



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

August 14, 2024

The Honorable Guy Guzzone  
Chair, Senate Budget and Taxation Committee  
3 West Miller Senate Office Bldg.  
Annapolis, MD 21401-1991

The Honorable Ben Barnes  
Chair, House Appropriations Committee  
121 House Office Bldg.  
Annapolis, MD 21401-1991

**Re: 2024 Joint Chairmen's Report (p. 125-126) - Report on CFC Program and Community Options Waiver Financial and Registry Data**

Dear Chairs Guzzone and Barnes:

Pursuant to the 2024 Joint Chairmen's Report (p. 125-126), the Maryland Department of Health (MDH) respectfully submits this report on the Community First Choice Program and Community Options waiver financial and registry data.

If you have questions or need more information, please contact Sarah Case-Herron, Director, Office of Governmental Affairs at [sarah.case-herron@maryland.gov](mailto:sarah.case-herron@maryland.gov).

Sincerely,

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

cc: Ryan Moran, Deputy Secretary Health Care Financing and Medicaid Director  
Tricia Roddy, Deputy Medicaid Director  
Jamie Smith, Director, Office of Long-Term Services and Supports  
Marie Grant, Assistant Secretary, Health Policy  
Sarah Case-Herron, Director, Office of Governmental Affairs  
Sarah Albert, Department of Legislative Services (5 copies)

**Joint Chairmen’s Report (page 125-126) on Community First Choice Program and Home  
and Community-Based Options Waiver (Community Options Waiver) Financial and  
Registry Data Report  
August 14, 2024**

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## **I. Introduction**

Pursuant to the 2024 Joint Chairmen's Report, recent efforts to expand home and community-based services (HCBS) have led to significant increases in Community First Choice (CFC) program expenditures, including spending under the Community Options (CO) waiver. The committees request that the Maryland Department of Health (MDH) submit a report on CFC program spending. The reports will include monthly enrollment, utilization, and cost data that aligns with actual fiscal 2024 and year-to-date fiscal 2025 budget expenditures under the CFC program. Each report also provides:

- the number of CO waiver slots filled and funded in fiscal 2024 and 2025 year to date;
- the number of CO waiver applications sent to individuals on the registry each month and the results of that outreach (including the number of applications returned and processed);
- an update on changes to registry operations to improve efficiency in taking individuals off of the registry and efforts to determine financial and medical eligibility for individuals while they remain on the registry;
- an update on MDH staffing supporting the CO waiver, including the number of vacant regular and contractual positions and the status of procuring additional staffing assistance;
- the number of individuals on the CO waiver registry as of June 30, 2024;
- an update on activities or efforts to implement the plan to reduce the CO waiver registry by 50% submitted to the General Assembly in February 2023; and
- details regarding the timing and amount of funds transferred from the Dedicated Purpose Account for End the Wait initiatives and to improve provider capacity.

## **II. Monthly Enrollment Data and Expenditure Data FY 2024 and FY 2025**

The federal Public Health Emergency (PHE), due to the COVID-19 pandemic, and the subsequent maintenance of effort (MOE) between states and the Centers for Medicaid and Medicare Services (CMS) impacted the expenditure, enrollment, and utilization data for FY 2022 and FY 2023 because participants were not disenrolled from Medicaid and its programs if they failed to meet program eligibility requirements. Effective April 1, 2023, the MOE was decoupled from the PHE through the Consolidated Appropriations Act of 2023<sup>1</sup> signed into law by Congress on December 29, 2022. As a result, MDH began its conservative unwinding efforts to disenroll Medicaid participants from its programs who were no longer eligible. MDH's unwinding strategy took one (1) full year to complete as participants were reassessed for financial, medical, and technical eligibility criteria upon their annual Medicaid redetermination.

