



Maryland Department of Health (MDH) Overview
Fiscal Year 2024 Operating Budget
Response to Department of Legislative Services Analysis

Senate Budget and Taxation Committee
Health and Human Services Subcommittee
Senator Cory McCray
February 2, 2023

House Appropriations Committee
Health and Social Services Subcommittee
Delegate Kirill Reznik
February 3, 2023

The Department thanks the Governor, the Department of Budget and Management (DBM), and the Budget Committees for their support. We thank the Department of Legislative Services for its insightful budget analysis.

MDH should comment on when it plans to allocate the remaining COVID-19-related federal stimulus funds particularly for Vaccine Preparedness (approximately \$53 million) and Mental Health and Substance Abuse Block Grants (approximately \$10 million each) and discuss how the funds will be spent. (pg. 6)

MDH Response:

Of the \$59,066,390 Vaccine Preparedness funding that is reported on CDC's website as being issued to Maryland through the American Rescue Plan Act (ARPA) only \$5.4 million is currently coded as ARPA. The remaining portion of the \$59 million was miscoded in the BARS statewide budget system as Coronavirus Response and Relief Supplemental Appropriations (CRRSA) COVID #4a and COVID #4b. MDH will work with DBM to move these items from 0535/CRSSA to 0545/ARPA in BARS.

The remaining \$53 million is allocated to support local health department vaccine efforts, vaccine management information system support, and vaccine community engagement and outreach to underserved populations through 2024.

We have allocated all funding for FY23 and will be reallocating any unspent funds in FY24 in response to the no cost extension allowed by the federal government. COVID-19 Supplemental Mental Health and Substance Abuse Block Grants (MHBG/SABG) funding is being utilized to support ongoing assisted living costs for adults living with severe mental illness who require assistance with Activities of Daily Living (ADLs) and Intensive ADLs or have complex medical needs. Individuals admitted to the Behavioral Health Assisted Living model of care program this

fiscal year are expected to require these services long term. This funding also includes MD Early Intervention Program (EIP) and 211 MD sub vendor framework, etc.

MDH should comment on current efforts to reduce the number of vacancies across the department and specifically at WMHC and the SETT Unit. (pg. 14)

MDH Response:

On October 6, 2022, the Department of Budget and Management (DBM) advised Cabinet Secretaries and Agency Heads of the expansion of hiring flexibility changes that were incrementally implemented over the past year. These changes, including the lifting of the state hiring freeze in the fall of 2021 and other hiring flexibilities, will allow MDH to develop focused hiring strategies in 2023 to fulfill Governor Moore’s promise to restore and recharge the state government workforce. MDH will be focused over the next year on continuously hiring direct care staff for our facilities, identifying targeted personnel priorities, and steadily reducing our overall vacancy rate towards the targeted 6% objective across the department. Recruitment efforts will be bolstered by announced Annual Salary Review (ASR) adjustments effective 7/1/23 to various classifications used by the facilities, including Developmental Disabilities Associates (2 grades), Physical Therapists (2 grades), Psychologists (2 grades), Art Therapists (1 grade), and over 100 classifications of Nurse positions (1 grade).

The Western Maryland Hospital Center (WMHC) located in Hagerstown, Maryland has 40 current vacancies. The Secure Evaluation and Therapeutic Treatment Program (SETT) located on the campus of the Potomac Center in Hagerstown, Maryland has 14 current vacancies. The MDH Healthcare System is committed to filling vacancies and is working to ensure these critical positions are filled. WMHC and SETT have been very successful in recruitment through hosting joint job fairs. Since July 2022, SETT has decreased its vacancy rate from 31.94% to 15.59%. SETT has been hosting monthly on-site job fairs. WMHC will be hosting two on-site job fairs in February and then ongoing thereafter. The WMHC Human Resources (HR) Department had multiple vacancies including the HR Director position, however it is now fully staffed and as such can more optimally support recruitment efforts.

