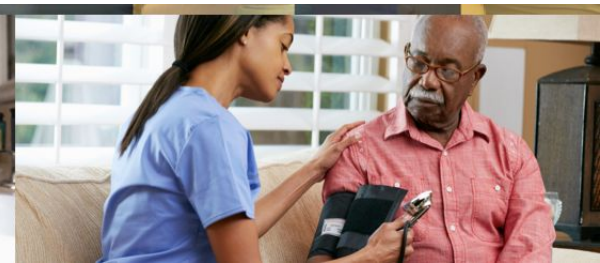




Home and Community-Based Services (HCBS) Overview Joint Briefing January 26, 2024



Agenda

- **Overview of the Office of Long Term Services and Supports**
- **Differences between State Plan and 1915(c) Waiver programs**
- **Maryland's HCBS Waivers and Programs**
 - **Medicaid 1915(c) Waivers**
 - **Other HCBS Programs**
 - **HCBS Enrollment Data**
 - **HCBS Rate Increases**
- **Top Priorities**
 - **End the Wait Act**
 - **Plan of Service**
- **The Future of HCBS Initiatives**
 - **Enhancing HCBS**
 - **Proposed Federal Changes**

Office of Long Term Services and Supports (OLTSS)

- Operates or has administrative oversight over 23 Medicaid fee-for-service Medicaid programs
 - ❖ Institutional services including Nursing Facilities, Chronic and Special Pediatric Hospitals, Hospice
 - ❖ HCBS including eight 1915(c) Waivers and several State Plan Programs and Demonstration Waivers
- Total OLTSS staff: 134
- Internal MDH and external partners:
 - Office of Health Care Quality (OHCQ), MDH
 - Developmental Disabilities Administration (DDA), MDH
 - Behavioral Health Administration (BHA), MDH
 - Local Health Departments (LHD), MDH
 - Maryland Board of Nursing (MBON), MDH
 - Maryland Department of Disabilities (MDoD)
 - Maryland Department of Aging (MDoA)
 - Department of Housing and Community Development (DHCD)
 - Maryland State Department of Education (MSDE)
 - The Hilltop Institute
 - Case Management Agencies
 - Centers for Medicare and Medicaid Services

Medicaid State Plan

- Agreement between a state and the Federal government describing how that state administers its Medicaid programs.
- Indicates groups of individuals to be covered, services to be provided, methodologies for providers to be reimbursed, and the administrative activities that are underway in the state.
- Community Medicaid eligibility provides participants access to all appropriate State Plan benefits if they qualify for the service. (e.g. NEMT)

HCBS 1915(c) Waivers

- States can waive certain Medicaid program requirements, comparability, income and resource standards, and statewideness.
- Waivers must demonstrate cost neutrality.
- States may cover services not otherwise covered under the Medicaid State Plan.
- States may limit the number of waiver participants.
- Participants must meet financial, medical, and technical eligibility.
- Waiver participation grants access to Medicaid State plan services.

Scope of Maryland HCBS: Waiver and Program Details

Medicaid 1915(c) Waivers

1915(c) Waiver	Operated By	Target Group
<u>Model Waiver (1985)</u>	Office of Long Term Services and Supports	Serves medically fragile individuals; no minimum or maximum age limit, but individuals must be enrolled prior to age 22
<u>Home and Community-Based Options Waiver (2003)</u>	Office of Long Term Services and Supports	Serves individuals with physical or age-related disabilities; ages 18 and older
<u>Medical Day Care Waiver (2008)</u>	Office of Long Term Services and Supports	Serves individuals with physical or age-related disabilities; ages 16 and older

Medicaid 1915(c) Waivers

1915(c) Waiver	Operated By	Target Group
<u>Community Pathways Waiver (1984)</u>	Developmental Disabilities Administration	Serves individuals with developmental disabilities; no minimum or maximum age limit
<u>Family Supports Waiver (2018)</u>	Developmental Disabilities Administration	Serves individuals with developmental disabilities; ages birth to 21 years old
<u>Community Supports Waiver (2018)</u>	Developmental Disabilities Administration	Serves individuals with developmental disabilities; no minimum or maximum age limit

Medicaid 1915(c) Waivers

1915(c) Waiver	Operated By	Target Group
<u>Autism Waiver (2001)</u>	Maryland State Department of Education	Serves individuals who are diagnosed with autism spectrum disorder; ages 1 to 21 years old
<u>Brain Injury Waiver (2003)</u>	Behavioral Health Administration	Serves individuals who are diagnosed with a brain injury; ages 22 and older

