Maryland
DEPARTMENT OF HEALTH

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

January 15, 2026

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

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

Re: 2025 Joint Chairmen's Report (p. 162) - Report on End The Wait Initiatives and Improving Provider Capacity

Dear Chairs Guzzone and Barnes:

Pursuant to the requirements of the 2025 Joint Chairmen's Report (p. 162), the Maryland Department of Health (MDH) submits this report on End the Wait initiatives related to provider capacity.

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, Office of Government 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
Marlana R. Hutchinson, Deputy Secretary, Developmental Disabilities
Jamie Smith, Director, Office of Long Term Services and Supports
Meghan Lynch, Director, Office of Government Affairs
Carmen A. Brown, Director, Interagency Collaboration Branch
Sarah Albert, Department of Legislative Services (5 copies)

Maryland
DEPARTMENT OF HEALTH

End the Wait Initiatives:
Improving Provider Capacity

Pursuant to Page 162 of the 2025 Joint Chairmen's Report

October 2025

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I. Introduction

Chapter 464 of 2022, *Waiver Programs – Waitlist and Registry Reduction (the End the Wait Act)*, required the Maryland Department of Health (MDH) to develop plans by January 1, 2023, to reduce the waitlists for Medicaid home and community-based services (HCBS) waiver programs by 50 percent beginning in Fiscal Year (FY) 2024.[1] Among the eight (8) 1915(c) waiver programs offered by Maryland Medicaid to serve targeted populations– including medically fragile children with chronic illnesses, older adults, and individuals with disabilities– six (6) of these programs have a waitlist or registry for application and participation. These waiver programs include:

1. Waiver for Children with Autism Spectrum Disorder (Autism Waiver),
2. Community Pathways Waiver,
3. Community Supports Waiver,
4. Family Supports Waiver,
5. Home and Community-Based Options Waiver (Community Options Waiver), and
6. Home Care for Disabled Children Under a Model Waiver (Model Waiver).

The remaining two (2) waiver programs– the Waiver for Adults with Brain Injury (Brain Injury Waiver) and the Medical Day Care Services Waiver– do not have a waitlist or registry.

To comply with the End the Wait Act, MDH, assisted with analyses from the Hilltop Institute (Hilltop),[2] developed plans in 2022 to reduce waitlists and registries for the six (6) Medicaid waiver programs. These plans included models targeting a 50 percent reduction in waitlists, using historical trends to estimate associated costs, such as staffing needs for increased eligibility reviews, adjustments to registry management, and changes to the enrollment policies and procedures as applicable. Specifically, the plans projected a 50 percent reduction in the Autism Waiver waitlist by the end of FY 2024, and the same reduction for the remaining waiver programs by the end of FY 2028.[3]

Funding was budgeted in the Dedicated Purpose Account in fiscal 2023, 2024, and 2025 for End the Wait initiatives to support the 50 percent waitlist and registry reduction plans, with a focus on improving HCBS provider capacity. As part of the 2025 legislative session, the committees requested that MDH submit a report on End the Wait initiatives, including:

- the efforts taken in fiscal 2025 and 2026 year-to-date to implement wait list reduction plans for each HCBS waiver;
- data on Medicaid HCBS provider capacity compared to demand, detailing the Medicaid HCBS waiver programs and local jurisdictions with the lowest supply of available slots and providers;

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[1] 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

[2] The Hilltop Institute is a nonpartisan research organization at the University of Maryland, Baltimore County (UMBC) dedicated to improving the health and wellbeing of people and communities.

[3] Maryland Department of Health. (2022). *Report required by Senate Bill 636 (Chapter 464 of the Acts of 2022): Waiver programs – waitlist and registry reduction (End the Wait Act)*. Maryland Department of Health. https://dlslibrary.state.md.us/publications/Exec/MDH/HG15-150(b)_2022.pdf

- actual spending by FY and uses of funding placed in the Dedicated Purpose Account for HCBS End the Wait initiatives;
- planned uses of remaining funding in the Dedicated Purpose Account for End the Wait initiatives and improvements in HCBS provider capacity; and
- any other efforts by MDH to improve HCBS provider capacity.[4]

Additional staffing is needed across MDH's Medicaid Administration, including the Office of Long Term Services and Supports (OLTSS), other operating state agencies, and the Eligibility Determination Division (EDD), which conducts financial eligibility reviews and enrollment tasks. It is important to note that the majority of positions outlined in the End the Wait plan have not been fully funded, contributing to significant understaffing that is directly related to waiver application and redetermination backlogs and customer service delays.

II. Fiscal 2024 and 2025 Year-to-Date Efforts to Implement Waitlist Reduction Plans

The following sections provide an update on the efforts taken in fiscal 2025 and 2026 year-to-date to implement the waitlist reduction plans, including capacity-building activities for staff and providers under each HCBS waiver.

Autism Waiver

The Autism Waiver is operated by the Maryland State Department of Education (MSDE) and overseen by OLTSS. The program allows eligible children with Autism Spectrum Disorder to receive services to support them in their homes and communities.

Registry and Waitlist Reduction Activities

Hilltop conducted an analysis using a rolling four (4)-year average to estimate enrollment trends for the Autism Waiver and model a 50 percent reduction in the registry to be achieved by the end of FY 2024. In order to streamline program enrollment and reduce the registry, MSDE and OLTSS restructured the Autism Waiver program's registry process into three (3) phases in FY 2024– the Autism Waiver Registry (individuals who have expressed interest in applying), the Autism Waiver Waitlist (screened individuals who meet preliminary technical eligibility criteria and are waiting to apply), and the Autism Waiver Wave (individuals from the waitlist who have been invited to apply when slots become available based on its budget appropriation). By the end of FY 2024, MSDE met the End the Wait Act mandate by successfully reducing the registry by nearly 59 percent– from 6,705 individuals on June 30, 2023, to 2,769 on June 30, 2024.

