July 8, 2025

Ms. Rhonda Workman
Director of Federal Programs
Developmental Disabilities Administration Federal Programs Unit
Maryland Department of Health
201 West Preston Street, 4th Floor
Baltimore, Maryland 21201
Via email: wfb.dda@maryland.gov

RE: Proposed Amendments to Maryland Department of Health (MDH) DDA-operated Medicaid Waiver Programs: Community Pathways Amendment #3 2025 Proposal

Dear Director Workman:

Service Coordination, Inc. (SCI) appreciates the opportunity to comment on proposed amendments to Maryland's Medicaid Home and Community-Based Services (HCBS) waiver for people with intellectual and developmental disabilities. SCI is an award-winning nonprofit, providing case management services and advocacy for more than 16,000 people of all ages with disabilities, medically complex needs, and older adults across Maryland. SCI helps people navigate complex systems by championing choice, fostering community, and nurturing connections. SCI is the largest nonprofit case management organization in Maryland, and we employ over 1,200 team members, many of whom are Coordinators of Community Services (CCS) and Supports Planners, providing critical case management services for people enrolled in various Medicaid Waiver and State Plan programs.

SCI supports the intent to streamline the waiver, address budget concerns, align new federal requirements, and ensure services are sustainable. However, given the timing, process, and concerns about the additional changes, **we recommend that this waiver amendment only includes what is required by the budget bill and budget reconciliation and financing act (BRFA), and the consolidation of three waivers into a single waiver.** Waiver amendments beyond those need thoughtful, well-informed input from stakeholders. We support the recommendations of the Waiver Advisory Subcommittee to get that input.

Overarching Suggestions to Enhance the Quality, Effectiveness, and Efficiency of the Waiver Service Delivery System

- **The Essential Role of Coordinators of Community Services (CCS):**
  - The waiver should reinforce and emphasize that case managers are advocates for individuals with disabilities, in addition to representatives of the Developmental Disabilities Administration (DDA) and/or the state. Case managers empower participants to make informed decisions about their services, which include providing information they need to understand their options and rights. The language in the waiver should also reinforce case managers' role in ensuring that individuals' voices are heard and their preferences respected, promoting self-determination, autonomy, and dignity.

  - Waivers, procedures, guides, and training should clearly reflect the essential role of CCS as the intended conflict-free case manager. Caution should be taken when implementing activities that may compromise neutrality, such as auditing functions that are more appropriately carried out by the administration or a Quality Improvement Organization (QIO).

Recommendation: In Appendix D and throughout the waiver, emphasize the essential role of case managers advocating for the people they serve, while maintaining a conflict-free approach. This focus aligns with COMAR 10.22.09.05. Case managers advocate for participants, ensuring their needs and preferences are represented in the planning and provision of services.

- **Workforce Implications:**
  - Reduction in education requirements for Direct Support Professionals (DSPs) from a high school diploma or GED requirement could affect overall skill expectations, particularly in roles that require accurate recordkeeping, communication, and adherence to established procedures. It may also complicate state and national efforts to establish a Bureau of Labor Statistics code for the role, which is tied to education levels and used in rate setting. Combined with other waiver or rate changes, this could worsen existing workforce challenges resulting in a lower quality of support provided, disruption in the continuity of services, delayed access to essential support, and a higher risk of negative outcomes for people.

    Recommendation: Maintain requirements for high school diploma or GED for direct support professionals.

  - Requiring certain training prior to service delivery will have a significant impact on the availability of the workforce to meet the needs of the people supported.

    Recommendation: Maintain the ability for staff to begin working immediately during the allowable training period if they are working with other staff who have completed the trainings, and require completion of certain training before working independently.

- **Data System Enhancement:**
  - The current implementation of the Person-Centered Plan (PCP) functionality in LTSSMaryland is complex and at times at odds with the core value of person-centeredness. It adds administrative complexity for Coordinators of Community Services (CCSs), shifting focus away from individuals and their needs. As a reference, many of the key challenges noted below are not unique to Maryland and many of the recommendations SCI proposed are supported by the Advancing States (2024) as well as other national literature and best practices.

