

SB 367 - Ellis Written Testimony - Final.pdf

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Position: FAV

ARTHUR ELLIS, CPA
Legislative District 28
Charles County

DEPUTY MAJORITY LEADER

Finance Committee

Senate Chair

Joint Committee on the
Management of Public Funds

Chair, Charles, St. Mary's and Calvert
Counties' Senate Delegation



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Sponsor Written Testimony: Favorable

Senate Bill 367: Maryland Medical Assistance Program –
Supportive Housing and Health Services

January 30, 2025

Chair Beidle, Vice Chair Hayes, and members of the Senate Finance Committee:

I have introduced and am pleased to provide written testimony in support of Senate Bill 367: Maryland Medical Assistance Program -- Supportive Housing and Health Services. This bill aims to coordinate health services and housing for those most in need in Maryland. By connecting people who are housing insecure or unhoused with health services and providing supports that coordinate their housing and health needs, Maryland can improve health outcomes, reduce disparities in health outcomes, and improve access to stable housing for Maryland residents. By using this model also known as, "Housing First," Maryland can lead the nation in addressing the urgent housing crisis and improving health equity for the most marginalized.

Supportive housing is a model that connects those who are housing insecure – or in other words, those who are lacking a permanent residence or unable to pay rent for a period of time – with wraparound services and support to obtain more permanent housing. This model coordinates their other health care needs and gets to the root of issues with housing insecurity.

This bill is needed because data from the National Alliance to End Homelessness showed that 7,144 Marylanders experienced homelessness in 2018, and that over half of these individuals were identified as being African American.¹ Research from the World Health Organization supports that health and housing are directly related in numerous ways, especially

¹ National Alliance to End Homelessness, *Homelessness is a Problem in Maryland, but We're Making Progress*, <https://endhomelessness.org/wp-content/uploads/2019/08/MD-fact-sheet-2019.pdf> (last viewed Jan. 30, 2025).

for those who are unsheltered.² Lack of stable, quality housing can make it difficult for individuals to continue taking their prescribed medications or follow up for medical appointments or treatment plans.³ It can make it difficult to cook nutritious meals, sleep well at night, or manage mental health and stress.⁴ And, of course, people facing housing insecurity may also face physical threats to their health and lives, especially if living unhoused on the street.⁵ This bill will help bridge the gap between medical services and housing services that Maryland already provides by coordinating care and providing those most in need with the supports to secure more stable housing.

According to the National Conference of State Legislatures (NCSL), several states, including Maryland are already moving toward using the supportive housing model to improve outcomes for their residents and state.⁶ NCSL noted that supportive housing helped to reduce emergency department visits by 14.3% and reduced spending by 25.2%.⁷ Several counties in Maryland already have a supportive housing Medicaid waiver, so this bill would allow a state-wide implementation of this waiver.⁸

Thank you for your consideration and I look forward to moving toward health equity together through this statewide supportive housing bill.

Sincerely,



Arthur Ellis

² World Health Organization, Health and Housing Guidelines (Nov. 23, 2018), <https://www.who.int/publications/i/item/9789241550376>.

³ Antoinette B. Coe, et. al., *Medication Adherence Challenges among Patients Experiencing Homelessness in a Behavioral Health Clinic*, NIH National Library of Medicine p. 2-3 (Dec. 6, 2012), <https://pmc.ncbi.nlm.nih.gov/articles/PMC3733792/#:~:text=Several%20barriers%20to%20medication%20adherence,to%20pick%20up%20their%20medications>.

⁴ *Id.* at p. 2-5. See also, Yong Liu, et. al., *Relationships Between Housing and Food Insecurity, Frequent Mental Distress, and Insufficient Sleep Among Adults in 12 US States, 2009*, NIH National Library of Medicine (Mar. 13, 2014), <https://pubmed.ncbi.nlm.nih.gov/24625361/#:~:text=The%20prevalence%20of%20frequent%20insufficient,among%20those%20who%20did%20not>.

⁵ Ann Elizabeth Montgomery, et. al., *Homelessness, Unsheltered Status, and Risk Factors for Mortality*, NIH National Library of Medicine (Oct. 16, 2019), <https://pmc.ncbi.nlm.nih.gov/articles/PMC5230839/#:~:text=Studies%20show%20that%20people%20living,14%E2%80%9316>.