MSDE continued making progress as more individuals were added to the registry and waitlist, and were invited to apply when funded and approved waiver slots became available. The agency also sustained its efforts to reduce both the registry and the waitlist by hiring additional staff to screen individuals before adding them to the registry, and by contacting families to verify health and demographic information to maintain an updated waitlist. Moreover, MSDE and the health

[4] Maryland General Assembly. (2025). *Joint Chairmen's Report – Fiscal 2026 State Operating Budget.* Maryland Department of Legislative Services. https://dls.maryland.gov/pubs/prod/RecurRpt/Joint-Chairmens-report_2025.pdf

information technology company, FEI Systems, advanced the integration of the registry and waitlist into the LTSS*Maryland* data management system to streamline the enrollment process.

Since FY 2024, approximately 150 individuals have been added to the registry each month, and the average initial eligibility rate has remained at 70 percent. By the end of FY 2025, there were 1,308 individuals on the registry– 924 who had been screened but required additional technical eligibility verification, and 384 who required an initial screening. As of today, the registry has been cleared, and newly added individuals are screened within 2 months of their addition to the registry.

In FY 2025, the Autism Waiver program served a total of 1,934 participants, and 172 youths transitioning out of school-based services exited the waiver on June 30, 2025, after the conclusion of the school year. The estimated participant count for FY 2026 is 1,784. Prior to the End the Wait Act, the time from registry intake to waitlist placement and invitation to apply averaged approximately seven (7) years and seven (7) months. Following the last invitation release in November 2023, the wait time decreased to five (5) years. In FY 2025, invitations to apply to the Autism Waiver were suspended because of budgetary constraints, and the current wait time has increased to six (6) years and 10 months. By the end of FY 2025, 5,111 individuals were on the waitlist, which is expected to continue growing. This increase in both wait time and waitlist size is anticipated to persist in FY 2026 given the fiscal climate.

Staff Capacity Building

To support continued registry reduction following the successful achievement of over a 50 percent reduction in the registry by the end of FY 2024, additional staff were hired in FY 2025 and FY 2026. As previously reported, additional OLTSS staff support federal deliverables for the Autism Waiver, conduct quarterly quantitative and qualitative analyses of waiver assurance data to identify trends, and assist with policy and regulatory revisions in collaboration with MSDE and stakeholder groups. The following chart shows the additional staff for MSDE, OLTSS, and EDD included in the waitlist reduction plan and the progress to date. While the following charts show the additional staff for DDA, OLTSS, and EDD included in the waitlist reduction plan and the progress to date, progress on staff capacity-building efforts was limited, as funding for these initiatives was not secured due to budgetary constraints. Lack of funding for positions and understaffing in DDA, OLTSS, and EDD has resulted in significant application backlogs and customer service delays.

Table 1. Additional MSDE Staff Identified in the Reduction Plan and Progress – Autism Waiver

Classification	Grade	Needed
Education Program Specialist	21	2*

*These positions have been filled.

Table 2. Additional OLTSS Staff Identified in the Reduction Plan and Progress – Autism Waiver

Classification	Grade	Needed
Administrator I	16	1

Health Policy Analyst I	16	2

Table 3. Additional EDD Staff Identified in the Reduction Plan and Progress – Autism Waiver

Classification	Grade	Needed
Medical Care Program Associate II/ Eligibility Determination Associate	11	3.5

Provider Capacity Building

The Autism Waiver provider capacity is evaluated based on the number of active providers, approved service categories, service areas, individuals and families served, and the ability to hire and retain qualified staff. MSDE and OLTSS support provider enrollment and expansion through an ongoing process of recruitment, education, screening, and approval, in line with the Code of Maryland Regulations (COMAR) and the waiver application approved by the Centers for Medicare & Medicaid Services (CMS).

Since November 2020, they have continued to approve new provider agencies and expand existing services into additional counties. In FY 2025, nine (9) new provider agencies were added, and six (6) existing providers expanded into new counties. As of FY 2026 to date, five (5) additional provider agencies have been recommended for approval as new providers, and three (3) agencies have been recommended for expansion but have not yet been approved. These efforts have increased provider capacity and service across all 24 local jurisdictions in Maryland. To continue supporting providers, MSDE and OLTSS conducted three (3) statewide prospective provider workshops and 51 technical assistance sessions in FY 2025. An additional three (3) workshops are scheduled to be offered in FY 2026.

To help address provider capacity and ensure rate sufficiency, a rate increase was implemented for Autism Waiver program services in FY 2025 based on budget allocations.[5] Following a review of House Bill 350/Senate Bill 319[6] and related policies, rates remained unchanged for FY 2026. Rate changes are as follows:

- FY 2025: 3 percent rate increase effective July 1, 2024, and
- FY 2026: Service rates were unchanged and did not receive an increase.

