

## **Attachment VII: Public Process and Indian Consultation Requirements**

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Website Update §1115 HealthChoice Demonstration

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# Maryland Register

**Issue Date: May 30, 2025**

Volume 52 • Issue 11 • Pages 513 — 584

## IN THIS ISSUE

Governor  
General Assembly  
Regulations  
Special Documents  
General Notices

Pursuant to State Government Article, §7-206, Annotated Code of Maryland, this issue contains all previously unpublished documents required to be published, and filed on or before May 12, 2025 5 p.m.

Pursuant to State Government Article, §7-206, Annotated Code of Maryland, I hereby certify that this issue contains all documents required to be codified as of May 12, 2025.

Gail S. Klakring  
Administrator, Division of State Documents  
Office of the Secretary of State



## Information About the Maryland Register and COMAR

### MARYLAND REGISTER

The Maryland Register is an official State publication published every other week throughout the year. A cumulative index is published quarterly.

The Maryland Register is the temporary supplement to the Code of Maryland Regulations. Any change to the text of regulations published in COMAR, whether by adoption, amendment, repeal, or emergency action, must first be published in the Register.

The following information is also published regularly in the Register:

- Governor's Executive Orders
- Attorney General's Opinions in full text
- Open Meetings Compliance Board Opinions in full text
- State Ethics Commission Opinions in full text
- Court Rules
- District Court Administrative Memoranda
- Courts of Appeal Hearing Calendars
- Agency Hearing and Meeting Notices
- Synopses of Bills Introduced and Enacted by the General Assembly
- Other documents considered to be in the public interest

### CITATION TO THE MARYLAND REGISTER

The Maryland Register is cited by volume, issue, page number, and date. Example:

- 19:8 Md. R. 815—817 (April 17, 1992) refers to Volume 19, Issue 8, pages 815—817 of the Maryland Register issued on April 17, 1992.

### CODE OF MARYLAND REGULATIONS (COMAR)

COMAR is the official compilation of all regulations issued by agencies of the State of Maryland. The Maryland Register is COMAR's temporary supplement, printing all changes to regulations as soon as they occur. At least once annually, the changes to regulations printed in the Maryland Register are incorporated into COMAR by means of permanent supplements.

### CITATION TO COMAR REGULATIONS

COMAR regulations are cited by title number, subtitle number, chapter number, and regulation number. Example: COMAR 10.08.01.03 refers to Title 10, Subtitle 08, Chapter 01, Regulation 03.

### DOCUMENTS INCORPORATED BY REFERENCE

Incorporation by reference is a legal device by which a document is made part of COMAR simply by referring to it. While the text of an incorporated document does not appear in COMAR, the provisions of the incorporated document are as fully enforceable as any other COMAR regulation. Each regulation that proposes to incorporate a document is identified in the Maryland Register by an Editor's Note. The Cumulative Table of COMAR Regulations Adopted, Amended or Repealed, found online, also identifies each regulation incorporating a document. Documents incorporated by reference are available for inspection in various depository libraries located throughout the State and at the Division of State Documents. These depositories are listed in the first issue of the Maryland Register published each year. For further information, call 410-974-2486.

### HOW TO RESEARCH REGULATIONS

An Administrative History at the end of every COMAR chapter gives information about past changes to regulations. To determine if there have been any subsequent changes, check the "Cumulative Table of COMAR Regulations Adopted, Amended, or Repealed" which is found online at <http://www.dsd.state.md.us/PDF/CumulativeTable.pdf>. This table lists the regulations in numerical order, by their COMAR number, followed by the citation to the Maryland Register in which the change occurred. The Maryland Register serves as a temporary supplement to COMAR, and the two publications must always be used together. A Research Guide for Maryland Regulations is available. For further information, call 410-260-3876.

### SUBSCRIPTION INFORMATION

For subscription forms for the Maryland Register and COMAR, see the back pages of the Maryland Register. Single issues of the Maryland Register are \$15.00 per issue.

### CITIZEN PARTICIPATION IN THE REGULATION-MAKING PROCESS

Maryland citizens and other interested persons may participate in the process by which administrative regulations are adopted, amended, or repealed, and may also initiate the process by which the validity and applicability of regulations is determined. Listed below are some of the ways in which citizens may participate (references are to State Government Article (SG), Annotated Code of Maryland):

- By submitting data or views on proposed regulations either orally or in writing, to the proposing agency (see "Opportunity for Public Comment" at the beginning of all regulations appearing in the Proposed Action on Regulations section of the Maryland Register). (See SG, §10-112)
- By petitioning an agency to adopt, amend, or repeal regulations. The agency must respond to the petition. (See SG §10-123)
- By petitioning an agency to issue a declaratory ruling with respect to how any regulation, order, or statute enforced by the agency applies. (SG, Title 10, Subtitle 3)
- By petitioning the circuit court for a declaratory judgment on the validity of a regulation when it appears that the regulation interferes with or impairs the legal rights or privileges of the petitioner. (SG, §10-125)
- By inspecting a certified copy of any document filed with the Division of State Documents for publication in the Maryland Register. (See SG, §7-213)

**Maryland Register (ISSN 0360-2834).** Postmaster: Send address changes and other mail to: Maryland Register, State House, Annapolis, Maryland 21401. Tel. 410-260-3876. Published biweekly, with cumulative indexes published quarterly, by the State of Maryland, Division of State Documents, State House, Annapolis, Maryland 21401. The subscription rate for the Maryland Register is \$225 per year (first class mail). All subscriptions post-paid to points in the U.S. periodicals postage paid at Annapolis, Maryland, and additional mailing offices.

**Wes Moore**, Governor; **Susan C. Lee**, Secretary of State; **Gail S. Klakring**, Administrator; **Tracey A. Johnstone**, Editor, Maryland Register; **Tarshia N. Neal**, Subscription Manager; **Tami Cathell**, Help Desk, COMAR and Maryland Register Online.

Front cover: State House, Annapolis, MD, built 1772—79.

Illustrations by Carolyn Anderson, Dept. of General Services

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The Code of Maryland Regulations is available at [www.dsd.state.md.us](http://www.dsd.state.md.us) as a free service of the Office of the Secretary of State, Division of State Documents. The full text of regulations is available and searchable. Note, however, that the printed COMAR continues to be the only official and enforceable version of COMAR.

The Maryland Register is also available at [www.dsd.state.md.us](http://www.dsd.state.md.us).

For additional information, visit [www.dsd.maryland.gov](http://www.dsd.maryland.gov), Division of State Documents, or call us at (410) 974-2486 or 1 (800) 633-9657.

**Availability of Monthly List of  
Maryland Documents**

The Maryland Department of Legislative Services receives copies of all publications issued by State officers and agencies. The Department prepares and distributes, for a fee, a list of these publications under the title “Maryland Documents”. This list

is published monthly, and contains bibliographic information concerning regular and special reports, bulletins, serials, periodicals, catalogues, and a variety of other State publications. "Maryland Documents" also includes local publications.

Anyone wishing to receive "Maryland Documents" should write to: Legislative Sales, Maryland Department of Legislative Services, 90 State Circle, Annapolis, MD 21401.

## CLOSING DATES AND ISSUE DATES THROUGH December 2025<sup>†</sup>

Issue Date	Emergency and Proposed Regulations 5 p.m.*	Notices, etc. 10:30 a.m.	Final Regulations 10:30 a.m.
June 13	May 23**	June 2	June 4
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<sup>†</sup> Please note that this table is provided for planning purposes and that the Division of State Documents (DSD) cannot guarantee submissions will be published in an agency's desired issue. Although DSD strives to publish according to the schedule above, there may be times when workload pressures prevent adherence to it.

\* Also note that proposal deadlines are for submissions to DSD for publication in the Maryland Register and do not take into account the 15-day AELR review period. The due date for documents containing 8 to 18 pages is 48 hours before the date listed; the due date for documents exceeding 18 pages is 1 week before the date listed.

**NOTE: ALL DOCUMENTS MUST BE SUBMITTED IN TIMES NEW ROMAN, 9-POINT, SINGLE-SPACED FORMAT. THE PAGE COUNT REFLECTS THIS FORMATTING.**

\*\* Note closing date changes due to holidays.

\*\*\* Note issue date changes due to holidays.

**The regular closing date for Proposals and Emergencies is Monday.**

## REGULATIONS CODIFICATION SYSTEM

Under the COMAR codification system, every regulation is assigned a unique four-part codification number by which it may be identified. All regulations found in COMAR are arranged by title. Each title is divided into numbered subtitles, each subtitle is divided into numbered chapters, and each chapter into numbered regulations.

**09.12.01.01D(2)(c)(iii)**  
 Title | Chapter | Section | Paragraph |  
 Subtitle | Regulation | Subsection | Subparagraph

A regulation may be divided into lettered sections, a section divided into numbered subsections, a subsection divided into lettered paragraphs, and a paragraph divided into numbered subparagraphs.

## Cumulative Table of COMAR Regulations Adopted, Amended, or Repealed

This table, previously printed in the Maryland Register lists the regulations, by COMAR title, that have been adopted, amended, or repealed in the Maryland Register since the regulations were originally published or last supplemented in the Code of Maryland Regulations (COMAR). The table is no longer printed here but may be found on the Division of State Documents website at [www.dsd.state.md.us](http://www.dsd.state.md.us).

## Table of Pending Proposals

The table below lists proposed changes to COMAR regulations. The proposed changes are listed by their COMAR number, followed by a citation to that issue of the Maryland Register in which the proposal appeared. Errata and corrections pertaining to proposed regulations are listed, followed by "(err)" or "(corr)," respectively. Regulations referencing a document incorporated by reference are followed by "(ibr)".

None of the proposals listed in this table have been adopted. A list of adopted proposals appears in the Cumulative Table of COMAR Regulations Adopted, Amended, or Repealed.

[25-11-07]

## General Notices

### Notice of ADA Compliance

The State of Maryland is committed to ensuring that individuals with disabilities are able to fully participate in public meetings. Anyone planning to attend a meeting announced below who wishes to receive auxiliary aids, services, or accommodations is invited to contact the agency representative at least 48 hours in advance, at the telephone number listed in the notice or through Maryland Relay.

### STATE COLLECTION AGENCY LICENSING BOARD

**Subject:** Public Meeting

**Date and Time:** June 17, 2025, 2— 3 p.m. Thereafter, the public meetings will take place the second Tuesday of every month, accessed via the Google Meet information below.

**Place:** Google Meet joining info:

Video call link: <https://meet.google.com/ahz-mgnk-jsu>

Or dial: &#8234;(US) +1 530-738-1353&#8236; PIN: &#8234;815 799 863&#8236;#

More phone numbers: <https://tel.meet/ahz-mgnk-jsu?pin=1097700804795>

**Add'l. Info:** If necessary, the Board will convene in a closed session to seek the advice of counsel or review confidential materials, pursuant to General Provisions Article, Maryland Annotated Code §3-305.

**Contact:** Ayanna Daugherty 410-230-6019

[25-11-13]

### COMMISSIONER OF FINANCIAL REGULATION

**Subject:** Bank Merger

**Add'l. Info:** On May 9, 2025, The Peoples Bank, a Maryland state-chartered bank located in Chestertown, Maryland, filed an application with the Office of Financial Regulation (the "Office"), pursuant to Financial Institutions Article, §3-703 and §5-504, Annotated Code of Maryland, for approval of the sale of substantially all of the assets of The Peoples Bank to, and assumption of substantially all of the liabilities of The Peoples Bank by Hanscom Federal Credit Union, a federally chartered credit union in Littleton, Massachusetts. The application is on file at the Office of Financial Regulation, 100 S. Charles Street, Suite 5300, Baltimore, MD 21201.

Comments regarding this application must be submitted in writing and must be received by the Office within 20 calendar days of the date of publication of this notice in the Maryland Register. For further information, contact Stephen J. Clappett, Assistant Commissioner at 410-230-6104.

**Contact:** Stephen J. Clappett 410-230-6014

[25-11-11]

### FIRE PREVENTION COMMISSION

**Subject:** Public Meeting

**Date and Time:** June 4, 2025, 10 a.m.—

**Place:** Eastport Fire Station, 914 Bay Ridge Avenue, Annapolis, MD

**Add'l. Info:** Special Meeting to reconsider adoption of the 2024 State Fire Prevention Code COMAR 29.06.01

**Contact:** Heidi Ritchie 877-890-0199

[25-11-12]

### MARYLAND HEALTH BENEFIT EXCHANGE

**Subject:** Public Meeting

**Date and Time:** July 23, 2025, 1— 2 p.m.

**Place:** Virtual. Register in advance for this meeting:

<https://maryland-gov.zoomgov.com/meeting/register/1sW9oeKsRI2jzsc-LoTajw>, MD

**Add'l. Info:** MHBE will host its Seventh Annual Reinsurance Forum pursuant to 31 CFR §33.120(c) and 45 CFR §155.1320(c) to give the public an opportunity to give comment on the progress of the 1332 State Innovation Waiver.

Register in advance for this meeting:

<https://maryland-gov.zoomgov.com/meeting/register/1sW9oeKsRI2jzsc-LoTajw>

After registering, you will receive a confirmation email containing information about joining the meeting.

**Contact:** Becca Lane 410-547-7371

[25-11-14]

### MARYLAND DEPARTMENT OF HEALTH

**Subject:** Public Hearing

**Date and Time:** July 9, 2025, 1PM — 2PM Thursday, July 24, 2025, 1–3 PM

Maryland Department of Health

201 West Preston Street, Level L – Room L1, Baltimore, MD 21201

**Place:** Michael E. Busch Annapolis Library, 1410 West Street, Annapolis, MD

**Add'l. Info:** GENERAL NOTICE – §1115 DEMONSTRATION EXTENSION

The Maryland Department of Health (the Department) is proposing to extend its §1115 demonstration, known as the HealthChoice demonstration. The Centers for Medicare and Medicaid Services (CMS) has authorized the Department's existing §1115 demonstration through December 31, 2026.

The HealthChoice demonstration authorizes Maryland's managed care program, known as HealthChoice, as well as other innovative programs. The Department intends to seek authorization to continue the pilots and programs permitted under the current §1115 demonstration, as well as seek a technical amendment to the Increased Community Services (ICS) program eligibility requirements, which will expedite potential enrollment in ICS.

The State's 30-day public comment period will open on June 30, 2025. Electronic copies of the draft demonstration extension application will be available on that date and may be downloaded from <https://mmcp.health.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx>. Hard copies of the application may be obtained by calling (410) 767-1439. The public comment period will run through July 30, 2025.

Interested parties may send written comments concerning the demonstration extension to Alyssa Brown, Office of Innovation, Research and Development, Office of Health Care Financing, Maryland Department of Health, 201 West Preston Street, Room 223, Baltimore, Maryland 21201 or via email to [mdh.healthchoicerenewal@maryland.gov](mailto:mdh.healthchoicerenewal@maryland.gov). The Department will accept comments from June 30, 2025 until July 30, 2025.

The following public hearings will discuss the content of the demonstration extension and solicit feedback and input from public stakeholders. Both hearings will be held on a hybrid basis; information for both in-person and remote participation is below. Please note, public hearing #2 will take place during the Department's monthly Maryland Medicaid Advisory Committee (MMAC) meeting.

Public Hearing #1, Thursday, July 9, 2025, 1–2 p.m.

Michael E. Busch Annapolis Library, 1410 West Street, Annapolis, MD 21401

To participate in the public hearing remotely, please visit: <https://register.gotowebinar.com/register/551564956546745696>

Please note that if you wish to make a public comment, you will need to register via the link above. After registering, you will receive a confirmation email containing audio and visual information about joining the webinar.

Call-in number: 562-247-8321

Access code: 597-057-147

The call-in number and access code presented above is for attendees who wish to join in listen-only mode:

Public Hearing #2

Thursday, July 24, 2025, 1–3 p.m.

Maryland Department of Health

201 West Preston Street, Level L – Room L1, Baltimore, MD 21201

To participate in the public hearing remotely, please visit: <https://attendee.gotowebinar.com/register/1992114303299564896>

Please note that if you wish to make a public comment, you will need to register via the link above. After registering, you will receive a confirmation email containing audio and visual information about joining the webinar.

Call-in number: (415) 655-0052

Access code: 706-439-047

The call-in number and access code presented above is for attendees who wish to join in listen-only mode.

**Contact:** Alyssa Brown 410-767-9795

[25-11-17]

## MARYLAND HEALTH CARE COMMISSION

**Subject:** Public Meeting

**Date and Time:** June 12, 2025, 1–4 p.m.

**Place:** 4160 Patterson Avenue, Room 100, Baltimore, MD

**Add'l. Info:** Meeting will be hybrid. To attend via Zoom, please register on the Commission webpage [www.mhcc.maryland.gov](http://www.mhcc.maryland.gov)

**Contact:** Valerie Wooding 410-764-3570

[25-11-01]

## MARYLAND INSURANCE ADMINISTRATION

**Subject:** Public Hearing

**Date and Time:** June 10, 2025, 1–4 p.m.

**Place:** The Zoom and dial-in information is below:

Zoom Gov link: <https://maryland-insurance.zoomgov.com/j/1617657827>

Dial-In: 646-828-7666

Webinar ID: 161 765 7827, MD

**Add'l. Info:** The Maryland Insurance Administration will conduct a public hearing on specific rate increase requests being made by certain Long-Term Care Insurance carriers operating in Maryland. The hearing will focus on several rate increase requests before the Maryland Insurance Administration. In the individual long-term care market, this includes requests from Mutual of Omaha Insurance Company, The Prudential Insurance Company of America and Transamerica Life Insurance Company. In the group long-term care market, this includes requests from Metropolitan Life Insurance Company and The Prudential Insurance Company of America. The purpose of the hearing is for insurance company officials to explain the reasons for the rate increases, and for the MIA to consider whether the proposed rate increase is in

compliance with Maryland's laws and regulations relating to long-term care insurance. Interested stakeholders will also have the opportunity to provide comments at the hearing. Prior to the hearing, copies of each company's actuarial memorandum will be posted to the Maryland Insurance Administration's website.

