to provide a broad array of home and community-based services designed to support individuals in community settings and promote community participation, independence, choice, and self-determination. The proposed waiver amendment and related budget actions do not change the fundamental eligibility requirements for waiver services, eliminate access to home and community-based services, or alter the person-centered planning process used to identify and authorize services based on an individual's assessed needs. Participants will continue to receive services through approved PCPs, and requests for services will continue to be reviewed through established assessment and service authorization processes. DDA recognizes the importance of maintaining a stable and qualified workforce, preserving participant access to services, and ensuring continuity of supports. The Department will continue to monitor service utilization, provider capacity, workforce trends, participant outcomes, and stakeholder feedback as implementation activities proceed. DDA also remains committed to compliance with applicable federal Medicaid requirements, Home and Community-Based Services requirements, and the principles of community integration that support individuals' opportunities to live, work,

Other	
Comment	**Department Comment**
	and participate in their communities. The Department will continue to evaluate the impact of program changes through its ongoing quality management, oversight, and program administration activities. DDA will continue working with participants, families, providers, advocates, and other stakeholders to identify and address implementation issues and support continued access to community-based services throughout the waiver program.
4. **ADA, Civil Rights, and Legal Concerns** a. Proposed changes may conflict with Title II of the ADA, the integration mandate at 28 C.F.R. §35.130(d), and Olmstead. b. The 60/40 rule may operate as an impermissible 'screen-out' criterion under 28 C.F.R. §35.130(b)(8). c. Differential compensation for family caregivers—disproportionately women—raises potential disparate impact concerns under Title VII. d. Proposed restrictions appear to violate participant provider choice protections under 42 CFR §431.151. e. Proposed restrictions appear to conflict with the Maryland Self-Direction Act of 2022. f. Requesting that CMS not approve this amendment without requiring removal of provisions that conflict with federal civil rights protections.	DDA is committed to administering the Community Pathways Waiver in accordance with applicable federal and state laws, regulations, and requirements, including Medicaid requirements, Home and Community-Based Services requirements, civil rights protections, and community integration principles. The waiver amendment and related program policies were developed to comply with applicable legal and regulatory requirements while maintaining access to home and community-based services for eligible individuals. CMS will review the proposed waiver amendment, including the supporting assurances and documentation, to determine whether the amendment complies with applicable federal Medicaid requirements. DDA recognizes the importance of participant choice, person-centered planning, and access to services in the most integrated setting appropriate to an individual's needs. Individuals receiving waiver services will continue to participate

Other	
Comment	**Department Comment**
	in person-centered planning, select qualified providers from among available provider options, and receive services based on their assessed needs and approved PCPs. Several comments raised legal concerns regarding specific budget actions required by the Fiscal Year 2027 Budget Bill. To the extent comments relate to statutory requirements, rate implementation activities, administrative policies, or other actions outside the scope of the proposed waiver amendment, those matters are addressed through separate state authorities and implementation processes. DDA will continue to monitor implementation of waiver and program changes, evaluate participant outcomes and access to services, and work with stakeholders, CMS, and other partners to support compliance with applicable federal and state requirements.
5. **Cumulative and Simultaneous Impact of Changes** a. The amendment introduces multiple simultaneous changes (hour caps, rate reductions, vendor elimination, mandatory training, administrative changes) without a comprehensive workforce or transition plan. b. No comparable state has implemented this level of simultaneous restriction on self-direction while maintaining program stability. c. By Year 5, service restrictions and limitations will compound significantly; requesting cumulative impact assessment before implementation.	DDA recognizes that participants, families, providers, Coordinators of Community Services, Support Brokers, Financial Management and Counseling Services providers, and other stakeholders may be affected by changes occurring across the Community Pathways Waiver program and related Fiscal Year 2027 budget implementation activities. Several of the changes referenced by commenters are required by the Fiscal Year 2027 Budget Bill, while others are operational, administrative, system, or waiver-related changes intended to support program administration, compliance, oversight, and

