



## DEPARTMENT OF HEALTH

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

January 31, 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: SB 620/HB946 (Ch. 426 and 427 of the Acts of 2004) and Health – General §15-135(g) – Report on Home and Community-Based Long-Term Care Services (MSAR #8421)**

Dear Governor Moore, President Ferguson, and Speaker Jones:

Pursuant to SB 620/HB 946 – *Money Follows the Individual Accountability Act*, which passed during the 2004 legislative session of the General Assembly, the Maryland Department of Health respectfully submits this report on the Money Follows the Person program's efforts to promote home and community-based services and assist nursing facility residents transitioning to the community.

If additional 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,

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

**December 2024**

**Health-General Article §15-135(g)** requires the Maryland Department of Health (MDH) to report to the Governor and the General Assembly, in accordance with § 2-1257 of the State Government Article, on:

- 1) MDH's efforts to promote home and community-based services;
- 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 in the previous year;
- 3) The number of nursing facility residents who transitioned from nursing facilities to home and community-based waiver services;
- 4) Any obstacles MDH confronted in assisting nursing home 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 are offered through the regular Medicaid program and special programs referred to as Medicaid waivers. Medicaid waivers have different eligibility criteria and offer a wide range 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 and these conditions may apply for waiver services immediately, even if the Medicaid waiver program has a waitlist or registry for community applicants.

Enacted in March 2010, the Affordable Care Act (ACA)<sup>2</sup> expanded health coverage by making health insurance more affordable, offering states the opportunity to expand their Medicaid programs and supporting innovative medical care delivery systems. Maryland opted to expand its Medicaid program under the ACA to include low-income, non-elderly adults with dependents. Additionally, Maryland elected to participate in the Money Follows the Person (MFP)

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<sup>1</sup> Maryland General Assembly. Money Follows the Individual Act. [mgaleg.maryland.gov](https://mgaleg.maryland.gov), 2003. <https://mgaleg.maryland.gov/2003rs/billfile/hb0478.htm>.

<sup>2</sup> United States, Congress. Public Law 111-148, Patient Protection and Affordable Care Act. [Congress.gov](https://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf), 2010. [www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf](https://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf). Accessed 22 Nov. 2024.

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 multiple times, with the most recent extension reauthorizing it through September 30, 2027, as part of the Consolidated Appropriations Act of 2023.<sup>4</sup>

While the July 19, 2023, federal award indicates the enhanced Federal Medical Assistance Percentage (FMAP) for MFP transitions will end in 2025, it includes additional closeout years to conclude on September 30, 2027. Maryland will continue to receive an enhanced FMAP match on all eligible waiver services provided to individuals with disabilities who meet MFP eligibility and transition to the community via one (1) of Medicaid’s HCBS waiver programs for the remainder of this reauthorization period. This enhanced funding for services provided under MFP incorporates stakeholder-recommended enhancements into existing Medicaid HCBS programs.

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

### **Maryland’s Money Follows the Person Demonstration**

The primary objective of the MFP Demonstration is to increase 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 barriers that hinder 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 include reviews of program updates, presentations on topics of interest, stakeholder feedback on current HCBS practices, and discussions on plans for program development. MFP SAG feedback aids in identifying obstacles to MFP transitions.

Apart from the bimonthly SAG meetings, MFP personnel actively promote, facilitate, and participate in continuous training sessions for providers and stakeholders. Additionally, MFP works closely with the Maryland Partnership for Affordable Housing (MPAH) to organize

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<sup>3</sup> United States, Congress, Senate. Deficit Reduction Act of 2005. <https://www.congress.gov/109/statute/STATUTE-120/STATUTE-120-Pg4.pdf>. 109th Congress, Senate Bill 1932, Introduced 27 Oct. 2005.

<sup>4</sup> United States, Congress. Public Law 117-328, Consolidated Appropriations Act, 2023. Congress.gov, 2023. <https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf>. Accessed 22 Nov. 2024.

training sessions covering topics such as fair housing, recognizing and reporting housing discrimination, and understanding reasonable accommodations.

MFP embarked on an advertising campaign in 2023 to raise awareness of the program. This public promotion of HCBS allowed MFP to reach a larger audience and share available resources for potential applicants. The MFP team used feedback from the SAG meetings to design targeted advertisements for constituents most likely to benefit from HCBS. Advertisements were placed at bus stops and bus shelters for six (6) weeks in the following four (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) updated the guidelines for supplemental services, 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. The MFP team is collaborating with CMS and other MDH offices to revise its comprehensive supplemental services plan to significantly enhance the flexibility of funding ("flex funds") available to MFP participants. Currently, flex funds are capped at \$700 per individual and are primarily utilized for initial grocery expenses.