The hearing will be held via Zoom.

Information about the Maryland Relay Service can be found at [doit.maryland.gov/mdrelay](http://doit.maryland.gov/mdrelay)

If you wish to provide oral testimony, please RSVP to Nancy Muehlberger. Testimony will only be heard from those who have RSVP'd in advance of the public hearing. Written comments and RSVPs should be sent to Nancy Muehlberger by June 6, 2025, either by email to [longtermcare.mia@maryland.gov](mailto:longtermcare.mia@maryland.gov) or by mail to 200 St. Paul Place, Suite 2700, Baltimore, Md. 21202 or by fax to 410-468-2038.

Any questions regarding this matter should be directed to Nancy Muehlberger, Analyst, by June 6, 2025 by email to [Nancy.Muehlberger@maryland.gov](mailto:Nancy.Muehlberger@maryland.gov).

For more information on the hearing, please see the following link:

<https://insurance.maryland.gov/Consumer/Pages/Long-Term-Care-Hearing-June-10-2025.aspx>

**Contact:** Nancy Muehlberger 410-468-2050

[25-11-08]

#### STATE BOARD OF INDIVIDUAL TAX PREPARERS

**Subject** Public Meeting

**Date and Time:** June 9, 2025, 10 a.m.— 12 p.m.

**Place:** Via Google Meets

<https://meet.google.com/yai-nvov-tdm?hs=122&authuser=0>,

**Contact:** Christopher Dorsey 410-230-6318

[25-11-02]

#### STATE BOARD OF INDIVIDUAL TAX PREPARERS

**Subject:** : Public Hearing

**Date and Time:** June 9, 2025, 11a.m.— 12 p.m.

**Place:** Via Google Meets

[meet.google.com/duk-vsdy-zno](https://meet.google.com/duk-vsdy-zno),

**Contact:** Christopher Dorsey 410-230-6318

[25-11-03]



# Maryland Register

**Issue Date: June 27, 2025**

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## IN THIS ISSUE

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General Notices

Pursuant to State Government Article, §7-206, Annotated Code of Maryland, this issue contains all previously unpublished documents required to be published, and filed on or before June 9, 2025 5 p.m.

Pursuant to State Government Article, §7-206, Annotated Code of Maryland, I hereby certify that this issue contains all documents required to be codified as of June 9, 2025.

Gail S. Klakring  
Administrator, Division of State Documents  
Office of the Secretary of State



## Information About the Maryland Register and COMAR

### MARYLAND REGISTER

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- Court Rules
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- Agency Hearing and Meeting Notices
- Synopses of Bills Introduced and Enacted by the General Assembly
- Other documents considered to be in the public interest

### CITATION TO THE MARYLAND REGISTER

The Maryland Register is cited by volume, issue, page number, and date. Example:

- 19:8 Md. R. 815—817 (April 17, 1992) refers to Volume 19, Issue 8, pages 815—817 of the Maryland Register issued on April 17, 1992.

### CODE OF MARYLAND REGULATIONS (COMAR)

COMAR is the official compilation of all regulations issued by agencies of the State of Maryland. The Maryland Register is COMAR's temporary supplement, printing all changes to regulations as soon as they occur. At least once annually, the changes to regulations printed in the Maryland Register are incorporated into COMAR by means of permanent supplements.

### CITATION TO COMAR REGULATIONS

COMAR regulations are cited by title number, subtitle number, chapter number, and regulation number. Example: COMAR 10.08.01.03 refers to Title 10, Subtitle 08, Chapter 01, Regulation 03.

### DOCUMENTS INCORPORATED BY REFERENCE

Incorporation by reference is a legal device by which a document is made part of COMAR simply by referring to it. While the text of an incorporated document does not appear in COMAR, the provisions of the incorporated document are as fully enforceable as any other COMAR regulation. Each regulation that proposes to incorporate a document is identified in the Maryland Register by an Editor's Note. The Cumulative Table of COMAR Regulations Adopted, Amended or Repealed, found online, also identifies each regulation incorporating a document. Documents incorporated by reference are available for inspection in various depository libraries located throughout the State and at the Division of State Documents. These depositories are listed in the first issue of the Maryland Register published each year. For further information, call 410-974-2486.

### HOW TO RESEARCH REGULATIONS

An Administrative History at the end of every COMAR chapter gives information about past changes to regulations. To determine if there have been any subsequent changes, check the "Cumulative Table of COMAR Regulations Adopted, Amended, or Repealed" which is found online at <http://www.dsd.state.md.us/PDF/CumulativeTable.pdf>. This table lists the regulations in numerical order, by their COMAR number, followed by the citation to the Maryland Register in which the change occurred. The Maryland Register serves as a temporary supplement to COMAR, and the two publications must always be used together. A Research Guide for Maryland Regulations is available. For further information, call 410-260-3876.

### SUBSCRIPTION INFORMATION

For subscription forms for the Maryland Register and COMAR, see the back pages of the Maryland Register. Single issues of the Maryland Register are \$15.00 per issue.

### CITIZEN PARTICIPATION IN THE REGULATION-MAKING PROCESS

Maryland citizens and other interested persons may participate in the process by which administrative regulations are adopted, amended, or repealed, and may also initiate the process by which the validity and applicability of regulations is determined. Listed below are some of the ways in which citizens may participate (references are to State Government Article (SG), Annotated Code of Maryland):

- By submitting data or views on proposed regulations either orally or in writing, to the proposing agency (see "Opportunity for Public Comment" at the beginning of all regulations appearing in the Proposed Action on Regulations section of the Maryland Register). (See SG, §10-112)
- By petitioning an agency to adopt, amend, or repeal regulations. The agency must respond to the petition. (See SG §10-123)
- By petitioning an agency to issue a declaratory ruling with respect to how any regulation, order, or statute enforced by the agency applies. (SG, Title 10, Subtitle 3)
- By petitioning the circuit court for a declaratory judgment on the validity of a regulation when it appears that the regulation interferes with or impairs the legal rights or privileges of the petitioner. (SG, §10-125)
- By inspecting a certified copy of any document filed with the Division of State Documents for publication in the Maryland Register. (See SG, §7-213)

**Maryland Register (ISSN 0360-2834).** Postmaster: Send address changes and other mail to: Maryland Register, State House, Annapolis, Maryland 21401. Tel. 410-260-3876. Published biweekly, with cumulative indexes published quarterly, by the State of Maryland, Division of State Documents, State House, Annapolis, Maryland 21401. The subscription rate for the Maryland Register is \$225 per year (first class mail). All subscriptions post-paid to points in the U.S. periodicals postage paid at Annapolis, Maryland, and additional mailing offices.

Wes Moore, Governor; Susan C. Lee, Secretary of State; Gail S. Klakring, Administrator; Tracey A. Johnstone, Editor, Maryland Register; Tarshia N. Neal, Subscription Manager; Tami Cathell, Help Desk, COMAR and Maryland Register Online.  
Front cover: State House, Annapolis, MD, built 1772—79.  
Illustrations by Carolyn Anderson, Dept. of General Services

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**PERSONS WITH DISABILITIES**

Individuals with disabilities who desire assistance in using the publications and services of the Division of State Documents are encouraged to call (410) 974-2486, or (800) 633-9657, or FAX to (410) 974-2546, or through Maryland Relay.

**The Governor**

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The Code of Maryland Regulations is available at [www.dsd.state.md.us](http://www.dsd.state.md.us) as a free service of the Office of the Secretary of State, Division of State Documents. The full text of regulations is available and searchable. Note, however, that the printed COMAR continues to be the only official and enforceable version of COMAR.

The Maryland Register is also available at [www.dsd.state.md.us](http://www.dsd.state.md.us).  
For additional information, visit [www.dsd.maryland.gov](http://www.dsd.maryland.gov), Division of State Documents, or call us at (410) 974-2486 or 1 (800) 633-9657.

Availability of Monthly List of  
Maryland Documents

The Maryland Department of Legislative Services receives copies of all publications issued by State officers and agencies. The Department prepares and distributes, for a fee, a list of these publications under the title "Maryland Documents". This list is published monthly, and contains bibliographic information concerning regular and special reports, bulletins, serials, periodicals, catalogues, and a variety of other State publications. "Maryland Documents" also includes local publications.  
Anyone wishing to receive "Maryland Documents" should write to: Legislative Sales, Maryland Department of Legislative Services, 90 State Circle, Annapolis, MD 21401.

CLOSING DATES AND ISSUE DATES THROUGH December 2025<sup>†</sup>

Issue Date	Emergency and Proposed Regulations 5 p.m.*	Notices, etc. 10:30 a.m.	Final Regulations 10:30 a.m.
July 11	June 23	June 30	July 2
July 25	July 7	July 14	July 16
August 8	July 21	July 28	July 30
August 22	August 4	August 11	August 13
September 5	August 18	August 25	August 27
September 19	August 29**	September 8	September 10
October 3	September 15	September 22	September 24
October 17	September 29	October 6	October 8
October 31	October 10**	October 20	October 22
November 14	October 27	November 3	November 5
December 1***	November 10	November 17	November 19
December 12	November 24	December 1	December 3
December 26	December 8	December 15	December 17

<sup>†</sup> Please note that this table is provided for planning purposes and that the Division of State Documents (DSD) cannot guarantee submissions will be published in an agency's desired issue. Although DSD strives to publish according to the schedule above, there may be times when workload pressures prevent adherence to it.

\* Also note that proposal deadlines are for submissions to DSD for publication in the Maryland Register and do not take into account the 15-day AELR review period. The due date for documents containing 8 to 18 pages is 48 hours before the date listed; the due date for documents exceeding 18 pages is 1 week before the date listed.

**NOTE: ALL DOCUMENTS MUST BE SUBMITTED IN TIMES NEW ROMAN, 9-POINT, SINGLE-SPACED FORMAT. THE PAGE COUNT REFLECTS THIS FORMATTING.**

\*\* Note closing date changes due to holidays.

\*\*\* Note issue date changes due to holidays.

The regular closing date for Proposals and Emergencies is Monday.

REGULATIONS CODIFICATION SYSTEM

Under the COMAR codification system, every regulation is assigned a unique four-part codification number by which it may be identified. All regulations found in COMAR are arranged by title. Each title is divided into numbered subtitles, each subtitle is divided into numbered chapters, and each chapter into numbered regulations.

09.12.01.01D(2)(c)(iii)  
Title | Chapter | Section | Paragraph  
Subtitle | Regulation | Subsection | Subparagraph

A regulation may be divided into lettered sections, a section divided into numbered subsections, a subsection divided into lettered paragraphs, and a paragraph divided into numbered subparagraphs.

Cumulative Table of COMAR Regulations  
Adopted, Amended, or Repealed

This table, previously printed in the Maryland Register lists the regulations, by COMAR title, that have been adopted, amended, or repealed in the Maryland Register since the regulations were originally published or last supplemented in the Code of Maryland Regulations (COMAR). The table is no longer printed here but may be found on the Division of State Documents website at [www.dsd.state.md.us](http://www.dsd.state.md.us).

Table of Pending Proposals

The table below lists proposed changes to COMAR regulations. The proposed changes are listed by their COMAR number, followed by a citation to that issue of the Maryland Register in which the proposal appeared. Errata and corrections pertaining to proposed regulations are listed, followed by "(err)" or "(corr)," respectively. Regulations referencing a document incorporated by reference are followed by "(ibr)". None of the proposals listed in this table have been adopted. A list of adopted proposals appears in the Cumulative Table of COMAR Regulations Adopted, Amended, or Repealed.

02 OFFICE OF THE ATTORNEY GENERAL

02.06.04 .01— .06 • 52:6 Md. R. 270 (3-21-25)

05 DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

05.24.01.01— .04 • 52:13 Md. R. 660 (6-27-25)

07 DEPARTMENT OF HUMAN SERVICES

07.02.25.01— .24 • 51:19 Md. R. 861 (9-20-24)

08 DEPARTMENT OF NATURAL RESOURCES

08.02.22.02 • 51:10 Md. R. 534 (5-17-24)  
08.03.08.01, .04— .09 • 52:11 Md. R. 536 (5-30-2025)  
08.08.05.03 • 52:7 Md. R. 326 (4-4-2025)  
08.18.19.05 • 52:11 Md. R. 539 (5-30-2025)  
08.18.26.07 • 52:11 Md. R. 540 (5-30-2025)

09 MARYLAND DEPARTMENT OF LABOR

09.03.06.02, .04 • 52:1 Md. R. 27 (1-10-25)  
09.03.06.02, .04 • 52:2 Md. R. 79 (1-24-25) (corr)  
09.03.06.02, .06, .16 • 51:14 Md. R. 685 (7-12-24)  
09.03.09.06 • 52:7 Md. R. 328 (4-4-2025)  
09.09.02.02 • 52:7 Md. R. 328 (4-4-2025)

<u>Make</u>	<u>Model</u>	<u>Caliber</u>	<u>Additional Comments</u>
MOSSBERG	990 AfterShock	12 Gauge	Model addition
CARACAL INTERNATIONAL (CARACAL USA)	CMP9 Pistol	9 mm	Model addition
CARACAL INTERNATIONAL (CARACAL USA)	CMP9K Pistol	9 mm	Model addition
SIG SAUER/SIGARMS INC.	M17	9 mm	Model addition
SIG SAUER/SIGARMS INC.	M18	9 mm	Model addition
B. King's Firearms	BKF-15 Pistol	300 BLK, 5.56 NATO, 223 Rem, 7.62X39mm, 350 LEGEND, 458 SOCOM, 6.5 Grendel, 22 LR, 9 mm, 10 mm, 6.8 SPC, 224 Valkyrie, 6mm ARC, 5.7x28mm	
MASTERPIECE ARMS	DS9/38 Open	9 mm/38 Super Comp	Model addition
AB Prototype, LLC	1911DW	9 mm, 10 mm	Model addition
SIG SAUER/SIGARMS INC.	M400-SDI X PISTOL	5.56 NATO	Model addition
SIG SAUER/SIGARMS INC.	P320 Carry Pro	40 S&W	Model addition
Cheely Custom Gunworks	Infinity 2011	9 mm	Model addition
ITHACA	Stakeout Model 87	12 Gauge	
SMITH & WESSON	PERFORMANCE CENTER MODEL 686 PLUS	357 Mag, 38 S&W SPL +P	Model addition
SMITH & WESSON	686 PLUS	357 Mag, 38 S&W SPL +P	Model addition
NIGHTHAWK CUSTOM	Double Agent	9 mm	Model addition
ACCURACY X, INC.	X SERIES DEFENDER	38 Super, 40 S&W, 9 mm	Caliber addition
Warrior Armament MFG.	WA 15 Pistol	300 BLK, 5.56 NATO, 223 Rem, 338 Spectre, 6.5 Grendel, 6mm ARC, 7.62X39mm	Model addition
Warrior Armament MFG.	WABK 15 Pistol	300 BLK	Model addition
RPG AERO	RPG PISTOL	7.62X39mm	Caliber addition
CBC [ROSSI] (BRAZTECH INTERNATIONAL, LC)	BRAWLER	5.56 NATO	Caliber addition
CBC [ROSSI] (BRAZTECH INTERNATIONAL, LC)	BRAWLER	300 BLK	Caliber addition
TAURUS ARMAS (TAURUS INTERNATIONAL MFG.)	DEPUTY	357 MAG/9 mm	Caliber addition
TAURUS ARMAS (TAURUS INTERNATIONAL MFG.)	817	38 Spl	Model addition
TAURUS ARMAS (TAURUS INTERNATIONAL MFG.)	66C	357 Mag	Model addition
TAURUS ARMAS [ROSSI] (BRAZTECH INTERNATIONAL, LC)	RP62	357 Mag	Model addition
TAURUS ARMAS [ROSSI] (BRAZTECH INTERNATIONAL, LC)	RP82	38 Spl	Model addition
KRISS, USA, INC	Vector SDP Gen 3	10 mm, 45 ACP, 9 mm	Model addition
ALDO UBERTI & CO. (TAYLOR & CO.)	1873 CATTLEMAN	45 LC	Caliber addition
Hugtek Arms Company (GFORCE ARMS)	LVR357	357 Mag	Model addition
CZ USA	CZ Scorpion Evo 3 S2	9 mm	Model addition
CANIK (CENTURY ARMS)	SIGNATURE SERIES METE SF	9 mm	Model addition
CANIK (CENTURY ARMS)	SIGNATURE SERIES METE SFT	9 mm	Model addition
CANIK (CENTURY ARMS)	SIGNATURE SERIES METE SFX	9 mm	Model addition
Miller Precision Firearms	Ranger 9C	9 mm	
CNC Gunworks	Akira	9 mm	
COMBAT PRECISION	M5	9 mm	
D&L Sports	Professional	45 ACP	
ELITE WARRIOR ARMAMENT	1911	45 ACP	
Miller Precision Firearms	Ranger 9SC	9 mm	Model addition
Miller Precision Firearms	Ranger 9XC	9 mm	Model addition

[25-13-06]

## General Notices

### Notice of ADA Compliance

The State of Maryland is committed to ensuring that individuals with disabilities are able to fully participate in public meetings. Anyone planning to attend a meeting announced below who wishes to receive auxiliary aids, services, or accommodations is invited to contact the agency representative at least 48 hours in advance, at the telephone number listed in the notice or through Maryland Relay.