Other	
Comment	**Department Comment**
	sustainability. Not all of these actions are included in the proposed waiver amendment. DDA has engaged in extensive stakeholder outreach regarding the proposed amendment and related program changes through public notices, webinars, stakeholder meetings, Waiver Advisory Council meetings, technical assistance activities, written guidance, and publicly available resources. DDA will continue to provide implementation support, communication, training, and technical assistance as changes are implemented. DDA recognizes the importance of monitoring the impact of program changes on participant access to services, workforce capacity, provider operations, and participant outcomes. The Department will continue to review utilization trends, service access, provider capacity, workforce information, stakeholder feedback, and quality management data as part of its ongoing oversight and administration of the Community Pathways Waiver. DDA remains committed to maintaining access to home and community-based services, supporting participant health and welfare, and ensuring compliance with applicable federal and state requirements while implementing changes required by law and program administration to support long-term sustainability.
6. **Self-Direction as the Only Viable Care Model** a. For many participants with complex behavioral, medical, or communication needs, the traditional provider system has been unable to provide adequate support.	DDA recognizes that participants and families have different experiences and preferences regarding service delivery models. The Community Pathways Waiver continues to support both provider-managed and self-directed service delivery options,

Other	
Comment	**Department Comment**
b. Traditional programs have caused documented harm, including abuse, neglect, injury, and failure to provide adequate supervision. c. Self-direction is not a preference for these families; it is the only model that works. d. For these participants, weakening self-direction is not a policy adjustment; it is a loss of care.	allowing participants to select the model that best meets their needs, goals, and circumstances. The Self-Directed Service Delivery Model remains an important component of the Community Pathways Waiver and continues to provide participants with employer and budget authority, including the ability to recruit, hire, train, schedule, supervise, and, when necessary, dismiss staff. Participants also continue to have authority to select providers and manage approved budgets consistent with waiver requirements. DDA recognizes that some participants have complex support needs and may require highly individualized staffing arrangements, specialized supports, and consistent caregivers. Individual service needs will continue to be assessed through the person-centered planning process, and services will continue to be authorized based on assessed needs and applicable waiver requirements. The proposed waiver amendment does not eliminate the Self-Directed Service Delivery Model. DDA remains committed to supporting participant choice, person-centered planning, health and welfare, and access to home and community-based services through both Self-Directed and Provider-Managed Service Delivery Models. DDA will continue to monitor participant outcomes, service access, workforce trends, and stakeholder feedback to support the ongoing effectiveness and sustainability of self-directed services within the Community Pathways Waiver.

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Comment	**Department Comment**
7. **Direct Care Workforce Shortage – System Context** a. Implementing rate reductions, hour caps, and vendor restrictions assumes the availability of a replacement workforce that does not exist. b. Requesting that workforce recruitment and retention strategies be developed in parallel with any service access changes.	DDA recognizes that workforce recruitment and retention continue to be significant challenges affecting home and community-based services in Maryland and across the nation. The availability of qualified direct support professionals is an important factor in ensuring that participants can access authorized services and supports. Several commenters expressed concern that changes related to rates, family caregiver limitations, provider requirements, and other Fiscal Year 2027 budget actions may affect workforce availability and participant access to services. DDA recognizes the importance of monitoring the impact of these changes on participants, families, providers, and the direct support workforce. DDA will continue to monitor workforce trends, provider capacity, service utilization, participant outcomes, and stakeholder feedback as part of ongoing program administration and quality management activities. The Department will also continue to work with participants, families, providers, advocates, and other stakeholders to identify challenges and opportunities related to workforce recruitment, retention, training, and service delivery. Ensuring continued access to qualified direct support professionals remains an important component of DDA's efforts to support participant health and welfare, service access, and the long-term sustainability of home and community-based services.

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Comment	**Department Comment**
8. **Natural Supports as unpaid labor** a. The concept of "natural supports" should not be applied to justify unpaid family labor for intensive, ongoing personal support tasks. b. Forty or more hours per week of personal support and intimate care tasks constitute work deserving compensation, regardless of family relationship.	DDA recognizes the important role that family members, friends, neighbors, and other natural supports often play in the lives of individuals with intellectual and developmental disabilities. DDA also recognizes that many family caregivers provide substantial assistance and support that extends beyond the services authorized through the Community Pathways Waiver. The Community Pathways Waiver permits payment to relatives, legal guardians, and legally responsible persons for certain waiver services when applicable requirements are met. The waiver also includes safeguards and limitations governing the provision of paid services by family members and other individuals with close personal relationships to the participant. The concept of natural supports is not intended to replace authorized waiver services or diminish the value of services provided by paid direct support professionals. Service needs continue to be assessed through the person-centered planning process, and waiver services are authorized based on an individual's assessed needs, approved PCP, and applicable waiver requirements. DDA recognizes that participants and families have different circumstances, support networks, and caregiving responsibilities. The Department will continue to support person-centered planning and the use of both paid and unpaid supports, as appropriate, to help individuals achieve their identified goals and maintain health, welfare, and community participation.