    Recommendation: Improve LTSSMaryland's usability and interoperability. Increase the ability for the person, provider, and CCS to view and exchange documentation in a fashion that creates a comprehensive participant record.
    - **Simplify Documentation**: Review and streamline forms and language.
    - **Separate Service Authorization**: Decouple it from the PCP to allow more flexibility and responsiveness.
    - **Inclusive Redesign**: Involve individuals with lived experience, families, providers, and CCs in redesign efforts.
    - **Leverage Technology**: Improve LTSSMaryland's usability and interoperability.
      - Increase the ability for the person, provider, and CCS to view and exchange documentation in a fashion that creates a comprehensive participant record.
    - **Pilot Streamlined PCP**: Test a simplified version before full implementation.
    - **Use Broader Service Categories**:
      - Increase flexibility and responsiveness.
      - Conduct a needs assessment to inform service design to meet the needs of the people supported.
      - Simplify billing and authorization.
      - Create processes that separate the authorization of funding for services from the person-centered planning document

- o Encourage innovation and holistic care.

- **Communication, Training and Implementation:**

   <u>**Recommendation:**</u> The department establish a comprehensive transition plan to include a clear process and timeline for administrative aspects of consolidating the waivers, ensuring a seamless process that includes detailed timelines and effective communication with stakeholders. The department establish a collaborative framework with relevant stakeholders to develop a social safety net for people who are currently in process. This will help ensure all backlog cases are resolved and will prevent continued delays prior to the effective date of the proposed amendments.

<u>Detailed Feedback on Proposed Waiver Amendments</u>

SCI is in support of the following proposed amendments which are beneficial and will reduce barriers to access to essential supports and services for people with disabilities:
1. The removal of the 82-hour limit on personal supports by community providers.
2. The ability to provide support to people with disabilities while they are in acute settings.
3. The removal of the requirement for three bids for environmental modifications.
4. The addition of reserved capacity for Deinstitutionalization.
5. The increase in reserved capacity in years 3-5 for crisis and Wait list.

Below, we provide additional detailed comments and recommendations, organized by topic, with specific citations to waiver amendment sections.

[Purpose of HCBS - Amendment request - June 9, 2025](#)

Page	Text	Recommendations
2	*Update language to reflect the participant and their legally authorized representative may make decisions.*	Define the process through DDA when there is not agreement between the two on decisions.
3	*Updated performance measure to include information gained from the Quality Improvement Organization Targeted Case Management Reviews. The Quality Improvement Organization conducts Targeted Case Management Reviews and analyzes information regarding individual and systemic deficiencies. The Quality Improvement Organization shares findings with DDA and provides recommendations on remediations and overall quality enhancement.*	Improve LTSSMaryland Functionality and create system improvements needed to update the Quality Improvement Plan and associated CCS reports. Provide data sources and definitions so that CCS organizations can replicate audits and implement appropriate internal Quality Improvement Plans.
14	*….The Coordinator of Community Service should visit the person in the setting of the service; and, for each quarterly visit, a different service setting.*	Revise to state "….; and, for each quarterly visit, a different service setting, if possible. The Coordinator of Community Service must visit a person in all service settings in the plan year".

[Appendix C - Participant Services C1 and 2-5 - June 9, 2025](#)

Page	Text	Recommendation

16	*Effective April 1, 2026, participants seeking to use a legally responsible person to provide services must submit a request form. The request has to be approved before the legally responsible person can begin providing services. For participants who have legally responsible individuals providing services, those legally responsible individuals cannot make decisions regarding service delivery (e.g., wage rates, number of hours, etc.). The participant must have a signed Supported Decision-Making Agreement to support making independent decisions regarding service delivery.*	Define the roles and responsibilities of the CCS, DDA, and the participant. Clarify if this applies only to decisions regarding the services that the legally responsible person is paid to provide, or relevant to all services. Define who supports the completion of the Supported Decision-Making Agreement and how that is reinforced.
41	*The DDA's Provider Services staff will notify providers via email and include a provider self-assessment tool at least 120 days prior to the DDA license approval expiration date to submit the renewal application. Providers must complete the tool by 90 days prior to DDA license approval expiration date. Technical assistance will be available throughout the process.*	Clarify the purpose and use of the provider self-assessment tool, including whether it is intended for community settings rule compliance.

