



Wes Moore, Governor · Aruna Miller, Lt. Governor · Ryan Moran, DrPH, MHSA, Acting Secretary

March 14, 2025

The Honorable Wes Moore  
Governor  
100 State Circle  
Annapolis, MD 21401-1925

The Honorable Bill Ferguson  
President of the Senate  
H-107 State House  
Annapolis, MD 21401-1991

The Honorable Adrienne A. Jones  
Speaker of the House of Delegates  
H-101 State House  
Annapolis, MD 21401-1991

**Re: Health General §15-135(g) and SB 620/HB946 (Ch. 426 and 427 of the Acts of 2004)  
– 2023 Report on Home- and Community-Based Long-Term Care Services (MSAR # 8421)**

Dear Governor Moore, President Ferguson and Speaker Jones:

Enclosed please find the 2023 report pursuant to SB 620/HB 946 – Money Follows the Individual Accountability Act, which passed during the 2004 legislative session of the General Assembly. The report addresses the Department of Health’s efforts to promote home- and community-based services and to help nursing facility residents transition to the community.

If further information on this subject is needed, please contact Sarah Case-Herron, Director of Government Affairs, at [sarah.case-herron@maryland.gov](mailto:sarah.case-herron@maryland.gov).

Sincerely,

Ryan Moran, Dr. P.H., MHSA  
Acting Secretary

cc:

Sarah Case-Herron, JD, Director, Office of Governmental Affairs  
Sarah T. Albert, Department of Legislative Services (5 copies)

# Money Follows the Individual Accountability Act Report

**Health General Article §15-135(g)**

Maryland Department of Health

**January 2024**

## **Money Follows the Individual Act Report**

### **January 1, 2024**

**Health-General Article §15-135** requires the Maryland Department of Health (MDH) to report to the Governor and the General Assembly on:

- 1) MDH’s efforts to promote home and community-based services (HCBS);
- 2) The number of nursing facility residents referred by nursing facility staff or identified on the Minimum Data Set (MDS) assessments as expressing a preference to return to the community;
- 3) The number of nursing facility residents who transitioned from nursing facilities to home and community-based waiver services;
- 4) Any obstacles MDH encountered in assisting nursing facility residents to make the transition from a nursing facility to a community-based residence; and
- 5) MDH’s recommendations for removing the obstacles.

This report is intended to satisfy these reporting requirements.

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### **I. Background**

The Medicaid Program offers home and community-based services (HCBS) as an alternative to institutionalization for older adults, individuals with disabilities, and children with chronic illnesses. These services have been in place for many years and are offered through the regular Medicaid program and special programs referred to as Medicaid Waivers. Medicaid Waivers have different eligibility criteria and offer a broad array of services to target specific populations. Pursuant to HB 478 *Money Follows the Individual Act*<sup>1</sup>, passed during Maryland’s 2003 legislative session, MDH expanded HCBS to individuals who have resided in a nursing facility for at least 30 consecutive days and whose services are covered by Medicaid. Individuals who meet Medicaid eligibility criteria and the aforementioned conditions may apply for Waiver services immediately, even if the Medicaid Waiver program has a waitlist or registry for community applicants.

The Affordable Care Act (ACA)<sup>2</sup> enacted in March 2010 expanded health coverage by making health insurance affordable for more people, offering states an opportunity to expand their Medicaid program, and supporting innovative medical care delivery systems. Maryland opted to

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<sup>1</sup> “HOUSE BILL 478.” *Bill Info-2003 Regular Session-HB 478*, [mgaleg.maryland.gov/2003rs/billfile/hb0478.htm](http://mgaleg.maryland.gov/2003rs/billfile/hb0478.htm). Accessed 10 Feb. 2025.