Additionally, on December 16, 2022, MDH provided a memorandum (**Attachment 1**) to employees, patients, and stakeholders that stated that current services at WMHC will not be transitioned.

MDH is also employing other recruitment strategies include creating and overseeing Indeed Employer Accounts, advertising postings on social media, posting advertisements on Handshake (for college/university) and College Central, using geolocation through apps denoting “we are hiring”, advertising banners outside of the facility grounds, creating postcards with QR codes and mailing them out as mailers to local counties, posting flyers regarding new onsite open application sessions and positions with Maryland Workforce Exchange, walk-in application assistance twice a week, electronic advertisement at the mall, and radio and newspaper advertisements.

MDH should comment on their planned use of savings from their higher-than-budgeted turnover [\$33 million that would otherwise be used for employee salaries and fringe benefits]. (pg. 15)

MDH Response:

MDH is currently conducting its second quarter budget projection exercise, which will be used to identify areas of projected surplus as well as areas of projected deficit. We will process a realignment budget amendment that addresses areas of projected deficit by realigning from areas of projected surplus.

Large realignments following second quarter and closeout budget projections are normal for a department as large and complex as MDH. The chart below shows MDH appropriation realignments totals, per second quarter and closeout budget amendments processed by DBM and GAD over the past three years.

Fiscal Year	Realignment Total
FY 2020	90,889,507
FY 2021	155,871,157
FY 2022	196,711,454

It should be noted that 23% of our vacant positions are supported by non-general funds, mostly federal and special funds. Vacancy savings involving these non-general funds may be realigned to accommodate other fund- and grant-specific allowable uses. Vacancy federal fund savings involving Medicaid-supported positions cannot be realigned; in those cases we are claiming less federal match on supported positions than is budgeted.

MDH should provide an update on how it is implementing the Community Options Waiver registry outreach required by Chapter 738. Additionally, the department should explain why it does not currently complete the eligibility determination process for all applications received each month on average. The department should also discuss any recent efforts to improve waiver application processing and streamline eligibility determination, including current staffing levels and future staffing needs to contact individuals on the registry and process applicants' technical and financial eligibility. (pg. 22)

MDH Response:

Medicaid is actively building its infrastructure by doubling the number of Community Options Waiver applications mailed each month (from 300 to at least 600 individuals on the waiting list/registry). One of the critical components needed to support this initiative requires LTSS*Maryland* system enhancements. LTSS*Maryland* is MDH's web-based enrollment tracking system. The Department has been working with its vendor since July 2022 to modify specific system modules for Community Options Waiver applications; LTSS*Maryland* has been in development for a number of years and has been used in other areas. The Department plans to conduct system testing by March 2023, and it plans to implement the system for Community Options Waiver applications by June 2023.

The Medicaid program has a backlog in reviewing and approving care plans for the Community Options Waiver. The backlog is due principally to a combination of two factors—a high staff turnover and an increase in the number of care plans (which occurred during the pandemic). For example, when the State closed adult medical day care centers due to COVID-19 in 2020, it required the creation of new care plans as individuals continued to need community services. For each adult medical day care center that was closed, more than one new plan was created to serve the community. Similarly, when the adult medical day care centers reopened in 2021, participants accessing those services need updated care plans.

We continue our attempts to leverage existing platforms to address the plan of care backlog, build provider capacity, and recruit for vacant staff positions. The Department has also included care plan reviews in its new request for proposal for our utilization control vendor. In the meantime, we are continuing to crosstrain staff to assist in approving and to allow for automatic approval for care plans that need to be updated and only have small to minor changes.

MDH should comment on when it expects to submit these plans to reduce the wait lists and registries for all HCBS waivers that it administers. Additionally, the department should discuss whether it plans to pursue changes under any other HCBS waiver programs that would allow eligibility determination while individuals remain on the registry or wait list. (pg.23)

MDH Response:

Based on the requirements of SB 636 (2022), the Medicaid program worked with the Developmental Disabilities Administration and the Maryland State Department of Education (MSDE), the Medicaid program developed a plan to reduce the registry/waitlist by 50 percent for each of the waiver programs by FY 2028.