This one (1) year unwinding effort impacted the expenditure, enrollment, and utilization data for FY 2024 due to the disenrollment of participants who were no longer eligible for the CO Waiver and CFC programs. It is important to note that the following metrics related to CO Waiver enrollees, CFC users, waiver, and non-waiver costs are preliminary findings and will require additional analysis as a full set of claims data is received. The number of CO Waiver enrollees showed a decrease of 139 enrollees or 3.5 percent between July 2023 and March 2024, while the CFC program showed a decrease of 1,023 users or 5.8 percent between July 2023 and March

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<sup>1</sup> <https://www.congress.gov/bill/117th-congress/house-bill/2617/text>

2024 as evidenced by the data in Table 1. Additionally, between July 2023 and March 2024, there was a 20.3 percent decrease in the CO Waiver users which resulted in a 62.8 percent decrease in the total waiver cost and a 25.3 percent decrease in the total non-waiver cost, as shown in Table 2. Similar trends were observed for the number of CFC users and total program cost between July 2023 and March 2024. There was a 5.8 percent decrease in users and a 14.3 percent decrease in total cost, as shown in Table 3.

The enrollment, utilization, and expenditure data are derived from the Hilltop Institute’s<sup>2</sup> monthly waiver and program enrollment trends report which is submitted to MDH on a quarterly basis. Medicaid providers have one (1) year from the date the service is provided to submit claims for services rendered. As such, MDH will need additional time to analyze actual expenditures in consideration of the time allocated for claims submission and payment. The data reported in Tables 1 through 3 includes claims data received through March 31, 2024. In the next iteration of this report, the utilization and cost data will be added for the remainder of FY 2024 and the first quarter of FY 2025 using claims data received through September 30, 2024.

***Community Options and CFC Enrollment***

Table 1: FY 2024 Community Options and Community First Choice (CFC) Enrollment Data<sup>3</sup>

Month	FY 2024	
	Community Options Enrollees*	Community First Choice Users*
July	3,971	17,657
August	3,971	17,810
September	3,976	17,679
October	3,986	17,896
November	3,984	17,841
December	3,982	17,631
January	3,933	17,650
February	3,896	17,612
March	3,832	16,634

\* Users represent individuals who received services in the period shown, while enrollees represent those with a waiver span regardless of whether they received services. Data through March 31, 2024. Source: MMIS2.

<sup>2</sup> The Hilltop Institute is a nonpartisan research organization at the University of Maryland, Baltimore County. The Hilltop Institute collaborates with MDH to conduct objective, evidence-based research and analysis to inform state health policy.

<sup>3</sup> Source: Hilltop Report: *Monthly Waiver and Program Enrollment Trends\_Service Level\_April\_2024*

**Community Options Utilization and Enrollment Data**

Table 2: FY 2024 Community Options Utilization and Expenditure Data<sup>3</sup>

Month	FY 2024		
	Unique Users*	Total Waiver Cost**	Total Non-Waiver Cost**
July	2,099	\$4,258,910	\$14,896,331
August	2,123	\$4,404,510	\$15,117,366
September	2,077	\$4,117,798	\$14,521,059
October	2,044	\$3,980,437	\$15,172,913
November	2,048	\$3,825,953	\$14,153,278
December	2,046	\$3,897,525	\$14,498,932
January	2,015	\$4,169,945	\$15,288,123
February	1,981	\$3,928,206	\$13,678,709
March	1,674	\$1,585,025	\$11,123,232

\*Users represent individuals who received services in the period shown, while enrollees represent those with a waiver span regardless of whether they received services. Data through March 31, 2024. Source: MMIS2.

\*\*Providers have one (1) year from the date of service to submit claims. As such, the expenditure data will be updated as additional claims are received. The completion of unwinding efforts following the end of the public health emergency may also impact final enrollment counts.

In Table 2 above, waiver expenditures reflect those services that are included in the CO Waiver, while non-waiver services are State Plan services that participants are entitled to receive as part of their Medicaid coverage and include items such as pharmacy, durable medical equipment, and disposable medical supplies. Additionally, CO Waiver participants can access CFC services; thus, CFC expenditure data is inclusive of CFC participants and CO waiver participants receiving CFC services.

