



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

December 17, 2024

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

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

**Re: 2024 Joint Chairmen's Report (p. 131) - Report on End The Wait Initiatives Related to Provider Capacity**

Dear Chairs Guzzone and Barnes:

Pursuant to the requirements of the 2024 Joint Chairmen's Report (p. 124), the Maryland Department of Health (MDH) submits this report on End the Wait initiatives related to provider capacity.

Thank you for your consideration of this information. If you have questions or need more information about the subjects included in this report, please contact Sarah Case-Herron, Director of Governmental Affairs at [sarah.case-herron@maryland.gov](mailto:sarah.case-herron@maryland.gov).

Sincerely,

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

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

**End the Wait Initiatives to Increase Provider Capacity**  
**2024 Joint Chairmen's Report (page 131)**  
**October 1, 2024**

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## **I. Introduction**

Chapter 464 of 2022 (the End the Wait Act) required the Maryland Department of Health (MDH) to develop plans to reduce the waitlists for Medicaid home and community-based services (HCBS) waiver programs by 50 percent beginning in Fiscal Year (FY) 2024. MDH indicated that waitlists and registries for home and community-based services (HCBS) waiver programs have grown, and some authorized slots have not been filled due to the limited capacity of the HCBS provider network. Funding is included in FY 2024 and FY 2025 budgets for end the wait initiatives, and a portion of the funds are specifically allocated to improve HCBS provider capacity. The committees request that MDH submit a report on End the Wait initiatives, including:

- the efforts taken in FY 2024 and FY 2025 year to date to implement the HCBS waiver reduction plans;
- an analysis of the extent of Medicaid HCBS provider capacity shortages, detailing the Medicaid HCBS waiver programs and local jurisdictions with the lowest supply of available slots and providers; and
- actual uses of funding in FY 2024 and planned uses of funding in FY 2025 to improve HCBS provider capacity; and
- any other efforts by MDH to improve HCBS provider capacity.

## **II. Fiscal Year 2024 and Fiscal Year 2025 Efforts to Implement Waiver Reduction Plans**

Maryland Medicaid offers eight (8) 1915(c) Home and Community-Based Services (HCBS) waiver programs that serve targeted populations including medically fragile children with chronic illnesses, aged adults, and individuals with disabilities. Six (6) of the eight (8) waiver programs have a waitlist or a registry for program application and participation. Waiver programs with a waitlist or registry include:

1. Waiver for Children with Autism Spectrum Disorder (Autism Waiver);
2. Community Pathways Waiver;
3. Community Supports Waiver;
4. Family Supports Waiver;
5. Home and Community-Based Options Waiver (Community Options Waiver); and
6. Home Care for Disabled Children Under a Model Waiver (Model Waiver).

The waiver programs that do not have a waitlist or registry include the Waiver for Adults with Brain Injury (Brain Injury Waiver) and the Medical Day Care Services Waiver.

The Community Options, Model, and Medical Day Care Services waiver programs are operated by MDH's Medicaid Administration; specifically the Office of Long Term Services and Supports (OLTSS). OLTSS also serves as the administrative agency providing oversight for the five (5) waiver programs operated by three (3) Operating State Agencies (OSAs). The three (3) OSAs include the Developmental Disabilities Administration (DDA) which operates the Community Pathways, Community Supports, and Family Supports Waiver programs; the Maryland State Department of Education (MSDE) which operates the Autism Waiver program; and the Behavioral Health Administration (BHA) which operates the Brain Injury Waiver program.

Pursuant to SB 636<sup>1</sup> (Chapter 464 of the Acts of 2022), *Waiver Programs – Waitlist and Registry Reduction (End the Wait Act)*, MDH, in conjunction with MSDE, developed plans to reduce the waitlist and registries for six (6) Medicaid waiver programs. The plans modeled a 50 percent waitlist reduction for the Autism Waiver to be completed by the end of FY 2024, and similar models were developed for other waiver programs to achieve a 50 percent reduction in the waitlists or registries by the end of FY 2028. The modeling used historical trends to estimate costs associated with the waitlist reduction and staffing needs related to increased eligibility reviews, changes to registry management, and changes to the enrollment policies and procedures.

