MARYLAND INTERESTED PARTIES ADVISORY GROUP (IPAG)

Monday, June 29, 2026
3:00 p.m. to 4:30 p.m.
Hybrid (In-person and virtual via Google Meets)

Meeting Minutes

Meeting Attendance

Name	Participant Title or Role	Attendance
Jamie Smith	MDH, Director, Office of Long Term Services & Supports, IPAG Chair	☒ In-Person ☐ Virtual ☐ Absent
Anupa Geevarghese	Maryland Department of Labor, Policy Director, IPAG Representative	☐ In-Person ☒ Virtual ☐ Absent
Crystal Welch-Johnson	IPAG Member, Consumer Organization Representative	☐ In-Person ☒ Virtual ☐ Absent
R. Colby Bearch	IPAG Member, Consumer Organization Representative	☐ In-Person ☒ Virtual ☐ Absent
Emmanuel Daniel	IPAG Member, Direct Care Worker	☐ In-Person ☐ Virtual ☒ Absent
Kade Kaba	IPAG Member, Direct Care Worker	☐ In-Person ☒ Virtual ☐ Absent
Yalisa Jabbie	IPAG Member, Direct Care Worker	☐ In-Person ☒ Virtual ☐ Absent
Caitlin Houck	IPAG Member, Employer Trade Association	☐ In-Person ☒ Virtual ☐ Absent
Tom Gallup	IPAG Member, Participant/Authorized Representative	☐ In-Person ☒ Virtual ☐ Absent
Jeneva Stone	IPAG Member, Participant/Authorized Representative	☐ In-Person ☒ Virtual ☐ Absent
Vasily Tolmachov	IPAG Member, Participant/Authorized Representative	☐ In-Person ☒ Virtual ☐ Absent
Erica Clifton	IPAG Member, Residential Service Agency (RSA) Representative	☐ In-Person ☒ Virtual ☐ Absent
Dr. William Harvey	IPAG Member, Residential Service Agency (RSA) Representative	☒ In-Person ☐ Virtual ☐ Absent
Allison Yunda	IPAG Member, Worker Organization Representative	☐ In-Person ☒ Virtual ☐ Absent
Loraine Arikat	IPAG Member, Worker Organization Representative	☐ In-Person ☒ Virtual ☐ Absent
Alisa Jones	MDH, Assistant Director, Community Integration Programs, OLTSS	☐ In-Person ☒ Virtual ☐ Absent
Meghan Kramer	MDH, Assistant Director, Nursing & Waiver Services, OLTSS	☒ In-Person ☐ Virtual ☐ Absent
Wajiha Farooqi	MDH, Rate Setting Area, OLTSS	☐ In-Person ☒ Virtual ☐ Absent
Ellamarie Missah	Maryland Department of Labor	☐ In-Person ☒ Virtual ☐ Absent
Lesley Beerends	Myers & Stauffer LC, Manager	☐ In-Person ☒ Virtual ☐ Absent
Breanna Colvin	Myers & Stauffer LC, Senior Healthcare Consultant	☐ In-Person ☒ Virtual ☐ Absent
Meg Frenzen	Myers & Stauffer LC, Principal	☐ In-Person ☒ Virtual ☐ Absent
Krista Stephani	Myers & Stauffer LC, CPA	☐ In-Person ☒ Virtual ☐ Absent

Christin Diehl	The Hilltop Institute, Director, Aging & Disability Studies	☐ In-Person ☒ Virtual ☐ Absent
Roberto Millar	The Hilltop Institute, Senior Policy Analyst, Aging & Disability Studies	☐ In-Person ☒ Virtual ☐ Absent
Smitha Prabhu	The Hilltop Institute, Aging & Disability Studies	☐ In-Person ☒ Virtual ☐ Absent
Kimberly Perez	Medical and Legal Interpreter	☐ In-Person ☒ Virtual ☐ Absent
Da-Young Kang	MDH, Business Analyst, Office of Long Term Services & Supports	☒ In-Person ☐ Virtual ☐ Absent
Dia Allmond	MDH, Special Assistant, Office of Long Term Services & Supports	☒ In-Person ☐ Virtual ☐ Absent

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Call to Order

Mrs. Jamie Smith, Chairperson, called to order the meeting of the Maryland Interested Parties Advisory Group (IPAG) at 3:05 p.m. and provided an overview of the agenda.

