



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

August 24, 2026

The Honorable Guy Guzzone
Chair, Senate Budget and Taxation Committee
3 West Miller Senate Office Bldg.
Annapolis, MD 21401-1991

The Honorable Ben Barnes
Chair, House Appropriations Committee
121 House Office Bldg.
Annapolis, MD 21401-1991

Re: 2026 Joint Chairmen's Report (p. 165) - Report on Community First Choice Program and Community Options Waiver Financial and Registry Data

Dear Chairs Guzzone and Barnes:

Pursuant to the requirements of the 2026 Joint Chairmen's Report (p. 165), the Maryland Department of Health submits this report on the Community First Choice Program and Community Options Waiver Financial and Registry Data.

Thank you for your consideration of this information. If you have questions or need more information about the subjects included in this report, please contact Meghan Lynch, Director of Governmental Affairs, at meghan.lynch@maryland.gov.

Sincerely,

Meena Seshamani, M.D., Ph.D.
Secretary

cc: Perrie Briskin, M.B.A., M.P.H., Deputy Secretary, Health Care Financing and Medicaid
Rayva Virginkar, Medicaid Deputy Director
Jamie Smith, Director, Office of Long Term Services and Supports
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Community First Choice Program and Community Options Waiver Financial and Registry Data

2026 Joint Chairmen's Report (page 165)

August 1, 2026

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I. Introduction

Pursuant to the 2026 Joint Chairmen's Report p. 164-165, recent efforts to expand home and community-based services (HCBS) have led to significant increases in Community First Choice (CFC) program expenditures, including spending under the Community Options (CO) Waiver. The committees request that the Maryland Department of Health (MDH) submit a report on CFC and CO program spending and activities of the Eligibility Determination Division (EDD). The report includes monthly enrollment, utilization, and cost data that align with actual fiscal year (FY) 2026 budget expenditures under the CFC program. Each report also provides:

- (1) Number of budgeted CO Waiver slots in fiscal 2026 and 2027;
- (2) Number of CO Waiver slots filled in fiscal 2026;
- (3) Number of CO Waiver applications sent to individuals on the registry each month and the results of that outreach (including the number of applications returned and processed);
- (4) Update on changes to EDD and registry operations to improve efficiency in determining HCBS waiver eligibility and taking individuals off of the registry and efforts to determine financial and medical eligibility for individuals while they remain on the registry;
- (5) Update on MDH staffing that supports the CO Waiver and eligibility determination services for all HCBS waivers, including the number of vacant regular and contractual positions and the status of procuring additional staffing assistance;
- (6) Plan and timeline for addressing information technology system limitations, data and reporting limitations, and staffing constraints that prevent EDD from processing HCBS waiver eligibility in a timely and efficient manner;
- (7) Data on HCBS waiver application and renewal denials, including the number and percentage of applications and renewals denied by reason for denial and by HCBS waiver;
- (8) Number of individuals on the CO Waiver registry as of June 30, 2026; and
- (9) Update on activities or efforts to implement the plan to reduce the CO Waiver registry by 50 percent submitted to the General Assembly in February 2023.

II. Monthly Enrollment, Utilization, and Expenditure Data FY 2026

The enrollment, utilization, and expenditure data are derived from the Hilltop Institute's¹ monthly waiver and program enrollment trends report, which is submitted to MDH quarterly. Because Medicaid providers have one (1) year from the date the service is provided to submit claims, additional time is required to analyze actual expenditures to account for this claims submission and payment window. Thus, the CO Waiver and CFC data reported in Tables 1 and 2 include claims data received through March 31, 2026. The next iteration of this annual report will include utilization and cost data for the remainder of FY 2026 and the first three (3) quarters of FY 2027, using claims data received through March 31, 2027.

¹ The Hilltop Institute is a nonpartisan research organization at the University of Maryland, Baltimore County. The Hilltop Institute collaborates with MDH to conduct objective, evidence-based research and analysis to inform state health policy.

Enrollment Data

Table 1. FY 25-26 CO Waiver Enrollment Data²

FY 2025	Enrollees*	Users**
April	3,863	1,717
May	3,860	1,681
June	3,867	1,679
FY 2026	Enrollees*	Users**
July	3,879	1,685
August	3,910	1,696
September	3,923	1,703
October	3,927	1,721
November	3,944	1,708
December	3,921	1,720
January	3,924	1,708
February	3,918	1,705
March	3,896	1,454

*Enrollees represent unique individuals with a waiver span regardless of whether they received services. Data: April 1, 2025 - March 31, 2026. Source: MMIS2.