## MARYLAND BOARD OF AIRPORT ZONING APPEALS

## Notice of Hearing

**Date and Time:** The Maryland Board of Airport Zoning Appeals (BAZA) Case 436 hearing teleconference will be held via Microsoft Teams on July 14, 2025. The hearing will begin at 10:30AM. The public call-in number is +1 667-262-2962; Conference ID: 134 790 218#

The Board will hear the following case(s):

Docket Number **436**

BAZA #436 (Single Family Dwelling at 529 Queenstown Road, Severn, MD 21144)

Charles and Donna Dailey are proposing to construct a single-family dwelling at 529 Queenstown Road, Severn. This location is approximately 1.1 miles southeast of the arrival end of Runway 33L at Baltimore Washington Thurgood Marshall International Airport (BWI Marshall). The proposed structure is to be located within the 65 Ldn Noise Zone for the BWI Marshall Airport. The proposed land use at this location is found to be incompatible with the certified Airport Noise Zone. The Maryland Airport Noise Control Program Regulations (COMAR 11.03.03) enables the proponent to seek a variance from the Board of Airport Zoning Appeals to this regulation. The petition for the case has been received from the appellant. Therefore, the Maryland Aviation Administration anticipates requesting to present this case to the Board of Airport Zoning Appeals on July 14, 2025, at 10:30AM.

**Add'l. Info:** For additional information, please contact Sharese Ricks at 410-865-1233.

Publication/Dates:

The Maryland Register  
June 27, 2025

Appropriate auxiliary aids and services for qualified individuals with disabilities will be provided upon request.

**Contact:** Please call 410-865-1233 (voice) or MD Relay (TTY Users).

## STATE COLLECTION AGENCY LICENSING BOARD (SCALB)

**Subject:** Public Meeting

**Date and Time:** Tuesday, July 8th, 2025, 2—3 p.m.

Thereafter the public meetings will take place the second Tuesday of every month, accessed via the Google Meet information given below.

If necessary, the Board will convene in a closed session to seek the advice of counsel or review confidential materials, pursuant to General Provisions Article, Maryland Annotated Code §3-305.

**Place:** State Collection Agency Licensing Board (SCALB) Monthly Meeting

Tuesday, July 8th, 2025, 2—3 p.m.

Google Meet joining info:

Video call link: <https://meet.google.com/ahz-mgnk-jsu>

Or dial: (US) +1 530-738-1353 PIN: 815 799 863#

More phone numbers: <https://tel.meet/ahz-mgnk-jsu?pin=1097700804795>,

**Contact:** Ayanna Daugherty 410-230-6019

## MARYLAND DEPARTMENT OF HEALTH

**Subject:** Public Hearings

**Dates and Times:** July 9, 2025, 1—2 p.m.; July 24, 2025; 1—3 p.m.

**Date and Time:** July 9, 2025, 1—2 p.m.

**Place:** Michael E. Busch Annapolis Library

1410 West Street

Annapolis, MD, Annapolis, MD

**Date and Time:** Thursday, July 24, 2025; 1—3 p.m.

**Place:** Maryland Department of Health

201 West Preston Street, Level L-Room L1

Baltimore, MD

**Add'l. Info:** GENERAL NOTICE – §1115 DEMONSTRATION EXTENSION

The Maryland Department of Health (the Department) is proposing to extend its §1115 demonstration, known as the HealthChoice demonstration. The Centers for Medicare and Medicaid Services (CMS) has authorized the Department's existing §1115 demonstration through December 31, 2026.

The HealthChoice demonstration authorizes Maryland's managed care program, known as HealthChoice, as well as other innovative programs. The Department intends to seek authorization to continue the pilots and programs permitted under the current §1115 demonstration, as well to seek a technical amendment to the Increased Community Services (ICS) program eligibility requirements, which will expedite potential enrollment in ICS.

The State's 30-day public comment period will open on June 30, 2025. Electronic copies of the draft demonstration extension application will be available on that date and may be downloaded from <https://mmcp.health.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx>. Hard copies of the application may be obtained by calling (410) 767-1439. The public comment period will run through July 30, 2025.

Interested parties may send written comments concerning the demonstration extension to Alyssa Brown, Office of Innovation, Research and Development, Office of Health Care Financing, Maryland Department of Health, 201 West Preston Street, Room 223, Baltimore, MD 21201 or via email to [mdh.healthchoicere renewal@maryland.gov](mailto:mdh.healthchoicere renewal@maryland.gov). The Department will accept comments from June 30, 2025 until July 30, 2025.

The following public hearings will discuss the content of the demonstration extension and solicit feedback and input from public stakeholders. Both hearings will be held on a hybrid basis; information for both in-person and remote participation is below. Please note, public hearing #2 will take place during the Department's monthly Maryland Medicaid Advisory Committee (MMAC) meeting.

Public Hearing #1

Wednesday, July 9, 2025; 1—2 p.m.

Michael E. Busch Annapolis Library

1410 West Street

Annapolis, MD 21401

To participate in the public hearing remotely, please visit: <https://register.gotowebinar.com/register/551564956546745696>

Please note that if you wish to make a public comment, you will need to register via the link above. After registering, you will receive a confirmation email containing audio and visual information about joining the webinar.

Call-in number: (562) 247-8321

Access code: 597-057-147

The call-in number and access code presented above is for attendees who wish to join in listen-only mode.

Public Hearing #2

Thursday, July 24, 2025; 1—3 p.m.

Maryland Department of Health

201 West Preston Street, Level L-Room L1

Baltimore, MD 21201

To participate in the public hearing remotely, please visit: <https://attendee.gotowebinar.com/register/1992114303299564896>

Please note that if you wish to make a public comment, you will need to register via the link above. After registering, you will receive a confirmation email containing audio and visual information about joining the webinar.

Call-in number: 415-655-0052

Access code: 706-439-047

The call-in number and access code presented above is for attendees who wish to join in listen-only mode.

**Contact:** Alyssa Brown 410-767-9795

[25-13-05]

#### BOARD OF DIETETIC PRACTICE

**Subject:** Public Meeting

**Date and Time:** July 17, 2025, 10 a.m.—12 p.m.

**Place:** Google Meet Teleconference.

Please see the Board's website for details:

[health.maryland.gov/dietetic](https://health.maryland.gov/dietetic)

**Contact:** Lenelle Cooper 410-764-4733

[25-13-03]

#### MARYLAND HEALTH CARE COMMISSION

**Subject:** Public Meeting

**Date and Time:** July 17, 2025, 1—4 p.m.

**Place:** 4160 Patterson Avenue, Room 100, Baltimore, MD

**Add'l. Info:** Meeting will be hybrid. To attend via Zoom, please register on the Commission webpage [www.mhcc.maryland.gov](http://www.mhcc.maryland.gov)

**Contact:** Valerie Wooding 410-764-3570

[25-13-01]

#### MARYLAND HEALTH CARE COMMISSION

**Subject:** Receipt of Application

**Add'l. Info:** Add'l Info: On June 5, 2025, the Maryland Health Care Commission (MHCC) received a Certificate of Need application submitted by:

Residences at Vantage Point—Matter No. 25-13-2472

RVP is a CCRC that is licensed for 44 nursing home beds that are restricted to use by its Continuing Care Retirement Community (CCRC) residents. RVP seeks approval to convert 13 of those nursing home beds to beds also available to the public by using the 13 beds currently projected by MHCC to be needed in Howard County.

The MHCC shall review the applications under Maryland Health-General Code Annotated, Section 19-101 et. seq. and COMAR 10.24.01.

Any affected person may make a written request to the Commission to receive copies of relevant notices concerning the application. All further notices of proceedings on the application will be sent only to affected persons who have registered as interested parties.

Please refer to the Matter No. listed above in any correspondence on the application. A copy of the application is available, for review, in the office of the MHCC, during regular business hours by appointment, or on the Commission's website at [www.mhcc.maryland.gov](http://www.mhcc.maryland.gov). All correspondence should be addressed to:

Wynnee Hawk, Director

Center for Health Care Facilities Planning & Development

MHCC

4160 Patterson Avenue

Baltimore, Maryland 21215

**Contact:** Deanna Dunn 410-767-3276

[25-13-07]

#### MARYLAND COLLEGE COLLABORATION FOR STUDENT VETERANS COMMISSION

**Subject:** Public Meeting

**Date and Time:** July 23, 2025, 10 a.m.—12 p.m.

**Place:** Loyola College 4501 N. Charles Street, Baltimore, MD

**Contact:** Denise Nooe 410-260-3840

[25-13-02]

#### MARYLAND VETERANS COMMISSION

**Subject:** Public Meeting

**Date and Time:** July 15, 2025, 10:30 a.m.—1 p.m.

**Place:** 1420 Spring Street, Silver Spring, MD

**Contact:** Denise Nooe

Phone: 410-260-3840

[25-13-23]



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MARYLAND DEPARTMENT OF HEALTH  
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# §1115 HealthChoice Demonstration

## Proposed 2027-2031 Demonstration Period

### Background

The Centers for Medicare and Medicaid Services (CMS) has authorized the Maryland Department of Health's (the Department) existing §1115 demonstration, known as the HealthChoice demonstration, through December 31, 2026. The HealthChoice demonstration authorizes Maryland's managed care program, known as HealthChoice, as well as other innovative programs. The Department's current §1115 Demonstration Special Terms and Conditions can be found [here](#).

### §1115 Demonstration Extension Application (2025)

The Department is proposing to extend its §1115 demonstration for the 2027-2031 demonstration period. The Department intends to seek authorization to continue current pilots and programs permitted under the current §1115 demonstration, as well to seek a technical amendment to the Increased Community Services (ICS) program eligibility requirements, which will expedite potential enrollment in ICS.

Give Feedback

As of June 30, 2025, the State’s 30-day public comment period is open. The Department will accept comments through July 30, 2025. To review the Department’s draft §1115 demonstration extension application, [please click here](#).

§1115 Demonstration Extension Resources (2025)

- [Full Public Notice: 2025 §1115 Demonstration Extension Application](#)
- [DRAFT 2025 §1115 Demonstration Extension Application](#)
- [Public Hearing Slide Deck: 2025 §1115 Demonstration Extension](#)

Interested parties may send written comments concerning the demonstration extension to Alyssa Brown, Office of Innovation, Research and Development, Office of Health Care Financing, Maryland Department of Health, 201 West Preston Street, Room 223, Baltimore, Maryland 21201 or via email to [mdh.healthchoicerenewal@maryland.gov](mailto:mdh.healthchoicerenewal@maryland.gov).

The following public hearings will discuss the content of the demonstration extension and solicit feedback and input from public stakeholders. Both hearings will be held on a hybrid basis; information for both in-person and remote participation is below. Please note, public hearing #2 will take place during the Department’s monthly Maryland Medicaid Advisory Committee (MMAC) meeting.

**Public Hearing #1**  
**Wednesday, July 9, 2025; 1:00PM–2:00PM**  
Michael E. Busch Annapolis Library  
1410 West Street  
Annapolis, MD 21401

*To participate in the public hearing remotely, please visit:*  
<https://register.gotowebinar.com/register/551564956546745696>

Please note that if you wish to make a public comment, you will need to register via the link above. After registering, you will receive a confirmation email containing audio and visual information about joining the webinar.

Call-in number: (562) 247-8321  
Access code: 597-057-147

The call-in number and access code presented above is for attendees who wish to join in listen-only mode.

**Public Hearing #2**  
**Thursday, July 24, 2025; 1:00PM–3:00PM**  
Maryland Department of Health  
201 West Preston Street, Level L-Room L1  
Baltimore, Maryland 21201

*To participate in the public hearing remotely, please visit:*  
<https://attendee.gotowebinar.com/register/1992114303299564896>

Please note that if you wish to make a public comment, you will need to register via the link above. After registering, you will receive a confirmation email containing audio and visual information about joining the webinar.

Call-in number: (415) 655-0052  
Access code: 706-439-047

The call-in number and access code presented above is for attendees who wish to join in listen-only mode.

2022-2026 Demonstration Period

Effective January 1, 2022, the Centers for Medicare & Medicaid Services (CMS) approved and extended Maryland's §1115 demonstration, known as HealthChoice, for a period of five years. The Maryland Department of Health (MDH) accepted public comments from May 4, 2021, through June 4, 2021.

Give Feedback

## PUBLIC NOTICE

### MARYLAND'S SECTION 1115 DEMONSTRATION EXTENSION

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***The Maryland Department of Health (the Department) is providing public notice of its intent to submit to the Centers for Medicare and Medicaid Services (CMS) a written request to extend Maryland's Section 1115 Demonstration (HealthChoice demonstration) and to hold public hearings to receive comments on the demonstration extension application. The HealthChoice demonstration authorizes Maryland's managed care program, known as HealthChoice, as well as other innovative programs.***

Maryland's HealthChoice demonstration, now in its twenty-eighth year, was implemented in 1997 following federal approval and established Maryland's mandatory managed care program, HealthChoice, as well as the now longstanding Rare and Expensive Case Management (REM) program. CMS approved subsequent demonstration extensions between 2002 through 2021. Throughout each extension, Maryland has continued to improve the HealthChoice program and develop robust evaluations associated with the demonstration. As of the end of April 2025, of the 1,525,787 participants enrolled in the Maryland Medical Assistance (Medical Assistance) Program, approximately 86 percent (1,306,341) were enrolled in HealthChoice. Current participants will not be impacted directly by the new extension and will continue to access the critical programs and services authorized by this application. The HealthChoice demonstration aims to support the health of Marylanders and to generate health care cost savings at the state and federal levels. At its core, the HealthChoice demonstration is designed to improve health outcomes for eligible populations, maintain affordable whole-person care, and encourage appropriate utilization of health care services—all of which support furthering managed care efficiencies and the long-term fiscal sustainability of the Medical Assistance Program.

The current five-year demonstration expires on December 31, 2026. This extension request is for the period beginning in January 2027 and effective through December 2031. The Department remains dedicated to the Medical Assistance Program participants who benefit from Section 1115 demonstration authorized programs and managed care mechanisms. With this new HealthChoice demonstration extension application, the Department aims to continue to build upon the success of past demonstration periods. The Department does not anticipate eligibility, coverage, and cost sharing to change under the extension. This document is a summary of the draft application as of June 30, 2025, and includes a full table of requested waiver and expenditure authorities.

The Department's goal through this extension is to test and evaluate the effect of the HealthChoice demonstration on improving the health status of low-income Marylanders by:

- Improving access to health care for the Medicaid population, including special populations;
- Improving the quality of health services delivered;
- Providing patient-focused, comprehensive, and coordinated care designed to meet health care needs by providing each member a single "medical home" through a primary care provider (PCP);
- Emphasizing health promotion and disease prevention by providing access to immunizations and other wellness services, such as regular prenatal care; and
- Expanding coverage to additional Marylanders with low income through resources generated by managed care efficiencies through Section 1115 demonstration programs and pilots as described in this application.

Subsequent to the 2021 demonstration extension application approval, the Department submitted and received approval for four demonstration amendments requesting both program modifications or new programs. The amendments made the following changes to the demonstration:

- Transitioned the Medicaid Alternative Destination Transport Pilot Program, based on the based on Medicare’s Emergency Triage, Treat and Transport Model, to the State Plan following state legislation to expand the program statewide effective July 1, 2022;
- Transitioned the Adult Dental Pilot to State Plan authority, expanding the program statewide to all adults effective January 1, 2023;
- Expanded the Assistance in Community Integration Services (ACIS) pilot;
- Established Targeted Pre-Release Services for Justice-Involved Individuals, *i.e.* the Reentry Demonstration; and,
- Sunsetting the Women’s Breast and Cervical Cancer Program (WBCCHP) effective August 2024.

The Department completes an annual evaluation for the HealthChoice program and makes this available to stakeholders. Since the beginning of the current demonstration period in 2022, the Department has conducted comprehensive evaluations of the program, the most recent of which includes data from CY 2019 to CY 2023. These evaluations demonstrate the continued success of the program not only in improving access to health care services and providing quality care, but also in demonstrating savings over the time period.

## MARYLAND HEALTHCHOICE DEMONSTRATION EXTENSION REQUEST

As the Department works with its provider and payer community partners to transform the health care system, this demonstration extension proposal focuses on furthering the successes of high quality, patient-centered, and cost-effective care initiated in prior demonstration periods. The table below summarizes programs for which the Department is requesting approval in this extension application. Note, no new programs are requested at this time.

**Table 1. Summary of Extension Request**

Existing Program/Service: Continue without Modification
<ul style="list-style-type: none"> <li>● Rare and Expensive Case Management (REM)</li> <li>● Institutions for Mental Diseases: Residential Treatment for Individuals with Substance Use Disorder</li> <li>● Institutions for Mental Diseases: Services for Adults with Serious Mental Illness</li> <li>● Targeted Pre-Release Services for Justice-Involved Individuals</li> <li>● Inpatient Benefit for Pregnant Individuals Eligible through Hospital Presumptive Eligibility</li> <li>● Dental Services for Former Foster Care Youth</li> <li>● HealthChoice Diabetes Prevention Program</li> <li>● MOM Program</li> <li>● Assistance in Community Integration Services</li> </ul>
Existing Program/Service Continue with Modification
<ul style="list-style-type: none"> <li>● Increased Community Services</li> </ul>

## MODIFICATIONS TO EXISTING PROGRAMS

- Increased Community Services (ICS):** The ICS Program has been in operation since 2009 and is authorized to enroll up to 100 individuals. The ICS Program serves Maryland residents who reside in nursing facilities and would like to receive services in their homes and communities. The Department requests to continue this authority with one technical modification to eligibility criteria to shorten the length of stay required in a nursing home prior to enrollment in ICS. Specifically, the Department requests to reduce the length of time an individual must reside in a nursing facility from six months to 60 consecutive days. Under the amended eligibility criterion, an individual would need to have resided in a nursing facility for at least 60 consecutive days, 30 days of which are eligible to be covered by Medicaid in order to qualify for ICS. All other eligibility requirements will remain the same.

The Department hypothesizes the following specific to the proposed modification to the ICS program:

- Reducing the length of time an individual must reside in a nursing facility to be eligible for the ICS program will improve and increase transitions from the Money Follows the Person (MFP) program (*i.e.* institutional care) to the ICS program.

The Department intends to track the transitions of MFP participants to the ICS program through transition data already available to the State.

## ESTIMATED EFFECT ON ENROLLMENT AND EXPENDITURES

The Department's proposed changes to the HealthChoice demonstration are not expected to have a material impact on Medical Assistance Program enrollment or associated expenditures. Please see the table below for current information.