⁶ National Coalition of State Legislatures, *Addressing Health Outcomes Through Supportive Housing* (Feb. 13, 2023), <https://www.ncsl.org/health/addressing-health-outcomes-through-supportive-housing>.

⁷ *Id.*

⁸ Maryland Department of Health, *Assistance in Community Integration Services Pilot*, <https://health.maryland.gov/mmcp/Pages/Assistance-in-Community-Integration-Services-Pilot.aspx> (last viewed Jan. 30, 2025) (Counties include Baltimore City, Cecil County, Montgomery County, and Prince George's County).

SB367_SponsorPresentation

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Senate Bill 367

MARYLAND MEDICAL ASSISTANCE PROGRAM: SUPPORTIVE HOUSING AND HEALTH SERVICES

*Senator Ellis, District 28
Maryland General Assembly
2025 Session*



TESTIMONY OVERVIEW

01

Overview

02

What Supportive
Housing Is

03

Context for the Bill

04

Why Supportive
Housing

05

Conclusion

SB0367: BILL IN SUPPORT OF SUPPORTIVE HOUSING



MARYLAND MEDICAL ASSISTANCE PROGRAM

Provides health care through
Medicaid and other programs to
those in need, particularly low-
income residents



SUPPORTIVE HOUSING

Maximizes Medicaid funding by
connecting people to various
housing supports in order to
better coordinate health care
for residents



BILL CONTEXT: HOUSING FIRST

- 7,144 Marylanders experienced homelessness in 2018. (National Alliance to End Homelessness)
- Over 50% of those unhoused in Maryland were African American.
(National Alliance to End Homelessness)
- Nine out of top fourteen causes of deaths in Maryland show a mortality disparity between African Americans and Whites. (Baquet et. al., 2015)

SUPPORTIVE HOUSING AS A SOLUTION

- Research shows that access to stable, quality housing improves health outcomes and health equity
- Several counties in Maryland are already piloting supportive housing programs, and several states are also piloting similar programs to improve health outcomes
- Supportive housing can coordinate care, using the Housing First model to provide wraparound services and improve transitions to stable housing

Thank You

Please support Senate Bill 367 so we can improve health outcomes and equity for residents in Maryland, statewide, together.



(410) 841-3616



Arthur.Ellis@senate.state.md.us



MLU Support Letter - SB367.pdf

Uploaded by: Carlos Orbe, Jr.

Position: FAV

January 31, 2025

The Honorable Delores G. Kelley
Chair, Senate Finance Committee
Maryland General Assembly
11 Bladen Street
Annapolis, MD 21401

Support for Senate Bill 367 – Maryland Medical Assistance Program – Supportive Housing and Health Services

Dear Chair Kelley and Members of the Senate Finance Committee,

On behalf of Maryland Latinos Unidos (MLU), I am writing to express our strong support for Senate Bill 367 (SB0367), titled "Maryland Medical Assistance Program – Supportive Housing and Health Services." This legislation is a critical step in addressing the dire intersection of housing insecurity and health disparities that disproportionately affect Maryland's Latino and immigrant populations.

Stable housing is a fundamental determinant of health, yet Latino families in Maryland are among the most vulnerable to housing instability. According to the National Low Income Housing Coalition, 52% of Latino renters in Maryland are cost-burdened, meaning they spend more than 30% of their income on housing. This financial strain forces families to make impossible choices between rent, healthcare, and basic necessities. Lack of stable housing contributes to higher rates of chronic illnesses, untreated mental health conditions, and delayed medical care, exacerbating existing inequities.

The impact of housing insecurity is even more severe for individuals with chronic health conditions, disabilities, and behavioral health needs. A report by the Maryland Department of Health found that Latino residents are 35% more likely to delay or forgo medical care due to financial constraints and lack of access to culturally competent providers. By integrating supportive housing with essential health services, SB 367 provides a pathway to stability for individuals and families facing these challenges.

This legislation would provide crucial assistance with community transition costs, home accessibility modifications, housing and tenancy supports, and wraparound services such as case management, healthcare access, and behavioral support. For immigrant and mixed-status families, who often face additional barriers in navigating the healthcare system, these services can be life-changing. Increased access to supportive housing has been linked to a 40% reduction in emergency room visits and a 50% increase in treatment adherence for chronic conditions, as demonstrated by national supportive housing programs.