<sup>2</sup> “Public Law 111–148.” Government Publishing Office, Government Publishing Office, Mar. 2010, [www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf](http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf).

expand its Medicaid program under the ACA by expanding benefits to low-income, non-elderly adults with dependents. In addition to expanding its Medicaid program, Maryland elected to participate in the Money Follows the Person (MFP) Demonstration, established by the Deficit Reduction Act of 2005<sup>3</sup> and extended by the ACA, which allows states to strengthen their HCBS programs. Maryland's participation in the MFP Demonstration has been extended several times with the most recent extension reauthorizing participation through September 30, 2025<sup>4</sup>. The reauthorization was approved as part of the Consolidated Appropriations Act of 2023<sup>5</sup>.

Maryland will continue to receive an enhanced Federal Medical Assistance Percentage (FMAP) match on all eligible waiver services for individuals with disabilities who meet MFP eligibility and transition to the community via one of Medicaid's HCBS Waiver programs for the remainder of this reauthorization period. This enhanced funding for services provided under MFP is used to incorporate stakeholder-recommended enhancements into existing Medicaid HCBS programs.

## **II. A summary of efforts to promote HCBS**

### **Maryland's Money Follows the Person (MFP) Demonstration**

The primary objective of the MFP Demonstration is to boost the utilization of HCBS over institutional long-term services and supports (LTSS). To achieve this goal, MFP focuses on broadening program opportunities and participation for eligible individuals residing in institutions. This involves intensifying outreach efforts to promote HCBS and reducing existing barriers hindering transitions to community settings. In pursuit of its mission, MFP collaborates with various internal and external agencies across the state to advocate for and improve HCBS.

MFP promotes and enhances HCBS through direct engagement with community stakeholders. The Stakeholder Advisory Group (SAG) meets bimonthly and is composed of MFP participants, community providers, professional organizations, institutional providers, MDH staff, and representatives from various advocacy organizations. The bimonthly meetings review program updates, share presentations on topics of interest, accept stakeholder feedback and comments on current HCBS practices, and discuss plans for program development. The MFP SAG feedback aids in pinpointing obstacles to MFP transitions. Apart from the bimonthly SAG meetings, MFP personnel actively promote, facilitate, and engage in continuous training sessions for providers and stakeholders. Additionally, MFP works closely with the Maryland Partnership for Affordable Housing (MPAH) to organize training sessions covering topics such as fair housing, recognizing and reporting housing discrimination, and understanding reasonable accommodations.

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<sup>3</sup> "PUBLIC LAW 109-171." Government Publishing Office, Government Publishing Office, Feb. 2006, [www.congress.gov/109/statute/STATUTE-120/STATUTE-120-Pg4.pdf](http://www.congress.gov/109/statute/STATUTE-120/STATUTE-120-Pg4.pdf).

<sup>4</sup> While the July 19, 2023 Federal Award states that the enhanced Federal Medical Assistance Percentage for MFP transitions ends in 2025, the award includes additional closeout years to conclude on September 30, 2027.

<sup>5</sup> "H. R. 2617: Consolidated Appropriations Act, 2023 ." *Government Publishing Office*, Government Publishing Office, 30 Sept. 2023, [www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf](http://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf).

In 2023, MFP advertised its services to the Maryland community at large. This public promotion of HCBS allowed MFP to reach a larger audience to share available resources for potential applicants. The MFP team used feedback received during SAG meetings to design targeted advertisements for constituents most likely to benefit from HCBS. Advertisements were placed at bus stops and bus shelters for 6 weeks in the following 4 counties with high densities of potential MFP applicants: Prince George’s County, Montgomery County, Baltimore County, and Howard County.