**Users represent unique individuals who received services in the period shown. Data: April 1, 2025 - March 31, 2026. Source: MMIS2.

Table 2. FY 25-26 CFC Enrollment Data³

FY 2025	Users*
April	18,107
May	18,204
June	18,232

² Source: Hilltop Report: Monthly Waiver and Program Enrollment Trends_Service Level_2026-03

³ Source: Hilltop Report: Monthly Waiver and Program Enrollment Trends_Service Level_2026-03

FY 2026	Users*
July	18,443
August	18,398
September	18,634
October	18,867
November	18,751
December	18,995
January	18,969
February	19,107
March	18,585

*Users represent unique individuals who received services in the period shown. Data: April 1, 2025 - March 31, 2026. Source: MMIS2.

Utilization and Expenditure Data

In Table 3, waiver expenditures reflect services explicitly covered under the CO Waiver. Non-waiver services represent State Plan services that participants are entitled to receive as part of their Medicaid coverage, such as pharmacy, durable medical equipment, and disposable medical supplies.

Table 3. FY 25-26 CO Waiver Utilization and Expenditure Data⁴

FY 2025	Users*	Total Waiver Cost**	Total Non-Waiver Cost**
April	1,717	\$4,568,140	\$16,045,245
May	1,681	\$4,631,423	\$16,631,802
June	1,679	\$4,484,318	\$15,822,149
FY 2026	Users*	Total Waiver Cost**	Total Non-Waiver Cost**
July	1,685	\$4,720,065	\$16,098,876
August	1,696	\$4,606,851	\$16,113,156
September	1,703	\$4,510,871	\$16,188,102

⁴ Source: Hilltop Report: Monthly Waiver and Program Enrollment Trends_Service Level_2026-03

October	1,721	\$4,695,781	\$16,955,700
November	1,708	\$4,369,576	\$15,552,066
December	1,720	\$4,650,354	\$16,024,888
January	1,708	\$4,342,177	\$16,449,738
February	1,705	\$3,945,775	\$14,662,659
March	1,454	\$1,729,462	\$11,384,569

*Users represent unique individuals who received services in the period shown. Data: April 1, 2025 - March 31, 2026. Source: MMIS2.

**Providers have one (1) year from the date of service to submit claims. As such, the expenditure data will be updated as additional claims are received.

CFC expenditure data in Table 4 include both CFC-only participants and CO Waiver participants utilizing those services, as CO Waiver participants are also eligible to access CFC benefits.

Table 4. FY 25-26 CFC Utilization and Expenditure Data⁵

FY 2025	Users*	Total Cost**
April	18,107	\$49,402,332
May	18,204	\$52,105,837
June	18,232	\$50,856,774
FY 2026	Users*	Total Cost**
July	18,443	\$53,628,043
August	18,398	\$53,950,938
September	18,634	\$54,019,487
October	18,867	\$56,994,376
November	18,751	\$54,346,905
December	18,995	\$57,152,065
January	18,969	\$57,740,900
February	19,107	\$53,136,704

⁵ Source: Hilltop Report: Monthly Waiver and Program Enrollment Trends_Service Level_2026-03

March	18,585	\$44,557,465
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*Users represent unique individuals who received services in the period shown, while enrollees represent those with a waiver span regardless of whether they received services. Data: April 1, 2025 - March 31, 2026. Source: MMIS2.

**Providers have one (1) year from the date of service to submit claims. As such, the expenditure data is updated as additional claims are received.

III. CO Waiver Slots for FY 2026 and FY 2027

The Centers for Medicare & Medicaid Services (CMS) renewed the CO Waiver program for a five (5)-year period effective January 1, 2023. Under this agreement, the program's approved capacity is capped at 6,348 slots through 2026, before expanding to 7,500 slots on January 1, 2027.

Table 5 details the approved and budgeted slots for FY 2026 and FY 2027, alongside the filled slots for FY 2026 as of March 31, 2026. Looking ahead, budgeted capacity has been adjusted upward for FY 2027 based on the Department of Budget Management's projected 0.95 percent growth rate in the elderly and disabled adult population.

Table 5. Number of CO Waiver Slots⁶

Fiscal Year	Slots approved by CMS	Budgeted slots	Filled slots
2026	6,348	4,941	4,562*
2027	7,500 (Beginning January 1, 2027)	4,988	To Be Determined**

*The value represents preliminary claims data through March 31, 2026, and will be updated as final claims are processed.