Maryland has an opportunity to lead in addressing these disparities by investing in a proven model that promotes housing stability and health equity. Ensuring access to comprehensive, culturally responsive services will allow more individuals to achieve self-sufficiency, improve their well-being, and contribute meaningfully to their communities.

We respectfully urge the members of the Senate Finance Committee to issue a favorable report on SB0367. Passing this legislation will provide a crucial safety net for vulnerable populations, including low-income Latino families, immigrants, and individuals with chronic health conditions, ensuring they have the resources they need to thrive.

Sincerely,

Carlos Orbe, Jr.

Communications and Public Affairs Specialist

Maryland Latinos Unidos

corbejr@mdlatinosunidos.org

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TESTIMONY IN SUPPORT OF SENATE BILL 367

Maryland Medical Assistance Program - Supportive Housing and Health Services

Finance Committee

February 4, 2025

Social Work Advocates for Social Change strongly supports SB 367, which will require the Maryland Medical Assistance Program to provide supportive housing and health services to qualifying individuals and families currently participating in the program. In addition, it would establish certification requirements for professionals providing these services as well as an advisory board that will assist in the enactment of this bill. Supportive housing is an evidence-based intervention that holistically addresses the needs of those currently experiencing homelessness, keeps children out of the foster care system, and addresses a major public health issue.

Marylanders experiencing homelessness need supportive housing and health services. Many people suffering from major health issues struggle to work, and current social safety net programs only go so far in supporting them through their illness. The cost of healthcare, combined with lack of income, creates a vicious cycle where many are too sick to work and too poor to afford the care and treatment they need.¹ As a result, many of these individuals become homeless, ending up in shelters or on the street where their health is put at even more risk.¹ Similarly, individuals with disabilities are at a higher risk for homelessness, with almost a quarter of individuals experiencing homelessness having a disability.² Serious mental health and substance use issues are also common among those experiencing homelessness, with 21% of the unhoused population reporting in 2022 that they suffer from a serious mental illness and 16% reporting they have a substance use disorder.³ Supportive housing and health services would allow individuals with serious physical or mental health issues, disabilities, or substance use disorders to access the services they need in a safe setting, ultimately addressing the root cause of homelessness for many.

Supportive housing keeps children out of the foster care system by providing an opportunity for struggling families to stay together. Families saw the largest rise in homelessness in 2024 at 39%, with almost 150,000 children being without a home for at

¹ National Health Care for the Homeless Council. (2019). Homelessness and health: What's the connection? Fact sheet. <https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>

² NACCHO. (2019). Homelessness among individuals with disabilities: Influential factors and scalable solutions. <https://www.naccho.org/blog/articles/homelessness-among-individuals-with-disabilities-influential-factors-and-scalable-solutions>

³ Saldua, M. (2023). Addressing social determinants of health among individuals experiencing homelessness. SAMHSA. <https://www.samhsa.gov/blog/addressing-social-determinants-health-among-individuals-experiencing-homelessness>

least one night.⁴ Families who are experiencing homelessness are more likely to become involved with the child welfare system, and the children in these families are more likely to be removed and placed in foster care as a result of this involvement, even though lack of housing itself is typically not the reason for child welfare involvement.⁵ In addition, housing instability frequently impedes reunification for families whose children have been removed.⁵ Because this bill would provide supportive housing to both qualifying individuals and families, it would also cut down on child welfare involvement for these eligible families, keeping children experiencing homelessness out of the foster system.

Homelessness is a public health problem, and supportive housing and health services serve as the solution. Homelessness alone is associated with higher mortality rates.⁶ According to The Maryland Interagency Council on Homelessness's most recent Report on Homelessness, published in 2021, the death rate among the state's homeless population is three times as high as that of the housed population, and individuals experiencing homelessness have an average life expectancy that is 30 years lower than average Marylanders.⁷ These figures do not even begin to take into consideration the complex health issues faced by those experiencing homelessness. Ultimately, ameliorating housing instability in Maryland will advance the state's overall public health.

Social Work Advocates for Social Change urges a favorable report on SB 367.

Social Work Advocates for Social Change is a coalition of MSW students at the University of Maryland School of Social Work that seeks to promote equity and justice through public policy, and to engage the communities impacted by public policy in the policymaking process.