**Table 2. Demonstration Years (DY) HealthChoice Actual and Projected Member Months and Expenditures (Prior Demonstration Period)**

	Prior Demonstration Period					
	DY 26 (6 months)	DY 27	DY 28	DY 29	DY 30 Projected	DY 31 (6 months) Projected
	Jan. 1, 2022- June 30, 2022	July 1, 2022- June 30, 2023	July 1, 2023- June 30, 2024	July 1, 2024- June 30, 2025	July 1, 2025- June 30, 2026	July 1, 2026- Dec. 31, 2026
<b>Member Months</b>	8,832,360	18,346,095	17,874,723	14,938,761	15,160,801	7,693,070
<b>Expenditures</b>	\$3,765,883,977	\$7,786,723,609	\$7,727,764,925	\$6,599,592,001	\$7,086,207,374	\$3,804,320,429

\*Note, DY 29 expenditures reflect expenditures through May 2025.

**Table 3. Demonstration Years HealthChoice Projected Member Months and Expenditures (Current Demonstration Period)**

	Current Demonstration Period					
	DY 31 (continued, 6 months)	DY 32	DY 33	DY 34	DY 35	DY 36 (6 months)
	Jan. 1, 2027- June 30, 2027	July 1, 2027- June 30, 2028	July 1, 2028- June 30, 2029	July 1, 2029- June 30, 2030	July 1, 2030- June 30, 2031	July 1, 2031- Dec. 31, 2031
<b>Member Months</b>	7,807,415	15,846,918	16,082,456	16,321,495	16,564,087	8,405,142
<b>Expenditures</b>	\$4,084,795,480	\$8,771,897,335	\$9,418,608,988	\$10,112,999,718	\$10,858,584,683	\$5,829,569,100

## DESIGN OF HYPOTHESES AND EVALUATION MEASURES

The Department intends to consult with CMS on its currently approved evaluation design to ensure continuity (see Attachment II: Approved Evaluation Design Demonstration Hypotheses and Evaluation Measures). The hypotheses will drive the evaluation of the program. The evaluation will use a mixed-method approach to create valid and rigorous tests of the programs within the HealthChoice demonstration. The current hypotheses, listed below, are not anticipated to change:

1. Eligibility and enrollment changes implemented during the current HealthChoice waiver period will increase coverage and access to care for HealthChoice participants;
2. Payment approaches implemented during the current HealthChoice waiver period will improve quality of care for HealthChoice participants; and
3. Innovative programs address the social determinants of health and will improve the health and wellbeing of the Maryland population.

The evaluation will continue to use a variety of data sources. Maryland's evaluation of the HealthChoice demonstration includes the entire population of participants, rather than utilizing a sampling-based methodology. Data sources include: FFS claims and managed care encounters from Maryland Medicaid Information System 2, the Vital Statistics Administration, the Department of Human Services, the Maryland Department of the Environment, HEDIS®, and the Department.

## WAIVER AND EXPENDITURE AUTHORITIES

As outlined in Tables 4 and 5, Maryland is requesting extension of federal waiver and expenditure authorities, all of which have been previously approved in its HealthChoice demonstration. To the extent that CMS advises the State that different or additional authorities are needed to implement the requested Section 1115 demonstration improvements, the State is requesting such waiver or expenditure authority, as applicable.

**Table 4. Request for Continuation of Existing Waiver Authorities**

Waiver Authority	Relevant Statute/ Regulation	Associated program and purpose	Currently Approved?
Amount, Duration, and Scope	§1902(a)(10)(B)	To enable the state to provide benefits specified in the Special Terms and Conditions (STCs) to demonstration participants in the <b>REM program</b> which are not available to other individuals under the Medicaid State plan.	Yes
Coverage of Certain Screening, Diagnostic, and Targeted Case Management Services for Eligible Juveniles in the 30 Days Prior to Release	§1902(a)(84)(D)	To enable the state not to provide coverage of the targeted case management services identified in Section 1902(a)(84)(D) of the Act for eligible juveniles described in Section 1902(nn)(2) of the Act as a state plan benefit in the 30 days prior to the release of such eligible juveniles from a public institution, to the extent and for the period that the state instead provides such coverage to such eligible juveniles under the approved expenditure authorities under this demonstration. The state will provide coverage to eligible juveniles described in Section 1902(nn)(2) in alignment with Section 1902(a)(84)(D) of the Act at a level equal to or greater than would be required under the state plan.	Yes
Freedom of Choice	§1902(a)(23)(A)	<p>To enable the State to restrict freedom of choice of provider, other than for family planning services, for children with special needs, as identified in Section 1932(a)(2)(A)(i-v) of the Act, who are participants in the Demonstration.</p> <p>To enable the State to require that all populations participating in the Demonstration receive outpatient specialty mental health and substance use services from providers with the public behavioral health system.</p>	Yes

**Table 5. Request for Continuation of Existing Expenditure Authorities**

<b>Expenditure Authority</b>	<b>Relevant Statute or Regulation</b>	<b>Associated program and purpose</b>	<b>Currently Approved?</b>
Expenditures	§1115(a)(2)	<b>ACIS</b> -Expenditures for home and community-based services (HCBS) and related services as described in the STCs.	Yes
		<b>Dental Services for Former Foster Youth</b> -Expenditures for additional dental benefits beyond those specified in the state plan for former foster care youth ages 21 up to (but not including) age 26.	Yes
		<b>Demonstration Operations for Automatic Reenrollment into the MCO</b> -Provide an enrollee with the disenrollment rights required by Sections 1903 (m)(2)(A)(vi) and 1932(a)(4) of the Act, when the enrollee is automatically re-enrolled into the enrollee's prior MCO after an eligibility lapse of no more than 120 days. Send a written notice of action for a denial of payment [as specified in 42 CFR 438.400(b)(3)] when the beneficiary has no liability, as required by Sections 1903(m)(2)(A)(xi) and 1932(b)(4) of the Act and in regulations at 438.404(c)(2)	Yes
		<b>HealthChoice DPP</b> -Expenditures for a diabetes prevention program for Medicaid eligible individuals 18-64 who have pre-diabetes or who are at high risk for developing type 2-diabetes as set forth in the STCs, effective July 1, 2019.	Yes
		<b>Inpatient Benefit for Pregnant Women Eligible through Hospital Presumptive Eligibility</b> -As of January 1, 2014, expenditures to provide full Medicaid State plan benefits to presumptively eligible pregnant women with incomes up to 250 percent of the FPL.	Yes
		<b>ICS</b> -Expenditures for home and community-based services provided to individuals over the age of 18 who were determined Medicaid eligible while residing in a nursing facility based on an income eligibility level of 300 percent of the Social Security Income Federal Benefit Rate (SSI FBR) after consideration of incurred medical expenses, meet the State plan resource limits, and are transitioning imminently, or have transitioned, to a non-institutional community placement, subject to the program conditions.	Yes



Expenditure Authority	Relevant Statute or Regulation	Associated program and purpose	Currently Approved?
		<b>IMD: Residential Treatment for Individuals with SUDs-</b> Expenditures for otherwise covered services furnished to otherwise eligible individuals who are primarily receiving treatment for SUD and withdrawal management in facilities that meet the definition of an IMD.	Yes
		<b>IMDs: Services for Adults with SMI-</b> Expenditures for otherwise covered Medicaid services furnished to otherwise eligible individuals, who are primarily receiving treatment for an SMI/SED who are short-term residents in facilities that meet the definition of an institution for mental diseases as specified in the STCs.	Yes
		<b>MOM Program-</b> Expenditures to provide services under the MOM Program, including enhanced case management services, standardized social determinants of health screenings, and care coordination, as specified in the STCs.	Yes
		<b>Reentry</b> <b>Pre-Release Services-</b> Expenditures for pre-release services, as described in these STCs, provided to qualifying Medicaid individuals for up to 90 days immediately prior to the expected date of release from a correctional facility that is participating in the reentry demonstration initiative. <b>Pre-Release Administrative Costs-</b> Capped expenditures for payments for allowable administrative costs, supports, transitional non-service expenditures, infrastructure and interventions, as is detailed in STC 5.12, which may not be recognized as medical assistance under Section 1905(a) and may not otherwise qualify for federal matching funds under Section 1903, to the extent such activities are authorized as part of the reentry demonstration initiative.	Yes
		<b>REM-</b> Expenditures for benefits specified in the STCs provided to enrollees participating in the Rare and Expensive Case Management program which are not HealthChoice Medicaid Section 1115 Demonstration Demonstration Approval Period: January 1, 2022 through December 31, 2026 Amendment Approved: January 13, 2025 Page 3 available to individuals under the Medicaid State plan.	Yes

<b>Expenditure Authority</b>	<b>Relevant Statute or Regulation</b>	<b>Associated program and purpose</b>	<b>Currently Approved?</b>
<b>Title XIX Requirements Not Applicable to Increased Community Services</b>			
Amount, Duration, and Scope	§1902(a)(10)(B)	To the extent necessary, to enable the state to provide a limited benefit package to demonstration participants in the ICS programs.	Yes
<b>Title XIX Requirements Not Applicable to the Population in the REM Program</b>			
Any Willing Provider	§1902(a)(23)(A) insofar as it incorporates 42 CFR 431.55(f)	To the extent necessary, to permit the state to selectively contract with a single entity for the provision of the Rare and Expensive Case Management benefit as authorized under this demonstration.	Yes
<b>Title XIX Requirements Not Applicable to the Population in the Assistance in Community Integration Services</b>			
Statewideness	§1902(a)(1)	To the extent necessary, to allow the state to offer Assistance in Community Integration Services and on less than a statewide basis.	Yes
<b>Title XIX Requirements Not Applicable to the Medicaid Expenditure Authority for Pre-Release Services</b>			
Amount, Duration, and Scope of Services and Comparability	§1902(a)(10)(B)	To enable the state to provide only a limited set of pre-release services, as specified in these STCs, to qualifying individuals that is different than the services available to all other individuals outside of correctional facility settings in the same eligibility groups authorized under the state plan or demonstration authority.	Yes
Freedom of Choice	§1902(a)(23)(A)	To enable the state to require qualifying individuals to receive pre-release services, as authorized under this demonstration, through only certain providers.	Yes
Statewideness	§1902(a)(1)	To enable the state to provide pre-release services, as authorized under this demonstration, to qualifying individuals on a geographically limited basis, in accordance with the Reentry Demonstration Initiative Implementation Plan.	Yes

Per the terms of the Section 1115 HealthChoice demonstration extension as required by 42 CFR 431.420(c), the Department must conduct a post-award forum within six months of implementing the demonstration and annually thereafter. That forum is intended to provide the public with the opportunity to offer meaningful comments on the progress of the demonstration. Maryland Medicaid's annual post-award forum took place on June 26, 2025, at the Maryland Medicaid Advisory Committee meeting.

Thirty days prior to the post-award forum, the Department posted information on its HealthChoice Monitoring and Evaluation webpage inviting the public to register for the MMAC meeting to solicit comments on the progress of the existing demonstration. Written public comments were requested to be submitted to the Department by emailing to [mdh.healthchoicerenewal@maryland.gov](mailto:mdh.healthchoicerenewal@maryland.gov).<sup>1</sup>

## AVAILABILITY OF THE DEMONSTRATION APPLICATION AND SUBMISSION OF COMMENTS

As of June 30, 2025, the State's 30-day public comment period is open. The Department will accept comments through July 30, 2025. Electronic copies of the draft demonstration extension application are available and may be downloaded from <https://mmcp.health.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx>. Hard copies of the application may be obtained by calling (410) 767-1439.

Interested parties may send written comments concerning the demonstration extension to Alyssa Brown, Office of Innovation, Research and Development, Office of Health Care Financing, Maryland Department of Health, 201 West Preston Street, Room 223, Baltimore, Maryland 21201 or via email to [mdh.healthchoicerenewal@maryland.gov](mailto:mdh.healthchoicerenewal@maryland.gov).

## PUBLIC HEARING INFORMATION

The following public hearings will discuss the content of the demonstration extension and solicit feedback and input from public stakeholders. Both hearings will be held on a hybrid basis; information for both in-person and remote participation is below. Please note, public hearing #2 will take place during the Department's monthly Maryland Medicaid Advisory Committee (MMAC) meeting.

### Public Hearing #1

**Wednesday, July 9, 2025; 1:00PM–2:00PM**

Michael E. Busch Annapolis Library  
1410 West Street  
Annapolis, MD 21401

*To participate in the public hearing remotely, please visit:*

<https://register.gotowebinar.com/register/551564956546745696>

Please note that if you wish to make a public comment, you will need to register via the link above. After registering, you will receive a confirmation email containing audio and visual information about joining the webinar.

Call-in number: (562) 247-8321

Access code: 597-057-147

The call-in number and access code presented above is for attendees who wish to join in listen-only mode.

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<sup>1</sup> <https://health.maryland.gov/mmcp/healthchoice/Pages/HealthChoice-Monitoring-and-Evaluation.aspx>

**Public Hearing #2**

**Thursday, July 24, 2025; 1:00PM–3:00PM**

Maryland Department of Health

201 West Preston Street, Level L-Room L1

Baltimore, Maryland 21201

*To participate in the public hearing remotely, please visit:*

<https://attendee.gotowebinar.com/register/1992114303299564896>

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Access code: 706-439-047

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MDH HealthChoiceRenewal -MDH- <mdh.healthchoicerenewal@maryland.gov>

## ATTENTION: Public Comment Period - Draft Maryland Section 1115 Demonstration Extension

1 message

MDH HealthChoiceRenewal -MDH- <mdh.healthchoicerenewal@maryland.gov>

Mon, Jun 30, 2025 at 10:13 AM


To: MDH HealthChoiceRenewal -MDH- <mdh.healthchoicerenewal@maryland.gov>

Bcc

[Redacted content]

DHS- <ashley.linton@maryland.gov>, sophia.lloyd@jaimedical.com, vloenichen@2ndfamilyinc.org, kloughr3@hotmail.com,

[REDACTED]



Good morning,

The Maryland Department of Health (the Department) is proposing to extend its §1115 demonstration known as the HealthChoice demonstration. The Centers for Medicare and Medicaid Services (CMS) has authorized the Department's existing §1115 demonstration through December 31, 2026. The HealthChoice demonstration authorizes Maryland's managed care program, known as HealthChoice, as well as other innovative programs. Maryland's HealthChoice demonstration was first implemented in 1997. CMS approved subsequent demonstration extensions between 2002 through 2021.

The State's 30-day public comment period opens today, June 30, 2025 and ends on July 30, 2025. Electronic copies of the draft demonstration extension application are available and may be downloaded from <https://mmcp.health.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx>. Hard copies of the application may be obtained by calling (410) 767-1439.

Interested parties may send written comments concerning the demonstration extension to Alyssa Brown, Office of Innovation, Research and Development, Office of Health Care Financing, Maryland Department of Health, 201 West Preston Street, Room 223, Baltimore, Maryland 21201 or via email to [mdh.healthchoicerenewal@maryland.gov](mailto:mdh.healthchoicerenewal@maryland.gov).

The Department will host the following public hearings to discuss the content of the waiver amendment and solicit feedback and input from public stakeholders:

**Public Hearing #1**

**Wednesday, July 9, 2025; 1:00PM–2:00PM**

Michael E. Busch Annapolis Library  
1410 West Street  
Annapolis, MD 21401

To participate in the public hearing remotely, please visit: <https://register.gotowebinar.com/register/551564956546745696>

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**Thursday, July 24, 2025; 1:00PM–3:00PM**

Maryland Department of Health  
201 West Preston Street, Level L-Room L1  
Baltimore, Maryland 21201

*To participate in the public hearing remotely, please visit:* <https://attendee.gotowebinar.com/register/1992114303299564896>

Please note that if you wish to make a public comment, you will need to register via the link above. After registering, you will receive a confirmation email containing audio and visual information about joining the webinar.

Call-in number: (415) 655-0052

Access code: 706-439-047

The call-in number and access code presented above is for attendees who wish to join in listen-only mode.

Thank you.





# **§1115 HealthChoice Demonstration Extension Public Hearing #1**

**Maryland Medical Assistance Program**  
*Claire Gregory, Senior Program Manager*  
July 9, 2025



# Agenda

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**Welcome**

**HealthChoice Overview**

**§1115 Demonstration Extension**

**Public Notice Information**

**Public Comment**

# Housekeeping

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- If you are attending in person, please make sure you have filled out the sign in sheet and indicated if you would like to make a public comment.
- All questions and comments will be taken at the end of the presentation.
  - For those joining remotely, lines will be muted during the presentation; please also self-mute. If you would like to comment, please use the question function to sign up.
  - For those in person, please raise your hand to indicate you would like to comment.
- Please indicate your name, title, organization, and email when commenting.
- Additional comments, letters and questions can be submitted via email to [mdh.healthchoicerenewal@maryland.gov](mailto:mdh.healthchoicerenewal@maryland.gov).

# Opening Remarks

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# HealthChoice Demonstration Overview

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# Overview

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- The HealthChoice demonstration was first implemented in 1997 under the authority of §1115(a) of the Social Security Act.
  - Authorizes Maryland's managed care program, known as HealthChoice.
  - Enables Maryland to pilot innovative programs, some of which have since become permanent benefits.
- The HealthChoice program is a mature demonstration that has been proven to increase access to quality health care and reduce overall health care spending.