Community Pathways, Community Supports, and Family Supports

The Community Pathways, Community Supports, and Family Supports Waivers are operated by the Developmental Disabilities Administration (DDA) and overseen by OLTSS. The programs provide 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,

[5] Maryland Department of Budget and Management. (2024). *FY 2025 Maryland State budget highlights*. https://dbm.maryland.gov/budget/Documents/operbudget/2025/proposed/FY2025MarylandStateBudgetHighlights.pdf

[6] Maryland General Assembly. (2024). *Chapter 602, House Bill 350 (2025 Regular Session)*. https://mgaleg.maryland.gov/2025RS/chapters_noln/Ch_602_hb0350E.pdf

provider-managed service model. Updates for these three (3) waivers are presented together because they share a single waitlist.

On July 17, 2025, DDA submitted a proposed Medicaid waiver amendment to CMS to consolidate the three (3) waivers under the Community Pathways waiver. The amendment includes new qualified community provider opportunities, including:

- Assistive Technology Assessments conducted by professionals holding Shift Enabling Technology Certification,
- Behavioral Support Services provided by a licensed graduate-level professional counselor, a licensed master's-level social worker, or a Board Certified Behavior Analyst,
- Environmental Modifications performed by businesses holding a Maryland Home Improvement Commission license.

The effective date for the consolidated waiver is October 6, 2025.

Waitlist Reduction Activities

Hilltop analyzed historical trends and projected that 400 individuals must be enrolled each year to reduce the shared waitlist for the DDA-operated waivers by 50 percent by FY 2028. MDH's waiting list reduction plan included designating "End the Wait Act of 2022" reserved category slots within the waiver programs, as well as building staff and provider capacity. However, funding was not appropriated to support the DDA's plan for designated slots or capacity-building initiatives.

Despite this, DDA enrolled approximately 1,000 individuals per year from the waitlist into the waiver programs, surpassing the 400-person target established by the Act without utilizing the reserved slot category. In FY 2024, DDA extended approximately 1,300 individuals the opportunity to apply to the Community Pathways, Community Supports, or Family Supports waiver programs.

In FY 2025, DDA invited 1,644 individuals from the waitlist to apply, prioritizing those in specific categories and existing reserved slots (i.e., transitioning youth and crisis resolution). The breakdown by category included:

- 176 individuals in the crisis resolution priority category,
- 62 individuals in the crisis prevention priority category,
- 133 individuals in the current request priority category, and
- 819 individuals in the transitioning youth category.

An additional 793 transitioning youth have been invited to apply in FY 2026 to date, and individuals are in various stages of the application process. As of August 2025, 145 individuals in the transitioning youth category had enrolled in a DDA-operated Medicaid waiver program.

For FY 2025, 627 individuals receiving services entirely funded by general state funds were invited to apply to DDA-operated Medicaid waiver programs, allowing the state to maximize federal match funds. As of July 2025, the waitlist for the DDA-operated Medicaid waiver programs totaled 3,537 individuals– an 11.6 percent reduction from the approximately 4,000 individuals reported in November 2022, according to the Waitlist Reduction Report.

In an effort to further reduce the waitlist, MDH has partnered with the Vital Statistics Administration and Hilltop to create a monthly report identifying deceased individuals on the DDA-waiver waitlist. Since the first report in June 2025, DDA has been receiving the report each month and removing deceased individuals from the waitlist. The first report included 339 deceased individuals, and each subsequent monthly report added approximately 14 additional individuals.

Staff Capacity Building

In the waitlist reduction plan, DDA projected the need for additional positions to assist in managing the increase in enrollment tasks, waitlist maintenance, and ongoing daily waiver operations in the three (3) waiver programs. The additional positions would provide administrative oversight of the federal authorities governing the waiver programs and collaborate with stakeholder groups to complete quarterly quantitative and qualitative analyses of waiver assurance data to inform policy and regulation updates.

While the following charts show the additional staff for DDA, OLTSS, and EDD included in the waitlist reduction plan and the progress to date, progress on staff capacity-building efforts was limited, as funding for these initiatives was not secured due to budgetary constraints. This has led to significant application backlogs and customer service delays.

Table 4. Additional DDA Staff Identified in the Reduction Plan and Progress – DDA-operated Waivers

Position	Classification	Grade	Needed
Provider Engagement and Development Coordinator	Health Services Specialist IV	16	1
Coordinators of Community Services (CCS) Engagement and Development Coordinator	Health Services Specialist IV	16	1
Employment and Tech Field Liaisons	Health Services Specialist III	14	3
HQ Waiver Eligibility Program Manager/Coordinator	Health Services Specialist IV	16	1
Self Directed Services (SDS) Coordinator	Health Services Specialist IV	16	1
Waiver Coordinator	Coordinator of Special Programs III	14	2
Eligibility Staff	Coordinator of Special Programs III	14	3
Provider Services Staff	Coordinator of Special	14	3

	Programs III		
Quality Enhancement Staff	Coordinator of Special Programs III	14	2
Position	Classification	Grade	Needed
Program Reviewers	Coordinator of Special Programs III	14	2
SDS Lead	Coordinator of Special Programs IV	15	2
Administrator	Administrator I	16	1

Table 5. Additional OLTSS Staff Identified in the Reduction Plan and Progress – DDA-operated Waivers

Classification	Grade	Needed
Administrator IV	19	1
Administrator I	16	1
Health Policy Analyst II	17	3
Health Policy Analyst I	16	1

Table 6. Additional EDD Staff Identified in the Reduction Plan and Progress – DDA-operated Waivers

Classification	Grade	Needed
Medical Care Program Associate II/ Eligibility Determination Associate	11	3.5

Provider Capacity Building

In order to build provider capacity, DDA continued to review and approve applications for onboarding new providers. Since the start of FY 2025, 46 new providers supporting the DDA-operated waiver programs have enrolled in Medicaid. The new providers include:

- 22 sole practitioners,
- Four (4) providers supporting Eastern Maryland,
- 13 providers supporting Southern Maryland, and
- Seven (7) providers supporting Central Maryland.