Other	
Comment	**Department Comment**
9. **Budget and Cost of Living Context** a. Maryland is the 7th most expensive state in the nation; proposed wage levels do not reflect the cost of living. b. The DDA budget has already been cut by $126 million in the current year, following $164 million in cuts the prior year; families have already absorbed prior-year reductions. c. The SDS program has had approximately $64.7 million cut directly from self-directed budgets in the current legislative session. d. Cost containment achieved through restricting family caregiving is a false economy; it shifts costs to families and emergency systems. e. Institutional care costs the state significantly more than community-based services; cuts that destabilize home care increase long-term costs.	DDA recognizes that participants, families, direct support professionals, and providers continue to face economic pressures, workforce challenges, and rising costs associated with delivering and receiving services. Commenters also expressed concerns regarding the cumulative impact of recent budget actions and the ability of families and providers to absorb additional changes. The Fiscal Year 2027 Budget Bill includes several budget-related actions affecting the DDA and the Community Pathways Waiver program. DDA is responsible for implementing statutory requirements enacted through the State budget process while continuing to administer services in accordance with federal and state requirements. DDA recognizes concerns regarding workforce recruitment and retention, participant access to services, family caregiver supports, and the long-term sustainability of home and community-based services. The Department will continue to monitor service utilization, provider capacity, workforce trends, participant outcomes, and stakeholder feedback as part of ongoing program administration and quality management activities. The Community Pathways Waiver remains a critical component of Maryland's system of home and community-based services. DDA remains committed to supporting individuals in community settings, maintaining compliance with federal waiver requirements, and ensuring continued access to services that

Other	
Comment	**Department Comment**
	support health, welfare, independence, and community participation. DDA will continue to work with participants, families, providers, advocates, and other stakeholders to identify implementation challenges, monitor the impact of program changes, and support the long-term sustainability of community-based services.
10. **Requesting - Gradual Approach** Understanding the need to decrease the budget, with suggestions that a more gradual approach (e.g., phased reductions over 5 years) would be less harmful than immediate large cuts.	The Department carefully considered various implementation approaches while developing the waiver amendment and related budget implementation activities. Several of the actions discussed during the public comment period are required by the Fiscal Year 2027 Budget Bill and are subject to statutory implementation timelines established through the State budget process. As a result, DDA's flexibility to phase in certain changes over multiple years may be limited. Where operationally feasible, DDA has sought to support implementation through stakeholder engagement, training, technical assistance, communication, system enhancements, and transition activities. For example, DDA revised the proposed implementation date of the Self-Directed Services budget methodology in the draft waiver amendment to January 1, 2027, to provide additional time for planning, communication, and implementation activities. DDA will continue to monitor implementation, stakeholder feedback, participant outcomes, provider capacity, and workforce impacts and will make operational adjustments,

Other	
Comment	**Department Comment**
	where appropriate and consistent with applicable legal and budget requirements, to support continued access to services and supports.
11. **Supports Intensity Scale – Opposition to Mandated Use** a. The SIS is a deficit-based assessment tool that measures limitations rather than goals, strengths, or preferences. b. SIS assessments cost approximately $480–$510 each; for approximately 16,500 participants, total cost is estimated at $7.9–$8.4 million annually. c. Existing person-centered planning teams are better positioned to determine support needs than an outside assessor. d. Using SIS scores to determine budget amounts replaces individual planning with a standardized score, inconsistent with person-centered principles. e. Requesting elimination of the SIS mandate and redirection of those funds to direct support services.	DDA recognizes the importance of person-centered planning and individualized decision-making in the delivery of services and supports. Assessments are one of several tools used to inform planning and service authorization decisions and are not intended to replace the person-centered planning process, participant choice, professional judgment, or consideration of an individual's unique needs and circumstances. At the same time, Medicaid waiver programs require safeguards and consistent processes to ensure services are authorized based on assessed need and applied equitably across participants. Objective assessment tools can provide an important mechanism for identifying support needs, informing service planning, promoting consistency in service authorization decisions, and demonstrating that services and supports are based on documented needs. Assessment information also helps support program integrity, accountability, and compliance with federal waiver requirements. DDA recognizes that stakeholders have differing perspectives regarding the strengths, limitations, costs, and effectiveness of various assessment tools. The Department is committed to using reliable, valid, and nationally recognized assessment methodologies that support equitable and consistent service