**Community First Choice Utilization and Expenditure Data**

Table 3: FY 2024 Community First Choice (CFC) Utilization and Expenditure Data<sup>4</sup>

Month	FY 2024	
	Community First Choice Users*	Total Cost**
July	17,657	\$44,109,864
August	17,810	\$44,506,138
September	17,679	\$42,818,297
October	17,896	\$44,395,427

<sup>4</sup> Source: Hilltop Report: *Monthly Waiver and Program Enrollment Trends\_Service Level\_April\_2024*

November	17,841	\$42,390,333
December	17,631	\$43,267,452
January	17,650	\$46,678,760
February	17,612	\$44,102,761
March	16,634	\$37,810,554

\*Users represent individuals who received services in the period shown, while enrollees represent those with a waiver span regardless of whether they received services. Data through March 31, 2024. Source: MMIS2.

\*\*Providers have one (1) year from the date of service to submit claims. As such, the expenditure data will be updated as additional claims are received. The completion of unwinding efforts following the end of the public health emergency may also impact final enrollment counts.

### III. Community Options Waiver Slots for FY 2024 and FY 2025

The CO Waiver program was approved for 6,348 slots for FY 2024. The waiver application was renewed by CMS for a five (5) year period beginning January 1, 2023. The approved waiver slots will remain at 6,348 until waiver year five (5). Beginning January 1, 2027, the number of approved slots will increase to 7,500.

In FY 2024, using claims data through March 30, 2024 to determine filled slots, 4,309 of the 6,348 waiver slots were filled<sup>4</sup>. The slots filled in FY 2025 will be noted in the next iteration of this report once claims data for July 1, 2024 forward has been received. The total number of budgeted slots for FY 2024 was 4,971 enrollees, and for FY 2025 that number will decrease to 4,921 enrollees.

### IV. Community Options Waiver Applications

Pursuant to Senate Bill (SB) 28 and SB 636, passed during the 2022 legislative session, MDH is steadily increasing the number of CO Waiver program invitations mailed each month to registrants. This steady increase in mailed invitations continued throughout calendar year (CY) 2023 as shown in Figure 1. In January 2023, MDH invited a minimum of 300 individuals and gradually increased that minimum invitation number to 400 individuals in March 2023; 500 individuals in June 2023; and 600 individuals in November 2023. MDH expects to reach and maintain a minimum of 700 mailed invitations each month by December 2024, as outlined in the waitlist reduction plan.<sup>5,6</sup>

Table 4 displays the progression of total invitations mailed for FY 2024 from a minimum of 500 invitations mailed in July 2023 to a minimum of 600 invitations mailed beginning November 2023. Table 4 provides additional information including the number and percentage of applications received, the number of individuals enrolled in the program, and the total number of pending and denied applications. As applications are received and processed, the data reported in Table 4 is subject to change.

Pursuant to SB 28, the response time for an applicant or his/her designee to review and return the completed application was shortened from eight (8) weeks to six (6) weeks from the date the invitation was mailed. As such, the Office of Long Term Services and Supports (OLTSS)

implemented this change in April 2023 with the release of a system enhancement that effectuated the reduced application period.