The Eligibility Determination Division (EDD) conducts financial eligibility reviews and enrollment tasks for Maryland’s eight (8) Medicaid waiver programs. As such, EDD will require additional human resources to manage increased waiver program workloads in the waitlist reduction plan. The reduction plan increases the volume of initial applications and annual redeterminations that require processing by an eligibility caseworker.

The following sections provide an update on the collaborative plan to reduce the registries and waitlists for each program. Specific staffing needs for OLTSS and each OSA are included with each program’s updates. Since the three (3) waiver programs operated by DDA share a waitlist, the updates for the DDA-operated programs are consolidated in the section below.

## **Community Pathways, Community Supports, and Family Supports**

### **Waitlist Reduction Activities**

The Hilltop Institute (Hilltop)<sup>2</sup> conducted an analysis to determine the total number of additional DDA invitations required to reduce the shared waitlist by 50 percent. Through an analysis of historical trends, Hilltop projected an additional 400 individuals must be invited annually to achieve the desired 50 percent waitlist reduction by FY 2028. DDA closely monitors its shared waitlist and provides an opportunity for individuals to apply to the Community Pathways, Community Supports, or Family Supports waiver programs based on priority category (e.g., crisis resolution and crisis prevention) and special reserved slots (e.g., transitioning youth and Department of Human Services (DHS) age-out). In FY 2024, DDA offered approximately 1,300 waitlisted individuals an opportunity to apply to the Community Pathways, Community Supports, or Family Supports waiver programs. The invitation breakdown by category included:

- 74 individuals in the crisis resolution priority category;
- 78 individuals in the crisis prevention priority category;
- 1,128 transitioning youth, and of those, 824 participants were enrolled into a DDA-operated waiver program;
- Five (5) families with multiple children on the waitlist; and
- 18 individuals with elderly caregivers.

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<sup>1</sup>United States, Senate, *Labor and Employment – Payment of Wages – Minimum Wage* . 2022.

<sup>2</sup> The Hilltop Institute is a nonpartisan research organization at the University of Maryland, Baltimore County (UMBC) dedicated to improving the health and wellbeing of people and communities.

For FY 2025, 864 transitioning youth were invited to apply to DDA-operated Medicaid waiver programs. There are currently 650 applications in various stages of review and 214 transitional youth have been enrolled as of August 2024. The waitlist for the DDA-operated Medicaid waiver programs in August 2024 was 4,130 individuals. The number of waitlisted individuals is expected to increase as interest in the three (3) DDA-operated Medicaid waivers grows.

DDA has invested in enhancements to its data management system to remove individuals from the waitlist who moved out of state, are no longer interested in services, cannot be reached, or have expired. These system enhancements will allow DDA to focus on the active individuals currently in need of waiver services and support.

### **Staff Capacity Building**

In the waitlist reduction plan, DDA projected the need for additional positions to assist in managing the increase in enrollment tasks, waitlist maintenance, and ongoing daily waiver operations in the three (3) DDA-operated Medicaid waiver programs. The additional positions will provide administrative oversight and management of the federal authorities governing the DDA-operated Medicaid waiver programs and partner with DDA and their stakeholder groups to complete quarterly quantitative and qualitative analyses of the waiver assurance data for policy and regulation revisions.

While DDA and OLTSS have active recruitment efforts underway to hire staff in existing merit and contractual roles, the additional positions noted in the original waitlist reduction plan are essential to manage the increase in program enrollment.

### **Provider Capacity Building**

In order to build provider capacity, DDA works with community agencies that provide services to individuals with developmental disabilities, mental health diagnoses, or court involvements. DDA has increased the capacity of providers who render specialized services, such as behavioral support services, nursing support services, assistive technology, environmental assessments, and environmental modifications by authorizing sole practitioners. To onboard new providers, DDA's Regional Offices review and approve provider applications.

In FY 2024, 55 new providers enrolled in the Maryland Medicaid program and no providers were disenrolled, resulting in additional provider capacity. The new providers include:

- 27 sole practitioners;
- Eight (8) providers supporting Western Maryland;
- Four (4) providers supporting Eastern Maryland;
- Seven (7) providers supporting Southern Maryland; and
- Nine (9) providers supporting Central Maryland.