The waiver programs that currently have a registry/waitlist include the Autism Waiver (registry), Model Waiver (registry), Home and Community-Based Options Waiver (registry), Community Pathways Waiver (waitlist), Family Supports Waiver (waitlist) and the Community Supports Waiver (waitlist). The Community Pathways Waiver, Family Supports Waiver and Community Supports Waiver enroll participants from one shared waitlist.

There is currently funding to allow the Medicaid program to move the Autism Waiver registry to a waitlist by evaluating technical and financial eligibility for registrants.

The plan outlines the costs necessary to support the program expansions for the other waivers. These costs include estimates for services and new staff. Additionally, the plan does require additional provider capacity to meet the needs of the increased enrollees.

For additional information, please see our report regarding SB636 (Ch. 464 of 2022) - Waiver Programs - Waitlist and Registry Reduction (End the Wait Act), (**Attachment 2**), and the discussion of the estimated costs scenarios.

Attachment 1



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

MEMORANDUM

To: Employees, Patients, and Stakeholders

From: Dwain Shaw, Deputy Director *DSS*

CC: Dennis R. Schrader, Secretary
Atif Chaudhry, Deputy Secretary
Bryan Mroz, Director

Subject: Western Maryland Hospital Center

Date: December 16, 2022

Over the past year we have explored opportunities to contract with community vendors to provide Skilled Nursing Facility (SNF), Long-Term Acute Care Hospital (LTACH) and Brain Injury (BI) services to our patients at Western Maryland Hospital Center (WMHC). The [MDH 2041 Facilities Master Plan](#) was drafted as a guiding document with the expectation that it would evolve over the 20-year period as MDH assessed the health care needs of the State and our System.

Based on the information gathered during this process, MDH has determined that the current services at WMHC will not be transitioned. One option we are now exploring is building a new state-owned SNF. We expect to share more details as plans develop over time. In the meantime, MDH is expanding SNF services at WMHC as an identified need of the MDH Healthcare System as a whole.

Attachment 2



DEPARTMENT OF HEALTH

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

February 1, 2023

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

The Honorable Bill Ferguson, President
Senate of Maryland
100 State Circle
Annapolis, MD 21401

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

The Honorable Melony G. Griffith
Chair, Senate Finance Committee
3 East Miller Senate Office Bldg.
Annapolis, MD 21401-1991

The Honorable Brian Feldman
Chair, Senate Education, Energy and
the Environment Committee
2 West Miller Senate Office Bldg.
Annapolis, MD 21401-1991

The Hon. Adrienne A. Jones, Speaker
House of Delegates
100 State Circle
Annapolis, MD 21401

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

The Honorable Joseline A. Peña-Melnyk
Chair, House Health and Gov't Ops. Cmte.
241 House Office Bldg.
Annapolis, MD 21401-1991

RE: SB 636 (Chapter 464 of the Acts of 2022) - Waiver Programs - Waitlist and Registry Reduction (End the Wait Act)

Dear Governor Moore, President Ferguson, Speaker Jones, Committee Chairs:

Pursuant to the requirements of SB 636 (Chapter 464 of the Acts of 2022), the Maryland Department of Health (MDH) respectfully submits this report on MDH's plans and the funding required to reduce the waitlists for the majority of the identified waivers by 50% by state fiscal year (FY) 2028. These plans have been developed by MDH in conjunction with Developmental Disabilities Administration (DDA) and Maryland State Department of Education (MSDE).

Please do not hesitate to contact me or Megan Peters, Acting Director of Governmental Affairs at megan.peters@maryland.gov.