Table 4: FY 2024 Community Options Waiver Yearly Wave Report<sup>5,6</sup>

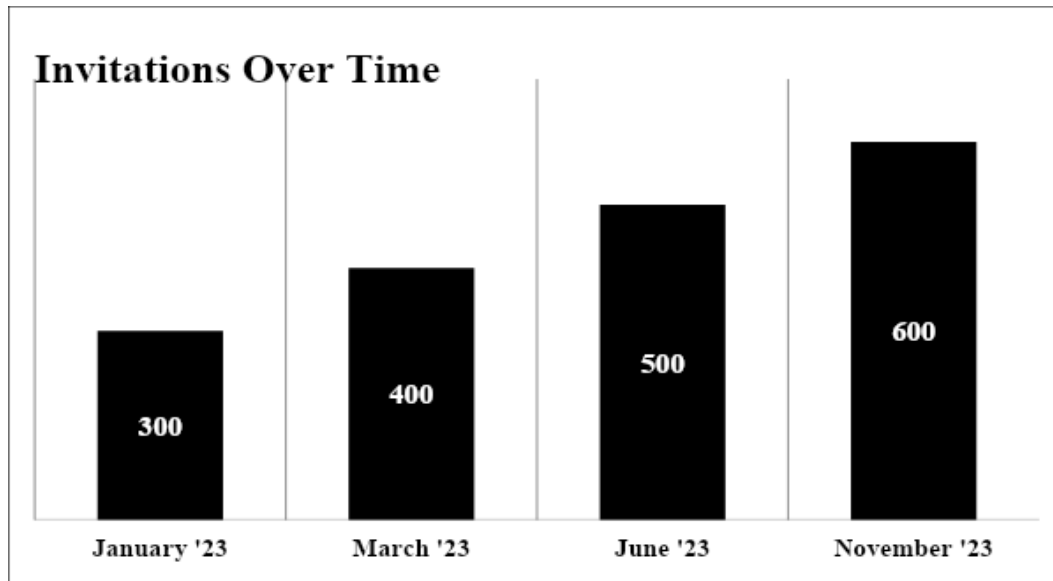
Month	# Invites Sent	# Apps Received	% of Invites Applied	# Enrolled	% Enrolled of Apps	% Enrolled of Invites	# Pending	# Denied
July	505	149	30%	19	13%	*	88	42
August	509	139	27%	17	12%	*	90	32
September	501	148	30%	*	*	*	103	36
October	505	145	29%	*	*	*	111	27
November	602	180	30%	*	*	*	138	38
December	600	187	31%	*	*	*	147	39
January	604	189	31%	*	*	*	160	25
February	611	229	37%	*	*	*	222	*
March	603	191	32%	*	*	*	189	*
April	601	161	27%	*	*	*	161	*
May	604	139	23%	*	*	*	139	*
June	608	131	20%	*	*	*	122	*
<b>Total</b>	<b>6,853</b>	<b>1,988</b>	<b>29%</b>	<b>61</b>	<b>*</b>	<b>*</b>	<b>1,670</b>	<b>248</b>

\*Cell sizes less than 10 have been suppressed.

<sup>5</sup> Source: State's data management system, *LTSSMaryland: Yearly Wave Status Report - CY 2023*

<sup>6</sup> Source: State's data management system, *LTSSMaryland: Yearly Wave Status Report - CY 2024*

Figure 1: CY 2023 Community Options Waiver Invitation Progression<sup>5</sup>



## V. Changes to the Community Options Waiver Registry

There have been no changes to the CO Waiver registry operations to evaluate a registrant's medical or financial eligibility for the program. As such, the CO Waiver program continues to maintain a Waiver registry instead of a waitlist. Individuals may contact staff at a Maryland Access Point (MAP) site at any time to place his or her name on the registry. MDH trained MAP staff to complete the Level One Screen for individuals placed on the registry to determine their risk of institutionalization. MAP staff may complete a Level One Screen at any time upon request. The results of the Level One Screen place the individual into one (1) of six (6) priority groups, with priority group one (1) ranked as the highest priority. CO Waiver registrants placed in priority group one (1) have the greatest probability of receiving an invitation to apply based on their increased risk of institutionalization.

MDH partnered with the Hilltop Institute to develop an algorithm to prioritize monthly invitations for individuals at higher risk for institutionalization utilizing data from the Level One Screen. Of the 600 invitations mailed each month, 80 percent of the individuals invited are prioritized based on a higher risk of institutionalization and 20 percent of those invited are based on length of time on the registry or first come, first served.