DDA also participated in national surveys to assess and strengthen the Direct Support Professional (DSP) workforce and provider capacity, and collaborated with various stakeholders.

For example, DDA participated in the National Core Indicators (NCI) Intellectual and Developmental Disabilities (IDD) State of the Workforce Survey to assess workforce challenges. The survey collected comprehensive data on the DSP workforce serving adults (age 18 and over) with intellectual and developmental disabilities.[7]

For Survey Year 2023, 178 out of 255 providers responded, resulting in a 69.8 percent response rate. Key findings included that 24.4 percent of 176 providers who responded reported turning away or not accepting new service referrals due to DSP staffing issues. The average DSP turnover ratio,[8] based on 173 responses, was 30.5 percent.[9] Although the number of responses varied between years, the data showed improvements compared to Survey Year 2022, when 35.4 percent of 198 responding providers reported turning away or not accepting new referrals due to staffing issues, and the average turnover ratio was 33.2 percent (201 responses).[10] [11]

For Survey Year 2024, 229 of 296 providers responded, yielding an 83.6 percent response rate. The published report is expected to be available in January 2026. DDA continued to use the survey results to identify areas for improvement, benchmark Maryland's workforce data against other states and the NCI-IDD average, and evaluate the impact of policy and programmatic changes.

DDA participated in the Maryland Developmental Disabilities Council's Provider Think Tank Workgroup, established in Calendar Year (CY) 2024 to provide recommendations for strengthening the DSP provider capacity.[12] The Think Tank focused on recommendations that MDH could implement in the near term, over the next 6 to 12 months, and in the long term, over the next 2 to 3 years, as well as recommendations that other state agencies, local governments, organizations, providers, and partners could implement independently or in collaboration with MDH.

A formal report published in September 2024 outlined the workgroup's 25 recommendations to increase the number of DSPs, improve their competencies, and support retention. The overarching recommendation was to establish a workgroup of key stakeholders to implement the

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[7] National Core Indicators. (n.d.). *Staff Stability Survey.* Human Services Research Institute. https://idd.nationalcoreindicators.org/staff-providers/

[8] Each agency's turnover ratio is calculated as: (Total separated DSPs in past year) divided by (Total DSPs on payroll as of December 31, 2023). The state turnover ratio is an average of the turnover ratios of agencies in each state.

[9] National Core Indicators. (2024). *State of the Workforce in 2023 Survey Report: National Core Indicators – Intellectual and Developmental Disabilities (NCI-IDD)*. Human Services Research Institute. https://idd.nationalcoreindicators.org/wp-content/uploads/2024/11/2023-NCI-IDD-SoTW_241126_FINAL.pdf

[10] Each agency's turnover ratio is calculated as: (Total separated DSPs in past year) divided by (Total DSPs on payroll as of December 31, 2022). The state turnover ratio is an average of the turnover ratios of agencies in each state.

[11] National Core Indicators. (2023). *State of the Workforce in 2022 Survey Report: National Core Indicators – Intellectual and Developmental Disabilities (NCI-IDD)*. Human Services Research Institute. https://idd.nationalcoreindicators.org/wp-content/uploads/2024/02/ACCESSIBLE_2022NCI-IDDStateoftheWorkforceReport.pdf

[12] Maryland Developmental Disabilities Council. (2024). *Direct Support Professional Workforce Shortage Think Tank: Recommendations to address workforce capacity issues in Maryland's developmental disabilities service system*. Maryland Developmental Disabilities Council. https://www.md-council.org/wp-content/uploads/2024/10/2024-DSP-Think-Tank-Final-Recommendations-2.pdf

proposed strategies. These include providing apprenticeships and shadowing opportunities to high school and community college students, supporting DSP credentialing to ensure salary increases are tied to credentials earned, and expanding access to mentoring and training resources through DDA's website and newsletters.[12]

As part of its efforts to strengthen provider capacity, DDA has supported providers through orientations, webinars, and periodic training sessions. Since 2019, DDA has implemented a Positive Behavior Supports initiative, providing tools and strategies to improve the quality of life and reduce challenging behaviors. To date, two (2) Positive Behavior Supports Cohorts representing eight (8) providers have been supported, with technical assistance continuing as needed. A third cohort will begin in September 2025, and in 2026, all cohorts will be convened to share experiences, discuss challenges, and receive training in tiered supports.

In FY 2023, DDA established a Dual Diagnosis Cohort designed to bring together DDA providers, other state agencies (i.e., Behavioral Health Administration, Department of Human Services), and experts in the field of dual diagnosis (i.e., the National Association for the Dually Diagnosed).[13] The purpose of the Dual Diagnosis Cohort was to develop a service model that expands capacity to support individuals with both developmental disabilities and mental health needs. As a result, two (2) DDA providers and one (1) Coordination of Community Services provider have achieved accreditation from the National Association for the Dually Diagnosed for dual diagnosis crisis stabilization and engagement.

To enhance service quality and support both participants and providers, DDA, in collaboration with stakeholders, has developed a direct support staff career development and training curriculum. Delivered through the College of Direct Support, the standardized, internet-based curriculum ensures provider compliance with DDA-operated Medicaid waiver programs and COMAR.[14] [15] Key components include content and curriculum, direct access for agencies and DSP, and certification and tracking of staff completion.

