September 25, 2018

The Honorable Shane E. Pendergrass
Chair
Health and Government Operations Committee
241 House Office Bldg.
Annapolis, MD 21401

Dear Chair Pendergrass:

In response to your letter dated April 17, please accept the following information related to HB 1064 – *Maryland Medical Assistance Program – Home- and Community-Based Waiver Services – Prohibition on Denial* and HB 1618 – *Community-Based Services Waivers and State Disabilities Plan – Alterations (Maryland Disabilities Act)*.

Background
The 1915(c) waiver authority allows states to limit the number of people served in a waiver program. States must request a certain number of slots for people in the waiver program via the waiver application that is approved by the federal Medicaid agency. Once the waiver reaches its capacity, the state may maintain a registry of people interested in services. The waiver authority also allows the state to limit the number of slots that are filled based on budgetary constraints. The Maryland Money Follows the Individual Accountability Act of 2004 (SB 620/HB 946) requires that the waiver accept new applications from individuals residing in nursing facilities, whose nursing facility services are paid for by Medicaid.

The Home- and Community-Based Options Waiver (HCBOW) reached capacity and was closed to new community applicants in 2003. The HCBOW maintains a registry of interested individuals. The waiver was renewed for a 5-year period beginning July 1, 2016. The registry information in this letter pertains only to the HCBOW.

Requested Information
   (1) *The number of available home services slots and the number of individuals in the community on the registry waiting to receive home assistance services*
       The number of total waiver slots approved for FY 2018 was 5,094. The total number of filled slots was 4,317. The current number of people on the HCBOW registry is 21,870. Of those currently on the registry, 2,917 are receiving personal assistance services through other Medicaid programs.

   (2) *The length of time individuals have to wait on the registry before they receive services*
       The current waiting time is approximately 7 years and 6 months.

(3) *An explanation as to why there are vacant slots for the waiver although individuals are on the waiting list*

When the available slots were proposed in 2015, a growth rate of 10% per year was used to determine the number of slots available. From a design perspective, some extra capacity is important for managing the flow of participants entering and leaving the waiver program. However, the Department has encountered challenges in filling those slots consistently due to the existing first-come, first-served methodology and strain on provider resources due to growth in related entitlement programs.

The current method of sending applications on a first-come, first-served basis results in the Department sending applications to individuals who put their name on the registry over 7 years ago. Individuals who put their name on the registry list are not screened for eligibility and about 30% who apply do not qualify for services once they can apply. In 2017, 2,068 people from the registry were invited to apply for services. Only 523 of those invited submitted applications and 319 people enrolled in services. Of those who applied, 164 were denied and did not meet the eligibility criteria. An additional 353 people enrolled in the HCBOW from the nursing facility in the last year. Many individuals may not have updated their contact information or may no longer need services, but the Department must make a reasonable effort to reach these individuals, so they do not miss the opportunity to participate in the waiver if services are still required. Some slots during the open application period may go unfilled to give individuals sufficient time to respond.

Further, limited resources in the provider network limit the ability to expand waiver participation. There are 4 programs that are administered together by the Department that use the same provider network and whose participants receive home-based personal assistance services. These programs are Community First Choice (CFC), Increased Community Services (ICS), Community Personal Assistance Services (CPAS), and the HCBOW. Together, these programs are referred to as the Community Options, or CO programs. Many individuals, who in the past needed a waiver slot to access services, are now served by enhanced State Plan options to ensure a variety of populations have access to personal assistance services in their homes. The provider workload for the services must be distributed to account for enrollment growth across all programs. The CFC and CPAS programs are entitlement programs that do not allow for waiting lists as compared to a waiver program. The Department must serve all individuals who apply and are eligible. In the last 3 years, overall enrollment in the programs has grown by 24 percent.