In March 2022, the Centers for Medicare and Medicaid Services (CMS) introduced alterations to the supplemental services guidelines, granting MFP grantee states the authority to offer a wider range of services and goods. These include security deposits, essential furnishings, moving expenses, and set-up fees for utility services. Currently, Maryland's MFP team is collaborating with CMS and other MDH offices to revise its comprehensive supplemental services plan, aiming to significantly enhance the flexibility of funding ("flex funds") available to Maryland MFP participants. Presently, flex funds are capped at \$700 per individual, primarily utilized for initial grocery expenses. The proposed expansion encompasses both an increase in funding amount and the inclusion of new goods and services, previously disallowed by CMS. For instance, covering rent for a temporary period in an affordable and accessible apartment while the individual transitions from an institutional setting to a community residence. According to CMS guidance, these goods and services can commence during the individual's institutional stay. It's anticipated that Maryland's proposed supplementary services plan will address essential needs that have previously hindered transitions to community living. However, CMS approval is necessary before Maryland can proceed with the implementation of the expanded supplemental services plan.

### **Maryland Access Point (MAP)**

In 2003, Maryland developed the Maryland Access Point (MAP) program to streamline access to LTSS. MAP facilities serve as Maryland’s Aging and Disability Resource Centers (ADRCs) and are strategically located throughout the state to provide assistance to residents in urban, suburban, and rural settings. MAP is funded by the Administration for Community Living (ACL), CMS, and general funds from Maryland’s budget. MAP facilities assist in the promotion of HCBS by reviewing program requirements with individuals with long-term care (LTC) needs, confirming HCBS eligibility, and ensuring individuals are aware of community resources and programs that offer alternatives to institutionalization.

There are 19 MAP sites serving Maryland residents statewide that provide coordination and front-line assistance for individuals seeking alternatives to institutional LTC<sup>6</sup>. These programs, in partnership with local Area Agencies on Aging (AAA), provide a single-entry point approach to

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<sup>6</sup> “Maryland Access Point (MAP).” Maryland Department of Aging, [aging.maryland.gov/Pages/maryland-access-point.aspx](https://aging.maryland.gov/Pages/maryland-access-point.aspx). Accessed 10 Feb. 2025.

accessing community benefits, resources, and services. This approach meets the requirements established by the Balancing Incentive Program (BIP)<sup>7</sup>, which provided grants from October 1, 2011 to September 30, 2015, to increase the number of individuals receiving LTC services in home and community-based settings, and is an integral part of Maryland’s LTSS reform plan. BIP established No Wrong Door Systems for people to access information on Medicaid LTSS, and implemented conflict-free case management to mitigate conflicts of interest in care provision and ensure access to quality LTSS for all individuals.

MAP agencies offer vital subject matter expertise by educating individuals on publicly and privately funded services, facilitating referrals to available programs, and crafting person-centered action plans to address both immediate and anticipated care needs. Individuals living in the community are referred to MAP for a wide range of supportive services including assistance with activities of daily living, financial support, access to affordable healthcare, nutrition, housing, and transportation. In FY 2023, a total of 84,473 individuals received MAP assistance.

The MAP program offers options counseling to Marylanders with LTC needs to help them review, understand, and request available community-based resources for personal care, and support services. Options counseling is essential to promoting HCBS to eligible Medicaid participants in the state. MAP sites collaborate with key stakeholder agencies that help coordinate Medicaid eligibility to connect with qualified participants who request or may benefit from HCBS services. Options counselors provide information about Medicaid HCBS Waiver programs to individuals in nursing facilities, as well as their families, guardians, and other informal supports. In FY 2022, 12,101 MAP options counseling sessions occurred, and this figure rose to 21,735 sessions in FY 2023. This substantial increase is attributable to a robust training program that relaunched in 2022. Multiple training sessions were conducted for MAP Specialists throughout CY 2023.

In addition to options counseling, MAP staff administer Level One screening. The Level One Screen can be accessed in person or over the phone and is used to help determine service needs, prioritize individuals based on risk of institutionalization, and make referral recommendations. The Level One Screen assesses activities of daily living to determine the LTC needs of each individual. After a MAP specialist enters the individual’s responses into *LTSSMaryland*, responses are used to generate referrals to a variety of LTSS programs.

