Maryland
DEPARTMENT OF HEALTH

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

March 17, 2025

The Honorable Pamela Beidle, Chair
Senate Finance Committee
3 East Miller Senate Office Bldg.
Annapolis, MD 21401-1991

The Honorable Joseline A. Peña-Melnyk, Chair
Health and Government Operations Committee
241 Taylor House Office Bldg.
Annapolis, MD 21401-1991

RE: Health General Article §15–1103 - Public Health - Home and Community-Based Services for Children and Youth 2024 Report (MSAR #14577)

Dear Chair Beidle and Chair Peña-Melnyk:

Pursuant to Health General Article §15–1103, the Maryland Department of Health (MDH) is submitting the Community-Based Services for Children and Youth Report to the Senate Finance Committee and the House Health and Government Operations Committee.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs, at sarah.case-herron@maryland.gov.

Sincerely,

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

cc: Erin McMullen Chief of Staff
Alyssa Lord, Deputy Secretary for Behavioral Health
Tricia Roddy, Deputy Director, Office of Health Care Financing
Sarah Case-Herron, Director, Office of Governmental Affairs
Sarah Albert, Department of Legislative Services (5 copies)

Home and Community-Based Services for Children and Youth Report for 2024

Health-General Article §15–1103

Maryland Department of Health

December 2024

Table of Contents

Executive Summary

In accordance with HG §15–1103, the report includes enrollments in §1915(i) state plan amendment (SPA) and the child and adolescent targeted case management services. The report also consists of the total number of children and adolescents served by each program, changes in the numbers, and the steps taken to increase enrollment. This report reviews service utilization numbers and trends for children and young adults enrolled in the 1) § 1915(i) SPA services and 2) child and adolescent Targeted Case Management services (TCM) in the State of Maryland in Fiscal Year (FY) 2023. The data was obtained from the Administrative Service Organization (ASO) Optum Behavioral Health Service Claims between FY 2018 and FY 2023. Eligibility for § 1915(i) services was originally determined by an income cutoff below 150% of the federal poverty level (FPL). On October 1, 2020, this threshold increased to 300% FPL, which aligns with the income requirement for both Maryland Medicaid and the Maryland Children's Health Program (MCHP).

In FY23, 15 children and young adults were enrolled in § 1915(i) waiver services, less than half the number served in FY22 (n=35). In FY23, 2,021 children and young adults used Targeted Case Management (TCM) services, representing less than 2% of all Public Behavioral Health Service (PBHS) utilization. There has been little change in TCM utilization in recent years.. The populations with the largest decreases include those 6 years old and younger, Native Americans, and females. The only increases were seen in 7 to 12-year-olds and 13 to 17-year-olds.

Due to the limited uptake of 1915(i) and TCM services and extensive stakeholder feedback, measures were taken to address and improve participation in the program including changing the eligibility criteria to allow for increased enrollment, encouraging jurisdictions to select more than one provider to increase participant choice, and contracting with Health Management Associates (HMA), a national healthcare consulting firm, to facilitate stakeholder listening sessions to get feedback on barriers youth and families face to obtaining services among others.

Introduction and Overview

The home and community-based services (HCBS) benefit for children and youth with serious emotional disturbances and their families is authorized under a §1915(i) Medicaid State Plan Amendment. The plan offers a comprehensive range of services and supports designed to support youth and their families, ensuring they can maintain stability and thrive within their communities.

Eligibility for § 1915(i) services was determined by an income cutoff below 150% federal poverty level (FPL). On October 1, 2020, this threshold increased to 300% FPL, which aligns with Maryland Medicaid coverage of children and young adults up to 300% FPL. Services are designed to support the participant remaining in their home by providing a wraparound service

delivery model. These services include intensive in-home services, community-based respite care, out-of-home respite care, family peer support, and expressive and experiential behavioral services.

Targeted Case Management (TCM) services can be provided to a child or young adult, from birth up to age 21, based on three levels of intensity, from Level I to Level III. Level I, or general TCM, is the least intensive case management service offered and has a maximum of twelve 15-minute units (3 hours) of service units per month. At least two of these units must be in face-to-face contact with the participant. Level II, or moderate TCM, services have a maximum of 30 units per month (7.5 hours) and a minimum of four units of face-to-face contact with the participant. The most intensive case management service is Level III, or intensive TCM. These services have a maximum of 60 units (15 hours) per month. At least six units of face-to-face contact with the participant are required.

