Maryland
DEPARTMENT OF HEALTH

*Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary*

April 18, 2022

Daniel Tsai
Deputy Administrator and Director
Center for Medicaid & CHIP Services (CMCS)
7500 Security Blvd
Baltimore, MD 21244

Dear Deputy Administrator and Director Tsai:

The Maryland Department of Health (the Department) is pleased to submit its newest quarterly update to its Initial Spending Plan Projection and Narrative submitted on July 13, 2021. The Department plans to enhance, expand, and strengthen home and community-based services (HCBS) and behavioral health services under the Medicaid program using an estimated $612.3 million total funds including federal financial participation (FFP) pursuant to Section 9817 of the American Rescue Plan Act of 2021 (ARPA).

Use of enhanced federal funding will reinforce the Department's commitment to improve equity and access to HCBS for those with physical disabilities, intellectual and developmental disabilities, and behavioral health needs. The Department will use the majority of funds to increase provider rates, as directed in the State's fiscal year 2022 budget passed during the 2021 Maryland legislative session. In our February 2022 submission, , the Department has incorporated a proposal to cover certified peer recovery services for substance use disorder (SUD). A Certified Peer Recovery Specialist (CPRS) is an individual who uses lived experience in recovery to help others in their recovery journey. Additionally, the Department has adjusted its spending plan for Developmental Disabilities Services. It has lowered the amount of provider grants and is adding supplemental payments to providers.

Collaboration between the Maryland Developmental Disabilities Administration (DDA) and the Maryland Behavioral Health Administration (BHA) is a key component of this proposed spending plan. The Department is also committed to working with our many community partners and stakeholders in a collaborative fashion to achieve the goals of enhancing, expanding and strengthening HCBS.

The Department will continue to serve as the Operating Agency for the American Rescue Plan initiatives through the Maryland Medicaid program. If you would like to discuss this further, please contact me at tricia.roddy@maryland.gov.

Sincerely,

Tricia Roddy

Tricia Roddy
Deputy Medicaid Director

**American Rescue Plan Act of 2021**
**Section 9817 Spending Plans and Narrative**
**Quarterly Update**
**April 2022**

## Introduction

On March 11, 2021, President Biden signed into law the American Rescue Plan Act (ARPA). A portion of ARPA (Section 9817) provides additional support for Medicaid home and community-based services (HCBS) during the COVID-19 emergency by providing a 10% enhanced federal medical assistance percentage (FMAP) for a one-year period from April 1, 2021 to March 31, 2022. HCBS are person-centered services delivered either in the home or the community to support participants who need assistance with everyday activities, finding and maintaining competitive integrated employment, and community integration. States must use the federal funds attributable to the one-year increased FMAP by March 31, 2024, and in addition, states must use state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program.

In alignment with ARPA, the Maryland Department of Health (the Department) will use these funds to supplement and not supplant existing HCBS funding. Additionally, the Department will not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services that were in place on April 1, 2021. The Department will also preserve covered HCBS, including the actual services and the amount, duration, and scope of those services, in effect as of April 1, 2021.

*Updates Since February 2022*

The Department has been working with its Finance Department and The Hilltop Institute at University of Maryland Baltimore County (Hilltop) to calculate the expenditures for reporting in the CMS-64.

The Department is still awaiting approval for implementation of certified peer recovery report specialists (CPRS) for substance use disorder (SUD) from CMS, which was included in the February 2022 Spending Narrative.

During the previous quarter, the Department received CMS guidance regarding the proposed grants to DDA providers. Specifically, the grants will not be eligible for a federal match. As a result, the Department has decided to limit the amount of the grants and instead offer supplemental payments to providers. These supplemental payments will be eligible for federal matching dollars. The fiscal estimates for the funding available to DDA have been adjusted in this report.

**Stakeholder Input**

The Maryland General Assembly convened its 2021 session on January 13, 2021 and it adjourned on April 12, 2021. This allowed the State legislature the opportunity to respond to ARPA.