As of August 2025, 24 DDA-licensed or certified providers use the training system, with 1,057 DSP learners and administrators having access, and 7,718 lessons assigned. The College of Direct Support training platform is available to all DDA-licensed and certified providers, with the next provider onboarding opportunity scheduled for September 2025. DDA is also exploring expansion of training opportunities to Coordination of Community Services providers, Supports Brokers, and DSPs supporting participants who self-direct their services.

The DDA's Quality Improvement Organization (QIO) has also supported the agency in achieving Council on Quality and Leadership Network Accreditation.[16] Using the evidence-based Basic

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[13] Maryland Department of Health. (2023). *Dual Diagnosis Cohort #1 At a Glance.* Developmental Disabilities Administration. https://health.maryland.gov/dda/Documents/Dual%20Diagnosis%20COHORT%201%20At%20a%20Glance.pdf

[14] DirectCourse. (n.d.). *Direct support training.* University of Minnesota, Research and Training Center on Community Living. https://directcourseonline.com/direct-support/

[15] University of Minnesota, Institute on Community Integration. (n.d.). *DirectCourse*. https://ici.umn.edu/projects/Ey-6FMMlStyZPxLRDh8BKw

[16] Council on Quality and Leadership. (n.d.). *Maryland DDA network accreditation*. CQL. https://www.c-q-l.org/partnerships/state-international-work/maryland-dda-network-accreditation/

Assurances® tool, the QIO evaluated provider operations related to the health, safety, and well-being of participants, ensuring policies and practices promote high-quality outcomes. Review findings were shared with providers, along with technical assistance and recommendations to support quality improvement and capacity building.

To help address provider capacity and ensure rate sufficiency, a rate increase was implemented for the three (3) DDA-operated Medicaid waiver programs in FY 2025 based on budget allocations.[5] Following a review of House Bill 350/Senate Bill 319[6] and related policies, rates remained unchanged for FY 2026. Rate changes are as follows:

- FY 2025: 3 percent rate increase effective July 1, 2024, and
- FY 2026: Service rates were unchanged and did not receive an increase.

Community Options Waiver

The Community Options 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.

Registry Reduction Activities

Hilltop conducted an analysis using historical trends and estimated that OLTSS would need to mail 700 invitations per month to individuals on the Community Options registry to achieve a 50 percent reduction by FY 2028. In alignment with the waitlist reduction plan, OLTSS steadily increased the number of monthly invitations and has been mailing 700 invitations per month since December 2024. The increase in monthly invitations has led to an 8.2 percent decrease in the number of individuals on the registry from 25,563 on July 1, 2023, to 23,461 on June 30, 2025.

Despite the increased monthly invitations, the response rate was low, with only 26 percent of FY 2025 invitations resulting in submitted applications.[17] [18] To encourage application submission, staff from both OLTSS and the Local Health Departments conducted enhanced outreach and supported the expanded volume of invitations mailed to registrants for the Community Options Waiver program.

In addition to a low rate of submitted applications, the number of registrants ultimately deemed eligible also remained low. Applicants who were denied often return to the registry to await another invitation. To address this issue, a reconsideration process was developed and implemented. Beginning May 1, 2025, Community Options Waiver applicants who were denied based on one (1) or more of the three (3) eligibility criteria may submit a reconsideration application within the original 6-month application period to be reevaluated with updated financial and medical information. Offering a second opportunity to establish eligibility is expected to support enrollment and reduce the registry census.

To further reduce the registry, MDH partnered with the Maryland Department of Aging in April 2025 to conduct targeted outreach to registrants residing in nursing facilities. These individuals

[17] Source: State's data management system, LTSS*Maryland*: Yearly Wave Status Report - CY 2024
[18] Source: State's data management system, LTSS*Maryland*: Yearly Wave Status Report - CY 2025

are permitted to apply directly for the Community Options Waiver without requiring an invitation from the registry. MDH identified an initial cohort of 694 registrants to be referred for Options Counseling, which provides assistance with submitting an application if the registrant elects to do so.

MDH also partnered with the Vital Statistics Administration and Hilltop to create a monthly report to identify deceased individuals on the Community Options Waiver registry. Following the execution of a data use agreement, the first report was released in June 2025. Since then, OLTSS has been receiving the report monthly and removing deceased individuals from the registry. The first report included 2,457 deceased individuals, and each subsequent monthly report added approximately 130 additional individuals. OLTSS is currently working to deactivate the initial cohort of deceased individuals from the registry and will continue this process on a monthly basis.

In addition, MDH has been exploring strategies to better connect registrants to other HCBS while they await an invitation from the Community Options Waiver registry. These strategies include potential referrals to Community First Choice or the Program of All-Inclusive Care for the Elderly (PACE), which has expanded from one (1) provider to four (4).

Staff Capacity Building

As part of its registry reduction plan, OLTSS and EDD had hoped to recruit additional staff to support increased registry, enrollment, and redetermination activity. Despite this End the Wait Plan and requests from Maryland Medicaid for these additional positions, no PINs were allocated to support the work as funding for these initiatives was not secured due to budgetary constraints. The following tables show continued staffing needs.