**This is a future data point that will be provided in a subsequent report.

IV. CO Waiver Applications

Pursuant to Senate Bill (SB) 28 and SB 636 from the 2022 legislative session, MDH steadily increased the monthly volume of CO Waiver program invitations mailed to registrants. The phased expansion of minimum monthly invitations progressed as follows:

- January 2023: 300 individuals
- March 2023: 400 individuals
- June 2023: 500 individuals
- November 2023: 600 individuals
- December 1, 2024 – Present: 700 individuals

Table 6 displays the number of CO Waiver applications mailed monthly to individuals on the registry. It also outlines the results of these outreach efforts, reporting the number and percentage

⁶ Source: Hilltop Report: Monthly Waiver and Program Enrollment Trends_Service Level_2026-03

of returned applications, the number of successfully enrolled individuals, and the total number of pending and denied applications.

Table 6. Monthly CO Waiver Applications and Outreach Summary (FY 2026)^{7,8}

FY 2026	# Invites Sent	# Apps Received	% of Invites Applied	# Enrolled	% Enrolled of Apps	% Enrolled of Invites	# Pending	# Denied
July	703	182	26%	31	17%	*	98	53
August	703	173	25%	23	13%	*	103	47
September	701	196	28%	22	11%	*	109	65
October	704	212	30%	25	12%	*	129	58
November	704	254	36%	18	*	*	163	73
December	705	117	17%	*	*	*	90	20
January	703	196	28%	*	*	*	188	*
February	705	170	24%	*	*	*	158	12
March	704	184	26%	*	*	*	170	12
April	700	207	30%	*	*	*	181	26
May	699	225	32%	*	*	*	217	*
June	704	67	10%	*	*	*	67	*
Total	8,435	2,183	26%	128	13%	*	1,673	382

*Cell sizes less than 10 have been suppressed. Data is subject to change because applications are continually received and processed.

Pursuant to SB 28, the timeframe for an applicant or their designee to review and return a completed application was shortened from eight (8) weeks to six (6) weeks from the original mailing date. This six (6)-week response window remains the standard practice today.

⁷ Source: State's data management system, LTSSMaryland: Yearly Wave Status Report - CY 2025

⁸ Source: State's data management system, LTSSMaryland: Yearly Wave Status Report - CY 2026

V. Changes to Operations

Eligibility Determination Division (EDD)

There have been no changes to the CO Waiver registry operations regarding how a registrant's financial eligibility is evaluated. An applicant continues to have six (6) months to meet financial eligibility requirements. A registrant's CO Waiver application is transmitted by OLTSS to EDD for eligibility review. If an applicant is denied for the CO Waiver, the applicant must contact Maryland Access Point (MAP) to be added to the registry and wait for another invitation to apply before submitting another application.

CO Waiver Registry

There have been no changes to the CO Waiver registry operations regarding how a registrant's medical or financial eligibility is evaluated. Consequently, the CO Waiver continues to maintain a registry rather than a waitlist.

To add names to the registry, individuals can contact a MAP site at any time. MAP staff can complete a Level One Screen upon request, which places the individual into one (1) of six (6) priority groups, with Priority Group 1 representing the highest priority. Registrants in Priority Group 1 have the highest probability of receiving an invitation to apply due to their increased risk of institutionalization.

MDH partnered with the Hilltop Institute to develop an algorithm that utilizes Level One Screen data to prioritize monthly invitations for individuals at higher risk of institutionalization. Of the 700 invitations mailed each month, 80 percent are issued to individuals prioritized by a higher risk of institutionalization, and 20 percent are issued based on length of time on the registry (first-come, first-served).

In calendar year 2024, MDH engaged Hilltop Institute to evaluate the existing algorithm. The study confirmed that the algorithm was functioning as intended by effectively identifying individuals at the highest risk for institutionalization. From November 2024 to November 2025, Hilltop worked with MDH's LTSSMaryland software developer to develop and deploy updates to the algorithm. Hilltop monitored the implementation of the updates through February 2026 to ensure the algorithm was working as intended. Beginning in FY27, Hilltop will complete algorithm maintenance every six (6) months to confirm the ongoing validity and integrity of the model.

Upon receiving an invitation to apply, individuals must submit a Medicaid application to be considered for the program. Each applicant is assessed to determine if the financial, medical, and technical eligibility criteria are met. Those who meet all requirements are enrolled.