Sincerely,



Laura Herrera Scott, MD, MPH
Acting Secretary

Enclosure

cc: Tricia Roddy, Acting Director, Maryland Medicaid Program
Marlana Hutchinson, Director, Office of Long-Term Services and Supports
Alyssa Brown, Director, Office of Innovation, Research and Development
Sarah Albert, Department of Legislative Services (5 copies)

Report Required by SB 636 - Maryland Department of Health - Waiver Programs - Waitlist and Registry Reduction (End the Wait Act)

Executive Summary

Pursuant to SB 636¹ (Chapter 464 of the Acts of 2022) – *Waiver Programs – Wait-List and Registry Reduction (End the Wait Act)* – Maryland Department of Health (MDH)’s Office of Long Term Services and Supports (OLTSS), in conjunction with the Developmental Disabilities Administration (DDA), Behavioral Health Administration (BHA) and the Maryland State Department of Education (MSDE), has developed plans to reduce the waitlist and registries for the waiver programs by FY 2028 (#2-#8 above). For the majority of the waivers (#2-#4, #6, and #7 above), reductions in waitlists by 50% would be completed by the end of FY 2028. There are currently no waitlists for the Brain Injury or Medical Day Care Services Waivers.. The waiver programs include:

1. Home and Community-Based Services 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 Services Waiver for Individuals with Brain Injury (Brain Injury Waiver);
6. Home and Community-Based Options Waiver (Community Options (CO) Waiver);
7. Medical Day Care Services Waiver; and,
8. Home Care for Disabled Children Under a Model Waiver (Model Waiver).

The waitlist reduction plans include:

- (i) an assessment of whether each waiver program needs to recruit and retain new providers;
- (ii) measures to recruit and retain providers for each waiver program to expand the capacity of the programs;
- (iii) any changes in reimbursement rates needed to ensure provider capacity to provide for services provided under the waiver programs;
- (iv) the expected time frame for conducting eligibility determinations for the Autism Waiver;
- (v) the expected time frame for reducing the waitlist or registry for each waiver program by 50%; and
- (vi) the projected cost of the measures to be implemented under the plans.

SB 28² (Chapter 738 of the Acts of 2022) – *Home and Community-Based Services Waiver – Participation and Applications* also requires MDH to increase the number of CO Waiver applications mailed each month from 300 to at least 600 individuals on the waiting list/registry

¹ https://mgaleg.maryland.gov/2022RS/chapters_noln/Ch_464_sb0636T.pdf

² <https://mgaleg.maryland.gov/2022RS/bills/sb/sb0028T.pdf>

by October 1, 2022.

These waiver plans include staffing measures as well as timeframes and costs associated with waitlist reduction for each of the waivers. In addition, the plans for Autism Waiver include eligibility determinations of individuals on the registry and at least 50% entered into services by FY 2024. The CO waiver plans include a cap on waiver participation of at least 7,500 individuals as well as an increase in mailing waiver applications to 700 individuals monthly in order to reduce the waiting list/registry by 50%.

The following cost implications are projected as a result of waitlist and registry reduction:

- The total estimated cost of the overall plan to implement a 50% reduction in waitlist/registry for the aforementioned waiver programs is **\$989,190,969 TF (\$494,595,485 GF, \$494,595,485 FF)**. Below is the estimated cost per FY in total funds and general funds.

All expenditures are subject to a 50% federal medical assistance percentage (FMAP)

- **FY 2023:** \$20,413,143 (TF) (\$10,206,572 (GF), \$10,206,572 (FF))
- **FY 2024:** \$157,395,221 (TF) (\$78,697,611 (GF), \$78,697,611 (FF))
- **FY 2025:** \$176,449,153 (TF) (\$88,224,577 (GF), \$88,224,577 (FF))
- **FY 2026:** \$194,385,891 (TF) (\$97,192,946 (GF), \$97,192,946 (FF))
- **FY 2027:** \$221,657,461 (TF) (\$105,828,731 (GF), \$105,828,731 (FF))
- **FY 2028:** \$228,890,100 (TF) (\$114,445,050 (GF), \$114,445,050 (FF))

Introduction

Pursuant to the requirements of the SB 636 (Chapter 464 of the Acts of 2022), MDH submits this report, which provides background information on Home and Community-Based Services (HCBS) waivers and a review of the 2020 Joint Chairmen's Report (JCR) titled 'Report on Longitudinal Cost-Benefit Analysis of Expanding Home and Community-Based Waivers' prepared by the Hilltop Institute (Hilltop). The CO Waiver reviewed in the 2020 JCR provided the basis for waitlist/registry reduction.