The proposed supplementary services plan includes both an increase in the funding amount and the addition of new goods and services previously disallowed by CMS. For instance, under the new guidelines, the MFP program would temporarily cover rent for 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 also commence during the individual's institutional stay. Maryland's proposed plan is expected to address essential needs that have previously hindered transitions to community living. However, CMS approval is required before the expanded plan can be implemented. MFP anticipates submitting the plan by the end of the first quarter in CY 2025.

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

In 2003, Maryland developed the Maryland Access Point (MAP) program to streamline access to LTSS. MAP facilities, serving as Maryland's Aging and Disability Resource Centers (ADRCs), 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 sites support 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. Additionally, MAP staff assist callers by offering resources and referrals

to housing, food, and energy assistance programs to address social determinants of health that may adversely impact health outcomes.

The MAP program collaborates closely with the MFP program through bimonthly stakeholder meetings, monthly check-ins, and regular communication between MFP staff and MAP site staff statewide. This collaboration ensures that MAP staff can provide accurate, up-to-date information on MFP processes to their clients while enabling MFP staff to better understand the evolving access challenges and needs of potential MFP participants.

In partnership with local Area Agencies on Aging (AAAs), the MAP sites provide a single entry point for accessing community benefits, resources, and services. This approach is an integral component of Maryland's LTSS reform plan and aligns with the requirements established by the Balancing Incentive Program (BIP).<sup>5</sup> The BIP, which provided grants from October 1, 2011, to September 30, 2015, aimed to increase the number of individuals receiving LTC services in home and community-based settings. BIP also established No Wrong Door Systems, enabling people to access information on Medicaid LTSS, and implemented conflict-free case management to reduce conflicts of interest in care provision and ensure access to quality LTSS for all individuals.

There are 20 MAP sites serving Maryland residents, and they 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.<sup>6</sup> Individuals seeking community services 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.

The MAP program also offers services to Marylanders currently in institutions, recognizing the challenges institutionalized Marylanders face in finding out about and accessing HCBS. Specialists known as Options Counselors offer options counseling sessions to institutionalized Marylanders with LTC needs. These sessions help individuals review, understand, and request available community-based resources for personal care and support services. Other than assisting individuals in nursing facilities, option counselors provide information about Medicaid HCBS waiver programs to their families, guardians, and other informal supports. In FY 2024, a total of 926 MAP options counseling sessions have been conducted.<sup>7</sup>

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<sup>5</sup> Centers for Medicare and Medicaid Services. *Balancing Incentive Program*. <https://www.medicaid.gov/medicaid/long-term-services-supports/balancing-incentive-program/balancing-incentive-program/index.html>. Accessed 22 Nov. 2024

<sup>6</sup> Maryland Department of Aging. Maryland Access Point (MAP). <https://aging.maryland.gov/Pages/maryland-access-point.aspx>. Accessed 22 Nov. 2024.

<sup>7</sup> Maryland Department of Health, *Nursing Facility Program Education Quarterly Reports Fiscal Year 2024 1-4*, internal reports, submitted to Money Follows the Person, 2024.

In addition to options counseling, MAP staff administer Level One Screening. The screening can be accessed in person or over the phone and is used to assess service needs, prioritize individuals based on risk of institutionalization, and make referral recommendations. The Level One Screening evaluates activities of daily living to determine the LTC needs of each individual. After a MAP specialist enters the individual's responses into the State's data management system (i.e.; LTSS*Maryland*), the responses are used to generate referrals to various LTSS programs. For individuals choosing to apply for the Home and Community-Based Options Waiver (HCBOW or "Community Options"), the Level One Screening determines their placement on the Waiver program's registry.

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 Marylanders. Information from this database can be accessed online through the MAP website or by calling the toll-free 211 number.

### **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, four (4) written capacity building proposals, initiated in response to stakeholder feedback, were submitted to CMS for review and approval. All four (4) proposals were accepted and \$4,999,738 was awarded by CMS to fund these projects.

Currently, three (3) out of the four (4) awardees are operational and using MFP capacity building funds for their respective programs. The awardees include the Community for Life Demonstration, the Maryland Access Point Hospital Transition Program, and the Maryland Inclusive Housing (MIH) Transformation Grant. The fourth awardee accessed funding from an alternative source. Awardees provide updates to stakeholders during SAG meetings and through periodic email communications. The MFP team meets regularly with the awardees to review the progress of capacity building activities and ensure compliance with contract monitoring obligations.