As of May 1, 2025, applicants denied for one (1) or more of the three (3) eligibility criteria may submit a reconsideration application within their original six (6)-month application window. The reevaluation process depends on the type of denial:

- Financial eligibility: the applicant submits a new application and updated financial information for reevaluation.
- Medical eligibility: the Medicaid physician team reviews the level of care assessment to either affirm or override the initial denial.
- Technical eligibility: the applicant, by way of their assigned Supports Planner, is given the opportunity to revise the plan of service (POS), residency type, and other eligibility criteria before a final denial is issued.

If an applicant is denied after the second evaluation, they may elect to register again by contacting a MAP site to place their name back on the registry and await a new invitation to apply.

VI. Update on Staffing for the CO Waiver and Eligibility Determination Services for all HCBS Waivers

Update on MDH Staffing for Supporting the CO Waiver

Under OLTSS, there are three (3) divisions that support the CO Waiver.

- Division of Participant Enrollment and Service Review
- Division of Clinical Supports
- Division of Provider Integrity, Claims, and Compliance

Of the divisions, the Division of Participant Enrollment and Service Review holds primary responsibility for administering the CO Waiver and CFC programs by managing the registry and overseeing participant enrollment. As shown in Table 7, the division has a total of 24 positions. In FY26, the Department filled one (1) vacancy which brings the total positions filled by contractual and merit staff to 21. There are still three vacant positions continuing through the hiring process. Filling these remaining positions will provide the critical support needed to handle the increased volume of CO Waiver invitations without compromising other division initiatives.

Table 7. Staffing for the Division of Participant Enrollment and Service Review

Classification	Filled Merit	Filled Contractual	Vacant Merit	Vacant Contractual	Total
Admin I	1	0	0	0	1
Admin III Supervisor	1	0	0	0	1
Admin V Supervisor	1	0	0	0	1
Health Policy Analyst I	7	0	0	0	7

Health Policy Analyst II	5	0	0	0	5
Health Policy Analyst Associate	2	1	0	2	5
Medical Care Program Supervisor	1	0	1	0	2
Medical Care Program Specialist II	1	1	0	0	2
Total	19	2	1	2	24

The remaining two (2) divisions are also involved in administering and operating the CO Waiver and CFC programs, with the Division of Participant Enrollment and Service Review retaining primary oversight. The Division of Clinical Support is responsible for clinical consultation for technical eligibility reviews, serves as expert witnesses for Medicaid at fair hearings, receives and investigates reportable incidents, and conducts quality oversight activities for the Utilization Control Agent (UCA) and local health departments responsible for medical and technical eligibility determinations and pre-authorizations. The Division of Provider Integrity, Claims, and Compliance is responsible for ensuring the integrity and compliance of Medicaid provider operations through provider enrollment oversight, claims processing and investigations, provider training and support, and implementation of CMS HCBS Community Settings requirements.

As detailed in Tables 8 and 9, these two (2) divisions have a combined total of 29 positions— 21 merit and eight (8) contractual. Three (3) of these roles remain vacant, two (2) of which have been unfrozen and are currently in various stages of active recruitment.

Table 8. Staffing for the Division of Clinical Supports

Classification	Filled Merit	Filled Contractual	Vacant Merit	Vacant Contractual	Total
Admin V Supervisor	0	0	1	0	1
Health Policy Analyst II	5	0	0	0	5
Health Policy Analyst Associate	0	2	0	0	2
Medical Care Program Specialist II	0	0	1	0	1
Nursing Program Conslt Admin I	2	0	1	0	3

Nursing Program Conslt Admin II Supervisor	1	0	0	0	1
Social Work Program Admin	1	0	0	0	1
Social Worker Adv Health Svcs	1	1	0	0	2
Total	10	3	3	0	16

Table 9. Staffing for the Division of Provider Integrity, Claims, and Compliance

Classification	Filled Merit	Filled Contractual	Vacant Merit	Vacant Contractual	Total
Admin I Supervisor	1	0	0	0	1
Admin III Supervisor	1	0	0	0	1
Admin Officer III	0	1	0	0	1
Admin V Supervisor	1	0	0	0	1
Health Policy Analyst II	1	0	0	1	2
Medical Care Program Specialist II	5	2	0	0	7
Total	9	3	0	1	13

As shown in Table 10, across all three (3) divisions, there is a combined total of 53 positions, with seven (7) remaining vacant.