Additionally, MAP works with state agencies and MFP stakeholders to address structural and operational systems to improve access to LTSS. For example, MAP has partnered with Maryland 211 to develop a statewide single-resource database where community members and MAP staff can retrieve information on programs, benefits, and services to support the LTC needs of

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<sup>7</sup> “Balancing Incentive Program.” *Medicaid*, 2015, [www.medicaid.gov/medicaid/long-term-services-supports/balancing-incentive-program/balancing-incentive-program/index.html](http://www.medicaid.gov/medicaid/long-term-services-supports/balancing-incentive-program/balancing-incentive-program/index.html).

Marylanders. Information from this database is accessible online, through the MAP website, and by calling the toll-free 211 number for assistance.

In 2023, the Maryland Department of Aging (MDoA) revised the Area Agencies on Aging Supports Planning Agency brochure. This tri-fold brochure informs individuals of their right to choose a Supports Planning Agency (SPA) (e.g.; case management agency) and was updated to capture changes instituted since the initial brochure printing and distribution in 2016. The brochure is included in each of the Support Planning Agency packets that are distributed to Marylanders applying for HCBS Waiver services. Supports planning plays a crucial role in guiding HCBS program applicants and participants through the Medicaid enrollment process, as well as facilitating access to both Medicaid and non-Medicaid home and community-based services and supports.

### **HCBS Capacity Building Initiatives**

In 2021, CMS announced an opportunity for MFP grantee states to request up to \$5 million in supplemental funding for capacity-building activities. In June 2021, 4 written capacity-building proposals, initiated in response to stakeholder feedback, were submitted to CMS for review and approval. Shortly thereafter, all 4 proposals were accepted, and \$4,999,738 was awarded by CMS to fund these projects.

Currently, 3 out of the 4 awardees are operational and are using MFP capacity-building funds for their respective programs. The fourth awardee was able to access funding from an alternative source. Discussions are currently underway with CMS to reallocate these funds to ensure that the entirety of the capacity-building award is utilized. Awardees have presented updates to stakeholders during SAG meetings and through general stakeholder email communications. The MFP team meets regularly with all of the awardees and continues to fulfill all obligations related to contract monitoring.

The Community for Life Demonstration<sup>8</sup> is an innovative program developed by the Maryland Department of Aging (MDoA) to assist individuals 60 years and older to remain comfortably in their homes, and currently serves 378 participants. Community for Life program participants are entitled to home maintenance support, service navigation support, and transportation. Home maintenance support reduces the risk of injury, prevents fraud, and protects home value. Services include home assessments, home repairs, and lists of vetted contractors. Service navigators receive specialized training unique to the Community for Life program. They help program participants identify and access the services and programs most relevant to their care needs.

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<sup>8</sup> “Maryland Community for Life.” *Maryland Department of Aging*, [aging.maryland.gov/Pages/community-for-life.aspx](https://aging.maryland.gov/Pages/community-for-life.aspx). Accessed 10 Feb. 2025.

The Maryland Access Point Hospital Transition Program<sup>9</sup> Grant provides care coordination services to create a bridge between the hospital and community by engaging in a person-centered assessment, streamlined access to community services, and follow-up for 120 days to ensure a successful transition. This program diverts individuals at risk of institutionalization by assisting them with understanding their needs and creating a person-centered action plan to address those needs. The program collects and analyzes data for community services and hospital utilization to understand the impact of service provision.

The Maryland Inclusive Housing (MIH) Transformation grant helped provide housing support services to 74 people in FY 2022 and 129 people in FY 2023. The MIH team provides oversight for 60 individuals with intellectual and developmental disabilities. Certain staffing costs are funded by this capacity-building initiative. The Operations Manager completes assigned billing tasks within the state's data management system (i.e.; *LTSSMaryland*), manages 6 regional housing committees, and requests information clearinghouse reports to track services for individuals with intellectual and/or developmental disabilities.