As a part of the State's fiscal year 2022 budget, the Department is directed to spend at least 75% of federal funds attained by the Department resulting from any enhancement to the FMAP for HCBS authorized in ARPA only on a one-time rate increase paid to Medicaid home and community-based providers. Any remaining federal funds may be expended only on waiver slot expansions and other efforts to ensure the enhancement, strengthening, and expansion of HCBS. The Department has committed to adopting a similar level of investment for behavioral health services whereby 75% of any federal funds obtained due to the eFMAP will also be allocated to rate increases for eligible providers. For programs administered by the DDA, the legislature passed similar budgetary provisions that directed the Department to spend 75% of any federal funds obtained due to an enhanced FMAP be expended on a one-time rate increase to eligible community providers. Any remaining funds are directed to be spent on grants to community providers and nonprofit organizations.

The Department initiated a Request for Public Comment on how the Department should spend any remaining ARPA funds. The public comment period opened on October 12, 2021 and ran through November 15, 2021. Comments were submitted online via a dedicated website.

For behavioral health related comments, the Department received 58 comments from more than 45 stakeholders. Stakeholders proposed a variety of initiatives, including covering certified peer support recovery services, providing more housing options, instituting rate increases for current services, expanding day programs, as well as additional funding for SUD programs and psychiatric rehabilitative services. The suggestions around covering certified peer support recovery services aligns with the Department's priorities for expanding and strengthening behavioral health services.

For long-term care related comments, the Department received 30 comments total from 23 individuals. While the Department is still analyzing the feedback, stakeholders primarily recommended proposals to increase wages and benefits to frontline workers and shorten current waitlists for HCBS programs.

The Department has alerted stakeholders that APRA monies may not be used to fill home and community-based services slots until all its approved slots have been filled. This was based on feedback from CMS. The Department is currently approved to fill 6,348 slots under the Community Options Program. Through December 2021, MDH has filled 4,456 for FY 2022. Because there is still a gap in the number of approved slots and the Department's budgeted amount, new slots are not included in this spending plan at this time. The Department's goal is to fill over 5,000 slots in FY 2023. The Department's budget reflects this increase in slots and additional staff will be hired to assist in filling these additional slots.

The Department is continuing to review the additional suggestions targeted at long-term care.

**Requested Policy Changes**

Consistent with the budgetary language and with its initial spending plan, the Department requested and CMS approved spending of 75% of the reinvestment dollars on provider rate increases. These rate increases went into effect on November 1, 2021. Rates were increased by 5.2% for HCBS programs, 5.4% for behavioral health services and programs, and 5.5% for programs administered by the DDA. The DDA's rate changes included a retroactive payment as well. This retroactive payment was aligned with the April 1, 2021 ARPA start date.

As mentioned above, the Department is still in the process of analyzing stakeholder feedback and will provide future updates on the remaining 25% reinvestment for long-term care HCBS programs and services.

For the remaining funds allocated towards behavioral health programs, the Department is proposing to implement coverage of certified peer recovery services for SUD. A Certified Peer Recovery Specialist (CPRS) is an individual who uses lived experience in recovery to help others in their recovery journey.

*Waiver Authorities and Other Considerations*

For behavioral health services and long-term care, the Department is working on updating its State Plan and 1915(c) waiver Appendix K documents to reflect the various rate methodology changes resulting from the provider rate increases. The start date for these rate increases was November 1, 2021. State Plan Amendments for targeted case management (TCM) and HCBS were submitted to CMS on December 14, 2021.

The Department is also updating its DDA Appendix K to reflect the rate increase. Given the quarterly prospective payment for most DDA providers, the Department is requesting to implement the rate increase retroactively back to April 1, 2021.[1] The Department also confirms that there will not be a reduction in provider rates/payments as a result of the transition from prospective payment to fee-for-service reimbursement as supported by LTSS*Maryland*. The Department is working on updating the DDA-operated 1915(c) waivers to reflect the various rate changes due to the provider rate increases.