Trends and Findings

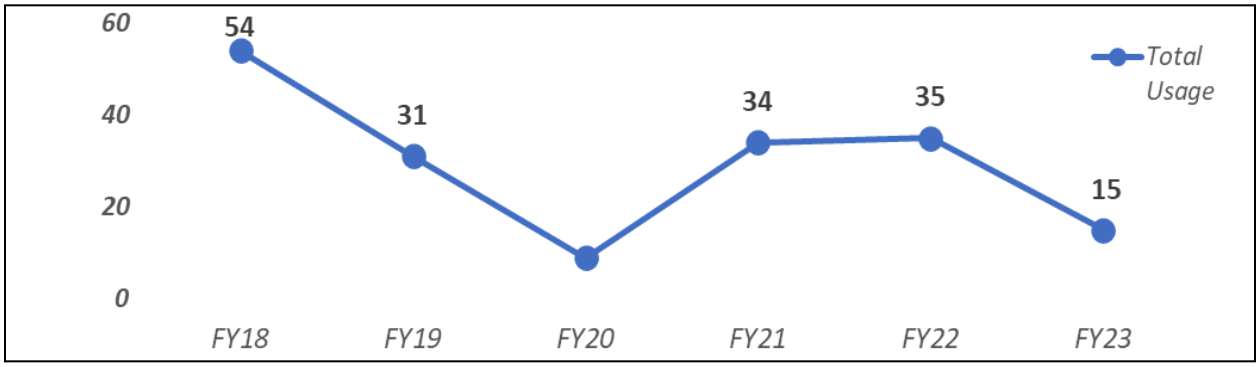
In accordance with HG § 2–1257 of the State Government Article, the data for the report included service utilization numbers and trends for children and young adults enrolled in the 1) §1915(i) model services and 2) child and adolescent TCM in the State of Maryland in FY 2023. The data was obtained from the Administrative Service Organization (ASO) Optum Maryland behavioral health service claims between Fiscal Year 2018 and FY 2023.

Utilization of § 1915(i) Waiver Services

In FY23, a total of 15 children and young adults were enrolled in § 1915(i) waiver services, less than half the number served in FY22 (n=35). Nearly three-quarters (73%) of service recipients were between the ages of 13 to 17 years old. Service recipients were primarily Non-Hispanic White (53%) or Non-Hispanic Black (20%). Service use was evenly distributed between males and females. See Appendix I (Table 1 - Table 3) for a detailed summary of service use by child and youth demographic characteristics.

As shown in Figure 1, since FY18, the use of § 1915(i) Waiver Services has declined by 72.2% (-34 users) and has consistently remained under 100 service users in any year. An uptick in service users occurred from FY20 to FY22 largely tied to an increase in service utilization for home and community-based services during the COVID-19 pandemic. There was a decrease of 20 service users occurring in FY23 as youth returned to school and accessed other school and community-based supports. Moreover, families found the process of accessing 1915(i) services complicated and burdensome. Figure 1 displays the trend in § 1915(i) Waiver Service use for the past six fiscal years.

Figure 1. Trend in § 1915(i) Waiver Service Use Among Children and Youth, FY18 - FY23



Data Source: Optum Behavioral Health Service Claim data FY 2018 to FY 2023, based on claims paid through June 30, 2024.

The Medicaid State Plan Amendment (SPA) was submitted in March of 2024 and renewed October 1, 2024 incorporating minor adjustments to refine its implementation as outlined above related to attempting to decrease barriers to access.

In the spring of CY24 BHA began working with Health Management Associates (HMA) to evaluate and enhance §1915(i) services, with a focus on improving access to care and addressing systemic barriers that impede service delivery. HMA held sessions with stakeholders, partner organizations and consumers to gain deeper insights into the challenges and barriers affecting access to services. Building on the findings from HMA's work, BHA and Medicare are now actively updating the §1915(i) Medicaid State Plan Amendment (SPA) to integrate the proposed recommendations and improve service delivery. Additionally, continuous efforts are underway to broaden the provider network and enhance access to services including:

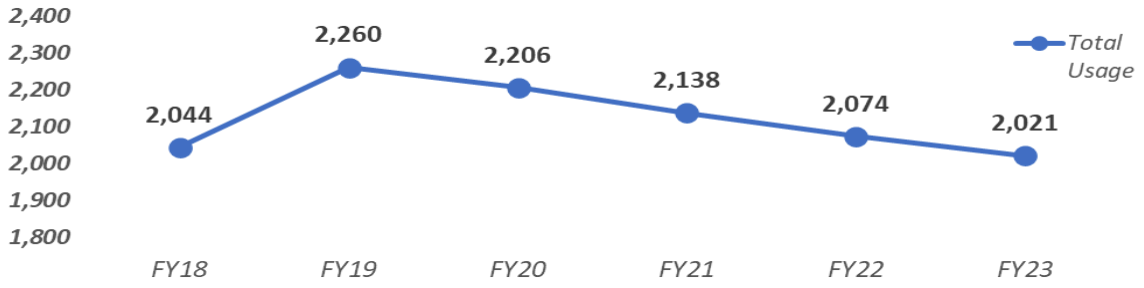
1) Glidepath to increase the number of youth to be served from 200 to 1,800
2) Added Youth Peer Support
3) Increasing completion time for the plan of care from 45 days to 60 days
4) Decreasing the threshold for scoring to access services
5) Removal of the differential reimbursement for telehealth services between audio and audio-visual

Utilization of Targeted Case Management Services

Individuals who do not qualify for Medicaid may receive services through the TCM Plus program, which is available for 92 non-Medicaid child and young adult recipients. TCM Plus services are available to children and young adults statewide. Table 4 displays the use of TCM services among children and young adult recipients of PBHS services in FY23. The historical counts presented in this report have been updated to reflect only youth service users (ages birth to 21 years) whereas in past reports the ages presented covered birth to 25 years which caused the counts of two separate forms of case management to be combined. The data presented in the figure below represents combined youth and young adult counts due to low young adult service use.