DDA utilizes various strategies to recruit and retain providers including leveraging annual customer experience surveys and stakeholder feedback to identify problem areas which, once

addressed, may enhance systems and build provider capacity. Process mapping is also used to enhance outreach, increase training support, and streamline the provider onboarding processes.

DDA participates in the National Core Indicators (NCI) State of the Workforce Survey annually to examine workforce challenges. The survey “collects comprehensive data on the Direct Support Professional (DSP) workforce providing direct supports to adults (age 18 and over) with intellectual and developmental disabilities.”<sup>3</sup> DDA utilizes survey results to identify focused areas for improvement, benchmark Maryland workforce data against other states and the NCI-IDD average, and examine the impact of policy or programmatic changes. The most recent report for Survey Year 2022 highlights responses from 90.7 percent of Maryland DDA providers.<sup>4</sup> DDA also participates in the Maryland Developmental Disabilities Council’s Provider Think Tank Workgroup. This workgroup was formed in Calendar Year (CY) 2024 to provide recommendations for building provider capacity. A formal report outlining the workgroup’s recommendations is expected by the end of CY 2024.

To retain providers, DDA offers technical assistance through orientations, informational webinars, and periodic training sessions. Recently, DDA led assistive technology events to introduce innovative technology and practices to new and potential providers. DDA also participated in dual diagnosis cohort groups to develop a service model to expand support for those who have a dual diagnosis of developmental disabilities and mental illness.

In an effort to ensure provider network adequacy and rate sufficiency, several rate increases were applied to services and supports in the three (3) DDA-operated Medicaid waiver programs in FY 2024 and FY 2025 pursuant to HB 166/SB 280 Labor and Employment – Payment of Wages – Minimum Wage (Fight for Fifteen) Chs 10 and 11 of 2019 Acts)<sup>5</sup>, Senate Bill 555/House Bill 549, Fair Wage Act of 2023<sup>6</sup>, and the Governor’s Budget. The rate increases included:

- FY 2024: Four (4) percent rate increase effective July 1, 2023
- FY 2024: Eight (8) percent rate increase effective January 1, 2024, and
- FY 2025: Three (3) percent rate increase effective July 1, 2024.

The compounded rate increases reflect a substantial investment in enhancing services and supports across Medicaid’s programs, including those operated by DDA.

## **Community Options Waiver**

### **Registry Reduction Activities**

Hilltop conducted an analysis to determine the total number of additional invitations/applications OLTSS would need to mail to individuals on the Community Options registry to achieve a 50

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<sup>3</sup> “NCI State of the Workforce - NCI.” *IDD*, 26 June 2024, [idd.nationalcoreindicators.org/staff-providers/](http://idd.nationalcoreindicators.org/staff-providers/).

<sup>4</sup> National Core Indicators Intellectual and Developmental Disabilities. (2023). National Core Indicators Intellectual and Developmental Disabilities State of the Workforce in 2022 Survey Report.

<sup>5</sup> United States, Senate, *Labor and Employment – Payment of Wages – Minimum Wage* . 2022.

<sup>6</sup>United States, Senate, *Fair Wage Act of 2023* . 2023.

percent reduction by FY 2028. Using historical trends in its analysis, Hilltop projected that 700 monthly invitations must be mailed to registrants to achieve the desired registry reduction by FY 2028. In alignment with the waitlist reduction plan, OLTSS has steadily increased the number of monthly invitations mailed to registrants. In January 2023, OLTSS invited 300 individuals and gradually increased the invitation number to 400 in March 2023, 500 in June 2023, and 600 in November 2023. OLTSS expects to reach and maintain 700 mailed invitations by December 2024. **The increase in monthly invitations has led to a 14 percent decrease in the number of individuals on the registry from 25,563 on July 1, 2023, to 22,349 on June 30, 2024.**

In preparation for the increased number of invitations mailed to registrants, OLTSS partnered with the Local Health Departments (LHDs) to provide additional outreach to individuals receiving an invitation to apply to the Community Options Waiver program to increase the application submission rate. Initially, this partnership began with one (1) LHD in December 2022 but has expanded to five (5) LHDs as of December 2023. **This partnership has increased the number of submitted applications for Community Options Waiver by 1.2 percent. OLTSS plans to extend the partnerships to other interested LHDs in FY 2025.**

MDH is also partnering with the Vital Statistics Administration and Hilltop to create a monthly report to identify deceased individuals on the Community Options Waiver registry. Upon execution of a data use agreement and subsequent receipt of the monthly report, OLTSS will remove deceased individuals from the registry. This report is expected to be available by the end of CY 2024.