# Overview

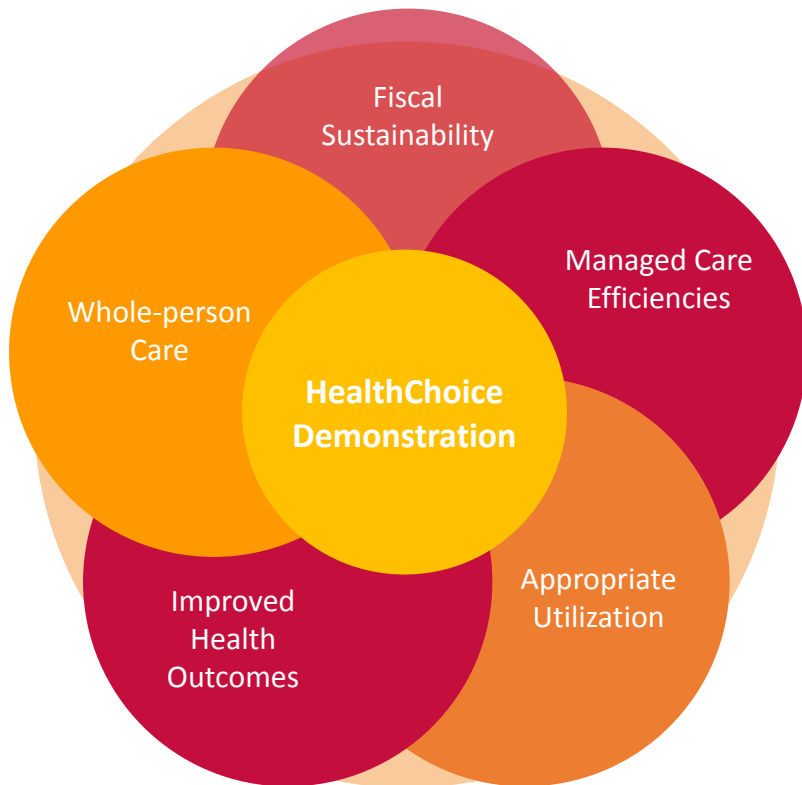
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- 1997–2002: Initial HealthChoice demonstration period.
- 2002–2021: Subsequent five-year demonstration extensions approved by the Centers for Medicare & Medicaid Services (CMS).
- Current Demonstration: January 1, 2022 through December 31, 2026.

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# HealthChoice: Core Principles



- The HealthChoice demonstration aims to support the health of Marylanders and to generate health care cost savings at the state and federal levels.
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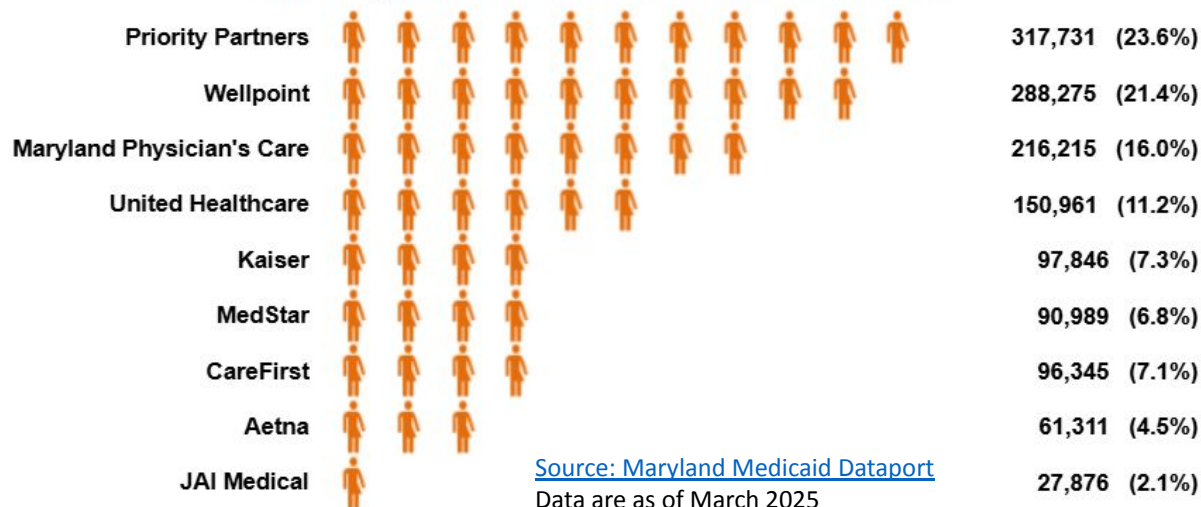


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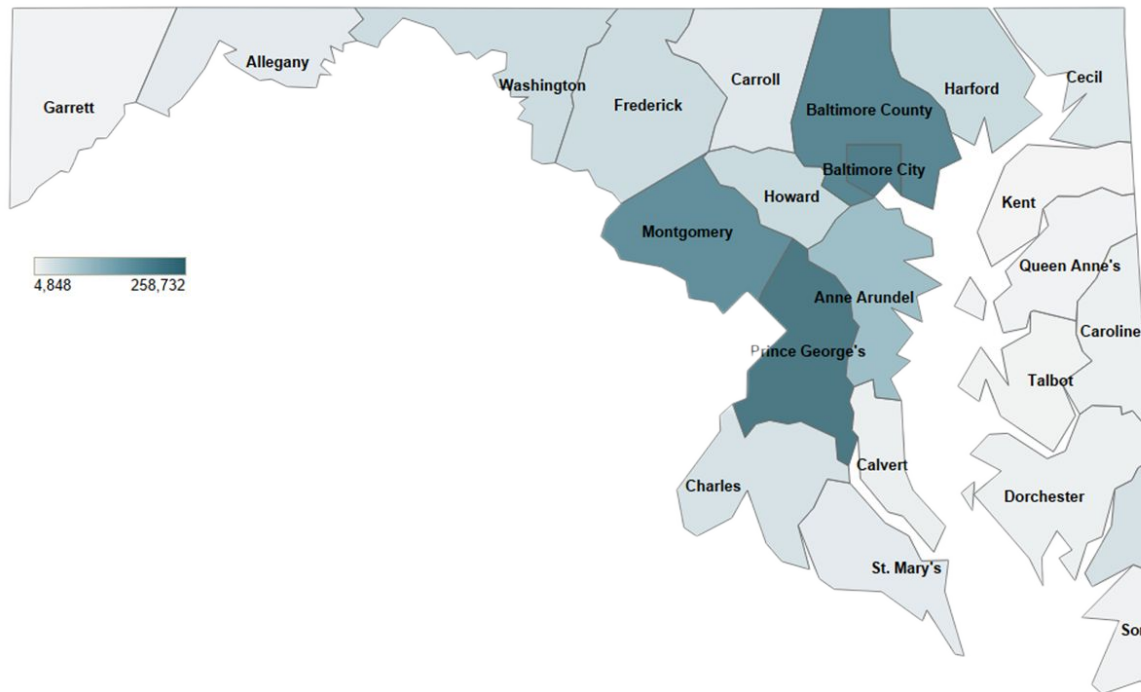
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How many members did each MCO have in CY 2024?



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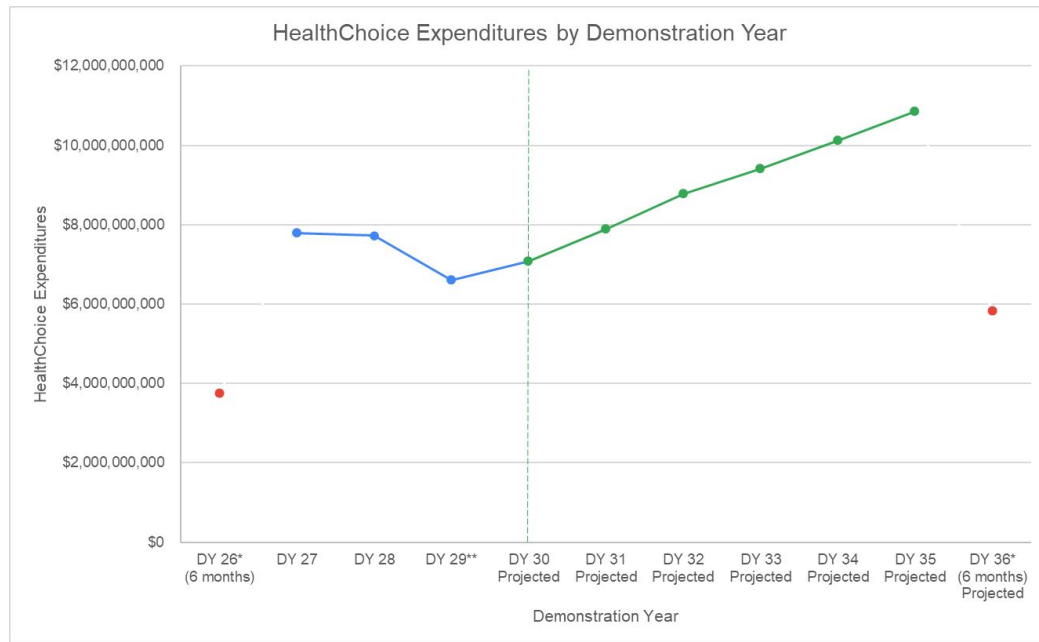
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Kent County has the fewest Medicaid participants (4,848), and Prince George's County has the highest number of participants (258,732).

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The current demonstration includes the following programs:

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- Dental Services: Former Foster Care Youth
- HealthChoice Diabetes Prevention Program (DPP)
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- **Positive results: 75% screened for depression within 3 months of delivery**
- Higher demand than capacity via §1115 demonstration
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- ⇒ While in the planning phase of the pilot program, state legislation passed in 2022 to transition the program to a statewide benefit via State Plan.

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# **§1115 Demonstration Extension Components (2027-2031)**

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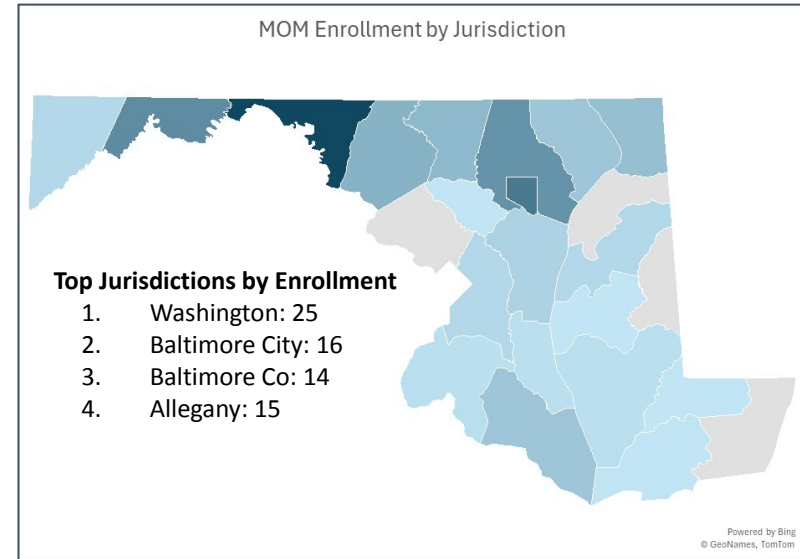
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**Preliminary evaluations have found positive outcomes for participants or their infants, including no instances of severe maternal morbidity or birth complications among participants.**



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Implemented in 1997, REM provides **case management services to Medical Assistance participants who have a rare and expensive medical condition and require sub-specialty care.**

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# Questions and Public Comment

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[illegible]

Public Hearing #1: July 9, 2025 §1115 Waiver Extension Application Presentation			
Last Name	First Name	Email	Affiliation
Appel	Sara	[REDACTED]	CareFirst
Barnhart	Jennifer	[REDACTED]	Luma Health Consulting
Bedi	Monika	[REDACTED]	MDH
Celentano	Matthew	[REDACTED]	Funk & Bolton Law
Coble	Annie	[REDACTED]	Johns Hopkins University
Gray	Laura	[REDACTED]	CMS
Greenfield	Eli	[REDACTED]	CMS
Gregory	Marian Frances	[REDACTED]	General Public
Klapper	Stephanie	[REDACTED]	Maryland Healthcare for All
Lindsay	Djinge	[REDACTED]	MDH
Middleton	Alice	[REDACTED]	The Hilltop Institute
Neely	Sharon	[REDACTED]	MDH
Ozor	Jenny	[REDACTED]	CareFirst
Quintana	Vicki	[REDACTED]	Center for Health Care Strategies
Schreier	Emma	[REDACTED]	MDH
Cherry-Yamoah	Adrienne	[REDACTED]	MDH
Goodman	Laura	[REDACTED]	MDH
Brown	Alyssa	[REDACTED]	MDH
Brown	Nancy	[REDACTED]	MDH
Roddy	Tricia	[REDACTED]	MDH
Taylor	Allison	[REDACTED]	Kaiser Permanente



# **§1115 HealthChoice Demonstration Extension Public Hearing #2**

**Maryland Medical Assistance Program**  
*Claire Gregory, Senior Program Manager*  
July 24, 2025



# Agenda

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**Welcome**

**HealthChoice Overview**

**§1115 Demonstration Extension**

**Public Notice Information**

**Public Comment**



# Housekeeping

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- If you are attending in person, please make sure you have filled out the sign in sheet and indicated if you would like to make a public comment.
- All questions and comments will be taken at the end of the presentation.
  - For those joining remotely, lines will be muted during the presentation; please also self-mute. If you would like to comment, please use the question function to sign up.
  - For those in person, please raise your hand to indicate you would like to comment.
- Please indicate your name, title, organization, and email when commenting.
- Additional comments, letters and questions can be submitted via email to [mdh.healthchoicerenewal@maryland.gov](mailto:mdh.healthchoicerenewal@maryland.gov).

# Opening Remarks

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# HealthChoice Demonstration Overview

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# Overview

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- The HealthChoice demonstration was first implemented in 1997 under the authority of §1115(a) of the Social Security Act.
  - Authorizes Maryland's managed care program, known as HealthChoice.
  - Enables Maryland to pilot innovative programs, some of which have since become permanent benefits.
- The HealthChoice program is a mature demonstration that has been proven to increase access to quality health care and reduce overall health care spending.