Upon receiving an invitation to apply, individuals must submit a Medicaid application to be considered for the program. During the application process, an individual is assessed to determine if the financial, medical, and technical eligibility criteria are met. If all criteria are met, the applicant is enrolled in the CO Waiver program. If an applicant is denied for one (1) or more of the three (3) eligibility criteria, the applicant may elect to place his or her name on the registry again by contacting staff at a MAP site and wait to be invited to apply upon receipt of an invitation.



## VI. Update on Staff Supporting the Community Options Waiver

OLTSS has active recruitment efforts underway to hire staff in both merit and contractual roles. In addition, effective June 2024, the utilization control agent (UCA), Telligen, has been contracted to review plans of service (POS) and render determination on those plans. The Division of Participation Enrollment and Service Review is one (1) of three (3) divisions within OLTSS involved in the operation and administration of the CO Waiver and CFC programs. The Division of Participant Enrollment and Service Review operates the CO Waiver registry and plays a direct role in the enrollment of participants in the CO Waiver and CFC programs. As shown in Table 5, the division has a total of 29 positions, 19 are currently filled by both contractual and merit staff. Of the 19 filled positions, seven (7) were filled throughout FY 2024. Of the seven (7) new staff hired in FY 2024, four (4) provide full-time support for the CO Waiver and three (3) provide supplemental support as needed. This additional staffing allowed the CO Waiver program to increase the number of invitations mailed to 600 per month beginning November 2023. The division is currently in various stages of active recruitment for the remaining vacant positions. Filling the remaining positions will provide the required support needed to increase the number of CO Waiver invitations mailed from 600 to 700 by December 2024. This represents a potential 16.7 percent increase in monthly mailings.

The Division of Clinical Supports and the Division of Provider Enrollment, Claims, and Compliance are the remaining two (2) divisions involved in the administration and operation of the CO Waiver and CFC programs. As evidenced in Tables 6 and 7, the two divisions have a combined total of 33 positions, 24 are merit positions and nine (9) are contractual positions. Thirteen of these positions remain vacant and are currently in various stages of active recruitment. As evidenced in Table 8, all three (3) divisions have a combined total of 62 positions, 23 of which remain vacant.

Table 5: Staffing for the Division of Participant Enrollment and Service Review

<b>Classification</b>	<b>Filled Merit</b>	<b>Filled Contractual</b>	<b>Vacant Merit</b>	<b>Vacant Contractual</b>	<b>Grand Total</b>
Medical Care Program Specialist II	7	1	1	2	<b>11</b>
Medical Care Program Supervisor	2	0	0	0	<b>2</b>
Health Policy Analyst Associate	0	3	0	3	<b>6</b>
Health Policy Analyst II	1	2	0	4	<b>7</b>
Administrator I	1	0	0	0	<b>1</b>
Administrator III	1	0	0	0	<b>1</b>
Administrator V	1	0	0	0	<b>1</b>
<b>Total</b>	<b>13</b>	<b>6</b>	<b>1</b>	<b>9</b>	<b>29</b>

Table 6: Staffing for the Division of Clinical Supports

<b>Classification</b>	<b>Filled Merit</b>	<b>Filled Contractual</b>	<b>Vacant Merit</b>	<b>Vacant Contractual</b>	<b>Grand Total</b>
Medical Care Program Specialist II	1	0	0	0	1
Health Policy Analyst Associate	0	0	0	2	2
Health Policy Analyst I	3	0	0	0	3
Health Policy Analyst II	2	0	0	0	2
Social Worker Advanced, Health Services	0	0	1	3	4
Social Work Program Administrator, Health Services	1	0	0	0	1
Nurse Program Consultant/Administrator I	3	0	0	0	3
Nurse Program Consultant/Administrator II	2	0	0	0	2
Administrator V	1	0	0	0	1
<b>Total</b>	<b>13</b>	<b>0</b>	<b>1</b>	<b>5</b>	<b>19</b>

Table 7: Staffing for the Division of Provider Enrollment, Claims, and Compliance