Approval of December 3, 2025 Meeting Minutes

The meeting minutes from December 3, 2025, were approved as distributed.

Myers & Stauffer Review – Home and Community-Based Services Cost Survey

Mrs. Smith provided background on the Home and Community-Based Services (HCBS) Cost Survey, which was developed in partnership with Myers & Stauffer and the Hilltop Institute. The survey is designed to collect payment adequacy data required under the federal Ensuring Access to Medicaid Services Final Rule (CMS-2442-F) and Maryland's House Bill (HB) 1142. Mrs. Smith noted that the survey data will support the transition to a cost-based rate-setting methodology and highlighted that updates have been made based on provider feedback since the survey was last shared with the IPAG on January 14, 2026.

The HCBS Cost Survey becomes effective July 1, 2026. Medicaid providers who billed for HCBS in Fiscal Year 2026 are required to complete the survey by September 30, 2026.

Ms. Lesley Beerends from Myers & Stauffer presented the new website for Marland's HCBS cost survey and explained that individual training videos for each survey tab, live Question & Answer webinars, and additional resources will be made available (access the website here). Ms. Beerends provided an overview of the 2026 HCBS Cost Survey.

Mr. Tom Gallup, a Medicaid beneficiary representative, requested clarification on the purpose of the survey and questioned its relevance if the results prove challenging to compare with data from other states.

Mrs. Smith responded that while providers will be completing the survey, the final data will be used by IPAG members to advise on service rates. She noted that the line-by-line walkthrough was necessary to help members understand the specific data they should expect to receive. Additionally, Mrs. Smith clarified that while comparing results with other states may be difficult, the survey will provide a transparent review of the Maryland rate-setting landscape, equipping IPAG members with the resources needed to advise on rate sufficiency.

Mrs. Jeneva Stone, a Medicaid beneficiary representative, drew attention to an email she shared with the IPAG prior to the meeting and asked why the Developmental Disabilities Administration's (DDA) Community Pathways Waiver has not been part of the rate-setting structure. Mrs. Stone also noted multiple reports indicating that job descriptions for licensed practical nurses (LPNs) and registered nurses (RNs) are being redefined as home health aides by the DDA.

Mrs. Smith responded that the DDA collects rate data via a General Ledger template and utilizes a separate rate review advisory group. She clarified that the data collected under the current HCBS Cost Survey pertains strictly to HCBS and does not include DDA services. Mrs. Smith then requested that any additional comments be reserved for the upcoming Open Forum for IPAG members.

Review available/unavailable data

Mrs. Smith provided an overview of the available and unavailable federally required data that will be prepared and reviewed during future IPAG meetings (see posted handouts here). The federal requirement for current and proposed payment rates is currently satisfied through the provider transmittals available online. The payment adequacy reports and access to care data will be addressed through the development of an HCBS cost survey and reports generated by the Hilltop Institute, respectively. Mrs. Smith noted that reporting for the Quality Measure Set required under the Access Rule will be prepared by the end of the year. Additionally, she shared that the Department is partnering with the Johns Hopkins Aging Policy Research Team to investigate the reasons behind unutilized service hours.

Mrs. Smith explained that while the comparative rate analysis is not required for IPAG reporting, it was posted on the website to satisfy the federal Access Rule requirement. She noted that the report features service rates as of July 1, 2025, converted to hourly rates to allow for better comparability, and includes utilization data for calendar year 2025.