# Overview

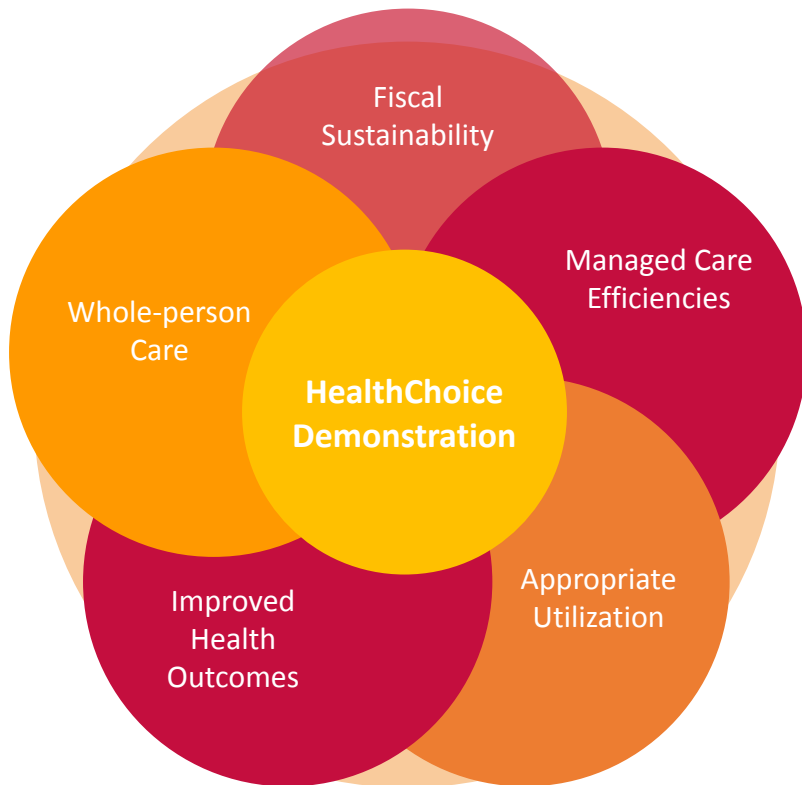
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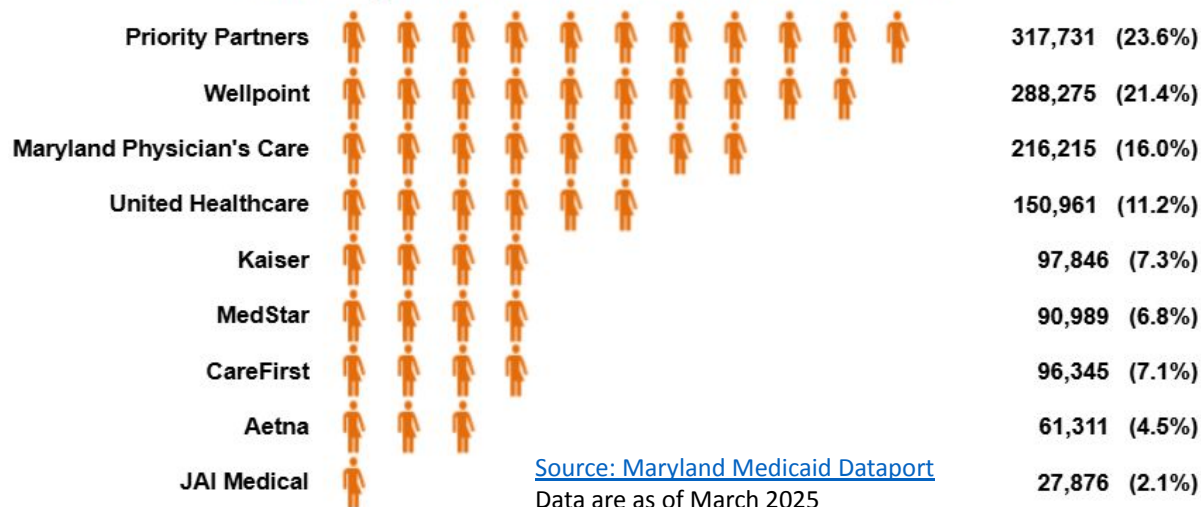
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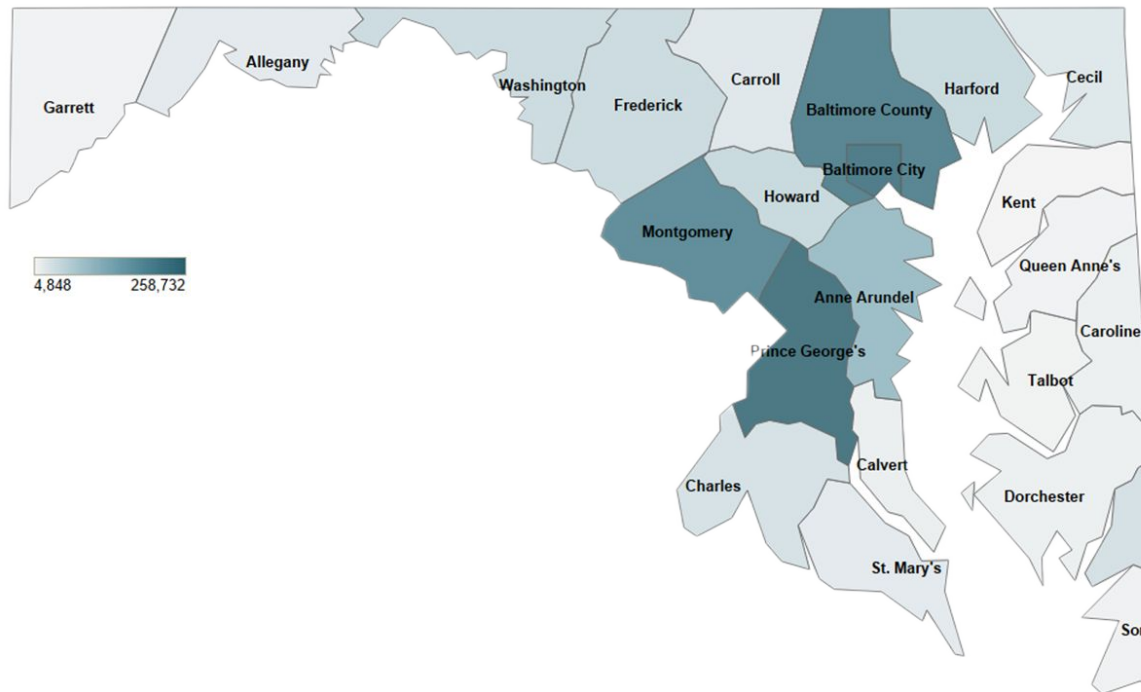
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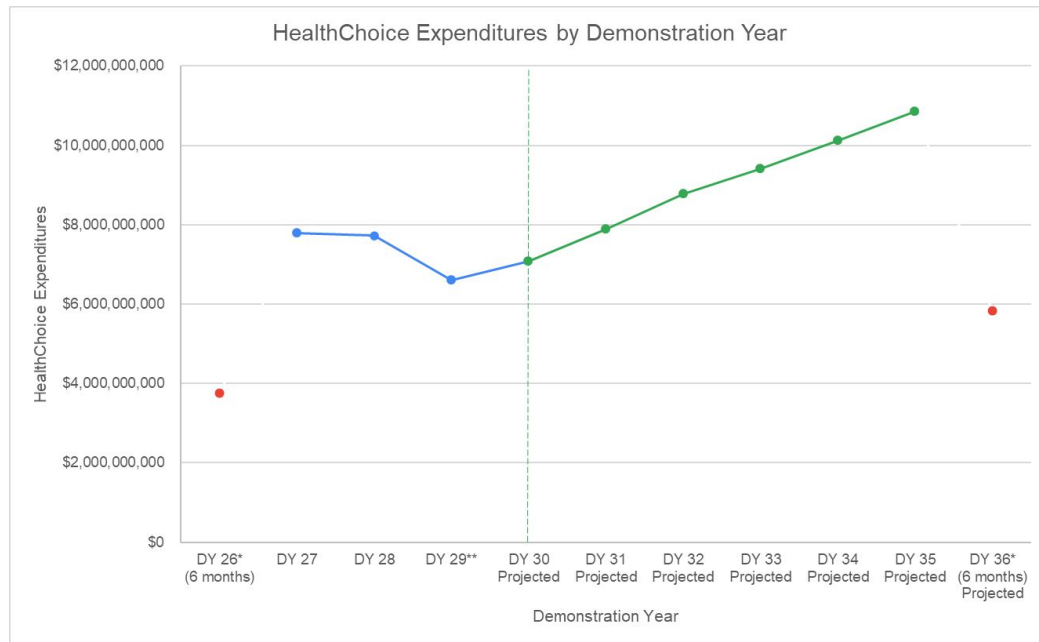


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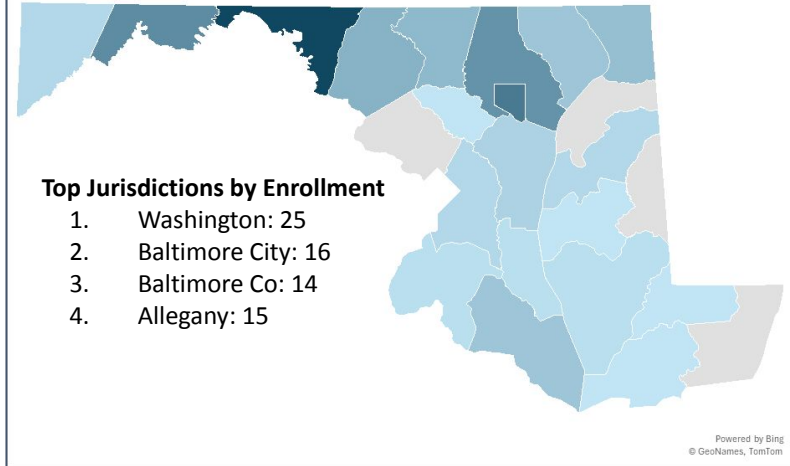
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Public Hearing #2**

Thursday, July 24, 2025; 1:00PM–3:00PM  
Maryland Department of Health  
201 West Preston Street, Level L-Room L1  
Baltimore, Maryland 21201

**Sign-In/Sign-Up for Public Comment**

Name	Title	Organization	Email	Check if submitting written comments	Will you be presenting oral comments?
Ann Ciekot	Partner	Public Policy Partners	aciekot@policypartners.net	<input type="checkbox"/>	Yes
Kate Delwiler	Program Manager			<input type="checkbox"/>	
	Complex Care Primary Care	Children's National		<input type="checkbox"/>	
Kate Delwiler	Parent		Katedelwiler@gmail.com	<input type="checkbox"/>	yes
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Public Hearing #2: July 24, 2025 MMAC Meeting with §1115 Waiver Extension Application Presentation			
Last Name	First Name	Email	Affiliation
Ruth	Joanna	[REDACTED]	MDH
Brown	Alyssa	[REDACTED]	MDH
Gregory	Claire	[REDACTED]	MDH
Bagnall	Heather	[REDACTED]	Maryland House of Delegates
Alston	Tiffany	[REDACTED]	Maryland House of Delegates
Lindsay	Djinge	[REDACTED]	MDH
Maher	Jen	[REDACTED]	MDH
Dickerson	Jessica	[REDACTED]	Native American LifeLines, Inc.
Esposito	Mark	[REDACTED]	MDH
McCann	Nicki	[REDACTED]	Johns Hopkins Health System
Hoban	Nora	[REDACTED]	Mid-Atlantic Association of Community Health Centers
Briskin	Perrie	[REDACTED]	MDH
Moran	Ryan	[REDACTED]	MDH
Hall	Shannon	[REDACTED]	Community Behavioral Health Association of Maryland
Scharpf	Stephanie	[REDACTED]	Jai Medical Systems
Roddy	Tricia	[REDACTED]	MDH
Booker	Winifred	[REDACTED]	Highchair Dental Care
Ahsanuzzaman	Ahsan	[REDACTED]	MDH
Alborn	Salliann	[REDACTED]	Maryland Community Health Systems
Appel	Sara	[REDACTED]	CareFirst
Badia	Katherine	[REDACTED]	MDH
Baines	Abigail	[REDACTED]	MDH
Baucom	Louisa	[REDACTED]	Maryland House of Delegates
Bedi	Monika	[REDACTED]	MDH
Bell	Terri	[REDACTED]	MDH
Beulah	Nedra	[REDACTED]	UnitedHealth Group
Bird	Karen	[REDACTED]	Accenture
Bizzarri	Rebecca	[REDACTED]	MDH
Braun	Anne	[REDACTED]	MDH
Brown	Nancy	[REDACTED]	MDH

Brown	Carmen		MDH
Carr	Celinda		The Coordinating Care Center
Celentano	Matthew		Funk & Bolton Law
Chambers	Leah		MDH
Cherry-Yamoah	Adrienne		MDH
Chowdhury	Urvi		MDH
Coats	Chris		MDH
Coble	Annie		Johns Hopkins University
Colomb	Tyler		MDH
Conley	Kameron		MDH
Crane	Steve		Maryland Matters
Davis	Antoinette		
Dalina	Ellen		MDH
Diamond	Joanna		Health Care for the Homeless
Dodge	Rachel		Dundalk Pediatric Associates
Dudzic	Matthew		Comptroller of Maryland
E Shattuck	Daniel		Barbara Marx Brocato & Associates
Eastman	Jennifer		Maryland Department of Disabilities
Eberle	Michele		MHBE
Frechard	Rebecca		MDH
Gauger	Kayla		
Geddes	Ann		Mental Health Association of Maryland
Gillespie-Hill	Henry		MDH
Giorgio	Sherri		Gilead Sciences
Godwin	Abigail		MDH
Gold	Jane		American Medical Equipment
Gregory	Mary		General Public
Groff	Benjamin		Funk & Bolton Law
Hairgrove	Sara		Community Behavioral Health Association of Maryland
Harper	Benjamin		MDH
Hooke	Matthew		Baltimore Business Journal
Houck	Caitlin		Maryland-National Capital Homecare Association

Ifekauche	Delora		Cornerstone Government Affairs
Johansen	Michael		Rifkin Weiner Livingston LLC
Johnson	Veronica		Life Inc
Kirk	Arethusa		UnitedHealth Group
Kirton	Jenelle		AME Home Care
Klapper	Stephanie		Maryland Healthcare for All
Kocherlakota	Annapurna		MDH
Kowalski	William		FEI Systems
Lin	Tiffany		Accenture
Masciarelli-DAmbros	Rachel		MDH
Middleton	Alice		The Hilltop Institute
Miller	Paul		LifeSpan Network
Mills	Morgan		Compass Advocacy
Neely	Sharon		MDH
Noble	Sangeetha		MDH
Ozor	Jenny		CareFirst
Perman	Chad		MDH
Peters	Sarah		Husch Blackwell Strategies
Ports	Stephen		
Puentes	Erica		Progressive Maryland
Randolph	Ash-Lynn		Funk & Bolton Law
Rodriguez	Lucas		MDH
Ross	Madeline		MDH
Schumitz	Kali		Maryland Center on Economic Policy
Shah	Dixit		MDH
Simpson	Pattie		Aetna
Smith	Jamie		MDH
Sparkman	Tiffany		UnitedHealth Group
Starr	Zach		MDH
Van Pelt	Elise		Fabric Health
Washington	Eva		Kaiser Permanente
Wee	Kathlyn		UnitedHealth Group
Winkel	Cambria		

Wireman	Kim	[REDACTED]	Powell Recovery Center
Wolff	Benjamin	[REDACTED]	Maryland Office of the Attorney General
Workman	Rhonda	[REDACTED]	DDA
Xu	Amy	[REDACTED]	Montgomery County, MD
de Grouchy	Kristin	[REDACTED]	MDH
e	n	[REDACTED]	
Ciekot	Ann	[REDACTED]	Public Policy Partners
Detwiler	Kate	[REDACTED]	

## MARYLAND MEDICAID ADVISORY COMMITTEE

**DATE:** Thursday, July 24, 2025  
**TIME:** 1:00–3:00 pm  
**LOCATION:** GoToWebinar (Virtual) AND  
Maryland Department of Health  
201 West Preston Street, Level L-Room L1  
Baltimore, Maryland 21201

MMAC meetings will continue to be held through GoToWebinar.

Please register for MMAC Meeting on July 24, 2025, 1:00 p.m. EST at:  
<https://attendee.gotowebinar.com/register/1992114303299564896>

After registering, you will receive a confirmation email containing information about joining the webinar.

Those who would like to make public comment should email Ms. Meredith Lawler at [meredith.lawler@maryland.gov](mailto:meredith.lawler@maryland.gov) or use the question feature to submit questions to the host.

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### AGENDA

- I. Departmental Report
- II. Interested Parties Advisory Group (IPAG) Announcement
- III. Federal Updates: One Big Beautiful Bill Act Summary
- IV. Waiver, State Plan and Regulations Changes
- V. MMAC Public Comments
- VI. Public Hearing #2: 2025 §1115 Demonstration Extension
- VII. Adjournment

### **NO AUGUST MEETING**

**Next Meeting: Thursday, September 25, 2025, 1:00 – 3:00 p.m.**

**Staff Contact:** Ms. Meredith Lawler  
[meredith.lawler@maryland.gov](mailto:meredith.lawler@maryland.gov)



**MARYLAND MEDICAID ADVISORY COMMITTEE  
MINUTES**

**June 26, 2025**

**Members Present**

Rachel Dodge, MD  
Ms. Shannon Hall  
Ms. Nicole McCann  
Mr. Paul Miller  
Mr. Augustin Ntabaganyimana  
Ms. Stephanie Scharpf  
Mr. David Sharp  
Mr. William Webb

**Members Absent**

The Hon. Tiffany Alston  
The Hon. Heather Bagnall  
Winifred Booker, D.D.S  
Ms. Jessica Dickerson  
Mr. Floyd Hartley  
The Hon. Antonio Hayes  
Ms. Nora Hoban  
The Hon. J.B. Jennings  
The Hon. Matthew Morgan  
Adeteju Ogunrinde, MD  
Ms. Vickie Walters

**Maryland Medicaid Advisory Committee**  
**June 26, 2025**

**Call to Order**

Ms. Nicole McCann, Chair, called to order the meeting of the Maryland Medicaid Advisory Committee (MMAC) at 1:05 p.m. May 22, 2025 meeting minutes could not be approved as there was not a quorum present for the vote.

**Introduction of Secretary Meena Seshamani**

Secretary Meena Seshamani introduced herself to the Committee. As a long-time Maryland resident, Secretary Seshamani is dedicated to serving the state. Secretary Seshamani discussed her prior experiences across the health care sector including practicing as a head and neck surgeon, leading population health initiatives as a vice president at MedStar Health, and serving the Obama Administration as director of the Office of Health Reform. Most recently, Secretary Seshamani led the Medicare program for the Biden Administration.

Secretary Seshamani expressed that given current conversations on the federal level, Medicaid is a top priority for her. She encouraged a collaborative approach to navigate changes moving forward and highlighted the importance of partnerships. The Department continues to converse with CMS regarding the AHEAD model. In addition, the §1115 Demonstration Extension presents an excellent opportunity for stakeholder feedback. Secretary Seshamani also announced the departure of Deputy Secretary Ryan Moran.

**Departmental Report**

Ms. Tricia Roddy, Deputy Medicaid Director, informed the Committee that the Department will be renewing the §1115 HealthChoice Demonstration with the Centers for Medicare and Medicaid Services (CMS). The current terms and conditions expire at the end of December 2026. The public comment period was announced in the General Register on May 30, 2026 and is from June 30, 2025 to July 30, 2025. The Department is holding two public hearings, both may be attended virtually and in-person. The Department appreciates your support, suggestions, and recommendations. Information on the public hearings is below:

**Public Hearing #1**

Wednesday, July 9, 2025; 1:00PM–2:00PM

Michael E. Busch Annapolis Library

1410 West Street

Annapolis, MD 21401

To participate in the public hearing remotely, please visit:

<https://register.gotowebinar.com/register/551564956546745696>

**Public Hearing #2**

Thursday, July 24, 2025; 1:00PM–3:00PM

Maryland Department of Health

201 West Preston Street, Level L-Room L1  
Baltimore, Maryland 21201

To participate in the public hearing remotely, please visit:

<https://attendee.gotowebinar.com/register/1992114303299564896>

#### **HealthChoice Evaluation/Post-Award Forum**

Ms. Nancy Brown, Division Chief, Office of Innovation, Research and Development, provided the Committee with the 2025 post award forum as required by the §1115 Demonstration and the goals of the program (see presentation [here](#)).

#### **Waiver, State Plan and Regulation Changes**

Mr. Lucas Rodriguez, Medicaid Provider Services, gave the Committee a status update on waivers, regulations, and state plan amendment changes (see posted handouts [here](#)).

#### **Public Comments**

There were no public comments.

#### **Adjournment**

Ms. McCann adjourned the meeting at 2:06 p.m.

## **Section B: Received Written Comment Letters**

Personal Testimony - Team Andrew

Maryland MCO Association

Jai Medical Systems

CareFirst BlueCross BlueShield Community Health Plan Maryland

Johns Hopkins University & Medicine

Maryland Citizens' Health Initiative

Maryland Dental Action Coalition

Maryland Community Health System

Moveable Feast

The Goldberg Center for Community Pediatric Health - Children's National Hospital

## Andrew's life

Andrew will be 30 years old this year and he has experienced more hardship than anyone we know. So who is Andrew? In short, he is a fun-loving guy who loves to spend time outside, visit his friends in the community, watch the same 20 Disney movies on repeat (the classics, of course), and spend time with his friends in his condo. He is a big foodie, can be stubborn when he wants to be, but will give you the biggest hug when you need it the most.

Andrew's life has been challenging since his birth. His mother was overweight while pregnant and delivered Andrew in secret, for reasons we will never know. She told everyone that he was her adopted son, but she loved and cared for him as if he were her own.

Andrew was enrolled in school at Ridge Ruxton School and eventually graduated from school on a certificate path at the age of 21. With no plan in place, after he completed his education, he relied on the direct care provided by his mother. After not treating a broken toe and subsequent diabetic infection, his mom became ill. Due to the untreated injury, she was admitted into a rehab facility.