MIH is also introducing new software that will enhance accountability for service delivery and billing efficiency for service provision. As part of its infrastructure building, MIH has trained 69 individuals from 30 different Maryland agencies to provide housing support services and has added two additional housing committees in Prince George's County and in the Eastern Shore region to support community transition efforts. In 2023, MIH entered into a new partnership with a property developer committed to allotting 10 percent of the property's units to people with disabilities.

## **Housing Initiatives and Programs**

MFP provides direct housing technical assistance to SPAs, community case managers, and other MFP stakeholders. MFP has expanded its focus on affordable housing policy by partnering with the MDoD and the Maryland Department of Housing and Community Development (DHCD). Through this collaboration, the Maryland Partnership for Affordable Housing (MPAH) was formed to develop strategies aimed at the expansion of available housing stock in Maryland. The MPAH administers 4 housing programs: the U.S. Department of Housing and Urban Development (HUD) 811 Project Rental Assistance (PRA), the Harry and Jeanette Weinberg Foundation's Affordable Rental Housing Opportunities Initiative for Persons with Disabilities (Weinberg Affordable Apartments), Community Choice Homes (CCH), and the MFP Bridge Subsidy. CCH is a collaboration between the Housing Opportunities Commission of Montgomery County and the MDoD and operates only in Montgomery County.

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<sup>9</sup> "MAP- Hospital Transition Program." *Maryland Access Point*, 6 May 2024, [marylandaccesspoint.211md.org/information-for-providers/map-hospital-transition-program/#:~:text=What%20Are%20Maryland%20Access%20Point,their%20long%2Dterm%20care%20needs](https://marylandaccesspoint.211md.org/information-for-providers/map-hospital-transition-program/#:~:text=What%20Are%20Maryland%20Access%20Point,their%20long%2Dterm%20care%20needs).



The quarterly housing training conducted by MFP staff helps support planners provide direct housing assistance to applicants, including obtaining the documentation needed to secure housing, assessing an individual's housing needs, preparing for an individual's transition, and providing information on how an individual can be a successful tenant once he/she has moved to the community. The housing training is provided to SPAs within the Baltimore/Washington Metropolitan Statistical Area (MSA) in order to ensure that housing assistance will be available to individuals applying for HUD 811 PRA, Weinberg Affordable Apartments, and the MFP Bridge Subsidy. MFP housing staff provide tenant training directly to support planners and individuals enrolled in the HCBS programs who have transitioned into these housing programs from institutions to ensure they understand their rights and responsibilities and are connected to community resources, such as the Maryland Energy Assistance Program (MEAP) and the Supplemental Nutrition Assistance Program (SNAP).

MPAH has also held statewide training for SPAs, housing providers, Centers for Independent Living (CIL) staff, and other case management providers. These training sessions provide information related to eligibility requirements for the PRA, Weinberg Affordable Apartments, and the MFP Bridge Subsidy, the use of the MPAH web-based referral and registry system, strategies for assisting individuals to transition to permanent supportive housing, and approaches to support individuals with maintaining a successful tenancy.

A summary of all affordable and accessible housing programs:

For the HUD 811 PRA, Maryland was awarded 3 grants totaling \$27.9 million, which equates to approximately 400 permanent supportive housing units. As of November 2023, 279 out of the available 325 units are occupied. Leasing is in progress for 6 units and 14 additional units are under construction. Thirty-two new families were housed between September 2022 and September 2023. The funding for the FY 2019 HUD 811 grant has been received and DHCD, MDoD, and MFP have identified potential properties to place HUD 811 units and are in the process of contacting those property developers to offer them funding.

For the Weinberg Affordable Apartments, Maryland was awarded 3 grants totaling \$7 million, for construction and financial assistance. New criteria were added to the latest round of funding with a focus on youth transitioning from foster care and young adults living with an aging caregiver. MDoD staff are conducting outreach to agencies and organizations that work with this population to inform them of the new housing opportunity. As of November 2023, there were 34 participants housed in Weinberg Affordable Apartments. Overall, 45 households have benefitted from the Weinberg Affordable Apartments Program. MFP staff will continue to work with DCHD, MDoD, and property developers to identify and build units for this program.