The Department will be using the reinvestment dollars to increase the provider rates that qualify for the enhanced match. Additionally, it will not transfer monies across programs, e.g., additional federal dollars generated by HCBS will be reinvested back into the HCBS and will target provider rates eligible for the enhanced match. Because the Department is not transferring monies across programs, the provider rate increases will vary. The Department's analysis limits the increased match to 5% if the service or individual is already eligible for a 90% match. Services provided through the Children's Health Insurance Program (CHIP) were also removed.

[1] For more information, please see the Appendix K approval letter: https://www.medicaid.gov/state-resource-center/downloads/md-appendix-k-appvl-ltr-10.pdf.

Maryland covers its community behavioral health services under an optional Medicaid state plan benefit authorized at section 1905(a)(13) of the Act and codified in regulation at 42 CFR §440.130(d). Therefore, all of these services are eligible for the enhanced match. Additionally, the analysis for long-term care and DDA services only includes services specifically outlined in Appendix B of SMDL # 21-003.

**Data Analysis and Estimated Fiscal Impact**

Table 1 below includes the Department's updated actual year to date spending amounts through December 31, 2021. Overall, the Department's actual expenditures closely align with its original estimates. The Department anticipates that it may be able to draw down more funds than anticipated for HCBS and BH services. The Department is still analyzing the data, and is still awaiting data in order to complete the analysis through March 31, 2022.

For additional information, please see the accompanying spreadsheet.

**Table 1. Actual Expenditure Information, ARPA Reinvestment, April 1, 2021 through December 31, 2021**

| | **LTC - HCBS** | **BH** | **DDA** |
|---|---|---|---|
| Initial Spending 10% eFMAP to be reinvested as State Funds | $57,611,217.02 | $54,654,301.26 | $90,462,969.80 |
| Secondary 10% eFMAP to be reinvested as State Funds | $579,389.34 | $600,535.07 | $3,246,192.28 |
| **Total Year to Date eFMAP** | **$58,190,606.36** | **$55,254,836.33** | **$93,709,162.08** |
| 10% eFMAP reinvested as State Funds Share to Date | $1,755,874.23 | $1,754,107.44 | $10,972,110.76 |
| *Original Total eFMAP Projections* | *$62,656,799.00* | *$70,768,589.00* | *$140,332,724.00* |
| Percent of Original Expected Drawdown YTD | 93% | 78% | 67% |

The Department worked with their data warehouse at Hilltop to estimate the impact of the additional federal funding that will be re-invested into HCBS due to the 10% FMAP increase from ARPA. The DDA conducted its analysis as described below and in Tables 4. These estimates have been updated since the previous submission.

*Long-Term Care HCBS Estimates—Medicaid*

Overall, the Department would need to increase rates for HCBS by 5.2% through the end of March 2024 in order to spend 75% of the funds (see Table 2). The Department would spend $96.3 million during the time period, with $47.0 million coming from state funds and $49.3 million in federal funds.

The total estimated funds are $128.4 million ($62.7 million in state funds and $65.9 million in federal funds). The remaining 25% not attributed to the rate increases is $32.1 million ($15.7 in state funds and $16.4 million in federal funds).

The Department confirms that all of the codes used in this analysis are targeted to services listed in Appendix B of the SMDL and the providers that deliver those services.

The spending for the 5.2% rate increase has already been approved by CMS. The Department is still reviewing stakeholder suggestions on how to spend the remaining 25% reinvestment monies. There are no new activities being requested in this submission.