Andrew was almost awarded to the state during the time of this, given he had no parental guardian or next of kin to look after him.

After a year in a rehab facility, Andrew's mother eventually passed away due to complications from her injury that led to renal failure. On her deathbed, she admitted Andrew was her biological child.

There was no plan in place for Andrew once he reached the age of 21. He wasn't healthy, he was dirty, he was morbidly overweight, and easily agitated when people new tried to help him.

Other than a few cousins, Andrew has no family. His father was never in the picture, his grandparents passed away years back, and his Aunt also passed away from a rapidly debilitating disease.

Jacob stepped up and took Andrew in. Having a full-time job, this was challenging. There was no way he could give Andrew a meaningful life during the hours of 9-5pm. We were fortunate enough to know someone at Catholic Charities who was able to get Andrew into a group home – Catholic Charities, South. It was a spacious single-family home in Millersville, MD. He had a nice home, a bedroom all to himself, all while sharing this home with 3 other men. At the time, this was a great solution. He would be receiving 24/7 care, be taken out into the community on a daily basis, and be given a meaningful life. This is only possible with great staff at these facilities. We really noticed a big difference and a change for the better. He was talking more, more cheerful, he was clean, losing weight, and was beginning to be his best self finally. Then the COVID19 pandemic hit...

While Andrew was fortunate at first to be in safe care, this quickly shifted during the pandemic. After about a year into the pandemic, the facility he lived in began to experience turnover. Due to poor

management, they begin to lose the excellent staff that Andrew benefited from. Soon the new staff put in place begin to disengage with the members of house, not take them into the community often for outdoor walks, and event locked them into their home due to "Covid safety protocols." Eventually Andrew begin to regress, he stopped talking and engaging with others, due to lack of physical activity, he was gaining weight, and becoming more irritable during stressful situations.

One evening, on a random drop in visit (we could sometimes visit through a sliding glass door on the deck), we caught a staff member once outside of the home sitting in his car, leaving Andrew and his roommates unattended.

During the COVID19 pandemic, two of Andrew's roommates passed away from neglectful care – the group home will deny it, but I know one man passed away from lack of physical activity; he literally forgot how to walk. The other roommate passed due to medical complications after not receiving proper medical care due to poor training. They will tell you they passed away from COVID, but we had seen their declining living conditions. We understood Andrew was quickly becoming a product of it.

Once things reopened, Andrew was again able to be a part of a day program, where he would participate in a few activities, or be left to sit in a chair most of the day.

Eventually, we were able to see Andrew one weekend a month. We would bring him to our home for a long weekend. We even did vacations together. He started to become part of our family, and we even began to treat him has if he was as our son.

Andrew's life was no way to live, and we knew we had to do something. We started to explore other group homes, preferably closer to our home in the Parkville area. We had no luck. Eventually we came across self-directed services.

We started to explore SDS and begin to get a plan in place. Jacob took control of Andrew's finances to avoid any funds potentially being mismanaged by group home leadership, and to use the money he was given posthumously from his mother's passing before she was approved for disability and Medicare.

We were able to help Andrew purchase a home, a 2 bedroom, 2 bath condo in perry hall. It's not the biggest place, but it's a hell of an upgrade from where he was living. We sourced furniture, home essentials, and décor that reflected Andrew's personality to give him a sense of pride and belonging in his home. He loves The Lion King, so naturally, we went in that direction.

We sourced staff (a fantastic team of 14 round the clock associates), assembled a daily schedule of his what the day in the life of Andrew looks like, and made him home both a home and a place of work for his staff. The first year was rocky with the transition and Andrew getting used to all the new people, but Andrew quickly learned to love and appreciate his freedom.

Soon enough, he started to benefit from his new lifestyle and regain skills we thought he had lost while in the group home. He is eating healthier and is more active than ever. He is less irritable and has lost a good amount of weight due to his new healthier habits. He visits the gym 3-4 days a week, spends time with his friends in the community, and the smile on his face at the end of a long productive day proves it.

He enjoys tidying his house, helping prepare his meals, and starting and ending his day at home. Each staff member plays a vital role in making sure Andrew has a successful day. With the current funds in place allowing a competitive wage, he was able to hire talented staff with high levels experience working with an individual with autism and intellectual disabilities. These vital members of Team Andrew help him live a meaningful and full life while also allowing him a feeling of independence.

Andrew should be the poster child (so to speak) of how these funds truly made a difference to other individuals like Andrew.

We are not his family, we are just two friends who want to ensure Andrew has a fair shot at life, just like everyone else. In fact, if there is anything we learned from this process with the state, it is that we are not his family. We have had to petition the courts several times to justify investing his money legally in ways that will allow him future security and to stay on Medicaid Community Pathways waiver services.

We are just two friends who want to ensure Andrew has a fair shot at life, just like everyone else.

Without the maintenance of Self-Directed Service funds in remaining fully in the DDA budget, we could not source quality care for Andrew. DDA is suggest drastic pay cuts between \$4 – 11 dollars less an hour than Andrew's current associates are making. Would you take a pay cut of \$4-11 dollars an hour and still be able to provide for your family? No doubt, if these cuts are realized, Andrew will lose some key people from his new life. Without this care, Andrew would not have the proper support needed to continue to live a meaningful life as independently as possible in his community.

Quite sadly, Andrew will have to go back to a group home where he will lose all the skills he just regained, gain back the weight, and lose the proper care needed to help him continue the journey he is on.

The reason why Self Directed Services is so ideal for individuals like Andrew, is because we are able to pay staff/associate at a higher rate of pay (rates depending upon their overall experience) than they would expect to receive from a traditional group home career.

SDS pay – individuals do not have overhead costs like group homes. Andrew pays for all his own bills out of pocket and uses the funds to pay staff, a few memberships for his sensory needs, and classes/activities that help him expand on his skills needed for everyday activity.

These funds are so important to Andrew. They genuinely help him have a fair shot at life like a non-disabled person would expect to lead. We are just two friends that want to be sure Andrew get that fair shot.





July 14, 2025

Alyssa Brown, Director  
Medicaid Office of Innovation, Research and Development  
Maryland Department of Health  
201 West Preston Street, Room 223  
Baltimore, MD 21201  
Via Email: [mdh.healthchoicerenewal@maryland.gov](mailto:mdh.healthchoicerenewal@maryland.gov)

**Re: MMCOA Comments in Support of HealthChoice §1115 Demonstration Extension**

Dear Director Brown:

On behalf of the nine managed care plans that arrange care for more than 1.3 million Marylanders enrolled in the HealthChoice program, the Maryland Managed Care Organization Association (MMCOA) appreciates the opportunity to comment on the Maryland Department of Health's application to extend the HealthChoice §1115 Demonstration from January 2027 through December 2031.

Maryland's MCOs are proud to continue serving the HealthChoice population and advancing the objectives of the program. With approximately 86% of Medicaid members relying on managed care, the HealthChoice program has evolved over nearly three decades to become the backbone of Maryland's Medicaid delivery system. One in five Marylanders relies on Medicaid for healthcare services, and nearly 40% of all births in the state are covered by the program. HealthChoice is designed to improve outcomes, deliver whole-person care, and support appropriate utilization with an emphasis on efficiency and financial sustainability.

During the current demonstration period (2022–2026), MCOs partnered with the state to respond to the COVID-19 Public Health Emergency (PHE), providing resources and supporting members during the unwinding of continuous eligibility. While operations have since normalized, the impact of the PHE persists, including higher acuity within the Medicaid population and ongoing enrollment fluctuations. HealthChoice has met these challenges, and Maryland's MCOs were honored to play a central role in ensuring access to care during the emergency. We also worked closely with the Department to implement key provisions of the new all-payer model, particularly those focused on advancing primary care and improving population health in Medicaid.

Maryland's HealthChoice demonstration continues to exemplify what Section 1115 waivers are designed to achieve: innovation, flexibility, fiscal responsibility, and improved health outcomes. As the state enters the next demonstration period, Maryland's MCOs remain committed to partnership and continued progress toward the goals of HealthChoice. We strongly support and endorse the application for an extension of the HealthChoice §1115 Demonstration through December 2031.

Sincerely,

Joseph Winn  
Executive Director  
Maryland MCO Association

# J A I M E D I C A L S Y S T E M S

301 INTERNATIONAL CIRCLE ■ HUNT VALLEY, MARYLAND 21030 ■ TELEPHONE 410.433.2200  
FAX 410.433.4615 ■ TOLL FREE 1.888.JAI.1999

July 15, 2025

Alyssa Brown, Director  
Medicaid Office of Innovation, Research and Development  
Maryland Department of Health  
201 West Preston Street, Room 223  
Baltimore, MD 21201

***Re: Support of Maryland HealthChoice §1115 Demonstration Extension***

Dear Ms. Brown,

Jai Medical Systems Managed Care Organization, Inc. (Jai Medical Systems), is pleased to offer its full support for the renewal of the §1115 Maryland HealthChoice Demonstration extension.

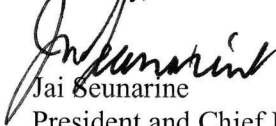
For nearly 28 years, Jai Medical Systems has served with distinction in the Maryland HealthChoice program. Jai Medical Systems is a physician-sponsored, minority business enterprise that is independently owned and operated in Maryland. With historic roots within the communities in and around Baltimore, Jai Medical Systems aims to provide high quality benefits and services to its members while remaining a positive influence in the communities we serve.

Since the HealthChoice program's inception under the §1115 waiver in 1997, our organization has appreciated the opportunity to participate in the program while collaborating with the Maryland Department of Health (the Department) on many public health priorities. This has included participating with innovative programs initiated by the Department such as the Diabetes Prevention Program, Maternal Health Programs such as CenteringPregnancy, Doula care, and the Maternal Opioid Misuse (MOM) program. In addition, we look forward to working with the Department on the innovative Medicaid Advanced Primary Care Program, which seeks to further develop the collaborative care model here in Maryland.

Under the Department's leadership and guidance, Maryland has set a high standard with what is broadly considered a successful Medicaid waiver program. In addition to Maryland being home to some of the highest rated Medicaid health plans for quality in the country, the Department has developed a sophisticated and time-tested approach to risk adjustment for the HealthChoice program that ensures the actuarial soundness of managed care rates.

We appreciate the opportunity to provide our support as Maryland and the Department seek renewal of the §1115 waiver. Jai Medical Systems applauds the efforts of the Department to provide cost effective, quality health care benefits and services to the 1.3 million Marylanders served by the HealthChoice program and we are hopeful that the §1115 Maryland HealthChoice Demonstration extension will be received favorably.

Sincerely,



Jai Seunarine  
President and Chief Executive Officer

cc: Meena Seshamani, M.D., Ph.D., Secretary of Health  
Ryan B. Moran, Dr.P.H., MHSA, Deputy Secretary, Health Care Financing & Medicaid Director  
Tricia Roddy, Deputy Medicaid Director

July 23, 2025

Alyssa Brown, Director  
Medicaid Office of Innovation, Research and Development  
Maryland Department of Health  
201 West Preston Street, Room 223  
Baltimore, MD 21201

**RE: §1115 HealthChoice Demonstration Extension Application (2025)**

Dear Director Brown:

CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) appreciates the opportunity to express our support for the Maryland Department of Health's (MDH) Section 1115 Demonstration (HealthChoice Demonstration) five-year extension application to the Centers for Medicare and Medicaid Services (CMS) to continue current pilots and programs for the 2027-2031 demonstration period.

One in five Maryland residents are enrolled in Medicaid, and approximately 86% of those enrolled participate in HealthChoice, indicating the program's extent within Maryland. As a HealthChoice Managed Care Organization proudly serving over 100,000 Marylanders, CareFirst CHPMD is committed to providing accessible and affordable healthcare to the communities we serve in all jurisdictions in Maryland. CareFirst CHPMD fully supports the extension of the HealthChoice Demonstration to achieve the Program's five goals – improving access, improving quality, providing primary care or medical home, emphasizing health promotion and disease prevention, and expanding coverage -- developed in partnership with MDH stakeholders in 1997.

Medicaid is a critical safety net program and is currently at an inflection point in its history. At a time when federal funding for Medicaid is being significantly pared back, it is important for MDH to continue the 2027-2031 proposed programs under the current HealthChoice Demonstration to ensure Maryland Medicaid enrollees have their healthcare needs met. CareFirst CHPMD supports these programs to allow HealthChoice to serve its enrollees, especially those with complex medical and social needs.

Since 1997, HealthChoice has focused on whole-person care, improved health outcomes, managed care efficiencies, and fiscal sustainability, resulting in increased access to quality healthcare and reduced overall spending for the Maryland community. CareFirst CHPMD is proud to be a partner with MDH in addressing whole-person care and promoting preventive care to keep Maryland Medicaid enrollees healthy.

CareFirst CHPMD is excited for our continued collaboration and partnership in MDH's HealthChoice Demonstration on behalf of Maryland Medicaid enrollees.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mike Rapach", is positioned above a thin horizontal line.

Mike Rapach  
President and CEO  
CareFirst BlueCross BlueShield Community Health Plan Maryland

JOHNS HOPKINS  
UNIVERSITY & MEDICINE

July 29, 2025

Alyssa Brown  
Office of Innovation, Research and Development  
Office of Healthcare Financing  
Maryland Department of Health  
201 West Preston Street, Room 223  
Baltimore, MD 21201  
*Delivered electronically*

Re: Johns Hopkins Comments §1115 HealthChoice Demonstration

Dear Ms. Brown,

Johns Hopkins Medicine (JHM) appreciates the opportunity to comment on the draft Maryland HealthChoice Program §1115 Waiver Renewal Application. Encompassing both the Johns Hopkins Health System and Johns Hopkins Health Plans, JHM provides both provider and payer perspectives, respectively. JHM serves thousands of Medicaid recipients throughout Maryland and remains deeply committed to ensuring these patients have access to high-quality care. The Maryland Department of Health (MDH) should be applauded for its work on this application, as the programs outlined in this application do an excellent job of achieving MDH's defined goals. We are supportive of this application and are pleased to see the continuation of many programs.

Johns Hopkins Medicine is particularly supportive of the continuation of Assistance in Community Integration Services (ACIS). ACIS is an innovative and comprehensive way to serve high-risk, high-utilizing Medicaid enrollees through patient-friendly home- and community-based services, and expanding the program will only create greater access. The ACIS pilot was very successful in helping some of the most vulnerable Medicaid enrollees get access to the important wraparound services required to truly improve their health. Johns Hopkins Hospital has been an active participant in the pilot and saw the value firsthand. Dr. Redonda Miller, President of The Johns Hopkins Hospital, reported that, "we found the pilot ultimately demonstrated that this model had a significant impact on reducing the overall number of hospital visits, including a 19 percent drop in individuals utilizing hospital services, including Emergency Department visits."

Additionally, JHM is pleased that Maryland Medicaid is seeking to continue expanded residential services through institutions for mental diseases (IMDs) for substance use disorder and serious mental illnesses. Residential behavioral health services are critical in addressing the needs of those struggling with substance use and mental health issues. The IMD Waiver is essential to providing a full continuum of care for Medicaid members. The previous exclusion




had a tremendous impact on the state budget, which ultimately impacts patients. For example, there were limited beds available depending on the availability of State funds, which results in long wait times for services or the inability to obtain important care. While Johns Hopkins Medicine is supportive of the IMD Waiver, it should be noted that if Maryland were not a carve-out state for behavioral health services, Medicaid managed care plans would be allowed to cover short-term IMD stays. Johns Hopkins Medicine agrees with the Department's assessment that allowing Medicaid to reimburse IMDs will result in expanded treatment availability, reduce hospital and emergency department utilization, and save lives. However, Johns Hopkins Medicine fundamentally disagrees with the State's policy decision to segregate behavioral health care from somatic care. The need to request a waiver from the IMD exclusion highlights the barriers that carve-outs create in achieving integrated, person-centered care. Should Maryland continue to pursue a waiver from the IMD exclusion due to the behavioral health carve-out, it will be crucial to pursue a fully integrated system of care where somatic and behavioral health care are no longer financed and managed in silos. A single entity is the ideal choice for managing and facilitating high-quality, comprehensive care of the whole person, given the considerable overlap between mental health, substance abuse, and other medical disorders.

Johns Hopkins Medicine also encourages the Department to consider programs and strategies to address the dually eligible population, whether through managed care or another innovative dual program options. Frequently, the dually eligible Medicaid participants are the highest cost and highest utilizing members; therefore, developing a unique program for this population could provide benefits to both the State and some of Maryland's most vulnerable residents. Johns Hopkins Medicine welcomes the opportunity to discuss the expansion of CAPABLE as well as strategies for the long-term care and dually eligible populations in greater detail, either as part of the §1115 Waiver renewal or through other potential Medicaid coverage options.

Finally, we would be remiss if we did not acknowledge the unprecedented change in operations facing the Medicaid program. We hope you consider Johns Hopkins Medicine a partner in your work to protect and serve Medicaid recipients and will reach out for opportunities to be helpful.

Thank you again for the opportunity to comment on Maryland's HealthChoice Waiver renewal application. Johns Hopkins Medicine values our partnership with the Maryland Department of Health welcomes the opportunity to collaborate on the implementation of programs in the application.