Assistive Technology and Service Initial - June 9, 2025

Page	Text	Recommendation
1	*Monthly service fees; and*	Recommend specifying that monthly service fees include not only internet access costs but also any fees for required apps, platforms, or devices.
4	*A legally responsible person, relative, or legal guardian of the participant cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service.* *Anyone paid to provide a Medicaid waiver service, including participant's employees, are considered a Medicaid Provider, subject to all laws and regulations associated with a Medicaid Provider.*	Revise language to state: "Anyone paid to provide a Medicaid waiver service, including a participant's employees, is subject to all laws and regulations associated with a Medicaid Provider".

Behavioral Support Services Initial - June 9, 2025

Page	Text	Recommendation
2	*Development of the Behavior Support Plan specific to the challenging behaviors, if applicable,*	Remove "if applicable"
1-8	*N/A*	Add, in accordance with COMAR 10.22.02.14.E.1A-c, Behavioral Support Services (BSS) providers who write behavior plans must have a standing committee in place to review and approve those plans.

[Career Exploration Initial - June 9, 2025](#)

Page	Text	Recommendation
6	*(Don't Check) Remote/via Telehealth*	Consider allowing limited remote delivery of Career Exploration services, while maintaining in-person expectations for community-based exploration.

[Employment Support Services Initial - June 9, 2025](#)

Page	Text	Recommendation
7, 14-17	*Association of Community Rehabilitation Educators (ACRE) Certification; and 2. Certified Employment Support Professional (CESP) Certification.*	Add "OR Other DDA-approved certifications or programs that align with nationally recognized best practices".

[Support Broker Services Initial - June 9, 2025](#)

Page	Text	Recommendations
2	*Developing strategies for training all of the participant's employees on PORII and ensuring that all critical incidents are reported to The Office of Health Care Quality and DDA.*	Add the ability for self-directed service model to report incidents. The need to notify vendors, providers, and CCS should still be included in the functionality of the process.

[Appendix D - Participant-Centered Service Planning and Delivery Initial - June 9, 2025](#)

Page	Text	Recommendations
1	*Each Coordinators of Community Service assigned to an applicant/participant must meet the following minimum qualifications specified in Medicaid's Targeted Case Management regulations for people with developmental disabilities and DDA's regulations set forth in the Code of Maryland Regulations 10.09.48.05 and 10.22.09.06, respectively, as amended.*	Currently Code of Maryland Regulation 10.09.48.05 outlines staff requirements including educational requirements. Recommend that Coordination of Community Services Supervisor requirements be amended to align with experience in lieu of a Human Services specific degree approach for CCS requirements. Allowing for an expanded degree beyond Human Services for those with additional experience, supports CCS organization's ability to provide internal growth and promotion opportunities for staff and supports higher

		retention, ultimately strengthening service quality and continuity for people supported.
12	*….The Coordinator of Community Service should visit the person in the setting of the service; and, for each quarterly visit, a different service setting.*	Revise to state "….; and, for each quarterly visit, a different service setting, if possible. The Coordinator of Community Service must visit a person in all service settings in the plan year".
12	*... when a change in health status occurs or an incident is reported, the CCS facilitates evaluation of the participant's service needs to address the change, if appropriate.*	Develop universal access/notification to all Incident Reports for people served by the organization. Limitations in the legacy database PCIS2 only allow the CCS users in the notification box visibility to the IR, unless they have a direct link to the IR which must be provided by the CCS in the notification box. If that CCS is on leave or there is an error in the assigned CCS, the organization does not receive notification of the IR, and therefore will not have access to the IR.
22	*Coordinator of Community Services conducts these monitoring and follow-up activities through multiple and various sources, not limited to, service and environmental observation, LTSSMaryland service reports, incident reports, provider training and activity logs, and through conversations means including telephone conferences, emails, virtual meetings, and face-to-face meetings with the participant, their legally authorized representative, (as applicable), their legal guardian or authorized representative (if applicable), and other identified planning team members, and service providers.*	Add language that families and providers need to make this information available for review in a timely manner; alternatively request that there is better LTSSMaryland provider database interoperability so that the participant's "file/record" is available for all that need access to the info.