Other	
Comment	**Department Comment**
	planning and authorization while maintaining person-centered planning principles. DDA is open to working with stakeholders to explore alternative nationally recognized and validated assessment tools and methodologies that support person-centered planning, accurately reflect support needs, and promote consistency and fairness in service authorization processes.
12. **Technology-First Requirements** a. 'Technology-first' requirements that position assistive technology as the default before human support are opposed. b. Technology cannot replace physical human support or provide community integration. c. Technology mandates are a cost-cutting strategy rather than a person-centered approach. d. Requesting that technology remain an option chosen by participants and their teams, not a default requirement.	Maryland is a Technology First state and is committed to ensuring that individuals with disabilities have opportunities to consider technology, assistive devices, remote supports, and other innovative tools that may enhance independence, self-determination, safety, and community inclusion. The Technology First initiative is intended to ensure that technology is considered as part of the planning process and that individuals have access to available tools and supports that may help them achieve their goals. Technology is not intended to replace person-centered planning, participant choice, human relationships, or services that are necessary to address an individual's assessed needs. Rather, technology is one of many potential supports that may be considered by participants and their planning teams when developing individualized service plans.

Other	
Comment	**Department Comment**
	The appropriateness of assistive technology, remote supports, monitoring systems, or other technology-based solutions is determined through the person-centered planning process and should reflect the individual's preferences, assessed needs, goals, risks, and desired outcomes. Technology solutions are not appropriate for every person or every circumstance, and the use of technology should be individualized. DDA remains committed to supporting participant choice and ensuring that service planning reflects person-centered principles, individual needs, health and welfare considerations, and opportunities for community participation. The Department will continue to work with participants, families, providers, advocates, and other stakeholders to support the effective and appropriate use of technology as one component of a comprehensive system of supports.
13. **Coordination Between Community Pathways Waiver, Community First Choice, and REM** a. No integrated care coordination approach exists for participants simultaneously eligible across multiple programs. b. Lack of coordination results in service denials, delays, and conflicting guidance, particularly for medically fragile individuals. c. Requesting that DDA establish a unified care coordination approach before implementing changes that increase system complexity.	DDA recognizes the importance of effective coordination among programs and service providers to support individuals with complex needs. Many participants receive services and supports through multiple Medicaid and community-based programs, making communication and coordination among service providers, care managers, case managers, healthcare professionals, and planning teams important to achieving positive outcomes. Coordinators of Community Services are responsible for supporting person-centered planning and coordinating waiver services, while other Medicaid programs maintain their own eligibility, assessment, authorization, and care coordination

Other	
Comment	**Department Comment**
	processes. Collaboration among these entities is important to help ensure services are coordinated and responsive to an individual's needs. DDA supports ongoing communication and coordination among participants, families, Coordinators of Community Services, providers, healthcare professionals, and other program representatives to promote a holistic approach to service planning and delivery. DDA will continue to work with its partners across Medicaid programs to identify opportunities to improve coordination, communication, and participant experience. DDA agrees that individuals enrolled in multiple programs benefit when planning teams work together to understand the person's full range of needs, services, goals, and supports. DDA will continue to explore opportunities to strengthen cross-program coordination and information sharing, consistent with applicable privacy, programmatic, and regulatory requirements. DDA remains committed to person-centered planning and coordinated service delivery that supports participant health, welfare, independence, and community inclusion.
14. **Transportation barriers to community integration** a. The amendment does not address the transportation crisis that prevents participants from accessing employment, medical appointments, community activities, and civic	DDA recognizes that reliable transportation is an important component of community living and can affect an individual's ability to access services, maintain employment, participate in

Other	
Comment	**Department Comment**
participation. Without adequate transportation support, other waiver services are functionally inaccessible for many participants.	community activities, and achieve goals identified through the person-centered planning process. The Community Pathways Waiver includes several transportation-related supports. Transportation is incorporated into meaningful day and residential services, and participants may also access Transportation Services as a stand-alone waiver service. Transportation Services may include travel training, mileage reimbursement, and other transportation options that support increased independence, community participation, and access to services. DDA also supports Maryland's Technology First initiative, which encourages consideration of tools and strategies that may increase independence and access to community activities when appropriate and desired by the participant. However, technology is not intended to replace transportation services or other supports necessary to address an individual's assessed needs. The proposed waiver amendment does not include changes to Transportation Services. DDA will continue to work with the Waiver Advisory Council to identify transportation challenges and explore opportunities to improve access to community-based services and supports. DDA remains committed to supporting community integration and ensuring that participants have access to the services and supports needed to live, work, and participate in their communities.

