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June 26, 2026

Adrienne Hollimon
Program Manager
Maryland Department of Health
Developmental Disabilities Administration
201 West Preston Street, 4th Floor
Baltimore, MD 21201

RE: Request for Information (RFI) for Screening Tool for Intellectual and Developmental Disabilities Participants. Submitted electronically to *adrienne.hollimon@maryland.gov*.

Dear Ms. Hollimon,

Service Coordination, Inc. (SCI) appreciates the opportunity to comment on the June 11, 2026, Request for Information (RFI) for Screening Tool for Intellectual and Developmental Disabilities Participants.

We appreciate the Maryland Department of Health (MDH), Developmental Disabilities Administration (DDA) releasing a RFI for a tool that will assess health and welfare risks and support needs across all major life domains. Given that case managers are referenced as primary users of these assessment tools, we are writing to provide recommendations that may inform requirements, selection, and implementation.

Service Coordination, Inc. (SCI) is a nonprofit organization that provides conflict-free Targeted Case Management (TCM) services and advocacy to more than 16,000 Marylanders of all ages with disabilities and complex medical needs. SCI is the largest nonprofit case management organization in Maryland and employs nearly 1,000 team members, many of whom serve as Coordinators of Community Services (CCS) and Supports Planners (SPs) for individuals applying for and enrolled in various Medicaid Waiver and State Plan programs. SCI helps people navigate complex systems by championing choice, fostering community, and nurturing connections.

The Essential Role of Case Managers

Targeted Case Management (TCM), including Coordination of Community Services (CCS) and Supports Planning Services (SPS), operate under Maryland's Medicaid State Plan and in accordance with federal conflict-free case management requirements established by the Centers for Medicare & Medicaid Services (CMS). Under the Maryland Department of Health's (MDH) authority, SCI operates two Home and Community Based Services (HCBS) programs that advance our mission of providing quality conflict-free case management to

people in a way that honors their individualized needs, choices, and respects their dignity and rights. Our approach promotes individualized support, maximizing generic community-based resources, natural support, and paid services and support. With an unbiased case management system, people are more likely to receive necessary care and an array of services and resource options that reflect their unique needs, preferences, and choices.

Case managers serve as an independent partner to the Maryland Department of Health, helping to ensure that services, whether delivered through Community Provider or Self Direction models, are person-centered, medically necessary, and aligned with each individual's goals and health and safety needs. Case managers coordinate across programs and providers, monitor service effectiveness, and make adjustments as needs change over time. This structure supports strong collaboration with community providers while also protecting participant choice, promoting accountability, and strengthening Maryland's overall compliance and fiscal stewardship within the HCBS system.

Recommendations:

1. **Prioritize comprehensive assessment tools.**
    a. SCI recommends selection of an assessment tool versus a screening tool, that is standardized, evidenced based, and validated. Evidence based assessment tools that can justify needs will alleviate challenges associated with inconsistent Person-centered plan reviews for HCBS participants. Further, any identified assessment tool should align with the Developmental Disabilities adoption of the Council on Quality Leadership's (CQL) basic assurances, incorporate measures from the National Core Indicators (NCI), align with the CMS waiver assurances, and easily translate to applicable sections of the person-centered plan. Any selected assessment tool should be designed for completion by case managers, if they are primary users.

2. **Consider composition of the HCBS case manager workforce.**
    a. Seek to evaluate how case managers would be trained, monitored, and supported to complete assessments with competence and reliably.

3. **Prioritize Interoperability.**
    a. Require assessment tool interoperability with LTSS Maryland and/or compatible systems via APIs or structured data exchange, with exportable assessment outputs for planning, quality assurance, and population analytics.

4. **Establish a Collaborative stakeholder workgroup to include Case Management Experts.**
    a. Consider merits of establishing a small collaborative external stakeholder workgroup, inclusive of case management providers with demonstrated

experience implementing large-scale workflows within Maryland's HCBS system, to explore the combination and/or customization of tools, approaches, and trainings needed to achieve the intended outcomes of this RFI.

b. The stakeholder workgroup is needed to advise on implementation of new assessment tools and workflow implications and is critical to understanding what works well and doesn't with the current screening tools.

5. **Ensure Person Centered Plans reflect a person's strengths, abilities and preferences.**
    a. Require that assessment outputs translate directly into person-centered planning document.

Thank you for the opportunity to provide input on the RFI for Screening Tool for Intellectual and Developmental Disabilities Participants. If you have any questions regarding SCI or the services we provide, please contact Sarah Christa Butts, MSW, FNAP, Vice President of Government Relations, at Sarah.Butts@sc-inc.org or 240-741-2273.

Sincerely,

Tenneille D. Aleshire
Executive Vice President and Chief Program Officer
Service Coordination, Inc.