### **Staff Capacity Building**

As part of its waitlist reduction plan, OLTSS anticipates additional positions will be needed to assist with registry operations including sending applications to applicants, processing program enrollment for applicants determined eligible, and scrubbing the registry to remove individuals who have moved out of state, are deceased, or no longer wish to apply. Other enrollment tasks include approving, denying, or obtaining clarification for initial, provisional, and annual plans of service (POS) for enrolled participants. Clinical resources are essential to review complex initial, provisional, and annual plans of service, complete utilization review with operating agencies for concurrently enrolled participants, and provide expert witness testimony at appeal hearings.

Effective June 2024, the utilization control agent (UCA), Telligen, was contracted to review plans of service (POS) for applicants and render determinations on those plans. This infusion of resources to render plan determinations enables OLTSS to address its backlog in reviewing and approving service plans and prepare for the increased enrollment. This care plan backlog is expected to be resolved in Spring 2025.

### **Provider Capacity Building**

In addition to staffing resources, provider capacity is critical to ensure the number of case managers is sufficient 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 Community Options Waiver program.



Supports Planners (e.g.; case managers) serve applicants and participants with navigating the Medicaid application and enrollment process, accessing Medicaid and non-Medicaid long-term services and supports, and maintaining waiver eligibility.

Historically, there has been a waitlist for SPA assignments for as many as 300 applicants. Through their partnership with OLTSS in April 2023, the SPAs increased capacity by hiring additional Supports Planners to resolve the longstanding SPA waitlist. **There has been no waitlist since April 2023 for the assignment of a SPA.** To maintain sufficient capacity, OLTSS conducts quarterly SPA training sessions to train newly hired Supports Planners. The most recent quarterly SPA training was held in June 2024, and the next quarterly SPA training is scheduled for September 2024.

Building provider capacity with the SPA network is only the first step in building provider capacity. The Community Options Waiver program offers a broad array of services and supports that allow individuals to age in place in their communities and with their families. In order 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 of direct service professionals and nursing workforces, this hurdle will present a greater challenge.

In order to support provider network adequacy and ensure rate sufficiency, several rate increases were applied to Community Options Waiver program services in FY 2024 and FY 2025 pursuant to HB 166/SB 280 Labor and Employment – Payment of Wages – Minimum Wage (Fight for Fifteen) Chs 10 and 11 of 2019 Acts)<sup>7</sup>, Senate Bill 555/House Bill 549, Fair Wage Act of 2023<sup>8</sup>, and the Governor’s Budget. Percentage increases are listed below:

- FY 2024: Four (4) percent rate increase effective July 1, 2023
- FY 2024: Eight (8) percent rate increase effective January 1, 2024
- FY 2025: Three (3) percent rate increase effective July 1, 2024

The compounded rate increases reflect a substantial investment in enhancing the array of services and supports available in the Community Options Waiver.

OLTSS participates in webinars, conferences, and monthly stakeholder engagements to identify strategies to increase provider capacity. In July 2024, CMS conducted a “Workforce Shortages in Home and Community-Based Services” webinar to discuss the causes and challenges of workforce shortages in HCBS and strategies that States have employed to address the issue. Additionally, MDH has solicited feedback and solutions to address the workforce shortage from the Developmental Disabilities Coalition and expects to receive a formal report in fall 2024.

## **Model Waiver**

### **Waitlist Reduction Activities**

Hilltop conducted an analysis based on a rolling five (5)-year average to estimate enrollment trends for the Model Waiver program. Plans to reduce the waitlist by 50 percent by FY 2028

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<sup>7</sup>United States, Senate, *Labor and Employment – Payment of Wages – Minimum Wage* . 2022.