MDoD and Housing Opportunities Commission's CCH program has successfully leased 39 units since its inception, with one additional lease to be completed by December 2023. MDoD is actively working with Maryland's Housing Opportunities Commission to identify 5 additional units for the program.

The MFP Bridge Subsidy has helped house 76 participants since its inception in 2016. As of November 2023, 30 participants are being housed through this program and 46 are searching for housing. While the commitments to the Baltimore-Washington area (Montgomery, Prince George's, Howard, Baltimore County, and Baltimore City) have been nearly fulfilled, the commitments in the western and eastern parts of Maryland are still outstanding, which is likely due to increased demand for housing in the urban areas. MFP staff and the MPAH are strategizing with stakeholders to find ways to increase utilization of the Bridge Subsidy including targeted outreach and advertising in the western and eastern regions of the state. MFP is aggressively working with MDoD and DHCD to negotiate additional MFP Bridge subsidies in the heavily requested housing jurisdictions of Montgomery, Prince George's, and Howard counties.

A summary of current MFP housing activities and the impact of the COVID-19 pandemic:

During the COVID-19 pandemic and subsequent PHE, MFP provided virtual tenancy training to MFP participants who moved into HUD 811 PRA, Weinberg Affordable Apartments, or MFP Bridge Subsidy housing. Staff currently conduct person-centered tenancy training either remotely or in person based on the participant's needs.

The MPAH conducts ongoing stakeholder surveys to assess training needs and develops instructional programs to address those needs. In 2022, the MPAH presented a tenant training competency curriculum to support planners and other case managers to direct them through the tenant training process. In FY 2023, MFP and its agency partners conducted 26 training sessions focused on supporting individuals with disabilities with housing. All efforts made through this housing training were aimed at enhancing participant success in the community.

**III. The number of individuals referred by nursing facilities or identified by the Minimum Data Set (MDS)**

The Minimum Data Set (MDS) is a clinical assessment completed for all nursing facility residents, regardless of payer. The MDS is a federal requirement for nursing facilities participating in the Medicaid and/or Medicare programs. The assessment is completed when a resident is admitted to the facility, periodically, as required during the nursing facility stay, and upon discharge from the facility. Section Q of the MDS assessment addresses the resident's

ability to be discharged and indicates the resident’s preference to remain in the nursing facility or return to the community.

The MDS assessment process was modified on October 1, 2010, requiring states to create a Local Contact Agency (LCA) to respond to resident requests for community living options and resources. MFP was designated as the LCA for Maryland and provides options counseling in response to MDS Section Q referrals for all nursing facility residents, regardless of Medicaid eligibility or payment source. As of 11/17/2023, the MFP program received 34 resident referrals through the MDS 3.0 Section Q referral process and no direct referrals from nursing facilities in the state. The MFP team will continue to monitor updates to the MDS assessment process and promote greater nursing facility engagement in the state to ensure residents are aware of available community options and receive options counseling when requested.

**IV. The number of individuals who have transitioned from nursing facilities to home and community-based waiver services**

Since 2008, 3,827 Maryland residents have transitioned from institutions to a community setting with LTSS through the MFP program.

MFP’s target for total transitions to the community during CY 2023 was 170 individuals. As noted in Table 1 below, 53 individuals transitioned from nursing facilities to the community through Medicaid’s HCBS Waiver programs in CY 2023.

Table 1. Transitions by Population

Year	Older Adults, Aged 63 and Older	Individuals with Intellectual or Developmental Disability	Individuals with Disabilities under the age of 63	Other	Total
Transitions for CY 2023 <sup>10</sup>	25	*	23	*	54
Cumulative transitions, (2008-2023) <sup>11</sup>	1,709	340	1,656	122	3,827

\*Cells with values less than 11 have been suppressed.