Sincerely,

A handwritten signature in black ink, reading "Maria Harris Tildon". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Maria Harris Tildon  
Vice President, Government, Community & Economic Partnerships



July 29, 2025

Alyssa Brown, Director  
Office of Innovation, Research and Development  
Office of Health Care Financing  
Maryland Department of Health  
201 West Preston Street, Room 223  
Baltimore, Maryland 21201

Dear Ms. Brown,

As a health advocacy nonprofit organization, our mission is to advance policies toward quality, affordable health care for all Marylanders. Thank you for the opportunity to express our support the Department of Health's §1115 waiver extension application which will continue the HealthChoice managed care program that is benefitting over 1.3 million Marylanders. We applaud the Department including in the application continuation of the existing programs including Assistance in Community Integration Services (ACIS), Dental Services: Former Foster Care Youth, HealthChoice Diabetes Prevention Program (DPP), HealthChoice Managed Care Program, Inpatient Benefit for Pregnant Women Eligible through Hospital Presumptive Eligibility (HPE), MOM Program, Rare and Expensive Case Management (REM) Program, Reentry Demonstration, IMD Residential Treatment for Individuals with, Substance Use Disorders (SUD) and IMD Services for Adults with Serious Mental Illness (SMI). Thank you for your commitment to ensuring access to quality, affordable health care for all Marylanders.

Best regards,

A handwritten signature in black ink that reads "Stephanie Klapper". The signature is written in a cursive, flowing style.

Stephanie Klapper, MSW  
Deputy Director, Maryland Citizens' Health Initiative



10015 Old Columbia Road, Suite B-215  
Columbia, Maryland 21046  
[www.mdac.us](http://www.mdac.us)

**To:** Alyssa Brown  
Office of Innovation, Research and Development  
Office of Health Care Financing  
Maryland Department of Health

**From:** Robyn Elliott on behalf of the Maryland Dental Action Coalition

**Date:** July 30, 2025

**RE:** §1115 Waiver – Renewal Application

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The Maryland Dental Action Coalition (MDAC) fully supports the Maryland Department of Health's application to renew its §1115 Waiver. MDAC is Maryland's leading oral health advocacy organization with nearly 1,500 organizational and individual members.

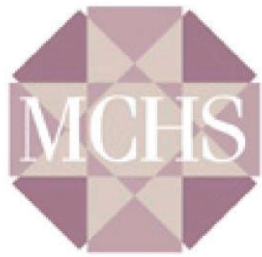
The Department's waiver application requests approval for continuation of critical HealthChoice demonstration programs including dental services for former foster care youth, the Diabetes Prevention Program, and the MOM Program. MDAC supports all of these programs because improvement of health outcomes requires an integrated approach to healthcare coverage. MDAC thanks the Department for its vision in recognizing oral health as part of overall health, as coverage for former foster youth has long included dental coverage.

MDAC also thanks the Department for its partnership in establishing adult dental coverage through a state plan amendment. The program's value has been clear and measurable since its launch in January 2023. More than 303,000 adults in Maryland —37% of the eligible adult community—have accessed dental care, and over 1,300 dental providers have been reimbursed for dental services through the program. Maryland's utilization exceeds the national average: in 2024 alone, an estimated 24% of Maryland's adult Medicaid participants received dental care, compared to a national average of just 17%, according to the American Dental Association/Health Policy Institute. Prior to the adult coverage program, the Department provided dental coverage through a pilot program for individuals who were dually eligible between the ages of 21 and 65.

Thank you for the opportunity to provide public comment on the Department's waiver application. If any additional information would be helpful, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

***Optimal Oral Health for All Marylanders***





## Maryland Community Health System

**To:** Alyssa Brown  
Office of Innovation, Research and Development  
Office of Health Care Financing  
Maryland Department of Health

**From:** Robyn Elliott on behalf of the Maryland Community Health System

**Date:** July 30, 2025

**RE:** §1115 Waiver – Renewal Application

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Maryland Community Health System (MCHS) fully supports the Maryland Department of Health's application to renew its §1115 Waiver. The application requests a five-year extension of Maryland's managed care program, called HealthChoice, as well as several demonstration programs, including dental services for former foster youth. The application includes strong evidence that demonstrates the effectiveness of these programs in improving health outcomes and managing the overall costs to the State.

Through the §1115 waiver, the Department of Health has supported the role of community health centers in meeting the needs of their communities. As a network of federally qualified health centers, we have appreciated the Department's support for advancing the integration of somatic, behavioral health, and dental at the delivery system level. Notably, the Department launched an adult dental coverage program in January 2023 through a state plan amendment. Dental coverage is essential in the effective management of healthcare for people with chronic diseases, such as diabetes and hypertension, or substance use disorder. Through the Department's partnership with consumer and provider organizations, the adult dental program has already reached more than 300,00 people.

MCHS wants the programs under the §1115 waiver to continue. Please let us know what additional information about the federally qualified health center experience may be helpful. I can be reached at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.



**To:** Alyssa Brown  
Office of Innovation, Research and Development  
Office of Health Care Financing  
Maryland Department of Health

**From:** Robyn Elliott on behalf of Moveable Feast

**Date:** July 30, 2025

**RE:** §1115 Waiver – Renewal Application

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Thank you for the opportunity to submit comments on the Department's draft application to renew Maryland's §1115 waiver. Moveable Feast supports the Department's request to extend HealthChoice and critical demonstration programs, such as the Diabetes Prevention Program. These programs have supported access to care for underserved communities across Maryland. The Maryland Department of Health has demonstrated the effectiveness of these programs, as shown by the inclusion of Hilltop's analyses in the application documents.

We would like to request consideration of the establishment of coverage for medically tailored meals for individuals that meet clinical criteria set by the Department. We understand establishing coverage for any new service is challenging, as the Department is in the midst of implementing federal budget actions. However, the coverage of medically tailored meals has been shown to yield considerable savings. An analysis of healthcare utilization and charges for Moveable Feast program participants showed a 33% reduction in healthcare spending in the 6-months post service start. Even accounting for the cost of services, this is a substantial net savings to Maryland's healthcare system.<sup>i</sup>

Moveable Feast would be pleased to be a partner in crafting the parameters of an effective coverage for medically tailored meals. Decision points include:

- Which pathway could provide coverage, including the implementation of a demonstration project under an §1115 waiver or under an in lieu of services (ILOS) program. Nineteen states have approved or pending §1115 waivers which address a range of food is medicine interventions, including medically tailored meals in some states; and an additional 10 states have provided coverage of nutritional interventions through ILOS.<sup>ii</sup>

- How to define medically tailored meals and quality standards for providers. The Food is Medicine Coalition, a national collaborative of provider and food policy partners, would be an important resource for this discussion.<sup>iii</sup>
- Develop clinical criteria for who is eligible for coverage. The Department could consider aligning medically tailored meals coverage with the population health goals of the AHEAD Model.

Moveable Feast is also pleased to note we are in the initial steps of launching the Maryland Coalition for Food is Medicine and are building the key partner roster. The Coalition will focus on advancing a range of food is medicine interventions using an evidence-based approach. We expect the Coalition will be interested in providing further input on Medicaid coverage of food is medicine interventions.

Thank you again for the opportunity to submit these comments. If Moveable Feast can provide any further information, please let me know. My contact information is (443) 926-3443 or [relliott@policypartners.net](mailto:relliott@policypartners.net).

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<sup>i</sup> Internal Moveable Feast analysis of client services and healthcare utilization via CRISP, 2021-2023.

<sup>ii</sup> Hanson E, Albert-Rozenberg D, Garfield KM, Leib EB, Ridberg RA, Hager K, Mozaffarian D. The evolution and scope of Medicaid Section 1115 demonstrations to address nutrition: a US survey. Health Aff Sch. 2024 Feb.

Garfield, K, Hanson E, Shachar, C, Stain P, and Mozaffarian D. State's Use of Medicaid Managed Care 'In Lieu of Services Authority to Address Poor Nutrition. Health Affairs, April 2025.

<sup>iii</sup> <https://fimcoalition.org/about-fimc/our-model/>



111 Michigan Ave NW  
Washington, DC 20010-2916  
ChildrensNational.org

July 30, 2025

Alyssa Brown  
Office of Innovation  
Research and Development  
Office of Health Care Financing  
Maryland Department of Health  
201 West Preston Street, Room 223  
Baltimore, Maryland 21201

RE: Letter of support for §1115 HealthChoice Demonstration extension

Dear Director Brown:

Children's National Hospital provides care to children across the region, including Maryland with services in Anne Arundel, Calvert, Charles, Fredrick, Howard, Montgomery, Prince Georges, St. Mary's, Washington, and Wicomico counties. To receive specialized medical services, many patients travel to the main hospital or to the Complex Care Program for specialized care.

The Complex Care Program provides a primary care medical home for children with complex medical conditions; approximately 40% of our patients travel from Maryland to receive care within our program. Many of our patients receive care through the Rare and Expensive Case Management Program (REM), a special program under the §1115 demonstration waiver. REM, a voluntary program, provides case management services and allows participants to opt out of managed care and receive Medical Assistance services on a fee for service basis, which may include additional benefits like medically-necessary private duty nursing and home health aids.

The Complex Care Program works closely with REM Case Managers, and the collaboration has been seamless and impactful. The Coordinating Center, which administers REM services, has demonstrated exceptional commitment to patient-centered care and operational excellence. The REM Program provides essential case management services that go beyond standard Medicaid coverage, including access to Certified Nursing Assistants, private duty nursing, nutrition counseling, and specialized therapies.

These services are not only medically necessary but also life-sustaining for many of our patients. The program's emphasis on individualized care planning and proactive service coordination has been instrumental in improving health outcomes and reducing unnecessary hospitalizations.

On behalf of providers and healthcare professionals that work directly with this population at Children's National, we are writing to express support of the §1115

HealthChoice Demonstration extension for the 2027-2031 period, in which the Department seeks to continue current pilots and programs permitted under the current §1115 demonstration. Extending the §1115 demonstration reaffirms our support and ensures continuity of care for the vulnerable populations we serve. Its services are indispensable to our patients and their families, and its elimination or reduction would have devastating consequences for thousands of Maryland residents.

Thank you for your attention to this matter and for your continued commitment to equitable and comprehensive healthcare.

Sincerely,

A handwritten signature in black ink, appearing to read "Nicola", followed by a long, horizontal, slightly wavy line.

Nicola Brodie, MD  
Complex Care, Medical Director  
The Goldberg Center for  
Community Pediatric Health  
Children's National Hospital  
[nbrodie@childrensnational.org](mailto:nbrodie@childrensnational.org)

## **Section C: Indian Consultation Requirement**



MDH HealthChoiceRenewal -MDH- &lt;mdh.healthchoicerenewal@maryland.gov&gt;

**Re: ATTENTION: Public Comment Period - Draft Maryland Section 1115 Demonstration Extension**

1 message

Jessica Dickerson

Thu, Jul 17, 2025 at 11:04 AM

To: Meredith Lawler -MDH- [REDACTED], "mdh.healthchoicerenewal@maryland.gov" &lt;mdh.healthchoicerenewal@maryland.gov&gt;

Hi Meredith,

My apologies for the delay in sending our feedback. Please see our notes below and reach out if you have any questions.

Native American LifeLines (NAL) appreciates the opportunity to provide comment on Maryland's proposed renewal of its Section 1115 HealthChoice Waiver. As an Urban Indian Health Program (UIHP) funded by the Indian Health Service (IHS), NAL serves American Indian and Alaska Native (AI/AN) individuals in the Baltimore and Boston metropolitan areas. The vast majority of AI/AN community members we serve in Maryland are enrolled in HealthChoice managed care plans. As such, we view the continuation and improvement of the HealthChoice program as essential to advancing health equity for our population.

We are encouraged by the State's continued commitment to innovation and flexibility in the delivery of care through the 1115 waiver authority. In particular, we support the waiver's provisions that preserve access to residential treatment for individuals with substance use disorders (SUD), expand health care home models, and invest in Health Promotion and Disease Prevention (HP/DP) services. These efforts are critical to improving care quality and outcomes for communities historically underserved by mainstream health systems—including AI/AN populations.

However, we respectfully submit the following concerns and recommendations:

**1. Improve Access to Timely Appointments for AI/AN Patients**

Many AI/AN patients in the Baltimore area report significant delays in obtaining new patient appointments through their HealthChoice plans, with some waiting as long as two months. This presents a serious barrier to early intervention and continuity of care. We urge the State to investigate and address appointment availability within HealthChoice networks and to collaborate with organizations like NAL to bridge these gaps.

**2. Strengthen Data Collection and AI/AN Identification**

Maryland's Medicaid data systems must consistently and accurately capture race and ethnicity, including disaggregated data for American Indian and Alaska Native individuals. Without reliable data, it is difficult to assess disparities or deploy targeted interventions. NAL urges the State to require uniform AI/AN data collection standards across HealthChoice providers and to ensure that managed care organizations (MCOs) are trained in how to identify and refer AI/AN enrollees who may be eligible for IHS or UIHP services.

**3. Support Culturally Grounded HP/DP Services**



Under our contract with IHS, NAL provides culturally specific HP/DP services that include immunizations, pediatric oral screenings, HIV testing and counseling, and naloxone distribution. These services complement and extend the reach of HealthChoice and can be a vital partner in improving care outcomes and reducing healthcare costs for the State. We encourage formal mechanisms to integrate Urban Indian Health Programs into HealthChoice care coordination, especially in health home models and community-based prevention efforts.

#### **4. Support for Residential SUD Treatment Services**

NAL supports Maryland's request to retain authority to provide otherwise-excluded residential SUD services in non-public Institutions for Mental Disease (IMDs). AI/AN individuals in our service area are overrepresented in opioid use disorder and at heightened risk for fatal overdose. Continued access to a full continuum of care, including residential treatment options based on ASAM criteria, is vital. We further encourage the State to ensure that AI/AN participants are included in all relevant SUD utilization and outcomes data collection.

#### **5. Partner with Urban Indian Health Programs for Better Outcomes**

A stronger partnership between the State, HealthChoice providers, and Urban Indian Health Programs like Native American LifeLines will lead to more culturally responsive care, improved access, and more efficient use of limited healthcare resources. By recognizing the unique eligibility of AI/AN individuals for IHS-funded services and ensuring that HealthChoice providers can coordinate with NAL, Maryland can build a more effective and equitable Medicaid system.

#### **Conclusion**

Native American LifeLines is proud to support the renewal of Maryland's 1115 HealthChoice Waiver and encourages the State to seize this opportunity to improve AI/AN health outcomes by addressing long-standing gaps in access, data, and cultural responsiveness. We stand ready to partner with the Maryland Department of Health and HealthChoice providers to serve our relatives more effectively and in accordance with the unique federal trust responsibility owed to AI/AN peoples.

**Jessica Dickerson, LMSW (she/her)**

Medical Case Manager

Native American LifeLines  
[REDACTED]

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**From:** Meredith Lawler -MDH- [REDACTED]

**Sent:** Monday, June 30, 2025 10:06 AM

**To:** Jessica Dickerson [REDACTED]; Kerry Lessard [REDACTED]

**Cc:** MDH HealthChoiceRenewal -MDH- [REDACTED]

**Subject:** ATTENTION: Public Comment Period - Draft Maryland Section 1115 Demonstration Extension



Good morning, Ms. Dickerson and Ms. Hawk Lessard,

I am with the Maryland Medicaid Office of Innovation, Research, and Development and wanted to share that the Maryland Department of Health (the Department) is proposing an extension to its §1115 demonstration known as HealthChoice.

The Centers for Medicare and Medicaid Services (CMS) has authorized the Department's existing §1115 demonstration through December 31, 2026. The HealthChoice demonstration authorizes Maryland's managed care program, known as HealthChoice, as well as other innovative programs. Maryland's HealthChoice demonstration was first implemented in 1997. CMS approved subsequent demonstration extensions between 2002 through 2021.

This extension does not propose any new programs or major changes to existing programs. There is one technical modification request related to the eligibility requirements of the Increased Community Services (ICS) program.

The State's 30-day public comment period opens today, June 30, 2025 and ends on July 30, 2025. I have attached a copy of the draft waiver application on this email thread. It is also available on the Department's §1115 demonstration [website](#). At the end of this email, I have also shared the information of the two public hearings the Department will host.

We would appreciate receiving your comments, if you have any, and are available to meet with you to discuss the renewal application if needed. You may send written comments concerning the waiver amendment to Alyssa Brown, Office of Innovation, Research and Development, Office of Health Care Financing, Maryland Department of Health, [201 West Preston Street, Room 223, Baltimore, Maryland 21201](#) or via email to [mdh.healthchoicerenewal@maryland.gov](mailto:mdh.healthchoicerenewal@maryland.gov).

Thank you for your time and consideration,

Meredith

#### **Public Hearing Information:**

The Department will host the following public hearings to discuss the content of the waiver amendment and solicit feedback and input from public stakeholders:

##### **Public Hearing #1**

**Wednesday, July 9, 2025; 1:00PM–2:00PM**

Michael E. Busch Annapolis Library  
1410 West Street  
Annapolis, MD 21401

*To participate in the public hearing remotely, please visit:* <https://register.gotowebinar.com/register/551564956546745696>

Please note that if you wish to make a public comment, you will need to register via the link above. After registering, you will receive a confirmation email containing audio and visual information about joining the webinar.

Call-in number: (562) 247-8321

Access code: 597-057-147

The call-in number and access code presented above is for attendees who wish to join in listen-only mode.

##### **Public Hearing #2**

**Thursday, July 24, 2025; 1:00PM–3:00PM**

Maryland Department of Health  
201 West Preston Street, Level L-Room L1  
Baltimore, Maryland 21201


To participate in the public hearing remotely, please visit: <https://attendee.gotowebinar.com/register/1992114303299564896>

Please note that if you wish to make a public comment, you will need to register via the link above. After registering, you will receive a confirmation email containing audio and visual information about joining the webinar.

Call-in number: (415) 655-0052  
Access code: 706-439-047

The call-in number and access code presented above is for attendees who wish to join in listen-only mode.

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Meredith Lawler, MPH  
Special Assistant to the Director | Innovation, Research, and Development  
Office of Health Care Financing  
Maryland Department of Health  
[201 W Preston Street](#)  
[Baltimore, MD 21201](#)  


We encourage you to check our website and social media often for updates.

For Medicaid-related Coronavirus updates, visit [mmcp.health.maryland.gov](http://mmcp.health.maryland.gov).

For questions about the Coronavirus, visit [coronavirus.maryland.gov](http://coronavirus.maryland.gov).

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