<sup>8</sup> United States, Senate, *Fair Wage Act of 2023* . 2023.

were devised based on the trends that projected increases in enrollment and program interest. While the maximum number of enrollees in the Model Waiver program is capped at 200 pursuant to 42 CFR 441.305(b)<sup>9</sup>, Hilltop's analysis indicated that the enrollment would increase to 381 in FY 2028. Because the Model Waiver is capped at 200 individuals, this increase in enrollment would require OLTSS to create a new waiver program. OLTSS has proposed a new waiver program referred to as the Technology Waiver, which will also be capped at 200 individuals, to accommodate the increase in enrollment.

As of August 2024, the Model Waiver program remains at maximum capacity. As such, without the creation of a new waiver program, OLTSS is unable to reduce the waitlist which stands at 183 individuals as of August 2024. Establishing a new waiver program will require a system enhancement to Medicaid's data management system as well as staff and provider capacity building. The cost of the enhancement is expected to be \$2,500,000 and the service cost for the first year for new enrollees will be approximately \$5,000,000.

### **Staff Capacity Building**

As part of its waitlist reduction plan, OLTSS projects a need for additional positions to assist with deliverables for the current Model Waiver and proposed Technology Waiver. The addition of a new Technology Waiver will double program capacity from 200 to 400 participants. The staffing suggested to support this effort will assist with waitlist operations, process waiver program enrollment, complete federal deliverables, and assist with overall waiver operations. Primary duties will include monitoring the waitlist, processing program enrollment for the Model and Technology Waivers based on the assessed medical needs of the participant, and completing federal deliverables for both waiver programs. Clinical resources are needed to serve as clinical experts for the Model and Technology Waivers, provide expert witness testimony at appeal hearings, complete utilization review with operating agencies for concurrently enrolled participants, and provide preauthorization for medically necessary services.

### **Provider Capacity Building**

The Model and Technology Waivers rely heavily on licensed and registered nursing staff to provide skilled services to the medically fragile and complex target populations served. The global nursing shortage continues to impact nursing agencies providing services for waiver participants. However, provider capacity is not the barrier to enrollment into the Model Waiver program. As noted earlier, the Model Waiver is capped at 200 enrollees and the waiver continues to be at max capacity. The creation of the second waiver program is necessary to reduce the waitlist.

The Division of Nursing Services (DONS), within OLTSS, operates the Model Waiver program and meets with providers and other stakeholders quarterly to share important information and receive feedback. During these engagements, DONS staff seek ways to aid providers in recruiting and retaining qualified staff. Additionally, DONS staff process applications for

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<sup>9</sup>42 CFR 441.305

providers interested in becoming Medicaid-enrolled providers. The DONS team is up to date with processing any new provider applications.

Several rate increases were applied to Model Waiver program services in FY 2024 and FY 2025 pursuant to HB 166/SB 280 Labor and Employment – Payment of Wages – Minimum Wage (Fight for Fifteen) Chs 10 and 11 of 2019 Acts<sup>10</sup>, Senate Bill 555/House Bill 549, Fair Wage Act of 2023<sup>11</sup>, and the Governor’s Budget. Percentage increases are listed below:

- FY 2024: Four (4) percent rate increase effective July 1, 2023
- FY 2024: Eight (8) percent rate increase effective January 1, 2024
- FY 2025: Three (3) percent rate increase effective July 1, 2024

The compounded rate increases reflect a substantial investment in enhancing Model Waiver services and supports, and aim to ensure rate sufficiency and network adequacy.

## **Autism Waiver**

### **Registry and Waitlist Reduction Activities**

Hilltop modeled a 50 percent reduction to the waitlist for the Autism Waiver to be completed by the end of FY 2024 pursuant to SB636. Hilltop’s analysis estimated the number of enrollees and costs assuming that all 50 percent of eligible registrants were enrolled by the end of FY 2024. The analysis accounted for the 6,297 individuals on the registry at the end of FY 2022, along with an additional 423 and 330 eligible individuals on the registry in FY 2023 and FY 2024, respectively, based on a rolling four (4)-year average of historic data.