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 comfortable in their homes, and it currently serves 325 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

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<sup>8</sup> Maryland Department of Aging. *Maryland Community for Life<sup>SM</sup> Overview*. <https://aging.maryland.gov/Pages/community-for-life.aspx>. Accessed 22 Nov. 2024.

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.

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, streamlining access to community services, and following up for 120 days to ensure a successful transition. This program diverts individuals at risk of institutionalization by 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. As of November 2024, 91 individuals have enrolled in the Hospital Transition Program, and 71 of the 91 individuals have completed the program.

MIH Transformation grant (“MIH grant”) helped provide housing support services to 129 people in FY 2023 and 145 people in FY 2024. As of November 22, 2024, 178 individuals with intellectual and developmental disabilities have received Housing Support Services (HSS) through the MIH grant. Certain staffing costs are funded by this capacity-building initiative. The Director of Housing provides overall management support and direction for the MIH grant. The Operations Manager completes assigned billing, provides support for the six (6) regional housing committees, and tracks 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 85 individuals from 34 different Maryland agencies to provide housing support services and has added two (2) additional housing committees in Prince George’s County and in the Eastern Shore region to support community transition efforts. In 2023, MIH entered 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 Supports Planning Agencies (SPAs), community case managers, and other MFP stakeholders. MFP has expanded its focus on affordable housing policy by partnering with the Maryland Department of Disabilities (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 five (5) housing programs: the U.S. Department of Housing and Urban Development

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<sup>9</sup> Maryland Access Point. *MAP- Hospital Transition Program*. <https://marylandaccesspoint.211md.org/information-for-providers/map-hospital-transition-program/#:~:text=What%20Are%20Maryland%20Access%20Point,the%20long%2Dterm%20care%20needs>. Accessed 22 Nov. 2024.



(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), the MFP Bridge Subsidy, and the Developmental Disabilities Administration (DDA) Rent Subsidy Program (DDARSP). CCH is a collaboration between the Housing Opportunities Commission of Montgomery County and the MDOD and operates only in Montgomery County. DDARSP is a collaboration between DDA, MDOD, and DHCD.

The quarterly housing training conducted by MFP staff helps supports planners (e.g.; case managers) provide direct housing assistance to applicants, including obtaining the documentation needed to secure housing, assessing their housing needs, preparing for their transition, and providing information on how the applicants can be successful tenants once they have moved to the community. The housing training is provided to SPAs within the Baltimore/Washington Metropolitan Statistical Area (MSA) 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 supports 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 conducted statewide training for SPAs, housing providers, Centers for Independent Living (CIL) staff, and other case management providers. These training sessions cover eligibility requirements for the PRA, Weinberg Affordable Apartments, and the MFP Bridge Subsidy, as well as the use of the MPAH web-based referral and registry system. Additionally, the training provides strategies for assisting individuals in transitioning to permanent supportive housing and approaches to support individuals in maintaining successful tenancies.

### Housing programs

For the HUD 811 PRA, Maryland was awarded three (3) grants totaling \$27.9 million, which equates to approximately 400 permanent supportive housing units. As of October 2024, 294 out of the available 391 identified units for the program are occupied. Leasing is in progress for 11 units and 29 additional units are under construction. Since its inception, the Section 811 program has housed 457 households.

For the Weinberg Affordable Apartments, Maryland was awarded three (3) grants totaling \$7 million for construction and financial assistance. An additional 21 units will be constructed using these grant funds. 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 October 2024, there were 36 participants housed in Weinberg Affordable Apartments. Overall, 48 households have benefitted from the Weinberg Affordable Apartments Program. Six (6) units are currently in the leasing process and 13 units are in the construction phase. 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 40 units since its inception. MDOD is actively working with Maryland's Housing Opportunities Commission to identify five (5) additional units for the program.

MFP is collaborating with the DHCD to relaunch the MFP Bridge Subsidy, which provides up to three (3) years of state-funded rental assistance for eligible individuals. Since its inception in 2016, the MFP Bridge Subsidy has helped house 82 participants. As of October 2024, 36 participants are currently housed through this program. While the commitments to the Baltimore-Washington area (Montgomery, Prince George's, Howard, Baltimore Counties, and Baltimore City) are nearly fulfilled, the commitments in the western and eastern parts of Maryland remain outstanding, likely due to increased housing demand in the urban areas. Following the program's relaunch in early 2025, MFP and DHCD anticipate providing housing assistance to an additional 20 individuals within the current focus areas (Prince George's, Montgomery, and St. Mary's Counties).