<sup>10</sup> Source: 2023 Semi-Annual Progress Report. Includes transitions through 12/31/2023.

<sup>11</sup> Source: 2023 Semi-Annual Progress Report. Includes cumulative transitions from 2008 through 12/31/2023.

## **V. Obstacles confronted in assisting individuals in transitioning from a nursing facility to a community-based residence.**

Maryland's older adult population is projected to experience rapid growth, outpacing other age groups significantly. According to the 2022 Overview of Services For Older Adults, as of July 1, 2020, there were 987,352 Maryland residents aged 65 or older, constituting 16.3 percent of the state's population. This demographic is anticipated to expand to 1.3 million by 2030 (20.2 percent of the population) and 1.4 million by 2040 (21.4 percent of the population).

Moreover, data from the U.S. Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System in 2021 revealed that 22.4 percent of Maryland adults aged 18 or older reported having a disability<sup>12</sup>. It's imperative to ensure that Maryland's aging and disabled population can access essential services and supports. Identifying and eliminating barriers is essential for providing comprehensive healthcare across the continuum of care.

The primary barrier for individuals seeking to transition from a nursing facility to a community-based residence is the scarcity of affordable and accessible housing options. According to the 2022 report from the National Low Income Housing Coalition (NLIHC), 30 percent of renter households in Maryland were classified as extremely low income, indicating household incomes below the federal poverty guideline or 30% of the area median income. Of these households, 75 percent reported housing costs as a severe burden. Moreover, 17 percent of individuals residing in extremely low-income renter households had a disability, and 3 percent were seniors. The report concluded that there was a notable shortage of 146,085 available and affordable rental homes for extremely low-income renters in the state of Maryland<sup>13</sup>. This shortage exacerbates the challenge for individuals transitioning from nursing facilities, as they face significant hurdles in finding suitable and affordable housing options in the community.

Furthermore, shortages in nursing facility staff, limited telecommunication options, and successive waves of COVID-19 outbreaks have constrained the ability to provide options counseling to nursing facility residents. This counseling is crucial for educating residents about HCBS and their alternatives for receiving care in a community setting. Many nursing facilities have transitioned to digital filing systems, which restrict or impede access to medical records necessary for options counselors to conduct thorough outreach.

Despite these challenges, MDH has closely collaborated with state agencies and advocacy organizations to ensure nursing facility residents seeking transition to community settings receive appropriate and timely information. The MFP team maintains regular communication

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<sup>12</sup> "Disability & Health U.S. State PROFILE DATA: Maryland | CDC." *Disability and Health*, [www.cdc.gov/ncbddd/disabilityandhealth/impacts/maryland.html](http://www.cdc.gov/ncbddd/disabilityandhealth/impacts/maryland.html). Accessed 10 Feb. 2025.

<sup>13</sup> "Housing Needs By State: Maryland." *National Low Income Housing Coalition*, NLIHC, 2022, [nlihc.org/housing-needs-by-state/maryland](http://nlihc.org/housing-needs-by-state/maryland).

with SPAs, and partnering state agencies, including the MDoD and MDoA, to identify persistent barriers to nursing facility transitions. MDH remains committed to partnering with other state agencies, MFP stakeholders, and advocates to explore potential solutions that enhance access for individuals residing in nursing facilities seeking options for counseling and who could benefit from HCBS upon discharge.

Another significant obstacle affecting individuals transitioning from nursing facilities is the shortage of qualified staff available to provide clinical and personal assistance in community settings. This shortage has been forecasted for years, stemming from the increasing aging population in Maryland and the United States as a whole. The impact of the COVID-19 public health emergency, along with a shift in worker preferences toward remote work and a tight labor market, has exacerbated the situation, leading to notable shortages in direct care staff, case managers, and agency personnel. Attrition rates across all three environments—nursing facilities, community settings, and agency roles—are surpassing hiring rates. MDH's partner agencies are struggling with high turnover rates and difficulties in retaining staff, resulting in delays in transitions from institutions to community settings.