**Table 2. Estimated Funds to Spend and Rate Increases Associated with Spending 75% of HCBS Excess 10% FMAP Funds November 1, 2021 through March 31, 2024**

| | **Total Estimated Funds** | **Funds Attributable to Rate Increase (75%)** |
|---|---|---|
| State Funds to Spend | $60,537,061 | $45,402,795 |
| Total Funds to Spend | $124,101,307 | $93,075,981 |
| | | |
| Secondary 10% FMAP State Funds | $2,119,739 | $1,589,804 |
| Secondary 10% FMAP Total Funds | $4,345,476 | $3,259,107 |
| | | |
| Total Primary + Secondary State Funds | $62,656,799 | $46,992,600 |
| Total Primary + Secondary Total Funds | $128,446,784 | $96,335,088 |
| Total Rate Increase Percentage | | 5.2% |

*Behavioral Health Estimates*

The Department would need to increase behavioral health services rates by 5.4% in order to spend 75% of the excess FMAP funds by the end of March 2024 (see Table 3). This would result in a spending increase of $141.6 million total funds, with $53.1 million coming from state funds and $88.5 million coming from federal funds.

The total estimated funds is $188.8 million ($70.8 million in state funds and $118.0 million in federal funds). The remaining 25% not attributed to the rate increases is $47.2 million ($17.7 million in state funds and $29.5 million in federal funds).

The Department confirms that all of the services included in this analysis are targeted to those listed in Appendix B of the SMDL and the providers that deliver those services.

**Table 3. Estimated Funds to Spend and Rate Increases Associated with Spending 75% of Behavioral Health Excess 10% FMAP Funds November 1, 2021 through March 31, 2024**

| | **Total Estimated Funds** | **Funds Attributable to Rate Increase (75%)** |
|---|---|---|
| State Funds to Spend | $68,112,729 | $51,084,547 |
| Total Funds to Spend | $181,715,680 | $136,286,760 |
| | | |
| Secondary 10% FMAP State Funds | $2,655,860 | $1,991,895 |
| Secondary 10% FMAP Total Funds | $7,085,481 | $5,314,111 |
| | | |
| Total Primary + Secondary State Funds | $70,768,589 | $53,076,442 |
| Total Primary + Secondary Total Funds | $188,801,160 | $141,600,870 |
| Total Rate Percentage Increase | | 5.4% |

Other Behavioral Health Initiatives

For the proposed certified peer recovery support services (CPRS) program for SUD, the Department assumes it would need approximately $24.0 million total funds per year, with $14.4 million coming from federal funds (or 60%) and $9.6 million coming from state funds. With

these funds CPRS could deliver services to more than 63,000 Maryland Medicaid participants annually.

To the extent that there are any additional available funds based on actual expenditures, the Department will revisit other initiatives in the next report.

*HCBS Estimates—Maryland Developmental Disabilities Administration Programs*

The DDA reinvestment spending plan generally consists of three major categories of spending: temporary rate increase to providers, investments in infrastructures via the provision of grants, and related administrative expenses. These investments are specifically designed to strengthen Medicaid-funded HCBS in the state of Maryland. These activities have already been approved by CMS. As noted above the Department is working with stakeholders to explore additional strategies.

Rate Increase: Provide a temporary rate increase effective April 1, 2021 of approximately 5.5% (or $221.3 million) to assist providers recovering from the economic devastation of the COVID-19 pandemic, as well as the resulting challenge of direct support professional recruitment. This would account for approximately 75% of the excess funds resulting from ARPA. The rate increase will be sustained by the ARPA funds through March 31, 2024, at which time the state would make the increase permanent to maintain the glide path.

Other Enhancements of HCBS

The Department is working on developing one-time supplemental payments to providers. These payments will be eligible for a federal match and are estimated to cost $50 million. The supplemental payment activities include:

- Transition - Qualified expenses related to the transition to fee-for-service and billing in the LTSSMaryland - DDA Module, such as investments in technology, staffing resources, infrastructure, analytical tools, and/or consultants/subject matter experts (SME).
- Workforce Investment - Conduct activities to recruit and retain direct support professionals. Offer incentive payments to recruit and retain direct support professionals. Workforce training for direct support professionals and development of career ladders for direct support professionals.
- Supplies and Equipment - Purchase Personal Protective Equipment (PPE) and routine COVID testing for direct service workers and people receiving HCBS, to enhance access to services and to protect the health and well-being of direct support professionals.
- Innovative Programs and Services - Implement new HCBS business models such as expanded use of technology, customized employment, independent housing support models, community-hub development, environmental modifications, transportation alternatives and services, consulting and SME services, and/or strategic planning and business model development to provide new or additional Medicaid HCBS.

