



Maryland's Medicaid Waiver Programs

Maryland has eight (8) Medicaid waiver programs. States must ask for approval from the Centers for Medicare and Medicaid Services (CMS) to operate a Medicaid waiver program. If CMS approves the state's request, the state is allowed to provide Medicaid home and community-based services (HCBS) outside of some of the usual Medicaid rules.

Each Medicaid waiver program has its own set of rules. To qualify for a Medicaid waiver program, an individual must meet certain rules: financial, medical, and technical. Each Medicaid program offers services in an individual's home and community instead of an institution.

The Developmental Disabilities Administration (DDA) operates three (3) of Maryland Medicaid's waiver programs, listed below.

Community Pathways Waiver

The Community Pathways Waiver provides a lot of different supports and services to help participants live more independently in their homes and communities. The program provides a variety of Meaningful Day, Support Services, and Residential Services that promote community living, including a self-directed service model and traditional, agency-based service model.

Participants must meet Medicaid's financial eligibility requirements, be 18 years of age or older, in need of residential services, and meet an intermediate care facility for individuals with intellectual disabilities (ICF/IID) level of care. Maryland's two ICF/IIDs are the Holly and Potomac Centers.

Community Supports Waiver

The Community Supports Waiver helps participants to live more independently in their homes and communities. The program provides a variety of Meaningful Day and Support Services that promote community living, including a self-directed service model and provider-based service model. Participants must meet Medicaid's financial eligibility requirements, be 18 years of age or older, and meet an ICF/IID level of care.

Family Supports Waiver

The Family Supports Waiver helps participants to live more independently in their homes and communities. The program provides a variety of Support Services that promote community living, including a self-directed service model and provider-based service model. Participants must meet Medicaid's financial eligibility requirements, be children from birth through 21 years of age, and meet an ICF/IID level of care.

As of April 2024 (FY 2024: July 1, 2023-June 30, 2024), 15,538 participants are enrolled in the Community Pathways Waiver, 3,007 participants are enrolled in the Community Supports Waiver, and 353 participants are enrolled in the Family Supports Waiver.



Service Delivery Models

Services are provided two different ways.

Agency-Based Service Delivery Model

Providers manage the person's services. The provider hires, fires, pays, and supervises the staff that support people.

Self-Directed Service Delivery Model

The person receiving services manages their own services and budget, which is approved by the DDA. They hire, fire, pay, and supervise their own staff. They may hire other individuals to help them with these responsibilities and to help manage their budget.

DDA has a rate-setting process that is informed by its Rate Review Advisory Group (RRAG). The RRAG provides information and guidance to the DDA that helps the DDA set rates for both service delivery models. The service rates established by the DDA are used to create a person's budget. The person's budget is based on their Person-Centered Plan (PCP), which is based on the individual's assessed needs.

One challenge the agency-based service delivery system faces in terms of recruitment and retention is that people who self-direct oftentimes pay DSPs more (i.e., higher hourly wage). That is because providers have costs that people who self-direct services usually do not have, like overhead and administrative costs. Agency-based providers must also agree to enroll in Medicaid and must meet Medicaid requirements, including but not limited to training for staff.



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