⁴ U.S. Department of Housing and Urban Development. (2024). The 2024 annual homelessness assessment report to Congress. <https://www.huduser.gov/portal/sites/default/files/pdf/2024-AHAR-Part-1.pdf>

⁵ Casey Family Programs. 2019. What do we know about the impact of homelessness and housing instability on child welfare-involved families? <https://www.casey.org/impact-homelessness-child-welfare/>

⁶ HUD Office of Policy Development and Research. (2023). Homelessness through a public health lens. <https://www.huduser.gov/portal/pdredge/pdr-edge-featd-article-040423.html>

⁷ The Maryland Interagency Council on Homelessness. (2021). 2020/2021 Report on homelessness. <https://dhcd.maryland.gov/HomelessServices/Documents/2021AnnualReport.pdf>

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Uploaded by: Ann Geddes

Position: INFO

**Senate Bill 367 – Maryland Medical Assistance Program –
Supportive Housing and Health Services**

Senate Finance Committee

February 4, 2025

LETTER OF INFORMATION

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this letter of information regarding SB 367.

SB 367 would require the Department of Health to apply to the Centers for Medicare and Medicaid Services for a waiver to provide supportive housing and health services to eligible individuals, including those with a documented mental illness or substance use disorder, who are homeless and need intensive case management and assistance with obtaining and maintaining housing.

Homelessness negatively impacts a person's health, including their behavioral health, and people with significant behavioral health conditions comprise a significant proportion of the nation's homeless population. Between 20 and 33% of homeless people have serious mental illness, and approximately 67% of people experiencing chronic homelessness have a substance use disorder or other chronic health condition.¹

Providing supportive housing and health services to homeless individuals is both compassionate and cost-effective. A multi-state demonstration project that provided comprehensive housing, case management, mental health/addiction and primary care services to chronically homeless individuals found that emergency department usage dropped dramatically among those enrolled in the program,² and Oregon reported a 12% savings in Medicaid expenditures one year after moving 1,625 individuals into affordable housing with support services.³

MHAMD recognizes the need for and supports the establishment of a program like the one outlined in SB 367. However, we also recognize that Maryland is facing an historic budget crisis, the likes of which has not been seen in decades, and that difficult decisions will have to be made. It is important for the General Assembly to balance the establishment of new initiatives with the need to maintain funding for important existing programs that may lapse without legislative action, such as Maryland Behavioral Health Crisis Response Grant Program.

¹ Supportive housing and housing first. Mental Health America. <https://mhanational.org/issues/supportive-housing-and-housing-first>

² David Moore et al. Comprehensive Services Delivery and Emergency Department Use among Chronically homeless adults. Psychological Services. (May, 2017). <https://pmc.ncbi.nlm.nih.gov/articles/PMC5424614/pdf/nihms836696.pdf>

³ National Academy for State Health <https://nashp.org/how-states-use-federal-medicaid-authorities-to-finance-housing-related-services/>

SB367 Supportive Housing- Letter of Information -

Uploaded by: Annie Coble

Position: INFO

TO: The Honorable Pamela Beidle, Chair
Senate Finance Committee

SB367
Letter of Information

FROM: Annie Coble
Assistant Director, Maryland Government Affairs

DATE: February 4, 2025

RE: SB367 MARYLAND MEDICAL ASSISTANCE PROGRAM - SUPPORTIVE HOUSING
AND HEALTH SERVICES

Johns Hopkins would like to provide information on SB367 Maryland Medical Assistance Program – Supportive Housing and Health Services. This bill requires Maryland Medicaid to provide supportive housing for eligible members. Johns Hopkins acknowledges this is an extraordinary financial undertaking, but there are real benefits to providing this service we know first-hand.

Johns Hopkins participated in a pilot program in Baltimore City implementing Assistance in Community Integration Services (ACIS). This pilot was very successful in helping some of the most vulnerable Medicaid enrollees get access to the important wraparound services, including housing, required to truly improve their health. Johns Hopkins Hospital has been an active participant in the pilot and saw the value firsthand. Dr. Redonda Miller, President of the Johns Hopkins Hospital, reported that, “we found the pilot ultimately demonstrated that this model had a significant impact on reducing the overall number of hospital visits, including a 19 percent drop in individuals utilizing hospital services, including Emergency Department visits.”

Johns Hopkins also supported MDH’s inclusion of the ACIS program in their most recent application of the Maryland HealthChoice Program 1115 Waiver Renewal Application.

