

September 4, 2026

Ms. Nova Evans
Director of Cross-Systems Innovation
Developmental Disabilities Administration
Maryland Department of Health
201 W. Preston St. 4th Floor,
Baltimore, Maryland 21201

Re: FY 2026 TCM GL Data Collection Template, concurrent Cost Survey timing, and safeguards for future CCS and SPS rate-setting use. Delivered via email to Nova.Evans@Maryland.gov and dda_rate@hilltop.umbc.edu

Dear Ms. Evans,

Service Coordination, Inc. (SCI) appreciates the opportunity to comment on the FY 2026 Targeted Case Management (TCM) General Ledger (GL) Data Collection Template. FY 2026 is the second year that TCM/Coordinators of Community Services (CCS) providers are required to complete the GL Data Collection Template, which is a new mechanism for a more data-driven rate setting process. We appreciate the care taken by the Maryland Department of Health (MDH), Developmental Disabilities Administration (DDA) in receiving feedback from TCM/CCS providers and making numerous changes to the Data Collection Template. SCI especially appreciates the shift to a TCM-specific structure and terminology and the additional guidance provided throughout the template. Collectively, these changes make the template much more applicable to CCS providers.

Service Coordination, Inc. 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 a variety of Medicaid Waiver and State Plan programs. Through this work, SCI helps people navigate complex systems by championing choice, fostering community, and nurturing connections. SCI chairs and facilitates statewide Coordinators of Community Services (CCS) Community of Practice (CoP) comprised of TCM/CCS providers, which include nonprofit, for profit, and government case management provider representatives.

SCI supports the goal of using reliable provider cost information to inform transparent and sustainable reimbursement. As we prepare to complete the tool, our primary concern is ensuring that the FY 2026 data that must be retrospectively allocated under newly issued

definitions are interpreted with appropriate context, particularly if it will help inform future rate methodology. We expect that Hilltop and/or DDA may need to communicate directly with CCS providers to finalize data definitions and other related GL Template fields. SCI and the CCS CoP will be glad to serve as a resource through these processes.

SCI provides both Coordination of Community Services (CCS) and Supports Planning Services (SPS). As a result, SCI is in the unique position of completing both the TCM GL Data Collection Template and the Maryland Department of Health (MDH), Home and Community Based Services (HCBS) Cost Survey for the same FY 2026 period. Notably, both instruments request overlapping financial and workforce information but use different classifications, allocation structures, compensation calculations, and supporting-document expectations. In some cases, this means the same underlying cost may appropriately be reported differently based on the methodology required by each tool. We believe there is an opportunity for greater coordination across the two efforts to help providers report consistently and help MDH interpret the resulting data appropriately. If both tools continue with divergent definitions, providers who administer CCS and SPS programs will have to augment their systems to account for the variations.

SCI's Recommendations and Considerations:

Consider using FY 2026 as both a required data collection and an opportunity to validate newly defined or retrospectively reconstructed data elements. This first cycle could help MDH/DDA and providers test and pilot methodology together, identify opportunities for clarification, and establish more consistent prospective reporting for future years. Collaboration will result in improved data-informed cost assessment and rate methodology.

Priority Considerations and Recommendations:

- **Validation year and data reliability.** Allow CCS providers to identify data as actual, derived, estimated/allocated, or unavailable, and to use reasonable documented allocations where historical systems did not capture the requested task-level information. This would help distinguish limitations in the retrospective task-level data from the financial controls and source records that support the overall submission.
- **Rate-setting use and multi-year trending.** We recommend using FY 2026 within the context of future reporting years, particularly given the retrospective nature of several data elements. This first year provides an opportunity to test definitions, provider-system fit, data completeness, allocation methods, and outlier logic.