<b>Classification</b>	<b>Filled Merit</b>	<b>Filled Contractual</b>	<b>Vacant Merit</b>	<b>Vacant Contractual</b>	<b>Grand Total</b>
Medical Care Program Specialist II	4	0	1	2	7
Health Policy Analyst I	0	0	2	0	2
Health Policy Analyst II	0	0	0	1	1
Administrative Officer III	0	0	0	1	1
Administrator I	1	0	0	0	1
Administrator III	1	0	0	0	1
Administrator V	1	0	0	0	1
<b>Total</b>	<b>7</b>	<b>0</b>	<b>3</b>	<b>4</b>	<b>14</b>

Table 8: Staffing Breakdown for all Three Divisions (PESR, CS, PECC)

<b>Division Name</b>	<b>Filled Merit</b>	<b>Filled Contractual</b>	<b>Vacant Merit</b>	<b>Vacant Contractual</b>	<b>Total</b>
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<b>Division of Participant Enrollment and Service Review</b>	13	6	1	9	<b>29</b>
<b>Division of Clinical Support</b>	13	0	1	5	<b>19</b>
<b>Division of Provider Enrollment, Claims, and Compliance</b>	7	0	3	4	<b>14</b>
<b>Total Number of Positions</b>	<b>33</b>	<b>6</b>	<b>5</b>	<b>18</b>	<b>62</b>

**VII. Community Options Waiver Registrants**

Table 9 below provides the total number of registrants on the CO Waiver registry through June 30, 2024. The total number of registrants is disaggregated into three (3) age groupings - up to age 17, ages 18 through 64, and ages 65 and older.

On July 1, 2023, there were 25,563 registrants on the registry and on June 30, 2024, there were 22,349 registrants on the registry. This represents a 14 percent decrease in total registrants over a twelve-month period, which is attributable to the increased number of monthly invitations.

Table 9: Community Options Registry Data<sup>7</sup>

<b>Registry by Age</b>	<b># of Registrants</b>
Up to 17	223
18 to 64	5,890
65 and over	16,236
<b>Total on registry</b>	<b>22,349</b>

**VIII. Update to the Plan to Reduce the Community Options Waiver Registry**

As noted previously, MDH expects to reach 700 invitations each month, in alignment with its plan to reduce the waitlist, by December 2024. Additionally, MDH is partnering with the Vital Statistics Administration and the Hilltop Institute to create a monthly report that identifies deceased individuals on the CO Waiver registry. Upon execution of a data use agreement and subsequent receipt of the monthly report, the Division of Participant Enrollment and Service Review will deactivate deceased individuals from the registry. This report is expected to be available by the end of CY 2024.

<sup>7</sup> The State’s data management system, LTSS*Maryland*

To further reduce the Community Option Waiver Registry, MDH must recruit additional human resources to effectuate the waitlist reduction plan reported to the General Assembly in February of 2023. The additional staff are necessary to effectively complete the required evaluation and enrollment of CO Waiver registrants invited to apply to the program. In addition to its active recruitment efforts to fill vacant merit and contractual positions, MDH is augmenting staffing resources by utilizing its UCA, Telligen, to conduct POS determinations. Telligen began conducting independent reviews and rendering POS determinations in June 2024 and is doing so concurrently with the MDH POS review staff. This concurrent review process is a part of MDH's strategic plan to eliminate the current POS backlog by Spring 2025.

In addition to staffing resources, provider capacity is critical in ensuring there are enough case managers to serve applicants and participants. OLTSS began partnering with Supports Planning Agencies (SPAs) in April 2023 to build case management provider capacity and prepare for the increased volume of applicants for the CO Waiver program. Supports Planners (e.g., case managers) support applicants and participants with navigating the Medicaid application and enrollment process, accessing Medicaid and non-Medicaid home and community-based services and supports, and maintaining waiver eligibility. Historically, there has been a waitlist for SPA assignments for as many as 300 applicants.