MFP is working with DHCD and multiple public and county housing authorities to submit referrals for the Non-Elderly Disabled (NED) Category II vouchers. This voucher program provides assistance for individuals between the ages of 18 and 61 who are transitioning from a nursing facility or other healthcare institution into the community.

The MFP staff and agency partners provide tenancy training to MFP participants who have 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. In FY 2024, MFP and its agency partners conducted 19 training sessions on supporting individuals with disabilities with housing. All efforts made through this housing training were aimed at enhancing participants' 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. 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. 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, providing options counseling in response to MDS Section Q referrals for all nursing facility residents, regardless of Medicaid eligibility or payment source. As of November 22, 2024, the MFP program received 57 resident referrals through the MDS 3.0 Section Q referral process, with no direct referrals from nursing facilities in the state.

In March 2024, the MFP team met with the Nursing Facility Liaison Committee to reengage nursing facility providers and increase referrals. During this meeting, MFP described the benefits of MFP transitions, discussed ways to align nursing facility priorities with rebalancing efforts, and outlined strategies to enable safe and effective patient discharge. The MFP team will continue to monitor updates to the MDS assessment process and promote greater nursing facility engagement 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, 3,859 Maryland residents have transitioned from institutions to community settings through the MFP program. While MFP’s target for total transitions in CY 2024 was 99 individuals, 26 individuals transitioned from nursing facilities to the community through Medicaid’s HCBS waiver programs, based on the internal report (Table 1).

Table 1. Total and Cumulative Transitions by Populations

Year	Adults, Aged 65 and Older	Individuals with Intellectual or Developmental Disability	Individuals with Disabilities	Brain Injury	Total
Total Transitions for CY 2024	11	*	10	*	26

Cumulative transitions, (CY 2008-2024)	1,720	342	1,667	130	3,859
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\*Cell sizes less than 10 have been suppressed.

**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 Overview of Services for Older Adults published in 2022, 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) and 1.4 million by 2040 (21.4 percent).<sup>10</sup>

According to data from the U.S. Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System in 2021, 24 percent of Maryland adults aged 18 or older reported having a disability.<sup>11</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 2022 published data available via the National Low Income Housing Coalition (NLIHC) website, 26 percent of renter households in Maryland were classified as extremely low income, meaning their household incomes were below the federal poverty guideline or 30 percent of the area median income. Of these households, 73 percent reported housing costs as a severe burden. Moreover, 15 percent of individuals residing in extremely low-income renter households had a disability, and 34 percent of them were aged 65 years and older. The published data indicates there is a shortage of 134,192 available and affordable rental homes for extremely low-income renters in the state of Maryland.<sup>12</sup> This shortage exacerbates the challenge for individuals transitioning from nursing facilities, as they encounter significant difficulties in finding suitable and affordable housing options in the community.

The MFP team maintains regular communication with SPAs and partnering state agencies, including the MDOD and MDOA, to identify ongoing barriers to nursing facility transitions.

<sup>10</sup> Department of Legislative Services. *Overview of Services for Older Adults*. Department of Legislative Services, 2022. <https://dls.maryland.gov/pubs/prod/HHS/2022-OverviewofServicesforOlderAdults.pdf>. Accessed 22 Nov. 2024.

<sup>11</sup> Centers for Disease Control. *Disability & Health U.S. State Profile Data for Maryland (Adults 18+ years of age)*. 8 Jul. 2024. <https://www.cdc.gov/ncbddd/disabilityandhealth/impacts/maryland.html>. Accessed 22 Nov. 2024.

<sup>12</sup> National Low Income Housing Coalition. *Housing Needs by State/Maryland*. <https://nlihc.org/housing-needs-by-state/maryland>. Accessed 22 Nov. 2024.

MDH is committed to partnering with other state agencies, MFP stakeholders, and advocates to explore potential solutions that improve access for individuals residing in nursing facilities who seek options counseling and could benefit from HCBS upon discharge.

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

MFP continues to address systemic barriers to community transitions through targeted program enhancements and evidence-based initiatives. In FY 2024, the program initiated several strategic improvements, including a comprehensive gap analysis to identify operational challenges, the adoption of quality measures to evaluate customer experience and service outcomes, and the expansion of supplemental services to cover pre-transition housing costs. These initiatives, alongside ongoing efforts to address workforce shortages, reflect Maryland's continued commitment to improving transition outcomes and promoting equitable access to HCBS.