Table 7. Additional OLTSS Staff Identified in the Reduction Plan and Progress – Community Options Waiver

Classification	Grade	Needed
Health Policy Analyst I	16	5
Nurse Program Consultant	21	1
Social Worker Advanced	18	1

Table 8. Additional EDD Staff Identified in the Reduction Plan and Progress – Community Options Waiver

Classification	Grade	Needed
Medical Care Program Associate II/ Eligibility Determination Associate	11	12

Since June 2024, the utilization control agent, Telligen, has been contracted to review POS for applicants and issue determinations. This partnership has enabled OLTSS to more effectively address its backlog in service plan reviews and approvals. OLTSS expanded Telligen's

responsibilities to include more types of plans and increased the volume of assigned reviews, while also providing training to ensure consistent and accurate determinations. To support this expanded role, additional time was taken to onboard and train qualified POS reviewers. The care plan backlog was 11,740 in August 2024 and stands at 3,318 as of August 2025. The backlog is expected to be fully resolved in Spring 2026. Once resolved, OLTSS will transition POS review responsibilities entirely to Telligen.

Provider Capacity Building

In addition to staffing resources, provider capacity is critical to ensure a sufficient number of Support Planners are available to assist individuals with Medicaid enrollment, accessing long-term services and supports, and maintaining waiver eligibility. Since April 2023, OLTSS has partnered with Supports Planning Agencies (SPAs) to expand case management provider capacity and accommodate the growing number of Community Options Waiver applicants. As a result of this partnership, there continues to be no waitlist for a SPA assignment.

To support waitlist reduction efforts, OLTSS has worked to maintain the capacity of SPAs by conducting quarterly training sessions for newly hired Supports Planners. The most recent session was held in September 2025, with the next scheduled for December 2025. OLTSS also held 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.

Over the past year, OLTSS collaborated with the Maryland-National Capital Homecare Association (MNCHA) to support RSAs in implementing the Homecare Workers Rights Act of 2024,[19] which required RSAs to classify workers delivering personal assistance services as employees rather than independent contractors to be reimbursed by MDH. This partnership culminated in OLTSS's participation in MNCHA's annual professional conference in May 2025, alongside representatives from the Department of Labor.

To support eligible individuals who wish to age in place with their families and communities, these providers must continue to expand capacity to meet growing demand. However, the nationwide shortage of direct service professionals and nursing staff remains a significant challenge. To help address this and ensure rate sufficiency, a rate increase was implemented for Community Options Waiver program services in FY 2025 based on budget allocations.[5] Following a review of House Bill 350/Senate Bill 319 and related policies, rates remained unchanged for FY 2026.[6] Rate changes are as follows:

- FY 2025: 3 percent rate increase effective July 1, 2024, and
- FY 2026: Service rates were unchanged and did not receive an increase.

[19] Maryland General Assembly. (2024). *Chapter 35, House Bill 39 (2024 Regular Session)*. https://mgaleg.maryland.gov/2024RS/bills/hb/hb0039E.pdf

Model Waiver

Model Waiver is operated by OLTSS, and it allows children up to age 22 with complex medical needs, who would otherwise require hospitalization or nursing facility care, to receive medically necessary and appropriate services in the community.

Waitlist Reduction Activities

Hilltop conducted an analysis using a rolling 5-year average to estimate enrollment trends for the Model Waiver program. While federal regulations cap enrollment at 200 individuals (42 CFR 441.305(b)),[20] Hilltop projected that enrollment would reach 381 by FY 2028. In response to projected growth and continued interest, OLTSS developed plans to reduce the waitlist by 50 percent by FY 2028 through the creation of a new waiver– the Technology Waiver– also capped at 200 participants. Establishing this new waiver would require enhancements to Medicaid's data management system, staff expansion, and provider capacity building. The system upgrade is projected to cost $2.5 million, with estimated first-year service costs of $5 million for new enrollees. As of July 2025, the Model Waiver program remains at full capacity, with a waitlist of 169 individuals. This is a 5.6 percent reduction from 179 in FY 2022, as reported in the waitlist reduction plan.

MDH has also partnered with the Vital Statistics Administration and Hilltop to create a monthly report to identify deceased individuals on the Model Waiver waitlist. Following the execution of a data use agreement and subsequent receipt of the monthly report, the first report was released in June 2025. Since then, OLTSS has been receiving the report monthly and removing deceased individuals from the waitlist. The first report included seven (7) deceased individuals, and no additional individuals were added in subsequent monthly reports.

Staff Capacity Building

As part of its waitlist reduction plan, OLTSS identified key operational areas requiring additional staffing to support both the current Model Waiver and the proposed Technology Waiver, which would expand capacity to 400 participants. The new positions were requested to manage the waitlist, enroll participants based on the assessed medical needs, fulfill federal reporting requirements, and strengthen overall waiver operations. Additional clinical staff were also proposed to provide expert witness testimony in appeals, conduct utilization reviews for concurrently enrolled participants, authorize medically necessary services, and serve as subject matter experts for both programs. The following charts show the additional staff for OLTSS and EDD included in the waitlist reduction plan and the progress to date.

Table 9. Additional OLTSS Staff Identified in the Reduction Plan and Progress – Model Waiver

Classification	Grade	Needed
Health Policy Analyst Advanced	18	1
Nurse Program Consultant	22	2

[20]Code of Federal Regulations. (n.d.). *42 CFR § 441.305 – State assurances.* Electronic Code of Federal Regulations. https://www.ecfr.gov/current/title-42/section-441.305

Health Policy Analyst II	17	1

Table 10. Additional EDD Staff Identified in the Reduction Plan and Progress – Model Waiver

Classification	Grade	Needed
Medical Care Program Associate II/ Eligibility Determination Associate	11	1

Provider Capacity Building

The Model and Technology Waivers rely heavily on licensed and registered nursing staff to deliver skilled services to the medically fragile and complex populations. Despite the nationwide nursing shortage affecting agencies that serve waiver participants, provider capacity has not been a limiting factor in reducing the waitlist, as the program enrollment is capped and remains at full capacity.