Table 10. Staffing Breakdown for all Three (3) Divisions

Division Name	Filled Merit	Filled Contractual	Vacant Merit	Vacant Contractual	Total
Division of Participant Enrollment and Service Review	19	2	1	2	24
Division of Clinical Support	10	3	3	0	16

Division of Provider Integrity, Claims, and Compliance	9	3	0	1	13
Total	38	8	4	3	53

Staffing allocation changes across these divisions over the past year are the result of an OLTSS-wide reorganization. This restructuring shifted staff away from reviewing POS— a responsibility that has been fully transitioned to its UCA, Telligen. These positions were redistributed to high-priority areas to provide necessary support for the CO Waiver program.

Update on Staffing for Eligibility Determination Services for all HCBS Waivers

In FY 2026, Maryland Medicaid offered eight (8) 1915(c) HCBS waiver programs to serve targeted populations, including medically fragile children with chronic illnesses, older adults, and individuals with disabilities. On October 6, 2025, three (3) waiver programs operated by the Developmental Disabilities Administration (DDA) were consolidated into the Community Pathways Waiver to streamline services, effectively sunsetting the Community Supports and Family Supports Waiver programs. Consequently, this section details staffing for eligibility determination services under MDH across the six (6) remaining active programs:

1. Waiver for Children with Autism Spectrum Disorder (Autism Waiver)
2. Waiver for Adults with Brain Injury (Brain Injury Waiver)
3. Community Pathways Waiver
4. CO Waiver
5. Medical Day Care Services Waiver
6. Home Care for Disabled Children Under a Model Waiver (Model Waiver)

The Autism Waiver is operated by the Maryland State Department of Education (MSDE) and overseen by OLTSS. This program allows eligible children with Autism Spectrum Disorder to receive supportive services within their homes and communities. While MSDE reviews and determines medical and technical eligibility, EDD reviews and determines financial eligibility for the program. As MSDE operates independently of MDH, staffing information reporting is limited to the EDD.

Table 11. Autism Waiver

MDH Staffing	Filled Merit	Filled Contractual	Vacant Merit	Vacant Contractual	Total	Recruitment Status
EDD	4	0	0	0	4	N/A
Total	4	0	0	0	4	N/A

The Brain Injury Waiver is operated by the Behavioral Health Administration (BHA) and overseen by OLTSS. This program serves residents who have been diagnosed with brain injury and meet the eligibility criteria to receive supportive services within their homes and communities. While BHA reviews and determines medical and technical eligibility, EDD reviews and determines financial eligibility for the program.

Table 12. Brain Injury Waiver

MDH Staffing	Filled Merit	Filled Contractual	Vacant Merit	Vacant Contractual	Total	Recruitment Status
BHA	1	0	0	0	1	N/A
EDD	3	0	0	0	3	N/A
Total	4	0	0	0	4	N/A

The Community Pathways Waiver is operated by DDA and overseen by OLTSS. The program provides comprehensive supports and services to help participants live more independently in their homes and communities in either a self-directed service model or a traditional, provider-managed service model. While DDA reviews and determines medical and technical eligibility, EDD reviews and determines financial eligibility for the program.

Table 13. Community Pathways Waiver

MDH Staffing	Filled Merit	Filled Contractual	Vacant Merit	Vacant Contractual	Total	Recruitment Status
DDA	12	0	0	0	12	N/A
EDD	12	0	4	0	16	4 unfrozen, in active recruitment
Total	24	0	4	0	28	N/A

The CO Waiver is operated by OLTSS, and it provides community-based services and supports that allow older adults and individuals with physical disabilities to continue living in their own homes or in assisted living facilities. While OLTSS reviews and determines medical and technical eligibility, EDD reviews and determines financial eligibility for the program.

Table 14. CO Waiver

MDH Staffing	Filled Merit	Filled Contractual	Vacant Merit	Vacant Contractual	Total	Recruitment Status
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OLTSS	38	8	4	3	53	2 unfrozen, in active recruitment
EDD	11	0	7	0	17	3 offers extended; 3 unfrozen, in active recruitment
Total	49	8	11	3	70	N/A

The Medical Day Care Services Waiver is operated by OLTSS, and offers services to qualified Medicaid participants in community-based adult medical day care centers. While OLTSS reviews and determines medical and technical eligibility, the local Department of Social Services (DSS) for each county reviews and determines financial eligibility for the program. To qualify for and continue receiving services, applicants and participants must maintain eligibility for full-benefit community Medicaid. As DSS operates independently of MDH, staffing information reporting is limited to the OLTSS.