Programs

Program	Description
<u>Community First Choice</u>	Provides community services and supports to enable older adults and individuals with disabilities to live in their own homes
<u>Community Personal Assistance Services</u>	Provides services and supports for qualified Medicaid participants who are older adults and those with physical disabilities to live in their own home
<u>Increased Community Supports</u>	Provides support and services for qualified Medicaid participants in nursing facilities to return to their homes and communities
<u>Money Follows the Person</u>	A demonstration that supports the State's efforts for rebalancing long term services and supports system so that individuals have a choice of where they live and receive services

HCBS Enrollment Data

Waiver or Program	Enrollment Data FY23	Available Waiver Slots	Registry/Waitlist
Community Options (OLTSS)	4,595	6,348	26,036
Model (OLTSS)	214	200	174
Medical Day Care (OLTSS)	5,100	7,720	N/A
Autism (MSDE)	1,748	2,950	4,376
Brain Injury (BHA)	126	155	N/A
Community Supports (DDA)	2,367	3,640	4,314 (shared)
Community Pathways (DDA)	15,817	16,365	4,314 (shared)
Family Supports (DDA)	363	525	4,314 (shared)

HCBS Enrollment Data

Program	Enrollment Data FY23
Community Personal Assistance Services	651
Community First Choice	11,864
Increased Community Services	21

- Community Personal Assistance Services and Community First Choice programs do not have a waitlist/registry or an enrollment cap. As State Plan option programs, capacity cannot be limited and a State must serve anyone who meets the eligibility criteria to enroll in the program.
- The Increased Community Services program is an 1115 Demonstration Waiver capped at 100 individuals.

HCBS Rate Increases

Fiscal Year (Effective Date)	Rate Increase
2019 (July 1, 2018)	3%
2020 (July 1, 2019)	3%
2021 (July 1, 2020)	4%
2021 (January 1, 2021)	4%
2022 (November 1, 2021)	5.2%
2023 (July 1, 2022)	12% (includes a temporary 4% increase for FY 23)
2024 (July 1, 2023)	4% (offset by sunseting of temporary 4% increase)
2024 (January 1, 2024)	8%
2025 (July 1, 2024)	3%



Top Priorities

End the Wait Act

- Reduce registry or waitlist by 50 percent by 2028
 - SB636 (2022) - Maryland Department of Health – Waiver Programs – Waitlist and Registry Reduction (End the Wait Act)
 - SB622 (2023) - Medicaid Waiver Programs – Waitlist and Registry Reduction (End the Wait Act)
- Programs with a waitlist/registry*
 - One shared waitlist - Community Pathways, Community Supports, and Family Supports
 - Registry - Model Waiver
 - Registry - Home and Community-Based Options Waiver
 - Waitlist/Registry - Autism Waiver

*Registry includes interested individuals regardless of eligibility status. Waitlist includes interested individuals who have been screened and meet the technical eligibility criteria for the program.

End the Wait Act - Noteworthy Progress

- **Increased monthly invitations for Community Options Waiver from 300 to 600**
- **Increased approved Waiver slots to accommodate increased capacity**
 - Autism Waiver - increased slots to 2,950 effective July 1, 2023
 - increase of 1,750 slots over 5-year period
 - Community Options - increased slots to 7,500 effective January 1, 2027
 - increase of 1,152 slots over 5-year period
 - DDA-operated Waivers - increased slots to 23,438 effective July 1, 2027
 - increase of 2,908 slots over 5-year period
 - Model Waiver - available slots under Waiver authority are at capacity
 - 200 slots available in the Waiver
- **Actively transitioning the Autism registry to a waitlist**
 - As of January 2024, 3,239 registrants have been screened for technical eligibility criteria. Full transition expected by end of FY 2024.
- **Increased case management capacity to support additional applicants/participants (Community Options, CFC, CPAS, ICS programs)**
 - As of July 2023, the waitlist for a Supports Planner was eliminated.

End the Wait Act - Projected Expenditures (5-Year Period)

State Fiscal Year	Services Costs (TF)	Staffing Costs (TF)*	Misc. Costs (TF)	Total Costs (TF)	Total Costs (GF)
2023	\$17,189,323	\$185,806	\$3,038,014	\$20,413,143	\$10,206,572
2024	\$150,265,406	\$7,080,884	\$48,931	\$157,395,221	\$78,697,611
2025	\$169,789,407	\$6,619,941	\$39,805	\$176,449,153	\$88,224,577
2026	\$187,549,663	\$6,796,423	\$39,805	\$194,385,891	\$97,192,946
2027	\$204,654,380	\$6,963,276	\$39,805	\$211,657,461	\$105,828,731
2028	\$221,652,526	\$7,197,779	\$39,805	\$228,890,100	\$114,445,050
Total	\$951,100,695	\$34,844,109	\$3,246,165	\$989,190,969	\$494,595,485

*Staffing requirements to implement MDH’s plan: 72 positions (27 positions for DDA; 7 positions for Community Options; 4 positions for Model Waiver; 5 positions for Autism Waiver; and 29 positions for EDD.



