



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

SECOND PUBLIC NOTICE

Beginning June 1, 2026, the Maryland Department of Health (MDH) initiated a public comment period on a proposed amendment to the Maryland Medicaid State Plan concerning Targeted Case Management (TCM) services. The comments received during the public comment period, along with the Department's responses, are below.

Comment 1, received 6/1/2026, A. Johnson - Good morning, I am writing to express concern and request reconsideration of the implementation of the proposed reduction in reimbursement rates for Targeted Case Management (TCM), also known as Coordination of Community Services (CCS). I am writing this from the perspective of a provider who has worked with many CCS members as well as a family member who is in DDA services.

Maryland's developmental disabilities system is already experiencing significant workforce shortages, high turnover, service delays, and difficulty recruiting and retaining qualified staff. Families across the state are struggling to access authorized services, locate providers, maintain staffing, and secure the supports necessary to keep individuals safely in their homes and communities. These continued cuts to wages two years in a row for services is continuing to destabilize an already fragile system.

CCS agencies play a critical role in helping participants and families navigate these challenges. Coordinators are often the first point of contact when services break down, providers withdraw, staffing shortages occur, health and safety concerns arise, families experience caregiver burnout, or individuals are at risk of crisis.

My concern is not that these reductions may create future problems. The problems already exist.

Many families are already experiencing service instability, unmet needs, and barriers to accessing services. Workforce shortages are already affecting participants throughout the developmental disabilities system. Participants are relying on unpaid caregiving or lack of adequate support because authorized services cannot be consistently staffed. Participants with more intensive needs often face additional challenges finding providers willing and able to serve them.

As Maryland implements reductions across multiple developmental disabilities services, CCS agencies will be expected to help participants and families navigate the consequences. Service disruptions, staffing challenges, provider shortages, and family crises do not reduce the need for coordination, they will increase it.

Reducing reimbursement for CCS services at a time when coordinators will be asked to manage increasing levels of service instability is counterproductive. If Maryland expects coordinators to assist participants through growing workforce shortages, service disruptions, and system challenges, reimbursement should support the recruitment and retention of qualified staff rather than move in the

opposite direction.

I am also concerned that this reduction is being proposed despite a longstanding recognition by the state of Maryland that workforce shortages and turnover already exist throughout Maryland's developmental disabilities system. What analysis or data shows that these cuts will not affect access to care?

Over the past two years, DDA has placed increasing responsibilities on CCS agencies and coordinators. Coordinators are expected to manage complex planning requirements, monitoring activities, documentation obligations, health and safety oversight, crisis response, provider coordination, and increasing administrative demands. These responsibilities continue to expand while reimbursement is now proposed to decrease.

Maryland has conducted multiple studies, workgroups, and workforce initiatives identifying recruitment and retention challenges, workforce shortages, and turnover as ongoing concerns. Given these findings, it is difficult to understand how reducing reimbursement for CCS services supports the state's goal of maintaining a stable and effective developmental disabilities system.

Stability is achieved by investing in the workforce responsible for delivering and coordinating services. Reducing reimbursement while increasing responsibilities moves the system in the opposite direction. These proposals risk increasing turnover, worsening staffing shortages, increasing caseloads, and reducing continuity for participants and families who depend on experienced coordinators.

High caseloads and staff turnover already present challenges for many CCS agencies. Additional reimbursement reductions risk making recruitment and retention even more difficult, potentially resulting in increased caseloads, reduced responsiveness, and decreased access to the coordination services that participants rely upon.

I am particularly concerned that these reductions are being proposed despite ongoing and well-documented difficulties accessing developmental disability services throughout Maryland. Before implementing these reductions, the Department should publicly explain what analysis was conducted to determine that reducing CCS reimbursement will not worsen workforce shortages, increase coordinator caseloads, reduce responsiveness to participants, or further impair access to services.

Maryland has emphasized the importance of community-based services, person-centered planning, and supporting individuals with developmental disabilities in the least restrictive setting. Those goals depend not only on funding services themselves, but also on maintaining the infrastructure necessary to help participants access, coordinate, and sustain those services.

At a time when Maryland should be focused on strengthening workforce stability, reducing turnover, improving service access, and supporting families, these reductions appear likely to undermine those goals rather than advance them.

I respectfully urge the Department to reconsider the proposed reduction in CCS reimbursement rates and carefully evaluate the impact these reductions may have on participant access, workforce stability, and the ability of CCS agencies to effectively support Marylanders with developmental disabilities.

Thank you,

A Johnson, M.Ed, BCBA, LBA

Maryland Response to Comment 1 - DDA recognizes that Coordination of Community Services providers may be affected by changes occurring across the Community Pathways Waiver program and related Fiscal Year 2027 budget implementation activities.

As required by the Fiscal Year 2027 Budget Bill (SB282), DDA is implementing a 2% rate reduction.

DDA will continue to work with all stakeholders to support participant access to services, workforce stability and development, and will assess rates as requested by the Maryland Budget Committees

Comment 2, received 5/29/2026, B. Whiteside - So they get a geographical differential but employees of participants do not? Absolutely unacceptable and it makes absolute no sense. Saves the state \$0 and makes more work for everyone. Wasting taxpayers dollars.

Maryland Response to Comment 2 - As current practice, a geographic differential rate applies to services provided to participants residing in designated Maryland counties with a higher cost of living. These counties include:

- 1- Calvert County;
- 2 - Charles County;
- 3 - Frederick County;
- 4 - Montgomery County; and
- 5- Prince George's County.

REQUEST FOR PUBLIC COMMENT

The Maryland Department of Health (MDH) is amending the Medicaid state plan as it pertains to the rates for targeted case management (TCM) services, also known as Coordination of Community Services.

Targeted case management services support three populations of individuals with developmental disabilities:

1. Individuals on the Developmental Disabilities Waiting List;
2. Individuals needing community coordination services; and
3. Individuals transitioning to the community from an institution.

Maryland's Fiscal Year 2027 budget reduces the funding percentage paid to Coordination of Community Services agencies for services by 2%. This represents an estimated \$2,866,030.00 total fund decrease (50% general funds \$1,433,015.00; 50% federal funds \$1,433,015.00).

Effective July 1, 2026:

- The rate for the Comprehensive Assessment will be \$441.00 per assessment.
- The rate for Community Coordination, Waiting List Coordination, and Transition Coordination will be \$27.76 per 15-minute unit.
- A geographic differential rate of \$29.76 per 15-minute unit for Coordination services only will apply to services provided to participants residing in designated Maryland counties with a higher cost of living. These counties include:
 - Calvert County;

- Charles County;
- Frederick County;
- Montgomery County; and
- Prince George's County.

All Medicaid state plan services must be approved by the Center for Medicare and Medicaid Services (CMS) at the federal government. Additional information can be viewed on the Maryland Medicaid Public Notices website at <https://health.maryland.gov/mmcp/Pages/Public-Notices.aspx>