As such, 6,720 eligibility reviews were to be completed in FY 2023. Of those, an estimated 3,051 individuals (45.4 percent) were eligible. Based on historical averages, an estimated 254 individuals were to be enrolled in FY 2023. Of the remaining 2,797 and the additional 330 eligible individuals in FY 2024 – totaling 3,127 eligible registrants – 1,564 (50.0 percent) were to enroll by the end of FY 2024. The total waiver enrollment would increase to an estimated 3,144 enrollees in FY 2024. While the total estimated waiver enrollment was projected to be 3,144 enrollees in FY 2024 according to Hilltop’s analysis, the Autism Waiver was approved to serve a maximum of 2,950 individuals in FY 2024 pursuant to SB622<sup>12</sup>, which required the addition of 1,350 waiver slots. As such, MSDE and OLTSS sought and received approval from the Centers for Medicare and Medicaid Services (CMS) to increase the waiver slots to 2,950.

MSDE and OLTSS restructured the Autism Waiver program’s registry into three (3) phases: Autism Waiver registry, Autism Waiver waitlist, and Autism Waiver wave. The registry is a list of individuals interested in applying for Autism Waiver services. The waitlist is comprised of screened individuals from the registry who appear to meet preliminary technical eligibility criteria and are waiting for an opportunity to apply for services. The wave consists of individuals from the waitlist who have been invited to apply for services when the Autism Waiver has open

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<sup>10</sup>United States, Senate, *Labor and Employment – Payment of Wages – Minimum Wage* . 2022

<sup>11</sup> United States, Senate, *Fair Wage Act of 2023* . 2023.

<sup>12</sup> *Fiscal and Policy Note for Senate Bill 622*, [mgaleg.maryland.gov/2023RS/fnotes/bil\\_0002/sb0622.pdf](https://mgaleg.maryland.gov/2023RS/fnotes/bil_0002/sb0622.pdf). Accessed 9 Oct. 2024.

slots based on its budget authority. Ongoing communication with families is critical to each phase of the process.

MSDE hired two (2) full-time Education Program Specialists (Grade 21) and two (2) part-time consultants to screen registrants. Staff members contact families to verify health and demographic information currently on file to create a waitlist pursuant to SB636. The following is a breakdown of the registry reduction based on this outreach:

- 1,100 individuals met preliminary technical eligibility and were added to a wave in FY 2024;
- 2,913 individuals met preliminary technical eligibility and were moved to the waitlist; and
- 1,370 individuals did not meet preliminary technical eligibility and were removed from the registry.

As of June 30, 2024, the registry had 2,769 individuals who were in the screening phase to verify technical eligibility, which includes individuals newly added to the registry throughout FY 2024.

In FY 2024, the Autism Waiver program served a total of 1,937 participants instead of the approved 2,950 individuals. Although enrollment has been less than expected, MSDE did successfully reduce the registry by nearly 59 percent by the end of FY 2024 (e.g.; 6,705 on June 30, 2023, to 2,769 on June 30, 2024), exceeding the expected 50 percent reduction. As funded and approved waiver slots become available, individuals from the waitlist are invited to apply.

### **Staff Capacity Building**

MSDE hired the additional staff noted in the waitlist reduction plan to successfully reduce the registry by more than 50 percent by the end of FY 2024. Additional staff for OLTSS are projected to be needed to assist with federal deliverables for the Autism Waiver, complete a quarterly quantitative and qualitative analysis on the waiver assurance data to identify trends, and assist with policy and regulation revision for the Autism Waiver through a partnership with MSDE and its stakeholder groups.

### **Provider Capacity Building**

Autism Waiver provider capacity is evaluated based on the total number of active Autism providers, their approved categories of service, the providers' service area, the number of individuals/families served, and the ability to hire and retain qualified staff. MSDE and OLTSS collaborate to facilitate the enrollment and expansion of Autism Waiver providers to serve individuals and families. It is an open and continuous process with the flexibility to recruit, educate, screen, and approve new providers in accordance with the Code of Maryland Regulations (COMAR) and the approval from CMS in the Autism Waiver application. Since November 2020, MSDE and OLTSS have approved new provider agencies and expansion of services to other counties for existing provider agencies. This led to an increase in the number of Autism Waiver providers and available services for participants and their families in all 24 local jurisdictions in Maryland.