Other	
Comment	**Department Comment**
15. **Awake Overnight Supports** a. The amendment introduces new documentation requirements and justification criteria for awake overnight supports. b. Requesting that awake overnight support determinations be made by the participant, their medical team, and their PCP team without additional bureaucratic barriers.	The proposed amendment does not introduce new requirements, documentation standards, or authorization criteria for awake overnight supports.
16. **Coordinator of Community Services Role** a. Proposed changes may shift CCS coordinators from participant advocates to program enforcers. b. Requesting that DDA clarify that CCS coordinators serve participants, not DDA budget targets.	The proposed waiver amendment does not change the role, responsibilities, or requirements of Coordinators of Community Services. CCSs continue to be responsible for supporting participants through person-centered planning, development and revision of PCPs, development and revision of Self-Directed Services budgets as applicable, referral and coordination activities, monitoring and follow-up, and assisting participants in maintaining Medicaid eligibility and access to needed services and supports. CCS services remain a core component of the Community Pathways Waiver and continue to support participants in identifying goals, accessing services, coordinating supports, addressing challenges, and navigating available resources. CCSs also play an important role in helping ensure that participants are informed of their rights, available service options, and appeal processes. The amendment does not shift the role of CCS agencies from participant-centered service coordination to program enforcement activities. CCS responsibilities continue to be guided by person-centered planning principles, participant

Other	
Comment	**Department Comment**
	choice, health and welfare considerations, and applicable federal and state requirements. DDA remains committed to supporting a strong system of person-centered coordination services that assists participants in accessing and maintaining the services and supports needed to achieve their goals and desired outcomes.
17. **Quarterly Monitoring – Remote vs. In-Person Inconsistency** a. The SIS assessment may be conducted virtually, while quarterly CCS monitoring must be conducted in person. b. This inconsistency appears based on compliance needs rather than quality; requesting that quarterly CCS monitoring be offered virtually as an option for participants who prefer it.	The proposed waiver amendment does not modify the requirements for quarterly monitoring conducted by CCS. Requirements related to monitoring contacts and service coordination activities are established through existing waiver, regulatory, and program requirements and are not changed by this amendment. DDA recognizes that both in-person and virtual interactions can play an important role in supporting participants. Advances in technology have created additional opportunities for communication, planning, and coordination while also supporting participant choice and convenience. At the same time, in-person contact remains an important component of service monitoring, health and welfare oversight, relationship building, and observation of an individual's living environment and service outcomes. DDA will continue to evaluate service coordination practices, stakeholder feedback, and available technology options to identify opportunities to improve participant experience while maintaining required health and welfare safeguards and program oversight responsibilities.

Other	
Comment	**Department Comment**
18. **Culturally Appropriate and Specialized Services** a. Vendor elimination prevents participants from accessing culturally sensitive or religiously accommodating programs that meet specific community needs. b. Small business vendors serving ethnic minority communities, including those with language-specific support needs, will be disproportionately affected. c. Requesting that DDA preserve participant access to culturally appropriate services when transitioning from vendor to provider model.	DDA recognizes the importance of ensuring that services are responsive to the cultural, linguistic, religious, and personal preferences of participants. Person-centered planning includes consideration of an individual's preferences, goals, communication needs, cultural background, and other factors that are important to the person. DDA recognizes that some participants have established relationships with providers that offer culturally responsive, language-specific, faith-based, or specialized services. The Department is committed to supporting continuity of services and maintaining a diverse provider network that is responsive to the needs of Maryland's communities. The amendment does not prohibit the provision of culturally appropriate or specialized services. Effective July 1, 2026, entities seeking to provide Medicaid waiver services under the Community Pathways Waiver must meet applicable provider qualification requirements. Current unlicensed vendors may apply to become qualified DDA providers and, upon approval, may continue providing authorized waiver services. In addition, qualified individuals and entities that provide allowable goods and services through Individual and Family Directed Goods and Services are not required to become DDA providers. Participants may continue to access approved goods and services through that service, consistent with waiver requirements.

Other	
Comment	**Department Comment**
	DDA will continue to work with participants, families, providers, advocates, and community partners throughout implementation to support access to culturally appropriate services and to promote a provider network that reflects the diverse needs of individuals receiving waiver services.
19. **Mileage and Budget Components** a. Mileage reimbursement is a significant and growing component of participant budgets; requesting that DDA review and tighten mileage implementation guidelines as an alternative cost-containment measure. b. Before cutting direct care wages, requesting that DDA identify efficiencies in other budget components including mileage, PTO, and unused budget allocations.	DDA recognizes the importance of responsible stewardship of public funds and routinely reviews waiver services, reimbursement methodologies, utilization patterns, program expenditures, and stakeholder feedback as part of its program integrity, quality management, fiscal oversight, and waiver administration responsibilities. Mileage reimbursement, paid time off, and other allowable expenditures within the Self-Directed Service Delivery Model are governed by existing policies, procedures, and reasonable and customary standards. Participants who self-direct services must use approved budgets in accordance with waiver requirements, service authorizations, and program guidance. Several comments relate to budget implementation and cost containment strategies that are outside the scope of the proposed waiver amendment. DDA will continue to evaluate program data, operational practices, and stakeholder feedback to identify opportunities for program improvement, administrative efficiencies, and effective use of waiver resources and will consider these comments as part of future policy, operational, and budget discussions.