### **Gap Analysis Initiatives**

The MFP program is undergoing a Gap Analysis, initiated in December 2024, to evaluate the program's ability to meet its objectives and identify areas requiring improvement. To conduct the Gap Analysis, MDH procured a vendor who will utilize a data-driven approach, including analysis of program records, stakeholder feedback, and participant surveys. The analysis is focused on identifying operational inefficiencies, compliance challenges, and systemic barriers that hinder transitions from institutional care to home and community-based settings. The findings will inform updates to all components of the MFP Operational Protocol, addressing areas requiring programmatic changes to enhance service delivery and increase successful transitions. The initiative is expected to be completed by May 2025, with recommendations designed to align the program more closely with state and federal priorities.

### **Quality Measure Set**

The *Ensuring Access to Medicaid Services Final Rule* (CMS-2442-F) ("Access Rule")<sup>13</sup> requires MDH to report on a subset of measures contained in the Quality Measure Set on or before September 2026. The Quality Measure Set is a collection of nationally standardized measurements for Medicaid-funded HCBS, designed to promote uniform and widespread use of quality metrics in evaluating HCBS programs across states.

The mandated Quality Measure Set provision requires reporting of six (6) mandatory measures, focusing on customer experience surveys and quality evaluations of case management, comprehensive assessments, and claims/encounter data. To conduct the customer experience surveys, MDH procured the National Core Indicators (NCI-AD) survey, specifically targeted for aged and disabled participants, to align with the NCI-IDD that DDA conducts for individuals

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<sup>13</sup> Medicare and Medicaid Programs: Ensuring Access to Medicaid Services Final Rule (CMS-2442-F). (2024). Centers for Medicare & Medicaid Services (CMS).

with intellectual and developmental disabilities. This initiative will survey adults enrolled in Maryland's HCBS programs to better understand their overall experience.

Additionally, MDH is in the process of selecting a vendor to conduct the survey. MDH will report to CMS by September 2026 based on the data collected in CY 2025. By implementing this provision, Maryland will make significant progress toward promoting health equity and reducing disparities in health outcomes among participants enrolled in HCBS programs.

### **Expanding supplemental services**

Under the MFP demonstration, supplemental services are one-time services designed to assist participants in transitioning to community living and are not generally covered by Medicaid. As mentioned earlier in the report, CMS is raising the reimbursement rate and providing clearer guidelines on the scope of these services. This is intended to address common barriers to community transition for eligible individuals in institutions, increase community transition rates, and enhance the overall effectiveness of the MFP demonstration. These services include, but are not limited to, housing assistance and food security.<sup>14</sup>

Maryland's proposed plan leverages this expanded flexibility to more effectively address participant needs. The plan introduces support for pre-transition housing costs, such as rent, for individuals who remain in institutional settings while preparing to transition into the community. Addressing housing instability during this critical pre-transition period is essential to ensure participants have a stable and sustainable environment upon transition.

In addition, the proposed plan expands the scope of support to include essential services that have historically impeded transitions, such as security deposits, moving expenses, groceries, and assistive technology. By addressing these unmet needs, Maryland will reduce delays, eliminate financial barriers, and provide the necessary flexibility for participants to transition successfully.

Maryland anticipates submitting the proposed plan to CMS by the end of the first quarter of CY 2025. Once approved, these enhancements demonstrate the state's commitment to improving transition outcomes, reducing institutional stays, and promoting long-term success in community-based living.

### **Affordable Housing Shortage**

As noted earlier in the report, the shortage of affordable and accessible housing remains a significant barrier to successfully transitioning nursing facility residents to community-based living. This shortage not only delays transitions but also forces individuals into unsafe or

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<sup>14</sup> CMS. *Note to MFP Recipients: Announcement of Certain Changes to Supplemental Services under the MFP Demonstration*. CMS, 2021.  
<https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/mfp-supplemental-services-notice.pdf>  
Accessed 22 Nov. 2024.

unfamiliar environments, exacerbating health risks and increasing the likelihood of re-admissions to nursing facilities.

To address these challenges, MFP is proposing an increase in supplemental services funding, specifically for housing, from \$3,000 to \$5,000. This funding would cover essential pre-tenancy costs, such as rental arrears, security deposits, and moving expenses. As an extension of the previous proposal, Maryland anticipates submitting the increased funding to CMS for approval by the end of the first quarter of CY 2025. This will help eliminate financial barriers and provide necessary support to ensure smoother transitions to community living.