Appendix E - Participant-Direction of Services Initial - June 9, 2025

Page	Text	Recommendations
31	*The Coordinator of Community Services will conduct quarterly or more frequently site visits including wellness checks. The DDA regional office staff including Quality Enhancement and Nurses will conduct site visits to follow-up on health and safety concerns and reported complaints and incidents*	Define or clarify the meaning of "wellness checks" included in the waiver language

4 &12	A mandatory DDA self-directed orientation/training is required for all new applicants and participants using the Provider Managed Service Delivery Model interested in the self-directed.. Effective October 6, 2025, participants selecting the Self-Directed Services Delivery Model must complete the required self-directed services training requirement.	Training for people with lived experience should be multi-modal, accessible, appropriate for all life stages, and include appropriate accommodations available as needed. Clarify whether a legally authorized representative may attend in the person's place or whether the person is required to attend in all cases The DDA should have internal processes to track and audit whether proper training was completed.
8	Support Broker services are offered as an optional service to all participants who enroll in the Self-Directed Service Delivery Model, and as required service if the participant employs a relative, designated representative, legal guardian, or Day to Day Administrative support that is a paid provider	Clarify if this means if a person hires a Day-to-Day Administrator who is a staff or vendor, a Support Broker is not required.
18/19	The Financial Management and Counseling Services provider provides timely responses and resolutions to participant requests.	Define "timely."

Appendix F - Participant Rights Initial - June 9, 2025

Page	Text	Recommendations
3	...their Coordinator of Community Service will assist. Per DDA's policy, a Coordinator of Community Services can provide the following assistance to an individual in the appeal process: 1. Explain the appeal process to an individual, family, guardian, or authorized representative; 2. Assist with the completion of the required forms for appealing a DDA determination; and 3. Assist the individual in completing and sending a request for reconsideration.	Clarify if a CCS can submit the appeal on behalf of the person supported at the participant's request? Clarify if there will be a reconsideration option or not related to denied PCPs.

Appendix G - Participant Safeguards Initial - June 9, 2025

Page	Text	Recommendations
27	*Number and percentage of emergency room and admissions hospitalization claims that had a matching critical incident reported.*	Request that reports be provided from PCIS2 for IR's created by providers if access to CRISP data is not universal, or a participant opts out. In the interim, develop a process for DDA to identify when a participant has opted out.
29, 30	*Number and percentage of critical incidents with investigation reviewed per standards.* *Number and percentage of critical incidents with investigation completed on time*	This is currently a manual process to track IR/AIRs completed by CCS, because reporting is not available from PCIS. Request that MDH develop universal reports for all people served by the organization.
37	*Conduct utilization reviews to evaluate compliance with DDA stands related to: a. Level of Care determinations;*	Remove the paper form from the process, because it is duplicative. Develop reports to include LOC created date and submission date or CCS agencies to assess compliance without manual reporting.

[Appendix J - Cost-Neutrality Demonstration Initial - June 9, 2025](#)

Page No.	Text	Recommendations
		Recommendation: Ensure that the full cost of care for people living in State Residential Centers is considered when calculating cost neutrality.

We look forward to collaborating with relevant stakeholders to create processes that are comprehensive, sustainable, and enhance the quality, effectiveness, and efficiency of the waiver service delivery system.

Thank you for considering SCI's comments regarding proposed amendments to Maryland's Medicaid Home and Community-Based Services (HCBS) waiver for people with intellectual and developmental disabilities. If you have any questions or would like to speak with us further about these recommendations, please contact Tenneille Aleshire at taleshire@sc-inc.org or 301-992-2069.

Respectfully submitted,

Tenneille Aleshire

Tenneille Aleshire
Executive Vice President and Chief Programs Officer