Table 15. Medical Day Care Services Waiver

MDH Staffing	Filled Merit	Filled Contractual	Vacant Merit	Vacant Contractual	Total	Recruitment Status
OLTSS	9	0	0	0	9	N/A
Total	9	0	0	0	9	N/A

Model Waiver is operated by OLTSS to provide medically necessary and appropriate community-based services to children up to age 22 with complex medical needs who would otherwise require institutional or hospital care. While OLTSS reviews and determines medical and technical eligibility, EDD reviews and determines financial eligibility for the program.

Table 16. Model Waiver

MDH Staffing	Filled Merit	Filled Contractual	Vacant Merit	Vacant Contractual	Total	Recruitment Status
OLTSS	9	1	1	0	11	1 unfrozen, in active recruitment
EDD	3	0	0	0	3	N/A
Total	12	1	1	0	14	N/A

VII. Plan for EDD System and Staffing Constraints

Pursuant to the 2026 Joint Chairmen’s Report, this section outlines MDH’s plan and timeline for addressing the information technology, data reporting, and staffing constraints that impact the timely processing of HCBS waiver eligibility. The Department is committed to a multi-phased approach to eliminate administrative bottlenecks and improve overall system efficiency.

Information Technology and Reporting

EDD has implemented application stage tracking within LTSS*Maryland* and the Eligibility & Enrollment (E&E) system. This integration allows all relevant parties to identify the current status of an application in real-time, significantly reducing the duration of status inquiries. Additionally, OLTSS personnel have been granted visibility into the E&E system to assist in fielding constituent concerns directly. To improve data integrity and external reporting, MDH is actively recruiting an EDD Data Specialist. This role will be responsible for streamlining internal metrics and ensuring that reporting aligns with legislative requirements.

Staffing and Operational Capacity

EDD is aggressively advancing recruitment for several key positions to expand processing capacity. Central to this strategy is the development of a dedicated non-MAGI Medicaid Problem Resolution Unit. This unit will focus exclusively on complex financial eligibility cases, including CO Waiver applications, to prevent them from causing delays in the standard processing queue. Furthermore, EDD has standardized waiver application forms and inquiry processes— including the implementation of a new inquiry form— to ensure that constituent outreach is handled uniformly and efficiently across all HCBS programs.

VIII. HCBS Waiver Application and Renewal Denials

This section reports waiver application and renewal denial data for all HCBS waivers in FY 2026. Although the Community Supports and Family Supports Waiver programs became inactive during this reporting timeframe, they are included to ensure complete data coverage across all programs that operated during the fiscal year:

1. Autism Waiver
2. Brain Injury Waiver
3. Community Pathways Waiver
4. Community Supports Waiver
5. Family Supports Waiver
6. CO Waiver
7. Model Waiver

Note: The denial rate of initial applications is typically much higher than the denial rate at

renewal because new applicants often apply without fully meeting the strict financial, technical, or medical eligibility criteria. By contrast, individuals undergoing renewal have already cleared those initial screening hurdles.

Table 17. HCBS Waiver Applications (FY 2026)

Waiver Program	Submitted	Denied	Denial %	Reason: Ineligible	Reason: Procedural
Autism Waiver	26	10	38.5%	3	7
Brain Injury Waiver	41	28	68.3%	17	11
Community Pathways Waiver	1,749	540	30.9%	263	277
Community Supports Waiver	134	50	37.3%	25	25
Family Supports Waiver	12	1	8.3%	0	1
CO Waiver	2,590	1,914	73.9%	1,269	645
Model Waiver	20	7	35.0%	2	5
Total	4,572	2,550	55.8%	1,579	971

Table 18. HCBS Waiver Renewal Applications (FY 2026)

Waiver Program	Received	Denied	Denial %	Reason: Ineligible	Reason: Procedural
Autism Waiver	105	7	6.7%	1	6
Brain Injury Waiver	73	9	12.3%	6	3
Community Pathways Waiver	4,147	519	12.5%	397	122
Community Supports Waiver	682	56	8.2%	18	38
Family Supports Waiver	4	1	25.0%	0	1

CO Waiver	1,917	542	28.3%	469	73
Model Waiver	175	28	16.0%	22	6
Total	7,103	1,162	16.4%	913	249

IX. CO Waiver Registrants as of June 30, 2026

Table 19 provides the total number of individuals on the CO Waiver registry as of June 30, 2026. The data is disaggregated into three (3) age groups: 17 and under, 18 through 64, and 65 and older. On July 1, 2025, there were 23,060 registrants on the registry, and on June 30, 2026, there were 20,778 registrants on the registry. This represents a 9.9 percent decrease in total registrants over a 12-month period.