In FY 2023, four (4) Statewide prospective provider workshops were offered and 35 technical assistance sessions were held. These efforts resulted in five (5) newly approved provider agencies and the expansion of five (5) existing providers. In FY 2024, four (4) Statewide prospective provider workshops were held and 50 technical assistance sessions were provided. These efforts resulted in 10 newly approved providers and two (2) agencies seeking expansion

Several rate increases were applied to the Autism Waiver program services in FY 2024 and FY 2025 pursuant to HB 166/SB 280 Labor and Employment – Payment of Wages – Minimum Wage (Fight for Fifteen) Chs 10 and 11 of 2019 Acts<sup>13</sup>, Senate Bill 555/House Bill 549, Fair Wage Act of 2023<sup>14</sup>, and the Governor’s Budget. Percentage increases are listed below:

- FY 2024: Four (4) percent rate increase effective July 1, 2023
- FY 2024: Eight (8) percent rate increase effective January 1, 2024
- FY 2025: Three (3) percent rate increase effective July 1, 2024

The compounded rate increases reflect a substantial investment in enhancing Autism Waiver services and supports, and aim to ensure rate sufficiency and provider network adequacy.

### **III. Medicaid HCBS Provider Shortages**

The Medicaid program enrolls providers interested in serving Medicaid participants through the Electronic Provider Revalidation and Enrollment Portal (ePREP). The ePREP portal offers one centralized location for participating provider enrollment, reenrollment, revalidation, information updates, and demographic changes. Additional provider information such as professional license, business type, practice name (if applicable), disclosure information, and rendering provider affiliations is collected through ePREP. All collected information is screened against the federally required provider enrollment screening databases. Providers enrolling in the Program enter a single address to serve as the primary business location, but they are not required to list their service area in the system. There is currently no system that captures service areas for Medicaid providers in the State which hinders a full understanding of regional provider shortages. It is, therefore, not possible to complete an analysis of the number of Medicaid-enrolled providers by jurisdiction for this report. Table 1 provides the total number of Medicaid-enrolled providers, as of May 2024, for the Autism Waiver, Community Options Waiver, and Model Waiver programs. There are multi-service providers listed that support additional Medicaid programs such as Community First Choice (CFC) and Community Personal Assistance Services (CPAS). Table 2 lists the total number of Medicaid-enrolled providers, as of October 2024, that serve participants in a DDA-operated Waiver.

The aggregated data below lists multi-service providers under each registered provider type based on Program enrollment data entered through the ePREP system. Some providers are included more than once in the final calculation to capture the various Medicaid services and programs supported by the provider.

The automation of the Maryland Medicaid provider credentialing process through ePREP allows many providers to navigate the credentialing process at the speed at which they are able to

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<sup>13</sup> United States, Senate, *Labor and Employment – Payment of Wages – Minimum Wage* . 2022

<sup>14</sup> United States, Senate, *Fair Wage Act of 2023* . 2023.

submit required documentation. Once the application is successfully completed and all required supporting documentation has been submitted, the provider receives an approval notice and may begin rendering services to Medicaid participants. Case management agencies inform Medicaid participants of their right to choose a Medicaid-enrolled provider as required by the freedom of choice provision outlined in the federal authority<sup>15</sup> governing the waiver programs.

**Table 1: Medicaid-Enrolled Providers - May 2024<sup>16</sup>**

<b>Provider Type</b>	<b>Number of Medicaid-Enrolled Providers</b>
Autism Waiver -- Adult Life Planning	24
Autism Waiver -- Intensive Therapeutic Integration	18
Autism Waiver – Environmental Accessibility Adaptations	11
Autism Waiver – Family Consultation	53
Autism Waiver – Intensive Individual Support Services	56
Autism Waiver – Regular and Intensive Retainer Payment and Residential Habilitation	11
Autism Waiver – Respite Care	58
Autism Waiver – Therapeutic Integration	32
Autism Waiver Home and Community-Based Service Providers	68
Autism Waiver Service Coordination	24
Community Options Assisted Living Level II	370
Community Options Assisted Living Level III	468
Community Options Assistive-Devices/Equipment	49
Community Options Behavior Consultation	543
Community Options Case Management	23
Community Options Dietitian/Nutritionist Services	8
Community Options Environment Accessibility Adaptation	51
Community Options Environmental Assessments	55
Community Options Family/Consumer Training	616
Community Options Home Delivered Meals	20
Community Options Older Adults Respite Care-Agency	119
Community Options Personal Emergency System Response	31
Community Options Program Providers	58
Community Options Respite Care in Assisted Living Facility	419
Community Options Senior Center Plus	6
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) - Private Duty Nursing	17
Home Health Services	18
Medical Day Care Centers - Adults	124