- **Collaborative development, testing, and piloting.** Convene a technical workgroup that includes MDH, DDA, relevant rate consultants, CCS and SPS providers, finance professionals, data specialists, and program leaders. A small representative provider pilot group could help test the workbook, instructions, source-document expectations, reasonableness checks, outlier methods, and cross-survey reconciliation. Creating a feedback loop with participating providers would also provide an opportunity to clarify apparent variations and strengthen the quality of the data before it informs future methodology. SCI would appreciate the opportunity to join a workgroup given the volume of people served in both CCS and SPS programs.
- **Coordination of the two collections.** We encourage MDH and DDA to explore a common crosswalk and aligned definitions, where appropriate, for compensation, paid hours, benefits, turnover, training, occupancy, technology, recruiting, transportation, and shared administrative infrastructure. CCS and SPS should remain analytically distinct when programmatic differences require different treatment.
- **Cross-survey reconciliation.** We recommend establishing a process for providers completing both surveys to explain differences that result from the methodologies prescribed by each tool.
- **Transparency in how the data will be used.** Additional clarity about the intended use of the data would be helpful to CCS and SPS providers, including whether the collection is expected to support benchmarking, allowable-cost determinations, rate components, or efficiency assumptions; how actual and estimated data will be distinguished; how outliers will be evaluated; and how operating model, scale, workload, case mix, staffing, and required administrative infrastructure will be considered.

Areas Where Additional Guidance is Needed:

As SCI works through the revised template, additional guidance in the following areas is requested. We offer the following technical feedback in hopes that we can develop shared approaches to completion of the template. SCI will appreciate written guidance to best support program integrity and consistent implementation and understanding across CCS providers.

- What estimation methodologies will DDA consider reasonable for historical billable and non-billable CCS wages and hours that were not captured at the requested level?

- What methods are acceptable for allocating costs between ongoing coordination and comprehensive assessment? Should the same allocation basis be applied to wages, supervision, technology, occupancy, training, and administrative costs?
- Can DDA provide common definitions for vacancy, vacancy filled, departure, turnover, internal transfer, replacement versus growth positions, FT/PT status, new-hire training, and productive or billable hours?
- What denominator should providers use for converting salaried professional compensation to an hourly amount, and how should PTO, holidays, training, overtime, bonuses, and incentives be treated?
- How should providers classify office, occupancy, and administrative infrastructure that is necessary to support professional case management, when services are not primarily facility-based?
- As the data is evaluated, how will DDA consider geographic factors, workload intensity, case complexity, acuity, and other factors that may influence the resources required to provide CCS services?
- For providers completing both cost collections, what is the preferred approach for documenting and reconciling differences that result from the methodologies prescribed by the two tools?

Suggested Path Forward:

To support both the immediate FY 2026 collection and development of a reliable approach for future years, SCI recommends that MDH/DDA consider the following next steps:

- Use the FY 2026 collection as an opportunity to validate newly defined and retrospectively allocated data elements, with clear guidance regarding acceptable estimates, assumptions, and documentation.
- Establish a small cross-agency/provider technical workgroup to work through common definitions, questions arising during completion, validation approaches, and areas of overlap between the TCM GL and HCBS Cost Survey.
- Use the experience from the FY 2026 collection to identify data that should be captured prospectively and provide providers with sufficient lead time to configure financial, HR, timekeeping, and operational systems accordingly.

- Create a feedback and reconciliation process that allows providers to understand validation findings, address apparent outliers, and explain legitimate differences, including differences between the TCM GL and HCBS Cost Survey, before conclusions are drawn from the data.

SCI's Commitment to Partnership:

SCI appreciates the opportunity to continue partnering with MDH/DDA on this work. We are committed to providing the most reliable FY 2026 information available, clearly documenting assumptions and limitations, and working collaboratively to strengthen the process for future reporting cycles. SCI would also welcome the opportunity to serve as a technical partner in developing a repeatable, service-specific process for future reporting cycles.

We believe this collaborative approach can strengthen the reliability and usefulness of the data while preserving important differences between CCS and SPS. Ultimately, our shared goal is a cost-reporting and rate-development process that accurately reflects the resources required to provide high-quality professional case management and supports continued access to services.

If you have any questions or would like to learn more about SCI and the services that we provide, please contact Sarah Christa Butts, Vice President of Government Relations at sbutts@sc-inc.org or (240) 741-2273.

Sincerely,



Tenneille D. Aleshire
Executive Vice President and Chief Program Officer