Table 19. Community Options Registry Data⁹

Registry by Age	# of Registrants
Up to 17	438
18 to 64	6,847
65 and over	13,493
Total	20,778

Registration does not require a prior screening, allowing any individual to join the registry regardless of their eligibility or current services. As of June 30, 2026, the registry included 11,019 individuals with active Medicaid coverage. This is about 53 percent of the total number of registrants. Additionally, 4,071 individuals were receiving alternative HCBS while awaiting an invitation to apply for the CO Waiver, irrespective of their current Medicaid enrollment status.

X. Update to the Plan to Reduce the CO Waiver Registry

The section provides updates to the plans developed and submitted to the General Assembly in February 2023,¹⁰ pursuant to Chapter 464 of 2022, *Waiver Programs – Waitlist and Registry Reduction (the End the Wait Act)*. This legislation mandated a 50 percent reduction in Medicaid

⁹ Source: Hilltop CO Waiver Registry Dashboard Standard Report

¹⁰ Maryland Department of Health. (2022). *Report required by SB 636 – Maryland Department of Health – Waiver programs – waitlist and registry reduction (End the Wait Act)*. [https://dlslibrary.state.md.us/publications/Exec/MDH/HG15-150\(b\)_2022.pdf](https://dlslibrary.state.md.us/publications/Exec/MDH/HG15-150(b)_2022.pdf)

HCBS waiver program waitlists beginning in FY 2024.¹¹ Among the covered programs, this section specifically focuses on updates to the plan for reducing the CO Waiver registry.

Registry Reduction Activities

Beginning May 1, 2025, the denied CO Waiver applicants were offered a second opportunity to establish eligibility through the reconsideration process. This initiative aims to improve enrollment outcomes for registry invitations and other reserved application pathways, such as individuals transitioning to Medicare who would otherwise lose access to CFC. While data following this implementation remains limited, there was a steady monthly increase in waiver enrollment, as detailed in Table 1. Overall approval and denial rates have also slightly improved, shifting from 36% approved and 64% denied last year to 38% approved and 62% denied this year.

From April through August 2025, MDH partnered with the Maryland Department of Aging (MDOA) to conduct targeted outreach to registrants residing in nursing facilities, as these individuals can apply directly for the CO Waiver without an invitation from the registry. MDH identified an initial cohort of 694 registrants for referral to Options Counseling, where trained professionals support individual long-term care needs and preferences by assisting with the application process. While MDH subsequently received 276 applications from nursing facility residents between April and September 2025, specific data to identify which applications resulted directly from this targeted outreach effort is unavailable.¹²

Despite these efforts and an increased volume of monthly invitations to apply, the registry size remains high while enrollment numbers remain relatively low. A key driver is the steady influx of new registrants, which averaged 805 per month from July 2025 through April 2026. Low invitation response rates and enrollment rates also constrain enrollment growth (Table 6). To combat low response rates, MDH began sharing its monthly invitation lists with MDOA in April 2026 to facilitate targeted follow-up outreach. Beyond these efforts, collaborative efforts with MDOA to improve future registry intake are ongoing.

As reported previously, MDH partnered with the Vital Statistics Administration and the Hilltop Institute to develop a monthly report identifying deceased individuals still on the registry. The initial report in June 2025 identified 2,457 deceased individuals, representing approximately 10 percent of the total registry census. In July 2025, the Division of Participant Enrollment and Service Review began deactivating these individuals and has continued to process deactivations monthly upon receipt of updated data to ensure ongoing registry maintenance.

