

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



**Medicaid and CHIP Operations Group**

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January 19, 2021

Tricia Roddy, Acting Medicaid Director  
Maryland Department of Health  
201 W Preston Street, Room 525  
Baltimore, MD 21201

RE: Community Pathways amendment # MD 0023.R07.05

Dear Ms. Roddy:

The Centers for Medicare & Medicaid Services (CMS) is approving your request to amend the state's Community Pathways waiver for Developmental Disability population. The CMS Control Number for the amendment is MD 0023.R07.05. Please use this number in future correspondence relevant to this waiver action.

With this amendment, the state: 1. Updates and reordering language to better clarify; 2. Updates to eligibility including targeted criteria for new applicants 18 years of age or older in need of residential services are supported in the Community Pathways Waiver. 3. Updates to the transition strategy for the new Long-Term Services and Supports (LTSS) fee-for-service billing. 4. Updates to services including, A. Consolidating standalone nursing support services under one service title of Nursing Support Services. B. Adding virtual supports as a service delivery option; and C. Supporting participants in an acute care hospital when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings; 5. Updates to the self-directed service delivery model; 6. Updates to billing units including: a. changing all hourly service units to 15-minute units; b. changing the monthly unit for Live-In Caregiver Supports, Support Broker Services, and Employment Services - Co-Worker Employment Supports to an Upper Pay Limit; and 7. Update language to reflect final rates, cost components, and geographical differential. The effective date of this amendment is January 19, 2021.

The waiver continues to be cost-neutral. The average per capita cost of waiver services estimates (Appendix J.1) have been approved. This approval is subject to your agreement to serve no more individuals than the total number of unduplicated participants indicated in Appendix J.2 of the waiver. If the state wishes to serve more individuals or make any other alterations to this waiver, an amendment must be submitted for approval.

It is important to note that CMS' approval of this waiver amendment solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at [http://www.ada.gov/olmstead/q&a\\_olmstead.htm](http://www.ada.gov/olmstead/q&a_olmstead.htm).

Thank you for your cooperation during the review process. If you have any questions concerning this information, please contact me at (206) 615-2356, or your staff may contact Alice Robinson Ross at Alice.RobinsonRoss@CMS.HHS.gov or (215) 861-4261.

Sincerely,

David L. Meacham, Director  
Division of HCBS Operations and Oversight

Enclosure

cc:

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