In April 2023, through its partnership with MDH, the SPAs increased capacity by hiring additional Supports Planners which resolved the longstanding SPA waitlist. There has been no waitlist since April 2023 for the assignment of a SPA. To ensure sufficient ongoing capacity, OLTSS continues to conduct quarterly SPA training sessions to train newly hired Supports Planners, with our most recent quarterly SPA training held in June 2024, and our next quarterly SPA training scheduled for September 2024.

Building provider capacity with the SPA network is only the first step in building provider capacity. The CO Waiver program offers a broad array of services and supports that allow individuals to age in place in their communities and with their families. As services and supports are identified to meet the needs of those individuals who qualify for program enrollment, Medicaid-enrolled providers who provide those services and supports will also need to build capacity to support the increase in volume. Given the nationwide shortage in the direct service professionals and nursing workforces, this hurdle will present a greater challenge.

MDH staff are actively participating in various forums (e.g., webinars, conferences, and monthly stakeholder engagements) to identify strategies to increase provider capacity. In July 2024, CMS conducted a webinar to discuss the workforce shortages in HCBS and strategies that some States have employed to address these shortages. Additionally, MDH has solicited feedback and solutions to address the workforce shortage from the Developmental Disabilities Coalition and expects to receive this feedback in the fall of 2024.

As mentioned previously, OLTSS is actively expanding the number of invitations mailed to registrants on the Community Options Waiver Registry each month. At the start of FY 2024, at least 500 invitations were mailed to registrants, this number increased to at least 600 by November 2023, a total increase of 20 percent per month. As staffing resources increase, OLTSS

will continue to build on the number of invitations sent each month with the expectation that it will mail at least 700 invitations to registrants by December 2024 as part of the plan to reduce the registry by 50 percent.

In April 2023, pursuant to SB 28, OLTSS implemented a six (6)-week time limit for individuals to submit an application from the point at which they are invited to apply. Registrants are notified of their invitation to apply to the CO Waiver program in writing. In addition to the written invitation to apply, OLTSS staff contact registrants via a telephone call to alert them to the time-sensitive invitation. A second written notice is sent 21 days after the initial invitation to apply, which is another one of MDH's efforts to remind registrants of the program's invitation to apply and the critical timelines associated with the invitation. If an application has not been received 30 days after the final notice, the registrant is deactivated from the registry and the individual must contact the local MAP to be added onto the registry again.

In December 2022, OLTSS partnered with the Local Health Departments (LHDs) to provide additional outreach to individuals receiving an invitation to apply to the CO Waiver program. The goal of this initiative is to increase the response rate. Initially this partnership began with one (1) LHD, but has been expanded to include other LHDs, culminating with five (5) LHDs as of December 2023. As shown in Table 4, this partnership has resulted in the number of Community Options Waiver applications received increasing by 1.2 percent. OLTSS plans to extend the partnership to other LHDs who volunteer to participate in FY 2025.

## **IX. Funding for End the Wait Initiative and Improvement to Provider Capacity**

The General Assembly included \$6 million in the Dedicated Purpose Account for "End the Wait" initiatives in FY 2024 MDH has requested deferment of the \$6 million to FY 2025 to provide sufficient time to partner with stakeholders to develop an actionable plan to increase provider capacity. A significant barrier to increasing program enrollment is the continued national shortage of direct support professionals (DSPs) qualified to work for and with individuals with intellectual and developmental disabilities. Thus, OLTSS has partnered with the Developmental Disabilities Administration (DDA) to identify strategies to build provider capacity.

In June 2024, the DSP Workforce Shortage Think Tank Committee was convened to develop a strategic plan to address the workforce shortage. This Think Tank is comprised of State and community representatives, including community providers and DSPs, and is focused on generating actionable and measurable spending recommendations focused on enhancing the knowledge, skills, and abilities of DSPs. A formal report outlining the committee's recommendations is expected in Fall 2024.