This report also addresses MDH's plans and the funding required to reduce the registries for seven of the waivers by 50% by FY 2028 (#2-#8 above). For the majority of the waivers (#2-#4, #6, and #7 above), reductions in waitlists by 50% would be completed by the end of FY 2028. There are currently no waitlists for the Brain Injury or Medical Day Care Services Waivers. The Autism Waiver plan would result in completion of sufficient eligibility determinations for individuals on the registry to result in at least 50% of individuals being enrolled into services by the end of FY 2024. Additionally, the CO Waiver plans include a cap on waiver participation of at least 7,500 individuals as well as an increase in mailing waiver applications to 700 individuals monthly in order to reduce the waiting list/registry by 50%. For successful completion of all plans, MDH and its sister agencies would need to begin staffing up in FY 2023, Q4.

Background

The 2020 Joint Chairmen's Report³ requested a 'Report on Longitudinal Cost-Benefit Analysis of Expanding Home and Community-Based Waivers.' As directed, Hilltop in consultation with MDH, carried out a five-part research study and published a report on Maryland's CO Waiver, which included a review of HCBS implementation in other states, an examination of MDH's historic HCBS expenditures and an analysis of the costs of expanding the CO Waiver.

The Hilltop report concluded that of the 19,804 individuals on the CO Waiver registry as of September 2020, only 3,088 (16 percent) met financial eligibility and Nursing Facility Level of Care (NFLOC) requirements. Sixty five percent of registrants had been on the registry for three years or longer. Forty six percent of registrants were enrolled in Medicaid, and one-third of Medicaid enrollees were receiving HCBS services.

In addition, Hilltop reported that 9% of individuals on the registry had nursing facility stays in FY 2019 but were not fast-tracked into the CO Waiver. The CO Waiver participants average \$50,000-\$60,000 in total Medicaid expenditures each year, about \$40,000 more than individuals on the registry, half of whom are eligible for Medicaid. Hilltop also estimated that the potential cost of every additional waiver participant is \$10,000-\$12,500 in state funds per year (\$20,000 - \$25,000 total funds). Thus, the total cost of expanding the CO Waiver would be \$31-\$39 million annually for the estimated 3,088 individuals on the current waiver registry who would likely meet the eligibility requirements.

³ <https://health.maryland.gov/mmcp/Documents/JCRs/2020/HCBSexpansionJCRfinal1-21.pdf>

In light of the report and the legislative requirement, MDH provides five (5) year cost estimates and staffing needs associated with the 50% waitlist reduction for each of the identified waiver programs.

Overview of the Waivers

HCBS waivers are operated under various federal authorities including the HealthChoice 1115 waiver, 1915(k) and 1915(j) state plan programs, as well as 1915(c) waivers. Maryland’s HCBS 1915(c) waivers are operated by several state agencies: MDH’s Office of Long Term Services and Supports (OLTSS), Office of Medical Benefits Management (MBM), Behavioral Health Administration (BHA), Developmental Disabilities Administration (DDA), and the Maryland State Department of Education (MSDE). Please see the Table 1 below for an overview of HCBS waiver programs in Maryland. The bold and highlighted rows are waiver programs featured in this report.