As noted above, the Department is updating its last spending plan to adjust the amount provided for competitive grants from $10 million to $4.5 million.

The purpose for these competitive grants will be for the development and implementation of new HCBS business models such as expanded use of technology, customized employment, independent housing support models, community-hub development, environmental modifications, transportation alternatives and services, consulting and SME services, and/or strategic planning and business model development to provide new or additional Medicaid HCBS. These grants will not fund "room and board" costs.

Nonprofit organizations contracted by the DDA to provide indirect services that enhance HCBS Participants' independence and inclusive opportunities, such as the Special Olympics and local colleges for the development of programs that support higher learning for people with intellectual and/or developmental disabilities, are also eligible to apply for the competitive grants. HCBS Innovations and Provider Supports will be limited to the examples provided in Appendices B & C of SMDL #21-003.

HCBS-Related Administrative Expenses

Administrative costs will be no more than 5% of federal funds attained by DDA, and will be expended on expenses related to grant administration and expediting new placements in HCBS (from the waiting list) and to improve the processing of person-centered plans. The total amount of ARPA funds that will be reinvested is estimated at $5.5 million.

**Table 4. Estimated Funds to Spend on Rate Increases and Grants Associated with of Developmental Disabilities Administration**

| **Activity** | **Total Estimated Reinvestment (Ending 3/31/2024)** |
|---|---|
| Rate Increase | $181M |
| Provider Supplemental Payments | $50M |
| Competitive Grants | $4.5M |
| Administrative | $5.5M |
| **Total** | **$241M** |
| | |
| Total Rate Percentage Increase | 5.5% |

The Department confirms that all of the services included in this analysis are targeted to those listed in Appendix B of the SMDL and the providers that deliver those services.

## Conclusion and Next Steps

The Department will continue to engage its stakeholder community regarding the remaining 25% of funds available for long-term care  HCBS services. The Department looks forward to working with CMS to implement these proposed changes.

**Appendix A: Maryland Response to CMS Partial Approval Letter Dated September 28, 2021**

The Department acknowledges receipt of the CMS partial approval of its initial spending plan and narrative with respect to the state's compliance with the applicable requirements set forth under section 9817 and fulfillment of the requirements as stated in SMDL # 21-003. The Department acknowledges that CMS has provided approval to claim the enhanced FFP for any expenditures that are eligible for FFP.

Below, please find the Department's responses to the issues raised by CMS in its partial approval.

**Non-Approvable Activities or Use of Funds:**

1. **Funding for a retroactive rate increase prior to April 1, 2021 for Maryland Developmental Disabilities Administration is not permissible. Please update the spending plan to clearly indicate that rate increases will not be prior to April 1, 2021, or propose an alternate activity.**

The Department has updated the HCBS spending plan to clarify the start date. The retroactive period for the rate increases for DDA will be April 1, 2021 and not prior to that date.

**Additional Information Requested:**

1. **Clearly indicate whether the activities in the following categories are targeted at providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B:**

| Proposed Activity | Inclusion in/Relation to Appendix B |
|---|---|
| **Provider Rate Increases for HCBS** | Department response: These rate increases are targeted to providers delivering services listed in Appendix B. |
| **Behavioral Health Services Rate Increases** | Department response: These rate increases are targeted to providers delivering services listed in Appendix B. |
| **Maryland DDA Temporary Rate Increases** | Department response: These rate increases are targeted to providers delivering services listed in Appendix B. |
| **Maryland DDA Grants to Enhance HCBS** | Department response: Grants will be used to enhance HCBS activities, and would not be used to fund room and board and will be limited to the to activities listed in Appendices C and D of SMDL #21-003. |

**If these activities are not focused on providers that are delivering services that are or could be in Appendix B, explain how the activities enhance, expand, or strengthen HCBS in Maryland.**

The Department's planned activities are focused on providers that are delivery services that are or could be in Appendix B.