To maintain provider capacity, quarterly meetings were held with providers and other stakeholders to share updates and gather feedback, during which strategies to support providers in recruiting and retaining qualified personnel were explored. Examples of these strategies include permitting multiple nursing agencies to serve a single participant, authorizing fluid global hours rather than fixed hours, allowing agencies discretion to staff cases with either a Registered Nurse or a Licensed Practical Nurse when appropriate for the participant, and, when necessary, allowing nurses to work up to 60 hours per week to meet participant needs. Additionally, provider applications from entities seeking to enroll as Medicaid providers were processed in a timely manner, resulting in the addition of 10 providers in Fiscal Years 2025 and 2026 year-to-date.

To help address provider capacity and ensure rate sufficiency, a rate increase was implemented for Model Waiver program services in FY 2025 based on budget allocations.[5] Following a review of House Bill 350/Senate Bill 319[6] and related policies, rates remained unchanged for FY 2026. Rate changes are as follows:

- FY 2025: 3 percent rate increase effective July 1, 2024, and
- FY 2026: Service rates were unchanged and did not receive an increase.

All Waivers

Staff Capacity Building

The following chart shows the additional staff for EDD included in the waitlist reduction plan for all waiver programs and the progress to date. These positions are distinct from those listed under each individual waiver program.

Table 11. Additional EDD Staff Identified in the Reduction Plan and Progress – All Waivers

Classification	Grade	Needed
Medical Care Program Associate Lead Advanced/ Eligibility	12	2

Determination Lead Worker		
Medical Care Program Associate Lead Advanced/ Appeals and Quality Assurance Specialist	12	2
Office Services Clerk Lead/ Admin Support Clerk Lead	9	1
Office Services Clerks/ Admin Support Clerk	8	4

III. Medicaid HCBS Provider Capacity Data

The Medicaid program enrolls providers through the Electronic Provider Revalidation and Enrollment Portal (ePREP), a centralized system for enrollment, re-enrollment, revalidation, information updates, and demographic changes. Through ePREP, providers submit required details such as professional licensure, business type, practice name (if applicable), disclosure information, and rendering provider affiliations. All submitted information is screened against federally required enrollment databases.

Providers report only a primary business address at enrollment and are not required to specify service areas. Because Maryland does not track provider service areas and participants may select providers outside their jurisdiction of residence, provider capacity relative to demand cannot be assessed at the jurisdictional level. Similarly, county-level waiver slot data are unavailable, as slots are not allocated by jurisdiction but instead based on factors such as time on the waitlist or registry, risk of institutionalization, crisis intervention, reserve capacity, or a combination of these criteria.

The following tables present the number of Medicaid-enrolled providers by their type under the HCBS waiver programs for FY 2026 to date. Many providers offer multiple services across Medicaid programs and may be listed under more than one (1) provider type in the ePREP system. As a result, some providers are counted multiple times to reflect the full range of services they offer.

Table 12. Medicaid HCBS Provider Capacity by Provider Type, FY 2026 – Autism Waiver, Community Options Waiver, Model Waiver, and State Plan Services[21]

Provider Type	Number of Medicaid-Enrolled Providers
Autism Waiver – Adult Life Planning	27
Autism Waiver – Intensive Therapeutic Integration	21
Autism Waiver – Environmental Accessibility Adaptations	11
Autism Waiver – Family Consultation	53
Autism Waiver – Intensive Individual Support Services	63
Autism Waiver – Regular and Intensive Retainer Payment and Residential Habilitation	11
Autism Waiver – Respite Care	65

[21] Source: ePREP system

Autism Waiver – Therapeutic Integration	34
Autism Waiver – Home and Community-Based Service Providers	89
Autism Waiver – Service Coordination	24
Community Options – Assisted Living Level II	395
Community Options – Assisted Living Level III	558
Community Options – Assistive-Devices/Equipment	55
Community Options – Behavior Consultation	552
Community Options – Case Management	29
Community Options – Dietitian/Nutritionist Services	10
Community Options – Environment Accessibility Adaptation	56
Community Options – Environmental Assessments	56
Community Options – Family/Consumer Training	646
Community Options – Home Delivered Meals	26
Community Options – Personal Emergency System Response	37
Community Options – Respite Care in Assisted Living Facility	510
Community Options – Senior Center Plus	8
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) - Private Duty Nursing	90
Home Health Services	53
Medical Day Care Centers – Adults	117
Rare and Expensive Case Management (REM) Providers	1
Residential Service Agency	1260
Total Providers (Duplicative)	4,857

The DDA currently has 588 unduplicated licensed and certified providers offering a range of services, as illustrated in the chart below. Of these, 348 operate as an Organized Health Care Delivery System (OHCDS). An OHCDS is a public or private organization approved by MDH to deliver health services to participants in accordance with COMAR 10.22.20. Services provided through an OHCDS are reported in grouped categories, so individual services within the system cannot be separately identified. Provider capacity is presented by service rather than by provider type.