Other	
Comment	**Department Comment**
20. **Individual Budget Cap** a. A proposed $500,000 individual budget cap was raised in the legislative session; commenters expressed that arbitrary caps imposed on individuals with high-acuity needs ignore medical complexity. b. Reducing budget numbers does not reduce a participant's medical or behavioral complexity; it increases risk of service disruption and institutional placement.	The proposed individual budget cap discussed during the legislative session is not included in the proposed Community Pathways Waiver amendment.
21. **Service Settings Definition and Monitoring** a. Absence of a clear 'service setting' definition in the waiver creates inconsistency in how CCS monitoring is conducted. b. Recommending that DDA add a formal definition specifying that CCS quarterly monitoring must occur at the actual location where a service is delivered. c. Recommending that across quarterly visits, CCS coordinators visit different service settings to reflect the full range of authorized services. d. DDA reviews Community Settings Questionnaires flagged as potentially non-compliant; recommending that DDA strengthen the connection between site visit findings and questionnaire remediation.	The proposed waiver amendment does not modify requirements related to CCS monitoring activities, service setting definitions, or HCBS settings monitoring processes. These operational and program administration activities are outside the scope of the proposed waiver amendment. DDA recognizes the importance of consistent monitoring practices and effective oversight of services delivered across a variety of settings. Coordinators of Community Services are responsible for monitoring participant health and welfare, implementation of the PCP, satisfaction with services, and progress toward identified outcomes. Monitoring activities may occur in locations appropriate to the purpose of the visit and the services being reviewed. DDA also maintains processes to monitor compliance with federal HCBS settings requirements. As part of these activities, DDA reviews Community Settings Questionnaires and other information to identify settings that may require additional review, technical assistance, corrective action, or remediation to ensure compliance with applicable HCBS requirements.

Other	
Comment	**Department Comment**
	Comments regarding service setting definitions, monitoring practices, site visit expectations, and HCBS settings oversight will be considered separately from this waiver amendment as part of DDA's ongoing quality management, HCBS settings compliance, and program administration activities.
22. **Performance Measures – Qualified Providers and Financial Accountability** a. Qualified Provider Performance Measure #3 is duplicative of Performance Measure #4 for self-directed provider qualifications; recommending removal of Measure #3. b. Financial Accountability Performance Measure #2 combines two distinct checks (eligibility on date of service; service authorization criteria); recommending that these be separated into two distinct performance measures for clearer oversight.	DDA recognizes the importance of clear, measurable, and meaningful performance measures that support effective monitoring of provider qualifications, participant protections, program accountability, and compliance with federal waiver requirements. The performance measures included in the waiver are designed to support ongoing quality assurance, oversight, and reporting across multiple waiver assurances. In some cases, related measures may address different components of a waiver assurance, even when the measures appear similar. Likewise, certain performance measures may incorporate multiple review elements that are evaluated together to assess compliance with specific waiver requirements. DDA will review the recommendations regarding Qualified Provider and Financial Accountability performance measures as part of its ongoing quality management and waiver administration activities. The Department routinely evaluates performance measures, evidence collection methods, and reporting processes to ensure they remain effective, meaningful, and aligned with federal requirements and program oversight needs.

Other	
Comment	**Department Comment**
23. **Service Note Definition** a. No definition of 'service note' with minimum content requirements is included in the waiver. b. Recommending that DDA add a service note definition specifying minimum required documentation elements including dates, times, location, service type, staff name, outcomes supported, participant choice, and alignment with the Person-Centered Plan.	The proposed waiver amendment does not modify service documentation. DDA will review the recommendations and provide updated guidance as applicable.
24. **Electronic Visit Verification Scope** a. EVV is currently required only for Personal Supports and Respite. b. Community Living – Group Home service definition includes personal care assistance as a component; requesting clarification on whether that component triggers EVV requirements under the 21st Century Cures Act.	Electronic Visit Verification (EVV) requirements are governed by federal law and apply to specific service categories identified under the 21st Century Cures Act and Maryland's approved EVV implementation. Currently, EVV is required for Personal Supports and Respite services delivered in accordance with applicable federal and state requirements. Community Living – Group Home, Community Living – Enhanced Supports, and Supported Living are residential services with distinct service definitions, provider qualifications, reimbursement methodologies, and documentation requirements. The inclusion of personal care assistance as a component of a residential service does not, by itself, make the residential service subject to EVV requirements. The proposed waiver amendment does not modify EVV requirements or expand the scope of services subject to EVV. DDA will continue to provide guidance and technical assistance regarding documentation, billing, and EVV requirements consistent with applicable federal and state requirements.