## **VI. Recommendations for removing the obstacles confronted in assisting individuals in transitioning from a nursing facility to a community-based residence.**

### Affordable Housing Shortage

The shortage of affordable and accessible housing may prolong the stay of nursing facility residents who meet transition criteria and seek services. This scarcity may also compel individuals with disabilities to relocate to unfamiliar or unsafe environments due to limited affordable housing options. Moving disabled individuals away from existing community support systems and familiar surroundings can heighten safety risks, worsen existing health issues, and result in increased hospitalizations and subsequent stays in nursing facilities.

To address these challenges, targeted outreach efforts are underway to engage public housing authorities in Maryland's metropolitan areas, including Baltimore City, Baltimore County, Howard County, Montgomery County, and Prince George's County. These areas exhibit the highest demand for transition services. MFP is enhancing collaboration with public housing authorities in these focus areas to ensure ongoing service commitments throughout the renewal period for the MFP Bridge Subsidy.

Additionally, the DDA Rent Subsidy Program has expanded affordable housing options for DDA waiver participants. The program began accepting applicants from its waitlist in September 2023, aiming to provide more accessible housing opportunities for individuals with disabilities.

### Healthcare Workforce Shortage

The Commission to Study the Healthcare Workforce Crisis in Maryland issued its final report on December 31, 2023<sup>14</sup>. Comprising of representatives from MDH, the commission thoroughly examined workforce challenges across various care settings, encompassing hospitals, long-term care facilities, and in-home care settings. The report highlighted a trend: Maryland's healthcare workforce is expanding at a slower rate compared to other states nationwide. Particularly concerning was the attrition of experienced healthcare professionals within a decade of entering the workforce.

One of the significant challenges encountered during the commission's investigation was the difficulty in obtaining quality data on the estimated 20,000 direct care workers in Maryland providing Medicaid-funded personal care. In response, the Commission recommended increased funding and/or expansion of workforce initiatives, such as the Direct Care Workforce Innovation Program<sup>15</sup> managed by the Maryland Department of Labor. This program offers grants to applicants actively engaged in recruitment, training, and retention efforts for direct service professionals.

MFP will remain vigilant in monitoring state initiatives aimed at bolstering the direct care workforce, including case managers and agency personnel. It will track advancements and progress made in addressing the healthcare workforce shortage.

Furthermore, MFP has initiated direct engagement opportunities with Supports Planning Agencies, Area Agency on Aging Offices, and other community stakeholders to identify ways MDH can lend support in recruiting and retaining healthcare workers. Community partners have advocated for enhanced communication with stakeholders to foster greater collaboration and address challenges encountered by staff in service delivery. MFP will continue to cultivate avenues for stakeholders to share and resolve obstacles encountered in service delivery, ultimately supporting staff retention for HCBS programs.

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<sup>14</sup> “COMMISSION TO STUDY THE HEALTH CARE WORKFORCE CRISIS.” *Maryland Health Care Commission*, 31 Dec. 2023, [https://health.maryland.gov/docs/SB%20440%20Ch.%20708%20\(2022\)%20%E2%80%93%202023%20Final%20Report%20%E2%80%93%20Commission%20to%20Study%20the%20Heal.pdf](https://health.maryland.gov/docs/SB%20440%20Ch.%20708%20(2022)%20%E2%80%93%202023%20Final%20Report%20%E2%80%93%20Commission%20to%20Study%20the%20Heal.pdf)

<sup>15</sup> “Direct Care Workforce Innovation Program - Workforce Development & Adult Learning.” Maryland Department of Labor, [www.labor.maryland.gov/employment/wddirectcare.shtml](http://www.labor.maryland.gov/employment/wddirectcare.shtml). Accessed 10 Feb. 2025.