Table 13. Medicaid HCBS Provider Capacity by Service, FY 2026 – DDA-Operated Waivers[22]

Service	Number of Medicaid-Enrolled Providers
Assistive Technology and Services	OHCDS Service
Behavioral Support Services	70
Career Exploration Services	137
Community Development Services	346
Community Living Group Home	275
Community Living - Enhanced Supports	10
Day Habilitation	130

[22] Source: HMMP Report

Employment Services	239
Environmental Assessment	OHCDS Service
Environmental Modification	OHCDS Service
Family and Peer Mentoring Supports	69*
Family Caregiver Training and Empowerment	69*
Financial Management and Counseling Services (FMCS)	3
Housing Support Services	67
Live-In Caregiver Supports	OHCDS Service
Nursing Support Services	393
Participant Education, Training, and Advocacy	OHCDS Service
Personal Supports	392
Remote Support Services	71
Respite Care Services	333
Shared Living	87
Support Brokers	502
Supported Living	258
Transition Services	OHCDS Service
Transportation	OHCDS Service
Vehicle Modification	OHCDS Service
Total Providers (Duplicative)	3,988

**Family and Peer Mentoring Supports and Family Caregiver Training and Empowerment are grouped together for classification purposes.*

All Medicaid waiver programs are actively working to recruit and retain qualified providers to support participants across the State. To further expand provider capacity, Medicaid must continue strengthening its human resource infrastructure as outlined in its waitlist reduction plan. Statewide provider growth is essential to ensuring network adequacy keeps pace with participant demand as waitlists shrink and enrollment increases.

IV. Expenditures and Planned Use of Dedicated Purpose Account Funds for HCBS End the Wait Initiatives

Funding to expand provider capacity was appropriated in both FY 2024 ($6 million) and FY 2025 ($10 million), for a total of $16 million. The Department requested a deferment of the FY 2024 appropriation in order to consolidate the full $16 million in FY 2025. However, at the June 2024 meeting of the Board of Public Works, the FY 2025 allocation was reduced by $10 million, leaving $6 million available to support End the Wait initiatives to strengthen provider capacity.

As noted in prior year's report, the $6 million was originally designated to expand provider capacity and address DSP workforce challenges, consistent with the Think Tank's formal recommendations released in September 2024, which emphasized recruitment, retention, and professional development of high-quality DSPs.[12] In practice, however, heightened enrollment activities– driven by the Department's efforts to reduce program waitlists– created a more pressing need to reinforce internal operational capacity. To meet the increasing demand for

eligibility determinations and Medicaid enrollment, the Department redirected its focus to capacity building within Medicaid staff, as described in the End the Wait reduction plan.

In response to these immediate staffing demands, the Department hopes to collaborate with the Department of Budget and Management to seek to prioritize funding for process improvements and additional staffing within EDD, thereby supporting timely financial eligibility determinations and Medicaid enrollment.

V. Additional Efforts for HCBS Provider Capacity Improvement

To strengthen HCBS provider capacity, funds from the Dedicated Purpose Account have been directed to internal resources to expedite Medicaid application processing. The Department continues to advance multiple initiatives to support provider recruitment, retention, and overall network sustainability.

As part of this work, the Department will convene its first Interested Parties Advisory Group (IPAG) in late 2025, pursuant to HB 1142, enacted during the 2025 Legislative Session.[23] The IPAG will bring together direct care professionals, employer trade organizations, Medicaid beneficiaries or their authorized representatives, consumer organizations, RSAs, and worker organizations to advise on Medicaid rate sufficiency for homemaker, home health aide, personal care, and habilitation services, as required under 42 C.F.R. § 447.203.[24] In preparation for the group's first meeting, the Department is establishing communication channels and streamlining member recruitment. The IPAG will assess whether current rates adequately support access to services and provide recommendations on strategies to strengthen the provider network, support workforce development, and ensure sustainable access to care.

The Department is also implementing HB 1478 *Report on Establishing a Directory of Home Health Care Providers*.[25] In collaboration with the Maryland Department of Aging, trade associations of RSAs, consumer organizations, and employee organizations representing health care workers, the Department will assess the feasibility of an online provider directory. While the directory has the potential to allow individuals to identify home health care providers based on criteria such as language proficiency, certifications, previous experience, or specialized skills, its implementation is limited by available budget. It could also support recruitment and retention by helping individuals enroll and remain active as HCBS providers, strengthen workforce development by connecting providers to training opportunities, and serve as a communication tool during public health or other emergencies. Given these considerations, the Department will first draft a feasibility report, which will be submitted to the Senate Finance Committee and the House Health and Government Operations Committee by December 31, 2025.

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[23] Maryland General Assembly. (2025). *HB 1142: Health – Medicaid – Interested Parties Advisory Group.* Maryland Laws. https://mgaleg.maryland.gov/2025RS/bills/hb/hb1142e.pdf

[24] Code of Federal Regulations. (n.d.). *42 CFR § 447.203 – Documentation of access to care and service payment rates.* Electronic Code of Federal Regulations. https://www.ecfr.gov/current/title-42/part-447/section-447.203#p-447.203(b)(6)

[25] Maryland General Assembly. (2025). *HB 1478: Public Health – Report on Establishing a Directory of Home Health Care Providers*. Maryland Laws. https://mgaleg.maryland.gov/2025RS/bills/hb/hb1478t.pdf

The Department remains committed to advancing the End the Wait initiatives 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, it is critical to ensure that the service delivery system is equipped to respond efficiently and equitably. 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.