Other	
Comment	**Department Comment**
25. **Group Home – Provider Model Only and Four-Person Maximum** a. Community Living – Group Home is provider-managed only; no participant-directed option is available. If self-direction is not feasible for this service, requesting that DDA document the rationale. b. The waiver allows DDA to approve exceptions to the four-person per residence maximum without defining criteria; requesting that criteria be specified, consistent with HCBS settings requirements.	Community Living – Group Home is a provider-managed residential service that is delivered by qualified DDA providers and is not available through the Self-Directed Service Delivery Model. The residential sites are owned and operated by the provider and therefore self-directed service authorities would not apply. The Community Pathways Waiver includes both provider-managed and self-directed service delivery options; however, not all waiver services are available under both models. The service delivery model and provider qualifications for each waiver service are established within the approved waiver service definitions and related program requirements. DDA recognizes the importance of ensuring that residential settings support participant choice, community integration, privacy, dignity, independence, and individual rights consistent with federal HCBS settings requirements. Comments regarding residential occupancy criteria and exception processes will be considered as part of DDA's ongoing review of residential services, licensing standards, and HCBS settings compliance activities.
26. **Career Exploration Service** Requesting explanation of 720-annual-hour limit on Career Exploration service in the context of Employment First goals.	DDA remains committed to Maryland's Employment First principles and to supporting individuals with intellectual and developmental disabilities in pursuing competitive integrated employment, career development, community participation, and meaningful day opportunities consistent with their goals, preferences, strengths, and assessed needs.

Other	
Comment	**Department Comment**
	Career Exploration is a time-limited service designed to help individuals identify employment interests, strengths, preferences, skills, and potential career paths through exploration and discovery activities. The service is intended to support informed decision-making regarding future employment opportunities and the selection of appropriate employment-related services and supports. The 720-hour annual limitation reflects the intended purpose of Career Exploration as a time-limited service focused on employment discovery and exploration activities. Following Career Exploration, participants may access other employment-related waiver services, as appropriate, to support achievement of their employment goals. These services may include discovery and job development authorized through the person-centered planning process. The proposed waiver amendment does not modify the service definition, scope, or annual limitation for Career Exploration services. The 720-hour limit is an existing waiver requirement and is not a change being proposed through this amendment.
27. **Employment Services – Phase-Out and New Limitations** a. Supported Employment and Employment Discovery and Customization are phased out in Years 3–5. b. Discovery Services are limited to once every two years. c. Job Development is limited to 90 hours per year. d. Co-Worker Employment Supports are available only for the first three months of employment.	Supported Employment and Employment Discovery and Customization services were previously transitioned into the current Employment Services framework as part of earlier waiver changes and are not being modified through this amendment. Crosswalk documents were posted on the DDA website to support providers as they transitioned from the legacy services to the new Employment Services.

Other	
Comment	**Department Comment**
e. These limitations conflict with Maryland's Employment First commitment. f. Requesting removal of new limitations on discovery services and job development hours. g. Requesting a crosswalk document showing how phased-out services map to retained Employment Services. h. Requesting detailed service specifications for 'Employment Services' confirming it fully covers the scope of previously separate services.	Employment Services include a comprehensive range of employment supports designed to assist individuals in obtaining, maintaining, and advancing in competitive integrated employment. Components of Employment Services include discovery activities, job development, job coaching and ongoing supports, follow-along supports, and self-employment supports. The current service structure was designed to utilize best practices and streamline employment services while maintaining support for individuals pursuing employment goals. The service limitations referenced by commenters are existing service requirements and are not new limitations proposed through this waiver amendment. The amendment does not modify the scope, availability, or limitations associated with Employment Services. DDA remains committed to Maryland's Employment First policy and to supporting individuals with intellectual and developmental disabilities in pursuing competitive integrated employment. Employment goals, supports, and services continue to be identified through the person-centered planning process and authorized based on an individual's interests, strengths, preferences, and assessed needs. Information regarding Employment Services, including service definitions, allowable activities, service components, and provider requirements, is available through existing waiver service definitions, provider guidance, and DDA training materials.