Mrs. Smith noted that additional data mandated under HB 1142 includes payment transparency reports, which are currently satisfied through online provider transmittals, as well as data prepared by the Hilltop Institute. This includes the Bureau of Labor Statistics (BLS) publicly available wage data and other labor market and workforce data, benchmarking and rate studies for HCBS conducted by the Department, rate information from neighboring or similarly situated States, access to care metrics providing the number of beneficiaries receiving applicable services, and access to care metrics providing the number of utilization hours for applicable service categories. Mrs. Smith highlighted that some data variation exists due to the addition of new service and BLS occupation codes, alongside recent refinements in data methodology.

Mrs. Smith explained that the raw survey response data for the 2025 Residential Service Agency (RSA) Annual Report on Patient Care Aides– conducted by the Department of Labor pursuant to HB 189 from the 2024 legislative session– has been posted on the IPAG website. She noted that these anonymous responses have not been independently verified, and the next iteration of the survey results will be shared ahead of a future meeting.

IPAG Report of Activities and Recommendations

Mrs. Smith shared that under HB 1142, an annual report on IPAG activities and recommendations must be submitted to the Governor and the General Assembly by September 1, 2026. She requested that members submit their written contributions to the designated IPAG mailbox by July 17, 2026. Mrs. Smith noted that the final report will be posted on the website.

Vote to Approve the Charter – members only

Mrs. Smith shared that no feedback on the charter had been received in the designated mailbox by the April 3, 2026 deadline, and noted that a majority vote would be conducted.

Ms. Loraine Arikat, a worker organization representative, inquired whether the charter reflected a change in meeting frequency from annual to quarterly, referencing comments she made during the meeting in December. Mrs. Smith clarified that this modification had not been made, as no other members had requested the change. Ultimately, the vote did not achieve the required majority, and the charter did not pass.

Mr. Gallup made a motion to revise the charter with the meeting frequency under IV. Procedure to read 'IPAG advisory group will meet at least annually but may meet more frequently as needed.'

Dr. William Harvey, a provider organization representative, reminded the members that the charter had been discussed during the previous meeting, allowing time for feedback. He emphasized that members should arrive at meetings fully prepared.

Mr. R. Colby Bearch, a community organization representative, requested clarification on whether the vote would be specifically on the revision and if a subsequent second motion would be required to approve the charter as revised.

Mr. Gallup suggested voting on the motion to revise first, followed by a vote to approve the charter.

The motion raised by Mr. Gallup to revise the meeting frequency received eight (8) approvals, five (5) opposing votes, and one (1) abstention. The group then moved forward to vote on the revised charter, which received nine (9) approvals and five (5) abstentions. With one member absent, the quorum was established at 14. Mrs. Smith confirmed that the charter passed with the revision, and stated that the revised document will be shared with members via email and posted on the website.

Open Forum – members only

Ms. Allison Yunda, a worker organization representative, agreed with Mr. Gallup that more meeting time should be dedicated to open discussion and less to the cost survey, noting that the majority of members do not fill out the survey. Ms. Yunda also shared that the RSA data collected by the Department of Labor is currently under review, revealing a significant discrepancy in how home care and residential service agencies provide paid sick leave to their employees.

According to the analysis, only about 14% of residential service agencies actually provide paid sick leave to their workers, which correlates with a high turnover rate. Ms. Yunda requested that future meetings focus on this data, emphasizing that the lack of paid sick leave and high turnover rates are prevalent issues that directly relate to direct care worker wages and could ultimately endanger beneficiaries.

Mrs. Stone reiterated her request to discuss the email she had shared with IPAG members and referred to her comments in the chat. She noted that there has been a reduction in wages for direct support professionals (DSPs) providing Community Pathways waiver services, and she emphasized that the percentage of staff-filled hours versus chronically unstaffed hours should be reviewed to determine necessary wage adjustments. Additionally, Mrs. Stone expressed concern regarding the protection of community integration rights for individuals with disabilities when assessed service hours go unfilled due to current DSP wage rates.

