
**House Appropriations Committee
Health and Social Services Subcommittee**

Additional Pages

March 18, 2026

D11A0401
Office of the Deaf and Hard of Hearing

Committee Narrative

D11A04.01 Executive Direction

Report on Efforts to Fill Vacant Positions: As of December 31, 2025, the Office of the Deaf and Hard of Hearing (ODHH) had four vacant positions, leading to a vacancy rate of 57.1%. All four vacant positions had been vacant for more than one year. The committees request that ODHH submit a report on the status of all December 2025 vacant positions, including the date filled for any positions that have been filled, and any active recruitment efforts to fill vacant positions.

<i>Information Request</i>	<i>Author</i>	<i>Due Date</i>
<i>Report on efforts to fill vacant positions</i>	<i>ODHH</i>	<i>August 15, 2026</i>

D26A07
Department of Aging

Budget Amendment

D26A07.03 Community Services

Add the following language to the general fund appropriation:

, provided that \$1,300,000 of this appropriation made for the purpose of grants through the Naturally Occurring Retirement Communities program may be used only to provide grants as follows:

- (1) \$575,000 to the Jewish Social Service Agency for the following purposes:
 - (a) \$350,000 for the Holocaust Survivor Program; and
 - (b) \$225,000 for the Coming of Aging in Maryland Program;
- (2) \$475,000 to Jewish Community Services, Inc. for the following purposes:
 - (a) \$350,000 for the Holocaust Survivor Program; and
 - (b) \$125,000 for the Millbrook Case Management Program;
- (3) \$100,000 to Comprehensive Housing Assistance, Inc. for the Senior Villages Program;
- (4) \$75,000 to CHANA Baltimore, Inc. for the Elder Abuse Prevention Program; and
- (5) \$75,000 to Hebrew Home of Greater Washington, Inc. for the Charles E. Smith Life Communities ElderSAFE Center.

Funds not expended for this restricted purpose may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund.

Explanation: *This language restricts funds within the Naturally Occurring Retirement Communities program to be used only to distribute grants for specified recipients and uses.*

D26A07
Department of Aging

Committee Narrative

D26A07.03 Community Services

Adopt the following narrative:

Report on the Condition of Senior Center Facilities: *The committees are interested in the condition of senior citizen activity center facilities across the State. The committees request that the Maryland Department of Aging (MDOA), in collaboration with local Area Agencies on Aging (AAA), compile information and assessments on statewide building conditions of all senior citizen activity centers to facilitate improved local government planning. MDOA should submit a report with the following information:*

- *a list of senior citizen activity centers across the State by jurisdiction;*
- *the age and condition of the facilities, including identifying facility components that are approaching the end of their useful life (roof, plumbing, HVAC, etc.);*
- *a summary of challenges or concerns regarding facility conditions; and*
- *recommendations for improving the conditions of facilities across the State, including plans to increase awareness and use of the Senior Citizens Activities Center Grant Program for projects that improve senior centers.*

<i>Information Request</i>	<i>Author</i>	<i>Due Date</i>
<i>Report on senior center facility conditions</i>	<i>MDOA AAA</i>	<i>September 1, 2026</i>

D27L00
Maryland Commission on Civil Rights

Committee Narrative

D27L00.01 General Administration

Measures Implemented to Reduce Case Backlogs: The Maryland Commission on Civil Rights (MCCR) has faced persistent challenges in case processing that have been primarily attributed to staffing limitations, contributing to delays and a backlog of cases awaiting assignment. The committees request that MCCR submit a report outlining any measures implemented to reduce case backlogs, including:

- the status of filling vacant positions related to both the new positions in fiscal 2026 and other vacant positions, and the impact of filling vacant positions on the case backlog and case assignment timeliness;
- *a discussion of how MCCR determines the classification of new positions and why positions focused on education and outreach were recruited in calendar 2025 despite MCCR's case backlog;*
- metrics tracking case resolution outcomes, including average processing time, number of cases closed, and proportion of cases resolved within established benchmarks;
- a discussion of operational improvements, including any changes in workflow, investigator caseloads, or coordination with involved parties and any impacts these changes have had on case backlogs; and
- current average staff to caseload ratios by case type and a comparison to the staff to caseload ratios held at similar offices in other jurisdictions