2. **Confirm that the models to provide independent affordable housing do not include room and board. In addition, clearly indicate whether your state plans to pay for capital investment or on-going internet connectivity costs as a part of the grants to enhance HCBS activities. States must demonstrate how capital investments and on-going internet connectivity costs would enhance, expand, or strengthen HCBS and ensure that capital investments will result in settings that are fully compliant with HCBS criteria. Further, approval of capital investment and ongoing internet connectivity costs does not authorize such activities for FFP.**

The Department confirms that it will not be providing room and board, capital investments, or ongoing internet connectivity as a part of the grants to enhance HCBS activities.

3. **Clarify that the transition from prospective payment to fee-for-service reimbursement supported by LTSS*Maryland* will not result in reduced provider payments as compared to those in place as of April 1, 2021.**

The Department confirms that there will not be a reduction in provider rates/payments as a result of the transition from prospective payment to fee-for-service reimbursement as supported by LTSS*Maryland*.

**General Considerations**

**The Department acknowledges receipt of this information (considerations 1-5 listed below) and agrees that it will comply with these requirements; however, the consideration (4) is not applicable to Maryland. HCBS and specialty behavioral health services are delivered on a fee-for-services basis; therefore, they are not part of the HealthChoice managed care program.**

1. CMS expects your state to notify CMS as soon as possible if your state's activities to enhance, expand, or strengthen HCBS:
    a. Are focused on services other than those listed in Appendix B. If any activities are not directly related to the services listed in Appendix B, please explain how those activities enhance, expand, or strengthen HCBS under Medicaid;
    b. Include room and board; and/or
    c. Include activities other than those listed in Appendices C and D

2. HCBS provider pay increases will require an updated rate methodology. For 1915(c) waiver programs, states are required to submit a waiver amendment. If retrospective approval will be required, the state should make the change in the Appendix K application.

3. The state plan methodology must specify comprehensively the methods and standards used by the agency to set payment rates. The state plan methodology must be comprehensive enough to determine the required level of payment and the FFP to allow interested parties to understand the rate setting process and the items and services that are paid through the rates. Claims for federal matching funds cannot be based upon estimates or projections. The reimbursement methodology must be based upon actual historical utilization and actual trend factors.

4. States providing HCBS through a managed care delivery system must comply with applicable federal requirements, including 42 C.F.R. part 438. States must also ensure that appropriate authority is granted for the services and activities to be covered as well as to deliver such services and activities through a managed care delivery system. Additionally, states will need to assess implications for its managed care plan contracts and actuarially sound capitation rates in order to operationalize any programmatic changes. States that seek to contractually require their managed care plans to increase HCBS provider payments must adhere to federal requirements for state directed payments in accordance with 42 C.F.R. § 438.6(c), including prior approval as required.

5. If your state is reducing reliance on a specific type of facility based or congregate services and increasing beneficiary access to services that are more integrated into the community, your state should be clear with stakeholders in your state's stakeholder engagement activities, as well as in submission to CMS of required ARP section 9817 spending plans and narratives and any resulting waiver or state plan amendments, about how these changes enhance the availability of integrated services in the specific waiver or state plan, and offset any reductions in previously covered services, in compliance with HCBS criteria or other efforts to increase community integration.

## Appendix B: HCBS in Maryland

HCBS are operated under various federal authorities including the 1115 waiver, state plan, as well as 1915(c), 1915(j), and 1915(k). Maryland's HCBS 1915(c) waivers are operated by two different state agencies: the Department's Office of Long Term Services and Supports (OLTSS), Office of Medical Benefits Management (MBM), Behavioral Health Administration (BHA), and Developmental Disabilities Administration (DDA), and the Maryland State Department of Education (MSDE). Please see the table below for an overview of HCBS waiver programs in Maryland.