SB 367 - MDH - FIN - LOI.docx (1).pdf

Uploaded by: Meghan Lynch

Position: INFO



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 4, 2025

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 367 - Maryland Medical Assistance Program - Supportive Housing and Health Services - Letter of Information

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (the Department) respectfully submits this letter of information for Senate Bill (SB) 367 – Maryland Medical Assistance Program - Supportive Housing and Health Services. The Department estimates that SB 367 would have a fiscal impact of \$136 million TF (\$68 million GF, \$68 million FF) in FY27 and \$41.6 million TF (\$20.8 million GF, \$20.8 million FF) in FY28. Costs are expected to increase in subsequent years as enrollment increases.

SB 367 requires the Medical Assistance Program (Medicaid) to provide supportive housing and health services to participants meeting certain eligibility criteria. The Department must also establish a certification process for supportive health and health services professionals, establish a stakeholder advisory committee, and apply for a waiver from the Centers for Medicare and Medicaid Services (CMS). This bill would take effect on July 1, 2026.

Each year, more than 4,300 Marylanders with a permanent disability experience chronic homelessness.¹ Existing programs provide some, but not all, of the services required by SB 367 and eligibility criteria vary by program. These programs are operated jointly by Medical Assistance in partnership with the Developmental Disabilities Administration (DDA) or by the Department of Housing and Community Development (DHCD). See Appendix A for more information on the Department's existing programs, including eligibility criteria and covered services.

Supportive Housing and Health Services: SB 367 requires Medical Assistance to provide supportive housing and health services to participants who (1) are experiencing homelessness or chronic homelessness, (2) require intensive case management, (3) have a chronic health

¹ Leveraging Multifamily Affordable Housing Development to End Chronic Homelessness in Maryland: Permanent Supportive Housing and Homeless Preferences in the 2024/2025 Maryland Qualified Allocation Plan
https://dhcd.maryland.gov/HousingDevelopment/Documents/OAP_MRFP/PSH-Companion-2024-2025-OAP.pdf

condition or acute illness, and (4) require assistance with obtaining or maintaining housing as a result of a documented mental illness, substance use disorder, or disability. These services must include assistance with transition costs; home accessibility modifications; housing and tenancy supports; rental assistance and other wraparound services. For purposes of its fiscal analysis, the Department assumes housing and tenancy supports would be required on an ongoing basis and rental assistance would be available for six months.² Community transition costs would be available on a one-time basis. The Department projects a significant fiscal impact over five years from FY27 through FY31:

- Ongoing Housing and Tenancy Supports and Wraparound Services: \$198 million TF (\$99.3 million GF, \$99.3 million FF)
- Rental assistance costs (6 months): \$54 million TF (\$27 million GF, \$27 million FF)
- Home Accessibility Modifications: \$31.8 million TF (\$15.9 million GF, \$15.9 million FF)
- One-Time Transition Costs: \$24 million TF (\$12 million GF, \$12 million FF)

Certification Requirements: SB 367 requires the Department to establish a certification process that meets certain standards for supportive health and health services professionals. DDA ensures that service providers comply with their DDA contracts, which state that Housing Support Service Staff is trained and certified by an approved DDA vendor. The Department assumes that DDA will continue this role for SB367. Were these responsibilities to shift to Maryland Medicaid, it would result in additional budgetary impacts which are currently indeterminate.

Stakeholder Advisory Committee: SB 367 further requires the Department to establish a stakeholder advisory committee to advise the Department on the development of regulations and procedures to implement the legislation. To the extent that Medical Assistance is responsible for establishing a stakeholder advisory committee, the Department estimates \$1.05 million TF (\$523,000 GF, \$523,000 FF) in staffing costs over five years from FY27 through FY31.

Additional Considerations: CMS approved multiple §1115(a) demonstrations for Health Related Social Needs (HRSN) during the last federal administration. It is unclear whether CMS will continue to authorize HRSN waivers in the current administration. Additionally, opening Maryland's §1115(a) demonstration waiver to include additional services prior to the expiration of the current demonstration may put existing programs at risk. The current demonstration ends on December 31, 2026. The Department plans to seek renewal for this demonstration effective January 1, 2027 and anticipates releasing that renewal for public comment later in 2025.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov or (410) 260-3190.