Information Request	Author	Due Date
Report on measures implemented to reduce case backlogs	MCCR	November 1, 2026

M00M
Developmental Disabilities Administration
Maryland Department of Health

Budget Amendment

M00M01.01 Program Direction

Add the following language to the general fund appropriation:

, provided that \$500,000 of this appropriation made for the purpose of administration may not be expended until the Maryland Department of Health submits a report each ~~quarter~~month to the budget committees on spending for the Developmental Disabilities Administration Community Services program. The report shall include the following monthly and aggregate data on spending in the Long Term Services and Supports system by service delivery model both including and excluding claims for services provided in prior years:

- (1) spending by service provided;
- (2) number of participants receiving the service;
- (3) number of units provided;
- (4) cost per participant;
- (5) utilization of by services; and
- (6) annualized cost estimates for the rest of the fiscal year;
- (7) spending by subprogram;
- (8) spending by fund source; and
- (9) average expenditures per participant by primary service model, separated by age groups 0 to 17, 18 to 20, 21 to 22, 23 to 64, and 65 and older.

The report shall also include the following monthly data related to dedicated hours:

- (1) dedicated hours spending trend analysis, including authorized users, authorized units, and utilized units by month;
- (2) the number and budgeted cost of approved dedicated hours based on the following separate categories:

- (a) behavioral or medical needs;
 - (b) retirement; and
 - (c) enhanced community integration; and
- (3) a comparison of approved dedicated hours in each of the three categories listed above from fiscal 2026 to 2027, month to month.

The first report shall be submitted by September 1, 2026, and shall include actual data for the Community Services program for fiscal 2026 in the final quarter of fiscal 2026 and aggregate fiscal 2026 data. The second report shall be submitted by ~~December 1~~ October 1, 2026, and all other reports shall be submitted monthly thereafter. ~~The third report shall be submitted by March 1, 2027. The fourth report shall be submitted by June 1, 2027.~~ The funds may be released in \$250,000 increments following the submission of the ~~second-sixth~~ and ~~fourth-eleventh~~ reports. The budget committees shall have 45 days from the date of the receipt of the ~~second-sixth~~ and ~~fourth-eleventh~~ reports to review and comment. Funds restricted pending receipt of these reports may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund if the reports are not submitted to the budget committees.

Explanation: The Developmental Disabilities Administration (DDA) has completed transitioning all providers from a prospective payment model in the legacy system to a fee-for-service (FFS) reimbursement model in the Long Term Services and Supports (LTSS) system. This transition included establishing new rates based on an FFS reimbursement model. Following the LTSS transition, actual spending in DDA’s Community Services program has significantly surpassed the legislative appropriation, and community services spending continues to increase in LTSS. This language restricts funds budgeted for administration until the Maryland Department of Health (MDH) submits ~~quarterly~~ *monthly* reports to the budget committees with monthly spending and utilization data, *including data on dedicated hours.*

Information Request	Author	Due Date
Report on community services spending	MDH	September 1, 2026 December 1, 2026 March 1, 2027 June 1, 2027 <i>September 1, 2026, and monthly thereafter through June 1, 2027</i>

M00M
Developmental Disabilities Administration
Maryland Department of Health

Budget Amendment

M00M01.02 Community Services

Add the following language:

Further provided that, relating to rates paid to providers, the Developmental Disabilities Administration (DDA) within the Maryland Department of Health shall not make further reductions to rates, including the geographical differential rate paid for services in certain local jurisdictions, in fiscal 2027 beyond the authorized cost containment actions as specified in the fiscal 2027 Budget Bill.