**HCBS Programs in Maryland**

| Program | Authority | Operating State Agency | Program Description |
|---|---|---|---|
| Model Waiver for Medically Fragile Children | 1915(c) | OLTSS | The Model Waiver allows medically fragile individuals who would otherwise be hospitalized and are certified as needing either hospital or nursing facility level of care to receive medically necessary and appropriate services in the community. |
| Community Pathways Waiver | 1915(c) | DDA | The Community Pathways Waiver provides comprehensive supports and services to help participants to live more independently in their homes and communities. The program provides a variety of Residential, Meaningful Day, and Support Services that promote community living, including a self-directed service model and traditional, agency-based service model. |
| Family Supports Waiver | 1915(c) | DDA | The Family Supports Waiver helps participants to live more independently in their homes and communities. The program provides a variety of Support Services that promote community living, including a self-directed service model and traditional, agency-based service model. |
| Community Supports Waiver | 1915(c) | DDA | The Community Supports Waiver helps participants to live more independently in their homes and communities. The program provides a variety of Meaningful Day and Support Services that promote community living, including a self-directed service model and traditional, agency-based service model. |

| Program | Authority | Operating State Agency | Program Description |
|---|---|---|---|
| Waiver for Children with Autism Spectrum Disorder | 1915(c) | MSDE | Maryland's HCBS Waiver for Children with Autism Spectrum Disorder allows eligible children with Autism Spectrum Disorder to receive specific services to support them in their homes and communities.<br><br>Participants must be children with autism ages 2 through 21 who need an intermediate care facility for the intellectually disabled level of care. |
| Brain Injury Waiver | 1915(c) | BHA | Maryland's Home and Community-Based Services Waiver for Individuals with Brain Injury provides specialized community-based services to adults with brain injuries. |
| Medical Day Care Services Waiver | 1915(c) | OLTSS | Under this waiver, approved medical day care agencies provide health, social, and related support services in an organized setting to individuals aged 16 years and older who reside in the community and who are assessed to need a nursing facility level of care. |
| Home and Community-Based Options Waiver | 1915(c) | OLTSS | This program 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 facilities.<br><br>Participants must be 18 years or age or older and meet a nursing facility level of care. |
| Community First Choice | 1915(k) | OLTSS | Community First Choice provides HCBS to older adults and individuals with disabilities who meet an institutional level of care and qualify financially to receive Medicaid in the community. |
| Community Personal Assistance Services | 1915(j) | OLTSS | This state plan program provides in-home personal assistance to older adults and individuals with disabilities.<br><br>To qualify, an individual must meet the financial criteria to receive Medicaid in the community and require assistance to perform activities of daily living. |

| Program | Authority | Operating State Agency | Program Description |
|---|---|---|---|
| Increased Community Services (ICS) | 1115 | OLTSS | Through the ICS Program, the Department continues providing Medicaid State Plan benefits and HCBS to residents ages 18 and over, enabling qualifying individuals to live at home with appropriate supports, as opposed to residing in a nursing facility. |
| Rare and Expensive Case Management (REM) | 1115 | MBM | The REM Program is a case-managed fee for service alternative to HealthChoice Managed Care Organization (MCO) participation for recipients with specified rare and expensive conditions. |
| Program of All-Inclusive Care for the Elderly (PACE) | State Plan | OLTSS | The Program of All-Inclusive Care for the Elderly (PACE) provides comprehensive medical and social services to eligible individuals who live in the community.<br><br>To participate in PACE, individuals must meet the following criteria: be at least 55 years old; be certified to need a nursing facility level of care; agree to receive all health and long-term care services from the PACE provider; and have income of no more than 300% of the Supplemental Security Income (SSI) benefit level for a household of one person and assets no more than $2,000. |

In collaboration with BHA, the Department also delivers behavioral health services to enrolled participants. This includes services provided under the 1915(i) authority. Based on the State Medicaid Director Letter (SMDL) issued on May 13, 2021, behavioral health services are eligible for the enhanced FMAP.