

**MARYLAND MEDICAID ADVISORY COMMITTEE MONTHLY WAIVER REPORTS**  
**September 2019**

WAIVER AMENDMENTS	PURPOSE	COMMENTS
CO	Revise the methodology for filling waiver capacity by: <ul style="list-style-type: none"> <li>• sending out 20% of applications to individuals on a first-come, first-served basis, and the other 80% of applications to individuals who are most at risk for institutionalization.</li> <li>• waiver capacity will be reserved for two (2) special groups who were receiving state plan Community First Choice services under the Aged, Blind, and Disabled Medically Needy Spend Down coverage group and for those receiving services under the adult expansion coverage groups who lose their Medicaid eligibility once they become eligible for Medicare.</li> </ul>	Approved 08/13/19
DDA (CP,FS,CS)	Amendment 2: <ul style="list-style-type: none"> <li>• (1) Provide updates to the self-directed service delivery model;</li> <li>• (2) Propose a transition strategy for the new Long-Term Services and Supports (LTSS) fee-for-service billing, starting with a small pilot group; and</li> <li>• (3) Include new procedure codes and associated rates for services associated with dedicated staffing (i.e. 1:1 and 2:1) in residential services; shared living levels; day habilitation (small and large groups); and enhanced personal supports for people with complex health and/or behavioral needs.</li> </ul>	Submitted 09/01/19