Further provided that, relating to individuals receiving services with State-only funds, DDA shall ensure that:

- (1) individuals who were receiving State-only funded services and applied for the DDA-operated Medicaid waiver and were found eligible, shall continue to receive State-only funded services until they are approved to transition into the DDA-operated Medicaid waiver; and
- (2) individuals who have applied for the DDA-operated Medicaid waiver and were found ineligible shall continue to receive State-only funded services.

Explanation: This language specifies the implementation of certain cost containment actions in DDA regarding rate reductions and individuals funded with State-only funded services. This language restricts DDA from further reducing rates paid to providers, including geographical differential rates, in fiscal 2027 beyond the authorized cost containment actions as specified in the fiscal 2027 Budget Bill and requires that DDA continue providing services to individuals receiving State-only funded services in certain circumstances.

M00M
Developmental Disabilities Administration
Maryland Department of Health

Budget Amendment

M00M01.02 Community Services

Add the following language:

Further provided that, relating to day-to-day administrative supports, the Developmental Disabilities Administration within the Maryland Department of Health shall implement the following:

- (1) participants in the self-directed services model may utilize up to 10 hours per month of day-to-day administrative supports;
- (2) day to day administrative supports shall include nondirect supports that assist the individual with household management and scheduling, appointment scheduling, and money management tasks such as reviewing and paying bills and assisting with the maintenance of benefits;
- (3) participants in the self-directed services model may hire an employee or vendor to provide day-to-day administrative supports;
- (4) participants in the self-directed services model who are minors are not eligible for day-to-day administrative supports; and
- (5) the duties of a day-to-day administrative support provider, support broker, and coordinator of community services shall not overlap for a participant in the self-directed services model and the duties that each position will be responsible for shall be specified by the participant and their team.

Explanation: This language specifies the implementation of day-to-day administrative supports funded by the Developmental Disabilities Administration for participants in the self-directed services model.

M00Q01
Medical Care Programs Administration
Maryland Department of Health

Committee Narrative

M00Q01.03 Medical Care Provider Reimbursements

Adopt the following narrative:

***Prescription Drug Reimbursement:** Managed care organizations (MCO) under the HealthChoice program are not subject to the same reimbursement requirements as pharmacy claims paid by Maryland Medicaid on a fee-for-service (FFS) basis. Chapter 217 of 2023 required the Maryland Department of Health (MDH) and Prescription Drug Affordability Board to issue a report analyzing pharmacy claims paid by MCOs and claims reimbursed by Maryland Medicaid under FFS rates, including a comparison of the dispensing fees paid under managed care and FFS. The report provided high level summaries of total reimbursement but did not provide specific claims data or a breakdown of reimbursement components for specialty drugs. The committees request that MDH submit a report providing Medicaid's paid pharmacy claims data for calendar 2023 and 2024. The report should include claims data for both managed care and FFS shown separately and data should be provided in a downloadable electronic format through Excel or other comma-separated values file. Specifically, the report should include:*

- *pharmacy claims paid under FFS, noting the file date, national drug code, dispensed quantity, ingredient cost paid, and dispensing fee paid;*
- *for claims paid under FFS, MDH should indicate to the extent possible, whether the reimbursed provider is located in Maryland and whether drugs were dispensed by mail or in-person;*
- *pharmacy claims paid by MCOs (MCOs may be deidentified to preserve proprietary protections), noting the file date, national drug code, dispensed quantity, ingredient cost paid, and dispensing fee paid;*
- *for claims paid by an MCO, MDH should indicate to the extent possible, whether the reimbursed provider is located in Maryland and whether drugs were dispensed by mail or in-person;*
- *the number and dollar value of paid pharmacy claims in which MCO reimbursement exceeded the FFS reimbursement methodology for that drug by more than \$10; and*
- *for claims in which MCO reimbursement exceeded the FFS reimbursement methodology by more than \$10, the additional amount paid by Medicaid.*

Information Request

Author

Due Date

*Report on prescription drug
reimbursement*

MDH

September 1, 2026