Plan of Service Reviews

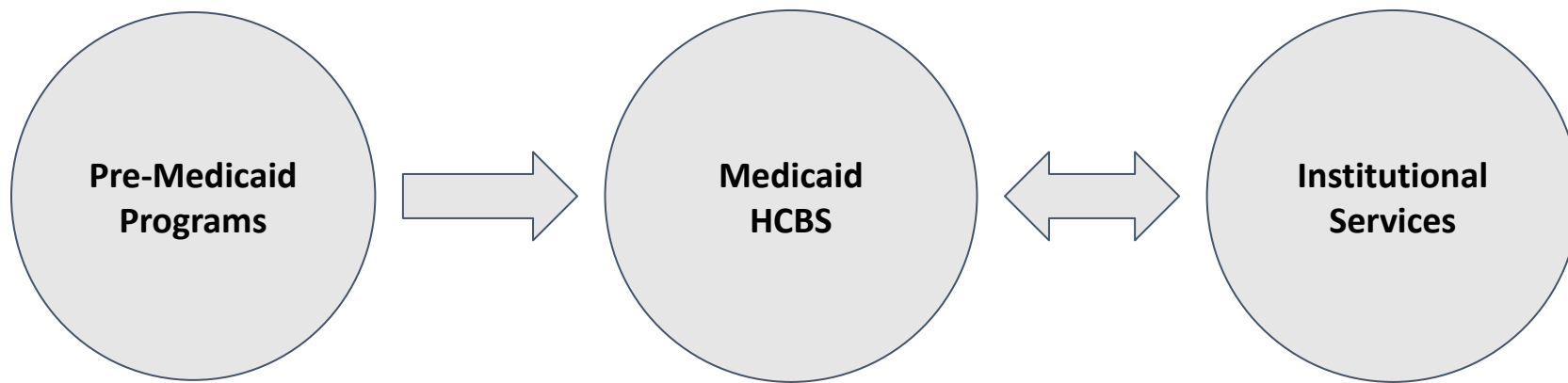
- Plan of service (POS)
 - A plan of service is a request for program services aimed at meeting a participant's medical needs in relation to the activities of daily and instrumental activities of daily living.
 - Plans are developed by Supports Planners in collaboration with the participant and/or his or her representative.
 - Upon approval, the plan of service becomes the service authorization.
 - POS backlog impacts applicants and participants in 4 HCBS programs: HCBOW, CFC, CPAS, ICS
 - Total of 11 OLTSS staff dedicated to POS reviews.
 - As of December 2023:
 - 13,799 POS pending a decision by MDH staff
 - Provisional 2,771, Initial 1,355, Revised 1,456, and Annual 8,217

Plan of Service

- Remediation Strategy:
 - Build provider capacity for case management - **Complete**
 - Build internal staff resources - **Ongoing**
 - Build system logic to approve certain annual POS meeting specific criteria - **Spring 2024**
 - Transition POS review to contractor - **Spring 2024**

The Future: HCBS Initiatives

LTSS Continuum of Care



Pre-Medicaid programs provide services and supports to individuals who don't qualify for Medicaid or those on a Medicaid Waiver registry/waitlist.

Medicaid HCBS allows individuals to age in place in their homes and communities, and prevents or delays institutionalization. Additionally, these services and supports allow institutionalized individuals to return to their homes or communities if they are able to do so safely.

Institutional Services are designed to support individuals who cannot safely reside in their homes.

Enhancing HCBS

- Partnership with MDoA and other state agencies
 - Received grant for technical assistance with Advancing States to rebalance long term services and supports
 - Focus on technological advances, pre-Medicaid services and supports, reducing staff attrition, and screening tools
- Continued collaboration with MDoA on enhancing Maryland Access Point (MAP) sites
 - Increased visibility and system access for MAP Specialists to assist constituents with status of Waiver applications

Proposed Federal Changes

- Significant, landmark proposed federal rule in 2023 to transform the HCBS landscape; final rule expected in 2024 to include compliance timelines for states

Improving Access and Quality of Home and Community Based Services

- Establish a new strategy and promote public transparency for oversight, monitoring, quality assurance, and quality improvement for HCBS programs;
- Require that 80% of Medicaid payments for personal care, homemaker and home health aide services be spent on compensation for the direct care workforce (as opposed to administrative overhead or profit);
- Require states to publish the average hourly rate paid to direct care workers delivering personal care, home health aide, and homemaker services;
- Require states to report on waiting lists for waiver programs; service delivery timeliness for personal care, homemaker and home health aide services