While acknowledging that a separate rate-setting process exists for DDA services, Mrs. Stone stated that recent changes to the job definitions for LPNs and RNs are creating significant obstacles for home

care recipients, making the matter highly relevant to the group's discussion. Moreover, Mrs. Stone requested clarification on how to provide such feedback to DDA in her capacity as a participant representative. Finally, she noted that when the DSP workforce shortages result in unfilled hours, family caregivers are ultimately forced to bridge the gap.

Mrs. Smith offered to follow up with Mrs. Stone directly and noted that a public comment period regarding the DDA service rate changes had recently taken place.

Ms. Caitlin Houck, a provider organization representative, noted the low response rate of the RSA survey and requested clarification from Ms. Anupa Geevarghese, the designee for the Secretary of Labor, regarding the results to determine the level of analysis required. Ms. Houck added that more robust data would soon be available from the HCBS cost survey.

Ms. Geevarghese confirmed that she would share these comments with the Department of Labor.

Public Comment

Mrs. Smith shared a written public comment received ahead of the meeting on June 24 at 11:02 AM from Ms. Amie Danso. A home care worker with 15 years of experience in Maryland and Washington, D.C., Ms. Danso advocated for increased respect, higher wages, and better benefits for the home care workforce. While emphasizing her passion for one-on-one care, Ms. Danso highlighted the financial and personal strains of low compensation, noting that she previously had to work four jobs simultaneously and work through severe illness due to a lack of paid leave. She stated that while Washington, D.C. offers higher pay, she would prefer to work exclusively in Maryland if wages were competitive. Ultimately, she urged that fair compensation is essential to retaining dedicated workers and ensuring the sustainability of critical home care services.

Mrs. Smith noted that another individual who had signed up to provide public comment was not present, and she subsequently concluded the public comment period.

Ms. Geevarghese requested clarification on drafting the annual report, asking if further guidelines regarding the required content and timeline could be shared via email. Additionally, she inquired whether members would have the opportunity to review the full draft of the report.

Mrs. Smith confirmed that the complete draft would be shared with members for their review and that the guidelines would be distributed via email.

Ms. Arikat raised the need for the IPAG to meet more frequently, expressing concern over a recent federal decision lifting the Temporary Protected Status for individuals from Haiti and Syria, whom many beneficiaries rely on for home care. She stressed that the IPAG should focus on the new Medicaid reenrollment frequency, the administrative challenges of meeting and proving work requirements, and the resulting impact on workforce shortages. Consequently, Ms. Arikat requested that the group meet again ahead of the September reporting deadline to review the full draft.

Mrs. Smith confirmed that the complete draft would be shared with the members. She requested that any agenda recommendations be submitted via email and noted that a general consensus would be needed to determine if holding an additional meeting was necessary.

Mr. Gallup sought clarification on whether the HCBS cost survey results would be unavailable for the IPAG's review and excluded from the upcoming report. Mrs. Smith confirmed this was correct, clarifying that the forthcoming report will be based strictly on the data available at this time. Mrs. Smith emphasized that the report must undergo several layers of approval prior to finalization. She explained that these review processes account for both the tight turnaround time for members to submit written recommendations and the brief window they will have to review the complete draft.

Mrs. Smith reiterated that the report must be submitted to the Governor and the General Assembly by September 1, 2026, and noted that the finalized draft will be posted on the website on or before October 1, 2026. Finally, Mrs. Smith indicated that while the next meeting is scheduled for May 2027, she acknowledged Ms. Arikat's request to schedule a session sooner and invited Ms. Arikat to submit that proposal via email.

Dr. Harvey asked if the slide presentation from today's meeting would be added to the website. Mrs. Smith confirmed that the meeting materials, along with the draft minutes, will be posted.

Mrs. Stone requested that the comments she shared in the chat be included in the minutes. In her chat message, Mrs. Stone clarified that Private Duty Nursing (PDN) is not a service provided under the DDA's Community Pathways waiver and expressed concern over the DDA changing the job definition for PDN.

Adjournment

The proposed date for the next IPAG meeting, which will be open to the public, is tentatively scheduled for May 2027.

Mrs. Smith adjourned the meeting at 4:52 p.m.