In FY23, 2,021 children and young adults used TCM services, representing less than 2% of overall PBHS service use. The vast majority (91%) of service recipients ages birth to 21 years received either Level I (38%, 770) or Level II (53%, 1,074) TCM with less than one in ten TCM recipients (9%, 147) using more intensive Level III services. There has been little change in TCM use in recent years, with only a 1% decrease recorded since FY18. The populations with the largest decreases include those 6 years and younger, Native Americans, and females. The only increases were seen in both 7 to 12-year-olds and 13 to 17-year-olds. The TCM service utilization rate overall was 2.2 per 1,000 PBHS-eligible children and young adults. See Appendix I (Table 4) for a summary of service use by child and youth demographic characteristics.
Since FY18, TCM service use has decreased by a little over 1% with a decrease of 23 users (FY18: 2,044, FY23: 2,021). Across the six years, TCM service use among children and adolescents peaked in FY19 at 2,260 service users and steadily declined by 10.5% (-239 users) by FY23. Figure 2 displays the trend in TCM use between FY18 and FY23.

Figure 2. Trend in Targeted Case Management Service Use Among Youth and Young Adults, FY18 - FY23



Data Source: Optum Behavioral Health Service Claim data FY 2018 to FY 2023. Based on claims paid through June 30, 2024.

Next Steps

BHA will continue its efforts to refine and update the waiver, ensuring it evolves to meet the needs of the population it serves. Efforts will continue to expand the provider network, alongside targeted initiatives within local jurisdictions to enhance the promotion and visibility of the services available through the 1915(i) State Plan.

Conclusion

BHA has dedicated significant resources to enhancing TCM and 1915(i) services. Efforts to address stakeholder concerns and implement their recommendations remain ongoing. The work to expand the provider network will align with stakeholder suggestions and recommendations,

ensuring that a greater number of youth receive the support and services they need. These initiatives aim to expand services to more effectively reach youth and their families and facilitate their earlier engagement in the treatment process.

Appendix: Summary of Service Utilization by Key Demographic Characteristics

A. 1915i Waiver Services

Table 1: § 1915(i) waiver service users by Age FY23

Age	Individuals	% Of Individuals
0 - 6	0	0.0%
7 - 12	3	20.0%
13 - 17	11	73.3%
18 - 21	1	6.7%
22 - 25	0	0.0%
TOTAL	15	100.0%

Data Source: Optum Behavioral Health Services claims data for FY23. Based on claims paid through June 30, 2024.

Table 2: § 1915(i) waiver service users by Race FY23

RACE	INDIVIDUALS	% OF INDIVIDUALS
Black	3	20.00%
Asian	0	0.00%
White	8	53.33%
Hispanic	0	0.00%
Native American	0	0.00%
Pacific islander	0	0.00%
Unknown	4	26.67%
TOTAL	15	100.00%

Data Source: Optum Behavioral Health Services claims data for FY23. Based on claims paid through June 30, 2024.

Table 3: § 1915(i) waiver service users by Gender FY23

Gender	Individuals	% Of Individuals
Female	8	53.33%
Male	7	46.67%
Unknown	0	0.00%
TOTAL	15	100.00%

Data Source: Optum Behavioral Health Services claims data for FY23. Based on claims paid through June 30, 2024.

B. Targeted Case Management Services

Table 4: Users of Targeted Case Management Services by Service Level and Demographic Characteristics FY23

	Level I		Level II		Level III		Total		
Race/Ethnicity	N	%	N	%	N	%	N	%	Rate per 1,000
Non-Hispanic Black	271	35.2%	379	35.3%	75	42.4%	725	35.9%	2.3
Non-Hispanic White	314	40.8%	407	37.9%	61	34.5%	782	38.7%	4.0
Hispanic	0	1.2%	0	0.7%	0	0.6%	18	0.9%	0.4
Other	13	1.7%	0	0.7%	0	4.0%	29	1.4%	0.5
Unknown	163	21.2%	271	25.2%	33	18.6%	467	23.1%	1.4
Gender									
Female	325	42.2%	455	42.4%	71	40.1%	851	42.1%	1.8
Male	445	57.8%	619	57.6%	106	59.9%	1,170	57.9%	2.5
Age									
0 - 6	70	9.1%	95	8.8%	15	8.5%	180	8.9%	0.6
7 - 12	330	42.9%	460	42.8%	84	47.5%	874	43.2%	3.7
13 - 17	341	44.3%	490	45.6%	71	40.1%	902	44.6%	4.7
18 - 21	29	3.8%	29	2.7%		4.0%	65	3.2%	0.5
TOTAL	770	38.1%	1,074	53.1%	177	8.8%	2,021	100.0%	2.2

Data Source: Optum Behavioral Health Services claims data for FY23. Based on claims paid through June 30, 2024.