<sup>15</sup> Section 1915(c) of the Social Security Act

<sup>16</sup> Source of information - ePREP system

Rare and Expensive Case Management (REM) Providers	13
Residential Service Agency - Can give medication	983
Residential Services Agency - Cannot give medication	163
<b>TOTAL PROVIDERS</b>	<b>4,509</b>

**Table 2: Developmental Disabilities Administration Medicaid-enrolled Providers - October 2024<sup>17</sup>**

<b>Provider Type</b>	<b>Number of Medicaid-Enrolled Providers</b>
Assistive Technology and Services	38
Behavioral Support Services	34
Career Exploration Services	50
Community Development Services	149
Community Living Group Home	2,781
Day Habilitation	181
Employment Discovery and Customization	47
Employment Services	47
Environmental Assessment	38
Environmental Modification	38
Family and Peer Mentoring Supports	16
Family Caregiver Training and Empowerment	16
Financial Management and Counseling Services (FMCS)	3
Housing Support Services	13
Nursing Support Services	111
Participant Ed, Training, and Advocacy	16
Personal Supports	25
Remote Support Services	16
Respite Care Services	167
Shared Living	12
Supported Employment	11
Supported Living	65
Transition Services	38
Transportation	38
Vehicle Modification	38
<b>TOTAL PROVIDERS</b>	<b>3,988</b>

All Medicaid waiver programs are actively working to recruit and retain qualified providers to support program participants across the State. To further facilitate provider capacity expansion efforts, Medicaid must continue building its human resource infrastructure as outlined in its

<sup>17</sup> Source of information - HMMP Report

waitlist reduction plan. Increasing provider capacity across the State is essential to ensuring network adequacy as waitlists are reduced and program enrollment increases.

Each waiver program outlined in the waitlist reduction plan offers statewide services. Medicaid's waitlists or registries invite participants to apply for waiver slots based on length of time on the waitlist or registry, risk of institutionalization, crisis intervention, reserve capacity, or a combination of those factors. Waiver slots are not allocated by jurisdiction so the area in which a registrant or individual on the waitlist resides does not factor into their potential enrollment in the waiver program. Individuals invited to apply must meet the financial, technical, and medical eligibility criteria to enroll in a program.

#### **IV. Fiscal Year 2024 and Fiscal Year 2025 Funding to Increase Provider Capacity**

Funding to increase provider capacity was allocated in both FY 2024 (\$6 million) and FY 2025 (\$10 million) budget appropriations, for a total of \$16 million. MDH requested a deferment of the \$6 million funding in FY 2024 to utilize the total budget allotment of \$16 million in FY 2025. During the June 2024 Board of Public Works (BPW) meeting, the FY 2025 funding was reduced by \$10 million, leaving the remaining \$6 million for initiatives to increase provider capacity.

The proposed initiatives to aid MDH in its recruitment and retention of providers have been outlined above in each program's waitlist reduction plan update. In reviewing provider capacity issues with the Maryland Developmental Disabilities Council, the Maryland Developmental Disabilities Coalition, and other community partners, MDH has determined the most significant issue impacting waitlist reduction efforts is the continuing national shortage of qualified Direct Support Professionals (DSPs) to support individuals with intellectual and developmental disabilities. The \$6 million allocated to increase provider capacity will be used to remediate DSP workforce challenges.

The Maryland Developmental Disabilities Council established a DSP Workforce Shortage Think Tank in June 2024 to assess current DSP workforce challenges and potential solutions to increase the pool of available, qualified professionals to support individuals with intellectual and developmental disabilities. The Think Tank is composed of State and community representatives, including community providers and DSPs, and will focus efforts on generating actionable and measurable spending recommendations to enhance the knowledge, skills, and abilities of DSPs. Additional time is required for this Think Tank to convene and provide its formal recommendations. A report outlining the recommendations is expected by the end of CY 2024, and expenditures from the \$6 million allocation will be guided by the results of the Think Tank's report.