Program Enrollment

	5/3/2016	5/1/2018	Enrollment growth	% Change
CPAS	385	628	243	63%
CFC	6,038	8,191	2,153	36%
HCBOW	3,903	3,776	-127	-3%
ICS	22	33	11	50%
Total	10,348	12,628	2,280	22%

*CPAS and CFC are entitlement programs and cannot have waiting lists

(4) *Whether individuals on the waiting list currently can be provided with a copy of the Department's waiting list policies and whether those individuals are informed of their status on the waiting list, how the status was determined, when the individual may expect to receive services, and what services the and supports the individual is likely to receive*

MDH supports the work of the local Maryland Access Point (MAP) sites, which provide information and assistance to individuals seeking long-term services and supports. The MAP sites act as the single entry point for all long-term services and supports. A person in need of assistance can get information and referrals, options counseling, and linkages to community resources through the MAP. Individuals interested in waiver services are provided information by MAP staff, who can also place people on the registry list. Individuals on the registry may access the waiver registry policy online or get a copy from the MAP site or the Department directly.

Individuals are informed of the date that they were placed on the registry and the registry date at which the Department is pulling applicants. For example, the Department is currently offering applications to individuals who put their name on the registry in July of 2011. Individuals are not given a date by which they can expect to receive services as the wait time is variable.

The Department does not assess a person's medical or service needs when they are placed on the registry and cannot provide information about what services a person is likely to receive. Individuals on the registry are provided with information about the services offered by the program, but individual eligibility for a specific service or quantity of a service to be received cannot be determined and is not provided. The Department publishes fact sheets and an informational booklet to describe the services of each program. These resources are available online and through the MAP sites.

(5) *When the Department will complete its assessments of those individuals currently on the waiver registry*
In 2013, the Department implemented a screening tool based on the interRAI assessment. This screening tool captures information about a person's functional status and service needs. The MAP sites conduct this screen with people who are interested in waiver services to help identify needs and refer them to other available resources when placing a person on the registry. The screen is not a full assessment and does not determine medical eligibility for the waiver.

During the last 2 years, the Department partnered with the University of Baltimore's Schaefer Center to conduct screens on all individuals on the registry. This work concluded on June 30, 2018. Of the 21,870 people currently on the registry, 14,941 have received a screen from either the local MAP site or the Schaefer Center. The remaining 6,929 individuals were unable to be screened.

Individuals may not have been screened for several reasons. For example, the contact information may no longer be valid, they may be hospitalized or otherwise unreachable at

the time the screen is offered, or they may refuse to complete the screen. Individuals may call their local MAP site to complete the screen at any time.

(6) *Plans the Department has to seek federal approval to allow individuals discharged from the hospital directly to the individuals home to become eligible for the waiver*
The Department has no plans to request federal approval to allow individuals discharged from a hospital to be eligible to apply directly for the waiver. The waiver program is a long-term services and supports program intended for those who have long-term needs and who meet a nursing facility level of care. Individuals discharging from a hospital may need home health or post-acute services at home, but do not necessarily need long-term services and supports.

(7) *The results of the Hilltop's Institute's study and development of a triage process to be applied to the registry*
The Hilltop Institute continues to study the impacts of changing the method of prioritizing individuals from the waiver registry. The Hilltop Institute has analyzed all available data relating to individuals on the registry, including the screening tool, interRAI assessments for those who enrolled in HCBOW, MDS assessments for those who went to nursing facilities, and MMIS claims data. Please see the presentation attached, labeled *CO_Council_Budget_Risk_24MAY18*, which includes preliminary results. These results were shared with the Community Options Advisory Council at a meeting on June 7th. The meeting discussion led to additional questions and recommendations for further study. The Hilltop Institute is currently working to answer the additional questions and is tentatively scheduled to review the results of further analysis with the Council on October 30, 2018.

(8) *A report on the vendor that will be used by the Department to communicate to individuals on the registry of their status*
The Department does not have a vendor to communicate with individuals on the registry. The registry is managed by Departmental staff and partners at the local Maryland Access Point sites.

I hope this information is helpful. If you have additional questions, please contact me or Webster Ye, Deputy Chief of Staff, at (410) 767-6481 or webster.ye@maryland.gov.

Sincerely,

Robert R. Neall
Secretary