Other	
Comment	**Department Comment**
	DDA will continue to provide technical assistance, guidance, and stakeholder engagement regarding employment services and supports available through the Community Pathways Waiver.
28. **Day-to-Day Administrative Support – Alignment with Senate Bill 282** g. The waiver amendment language for Day-to-Day Administrative Support does not align with Maryland Senate Bill 282 (final budget language, effective July 1, 2026). h. Senate Bill 282 specifies that administrative supports shall include: household management and scheduling; appointment scheduling; money management tasks such as reviewing and paying bills; and assisting with the maintenance of benefits. i. The current waiver amendment language explicitly excludes making payments for household management care, budgeting and money management, developing staffing or cleaning schedules, and managing money and property—functions that SB 282 requires. j. Day-to-Day Administrative tasks require dedicated time separate from direct support; they should not be performed simultaneously while actively providing CDS, as CDS requires full engagement with the participant. k. Requesting that the waiver amendment language be updated to align with Senate Bill 282. l. Recommending the waiver or guidance be updated.	DDA agrees that the implementation of Day-to-Day Administrative Supports must align with the requirements established by the Fiscal Year 2027 Budget Bill. The budget bill specifies that participants in the Self-Directed Service Delivery Model may access up to 10 hours per month of Day-to-Day Administrative Supports and identifies allowable activities that include household management and scheduling, appointment scheduling, money management activities such as reviewing and paying bills, and assistance with maintaining benefits. **In response to public comments, DDA will revise Individual and Family Directed Goods and Services (IFDGS) language in the waiver amendment to align with the requirements of the Fiscal Year 2027 Budget Bill. The revised language reflects the administrative support activities authorized in State law and provides greater consistency between the waiver amendment and legislative requirements.**

Other	
Comment	**Department Comment**
29. Self-Direction - Shared Staffing Option a. Create a voluntary shared staffing option for people in self-direction. This option would allow people who choose to share support staff with one other person they live with to do so—if and only if both people want this arrangement. b. Include safeguards: ○ The arrangement must be 100% voluntary—no person can be forced or pressured to share staff ○ Maximum of 2 people sharing staff (not 3, 4, or more) ○ Both people must live together by choice ○ The arrangement must not create what is effectively an unlicensed group home ○ No Office of Health Care Quality group home licensing requirements should apply ○ Each person maintains their own Person-Centered Plan and individual budget ○ Either person can end the arrangement at any time without penalty ○ Staff cannot be shared in a way that compromises either person's health, safety, or individual needs	DDA recognizes the interest in exploring flexible service delivery models that support participant choice, independence, and efficient use of resources while maintaining health, safety, and compliance with federal and state requirements. The recommendation includes thoughtful safeguards, particularly those related to voluntary participation, person-centered planning, individual budget authority, and protections against congregate service models. The proposed waiver amendment does not include changes related to shared staffing arrangements in Self-Directed Services. However, DDA acknowledges that this concept may warrant further discussion and evaluation, including consideration of operational, regulatory, quality assurance, and payment implications. DDA welcomes continued stakeholder engagement on this topic and will refer this recommendation to the Waiver Advisory Council (WAC) for further discussion and consideration. Any future policy development in this area would require careful review to ensure alignment with participant choice, person-centered planning requirements, health and welfare assurances, and applicable federal Medicaid Home and Community-Based Services requirements.
30. Training a. Training requirements should be different for self-direction and provider-managed services.	DDA recognizes that the Self-Directed Service Delivery Model differs from the Provider-Managed Service Delivery Model and provides participants with employer authority and responsibility

Other	
Comment	**Department Comment**
b. In self-direction, the person as employer should determine training needs with support from their Coordinator of Community Services. c. Any mandatory training should be funded separately, not from the person's service budget, and backup support should be provided during training periods.	for recruiting, hiring, training, supervising, and managing their employees. Participants who self-direct services play an important role in identifying the knowledge, skills, and training necessary for employees to effectively support their individual needs, preferences, and goals. At the same time, certain training requirements may be established through federal requirements, state law, waiver requirements, provider qualification standards, health and welfare safeguards, or other program requirements. These requirements help ensure that individuals providing services have the knowledge and skills necessary to safely and effectively support participants. The proposed waiver amendment does not establish new training requirements for self-directed services. Existing training requirements and responsibilities remain unchanged by the amendment. DDA welcomes continued stakeholder engagement on this topic and will refer this recommendation to the Waiver Advisory Council (WAC) for further discussion and consideration.