Additionally, MFP launched the Housing Forum to assist supports planners in accessing housing resources, addressing barriers, and requesting reasonable accommodations. Hosted weekly by MFP's Housing Specialist, the forum provides a platform to help supports planners and their clients navigate housing-related challenges and facilitate successful transitions.

Building on the success of the DDA DHCD Rent Subsidy Program, which has expanded affordable housing options for DDA waiver participants, MFP will continue to strengthen housing resources through partnerships with public housing authorities (PHAs). To date, the program has successfully housed eleven (11) households, with nine (9) more actively seeking housing. These efforts underscore Maryland's ongoing commitment to addressing the affordable housing shortage and improving long-term outcomes for individuals transitioning from nursing facilities.

### **Healthcare Workforce Shortage**

According to the Direct Support Professional Workforce Shortage Think Tank Report<sup>15</sup> prepared by the Maryland Developmental Disabilities Council in September 2024, low wages, limited benefits, few opportunities for career growth, and other factors have contributed to a long-standing shortage of direct support professionals in the developmental disabilities community services system. The workforce shortage concerns exist in other service systems, such as those supporting the aging population. This shortage has significant implications for the delivery of services to vulnerable populations and the sustainability of healthcare systems.

The MFP program will continue to monitor state initiatives aimed at strengthening the direct care workforce, including case managers and agency personnel, and track progress in addressing the healthcare workforce shortage. As part of its ongoing efforts, MFP leads initiatives to address workforce shortages by engaging with SPAs, AAAs, CILs, and other community stakeholders to identify strategies to recruit and retain healthcare workers. MFP will continue to provide

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<sup>15</sup> Maryland Developmental Disabilities Council. *Direct Support Professional Workforce Shortage Think Tank: Recommendations to address workforce capacity issues in Maryland's developmental disabilities service system.* Maryland Developmental Disabilities Council, 2021. <https://www.md-council.org/wp-content/uploads/2024/10/2024-DSP-Think-Tank-Final-Recommendations-2.pdf>. Accessed 13 Dec. 2024.

quarterly virtual training sessions for all new supports planners. These sessions will cover key topics such as job role orientation, self-care, crisis management, and responsibilities related to HCBS. It is projected that approximately 80 to 100 supports planners, along with staff from AAAs and CILs, will participate, with cross-training provided to improve transitions between services.

In 2024, the MFP team conducted community outreach across Maryland to address workforce sustainability, identify transition barriers, and provide skill-building support for community partners in client-facing roles. On-site training was delivered at three (3) nursing facilities, three (3) CILs, one (1) assisted living facility, and five (5) AAAs. MFP staff also presented at annual meetings for CILs, local health departments (LHDs), and at three (3) conferences, including the Brain Injury Association of Maryland annual conference. Additionally, MFP conducted interagency training with MDOD on MAP and MFP services to ensure caseworkers were informed about community transition resources.

The community partners have also requested the need for enhanced communication and collaboration. In response, the MFP team organized the MFP Celebration Event in partnership with the Maryland Developmental Disabilities Council and Main Street Connect. The event, attended by 50 individuals, including supports planners, Peer Specialists, MFP participants, and community advocates, provided a platform to share expertise on community transitions, engage in discussions, and network with professionals committed to MFP's mission of community-based living.

To further improve service delivery, the MFP team surveyed stakeholders at the end of 2024 to gather feedback on training interests and potential community partnerships. These insights will inform MFP's outreach and training strategies for 2025, ensuring alignment with the evolving needs of stakeholders and promoting successful transitions to community-based living.

## **VII. Conclusion**

Maryland's MFP program remains central to transitioning individuals from institutional care to HCBS, aligning with both state and federal priorities to promote independence and improve quality of life. Despite persistent challenges, such as affordable housing shortages and workforce limitations, MDH has shown a strong commitment to overcoming these obstacles through targeted initiatives, expanded supplemental services, and partnerships with stakeholders. The program's emphasis on enhancing housing supports, improving workforce sustainability, and applying evidence-based quality measures will drive more equitable and successful transitions. By leveraging innovative strategies, ongoing stakeholder engagement, and data-driven improvements, MFP continues to be a cornerstone of Maryland's efforts to rebalance long-term services and supports, fostering a sustainable and person-centered approach to community living.