

## DIVISION OF AGING SERVICES

Douglas C. Sommers, *Chief*  
(410) 767-6764

Created in July 1987, the Division of Aging Services helps health-impaired elderly persons in their homes and communities, thus avoiding costly long-term institutional care. The Division develops and administers the program; reviews grants, funding, provider agreements, and regulations; and provides technical assistance to provider agencies and organizations. The Division oversees Adult Day Care; Annual Resident Reviews; Geriatric Evaluation Services; Preadmission Screening; and State-wide Evaluation and Planning Services.

## DIVISION OF COMMUNITY SUPPORT SERVICES

James G. Glover, *Chief*  
(410) 767-1474

The Division of Community Support Services began in July 1987. The Division administers the following parts of the Medical Assistance Program: Ambulance Services; Audiology; Disposable Medical Supplies and Durable Medical Equipment; Hearing Aid; Home Health; Hospice Care; Oxygen and Related Respiratory Services; Physical Therapy; and Transportation Grants.

## DIVISION OF ELIGIBILITY SERVICES

Edward L. Wollman, *Chief*  
(410) 767-1463

The Division of Eligibility Services was started in 1978. The Division establishes and maintains the regulatory base upon which eligibility for the Medical Assistance Program is determined statewide. This responsibility is met within the framework of the overall Medicaid Eligibility System which includes but is not limited to regulations and policies of the federal program and Department of Health and Mental Hygiene; State and local operations of the Department of Human Resources, which determines eligibility through its local departments of social services; and the management of the Medical Assistance Program within the Department of Health and Mental Hygiene.

## DIVISION OF LONG-TERM CARE

Mark A. Leeds, *Chief*  
(410) 767-1444

The Division of Long-Term Care was organized in July 1979. The Division administers Maryland Medicaid coverage and reimbursement for nursing home services, medical day care, and personal care.

## DIVISION OF MATERNAL &amp; CHILD HEALTH

Susan J. Tucker, *Chief*  
(410) 767-6538

The Division of Maternal and Child Health was created in July 1987. The Division oversees and coordinates six programs: Child Health Outreach; Healthy Kids, Early and Periodic Screening, Diagnosis, and Treatment; Healthy Start; Kids Count; Medical Assistance Family Planning; and Pregnant Women and Children.

## DIVISION OF PRIMARY CARE

Donald M. Engvall, *Chief*  
(410) 767-1482

The Division of Primary Care was formed in July 1987. The Division establishes and articulates the State Medicaid policies and regulations pertaining to medical and professional services. These services are provided by physicians, dentists, podiatrists, vision care providers, free-standing clinics, nurse-midwives, nurse anesthetists, nurse practitioners, and health maintenance organizations.

## DIVISION OF SPECIAL POPULATIONS

Kathryn G. King, *Chief*  
(410) 767-1442

The Division of Special Populations was one of two units created in December 1994 from the former Division of Program Services. The Division of Special Populations develops strategies for financing and delivering services to persons with special needs who are eligible for Medicaid. These include children and adults with chronic or mental illnesses, traumatic injury, developmental disability, AIDS, or a history of drug and alcohol abuse. Services funded entirely by the State are refinanced to include federal Medicaid funds. Financial resources and services are reallocated from institutions, such as nursing homes and State psychiatric and developmental disability facilities, to community-based services.

## DIVISION OF WAIVER PROGRAMS

LaVern W. Ware, *Chief*  
(410) 767-5220

The Division of Waiver Programs was one of two agencies derived from the former Division of Program Services in December 1994. The Division of Waiver Programs is concerned with Medical Assistance waivers. These are exceptions granted by the federal Health Care Financing Administration to certain federal regulations governing Medicaid. Such waivers are authorized when it becomes cost effective to do so, but only if the quality of medical care is maintained (federal Social Security Act, sec. 1915). Typically, waivers help people who otherwise would require a hospital, or a facility providing skilled nursing or intermediate care.