MDH is exploring additional strategies to connect registrants to other HCBS while they await an invitation from the CO Waiver registry. In March 2026, MDH partnered with the Howard County local health department to review individuals on the registry who appeared to be financially eligible for CFC. Of the 195 cases reviewed, 16 were identified for MDOA cross-contact

¹¹ Maryland General Assembly. (2022). *Chapter 464, Senate Bill 636: Maryland Department of Health – Waiver programs – waitlist and registry reduction (End the Wait Act)*. Maryland Laws. https://mgaleg.maryland.gov/2022RS/chapters_noln/Ch_464_sb0636T.pdf

¹² Source: State's data management system, LTSSMaryland: NF Applicationinvitations Per Jurisdiction Report

regarding updated registry screenings or CFC referrals. The review also revealed that most of these individuals were already enrolled in another HCBS program (such as the DDA or Medical Day Care Waivers) or did not meet medical eligibility criteria. MDH plans to expand this effort to other jurisdictions later this year and is in the early stages of exploring a similar referral initiative with the Program of All-Inclusive Care for the Elderly (PACE), which expanded from one (1) to four (4) providers in 2025 and currently has available openings.

Staff Capacity Building

As part of its registry reduction plan, OLTSS identified key operational areas requiring additional staff to support increased registry and enrollment activity. Recruitment efforts have focused on registry operations, enrollment processing, and clinical review and support. Registry operations include mailing applications to registrants, processing program enrollment for eligible applicants, and updating the registry by removing individuals who are deceased, have moved out of state, or are no longer interested in applying. Staff supporting enrollment processing are responsible for approving, denying, or requesting clarification on initial, provisional, and annual POS for enrolled participants. Clinical and support staff review complex POS submissions, monitor and confirm Telligen's POS decisions, conduct utilization reviews with operating agencies for participants enrolled in multiple programs, and provide expert witness testimony during appeal hearings.

Alongside active recruitment efforts to fill vacant merit and contractual positions, MDH is augmenting its staffing resources by contracting with Telligen to conduct POS determinations. Telligen began conducting independent reviews and rendering POS determinations in June 2024, successfully eliminating the backlog by December 2025.

Provider Capacity Building

Beyond state staffing resources, provider capacity is critical to ensuring that Support Planners are fully equipped to assist individuals with Medicaid enrollment, access to long term services and supports, and waiver eligibility maintenance. To strengthen this network, OLTSS has actively maintained Support Planning Agency (SPA) capacity by conducting quarterly training sessions for newly hired Support Planners. OLTSS also holds monthly engagements with the full SPA network, local health departments, Residential Service Agencies (RSAs), and Assisted Living Facilities on topics such as clarifying the definition of reportable events, logging emergency hours, and sharing updates from the LTSS *Maryland* data management system.

In addition to strengthening SPAs, maintaining a sufficient network of direct service professionals to serve applicants and participants is essential. The CO Waiver program offers a broad array of services and supports that allow individuals to age in place in their communities and with their families. As services and supports are identified to meet the needs of newly qualifying enrollees, Medicaid providers must expand their capacity to manage the increased volume. Given the nationwide shortage of direct service professionals and nursing workforces, overcoming this hurdle remains a significant challenge. To address this, MDH staff are actively participating in various forums— including webinars, conferences, and monthly stakeholder engagements— to identify effective capacity-building strategies.

Additionally, stakeholder engagement through the Interested Parties Advisory Group (IPAG) provides key insights for strengthening provider capacity. Required under the *Ensuring Access to Medicaid Services* Final Rule (CMS-2442-F),¹³ the IPAG advises and consults on Medicaid payment rate sufficiency to ensure an adequate provider network for homemaker, home health aide, personal care, and habilitation services.¹⁴ During the 2025 legislative session, House Bill (HB) 1142 was passed to accelerate implementation of the federal rule, while providing additional state-specific guidance. The group held its first meeting on December 3, 2025, and its second meeting on June 29, 2026.¹⁵ A formal report on the advisory group activity and its recommendations is due to the General Assembly later this year.

The Department remains committed to advancing the initiatives proposed in February 2023 and building a stronger, more sustainable provider network to meet the growing demand for HCBS. As more individuals seek access to Maryland’s Medicaid waiver programs— particularly the CO Waiver— these ongoing efforts aim to reduce barriers, improve access, and ensure that individuals with disabilities and older adults receive the support they need to live and thrive in their communities.

¹³ From Medicaid Program; Ensuring Access to Medicaid Services, 89 Fed. Reg. 40542 (May 10, 2024). <https://www.federalregister.gov/documents/2024/05/10/2024-08363/medicaid-program-ensuring-access-to-medicaid-services>

¹⁴ Mandate to establish an advisory group for interested parties is codified at 42 CFR 447.203(b)(6).

¹⁵ More information on upcoming IPAG meetings can be found on its website. <https://health.maryland.gov/mmcp/longtermcare/Pages/Interested-Parties-Advisory-Group.aspx>