Sincerely,



Laura Herrera Scott, M.D., M.P.H.
Secretary

² Current HRSN waivers allow for up to six months rent for eligible program participants. Existing HRSN approved states have rental assistance rates from CMS that cannot exceed 110% Fair Market Rent.

APPENDIX A

Table 1. SB367 Services Currently Covered by Existing Medicaid Programs for Medicaid Participants

Program Name	Agency Administering	Waiver Authority	Eligibility Criteria	Bill Service Covered	Service Description
Assistance in Community Integration Services (ACIS)	Medical Assistance	§1115(a) (2,140 spaces approved)	Homeless or at risk of homelessness AND Repeated ED use or at least 2 chronic health conditions	Housing and tenancy case management services and other wraparound services including case management to remain housed and improve overall health	Provides housing and tenancy-based case management services
Increased Community Services (ICS)	Medical Assistance	§1115(a) (100 spaces)	Aged 18 and over, Meet the nursing facility level of care, AND Not be eligible for a Medicaid 1915(c) waiver	Case management services	Medicaid State Plan benefits and HCBS allows residents to live at home with appropriate supports, as opposed to residing in a nursing facility.
Rare and Expensive Care Management (REM)	Medical Assistance	§1115(a) (No space limit)	Eligible for the HealthChoice managed care program AND Have at least one rare and expensive condition	Case management assessment and services and therapies to improve health	Provides case-managed fee-for-service alternative to HealthChoice Managed Care Organization (MCO) participation for participants with specified rare and expensive conditions.
Community First Choice (CFC)	Medical Assistance	§1915(k) State Plan program with no enrollment limits	Meet an institutional level of care	Assistance with community transition costs and home accessibility modifications	Provides HCBS to older adults and individuals with disabilities

Community Pathways	DDA	§1915(c) (16,365 approved slots)	Must be 18 years of age or older, In need of residential services, AND Meet an intermediate care facility for the intellectually disabled level of care.	Wraparound services including employment services; home modifications; housing support services	Provides comprehensive supports and services to help participants live more independently in their homes and communities
Community Supports	DDA	§1915(c) (3,640 approved slots)	Must be 18 years of age or older, AND Meet an intermediate care facility for the intellectually disabled level of care.	Wraparound services including employment services; home modifications; housing support services	Helps participants to live more independently in their homes and communities.
Family Supports	DDA	§1915(c) (525 approved slots)	Must be children from birth through 21 years of age AND Meet an intermediate care facility for the intellectually disabled level of care.	Wraparound services; home modifications; housing support services	Allows individuals to live more independently in their homes and communities through a variety of Support Services
Model Waiver for Medically Fragile Children (Model Waiver)	Medical Assistance	§1915(c) (190 approved slots)	Must be children up to age 22 with complex medical needs who would otherwise be hospitalized AND Are certified as needing either hospital or nursing facility level of care	Wraparound services including case management	Provides medically necessary and appropriate services in the community.

Home and Community-Based Options Waiver (CO Waiver)	Medical Assistance	§1915(c) (6,348 approved slots)	Must be 18 years or age or older AND Meet a nursing facility level of care.	Support with activities of daily living, such as bathing, grooming, dressing, and getting around.	Provides community-based services and supports that enable older adults and those with physical disabilities to continue living in their own homes or in assisted living
Brain Injury Waiver	Behavioral Health Administration	§1915(c) (165 approved slots)	Must be individuals diagnosed with brain injury that was sustained after age 17 AND Require a specialty hospital or nursing facility level of care.	Wraparound services including employment services	Provides residential habilitation, day habilitation, and supported employment services to adults with brain injuries.
Medical Day Care Services Waiver	Medical Assistance	§1915(c) (7,913 approved slots)	Must be at least 16 years old AND Must not be enrolled in another home and community-based waiver.	Wraparound services including activity programs and daily living skills training, personal care to improve health	Provides a structured group program to maximize health functioning and independence by providing community-based health, social and related support services, as an alternative to institutional care.
Waiver for Children with Autism Spectrum Disorder (Autism Waiver)	Maryland State Department of Education	§1915(c) (2,950 approved slots)	Must be children with autism ages 1 through 21 AND Need an intermediate care facility for the intellectually disabled level of care.	Wraparound services including employment services; home modifications	Allows eligible children with Autism Spectrum Disorder to receive specific waiver services and certain Medicaid services to support them in their homes and communities