Table 1. HCBS Programs in Maryland

Program	Authority	Operating State Agency	Program Description
Model Waiver for Medically Fragile Children	1915(c)	OLTSS	The Model Waiver allows children up to age 22 with complex medical needs who would otherwise be hospitalized and are certified as needing either hospital or nursing facility level of care to receive medically necessary and appropriate services in the community.
Community Pathways Waiver	1915(c)	DDA	The Community Pathways Waiver provides comprehensive supports and services to help participants live more independently in their homes and communities. The program provides a variety of Meaningful Day, Support Services and Residential Services that promote community living, including a self-directed service model and traditional, agency-based service model. New participants must be 18 years of age or older in need of residential services who meet an intermediate care facility for the intellectually disabled level of care.
Family Supports Waiver	1915(c)	DDA	The Family Supports Waiver helps participants to live more independently in their homes and communities. The program provides a variety of Support Services that promote community living, including a self-directed service model and traditional, agency-based service model. Participants must be children from birth through 21 years of age who meet an intermediate care facility for the intellectually disabled level of care.
Community Supports Waiver	1915(c)	DDA	The Community Supports Waiver helps participants to live more independently in their homes and communities. The program provides a variety of Meaningful Day and

Program	Authority	Operating State Agency	Program Description
			<p>Support Services that promote community living, including a self-directed service model and traditional, agency-based service model.</p> <p>New participants must be 18 years of age or older who meet an intermediate care facility for the intellectually disabled level of care.</p>
Waiver for Children with Autism Spectrum Disorder	1915(c)	MSDE	<p>Maryland’s HCBS Waiver for Children with Autism Spectrum Disorder allows eligible children with Autism Spectrum Disorder to receive specific services to support them in their homes and communities.</p> <p>Participants must be children with autism ages 1 through 21 who need an intermediate care facility for the intellectually disabled level of care.</p>
Brain Injury Waiver	1915(c)	BHA	<p>Maryland’s Home and Community-Based Services Waiver for Individuals with Brain Injury provides specialized community-based services to adults with brain injuries.</p> <p>Participants must be aged 22 through 64, who at the time of qualifying injury and admission to the waiver but once admitted, may remain past the age of 64 as long as the other waiver eligibility criteria are met. Waiver services are limited to individuals diagnosed with brain injury that was sustained after age 17.</p>
Medical Day Care Services Waiver	1915(c)	OLTSS	<p>Under this waiver, approved medical day care agencies provide health, social, and related support services in an organized setting to individuals aged 16 years and older who reside in the community and who are assessed to need a nursing facility level of care.</p>
Home and Community-Based Options Waiver	1915(c)	OLTSS	<p>This program provides community-based services and supports that enable older adults and those with physical disabilities to continue living in their own homes or in assisted living facilities.</p> <p>Participants must be 18 years or age or older and meet a nursing facility level of care.</p>
Community First Choice	1915(k)	OLTSS	<p>Community First Choice provides HCBS to older adults and individuals with disabilities who meet an institutional level of care and qualify financially to receive Medicaid in the community.</p>

Program	Authority	Operating State Agency	Program Description
Community Personal Assistance Services	State Plan	OLTSS	This state plan program provides in-home personal assistance to older adults and individuals with disabilities. To qualify, an individual must meet the financial criteria to receive Medicaid in the community and require assistance to perform activities of daily living.
Increased Community Services (ICS)	1115	OLTSS	Through the ICS Program, MDH continues providing Medicaid State Plan benefits and HCBS to residents ages 18 and over, enabling qualifying individuals to live at home with appropriate supports, as opposed to residing in a nursing facility.
Rare and Expensive Case Management (REM)	1115	MBM	The REM Program is a case-managed fee-for-service alternative to HealthChoice Managed Care Organization (MCO) participation for participants with specified rare and expensive conditions.
Program of All-Inclusive Care for the Elderly (PACE)	State Plan	OLTSS	The Program of All-Inclusive Care for the Elderly (PACE) provides comprehensive medical and social services to eligible individuals who live in the community. To participate in PACE, individuals must meet the following criteria: be at least 55 years old; be certified to need a nursing facility level of care; agree to receive all health and long-term care services from the PACE provider; and have income of no more than 300% of the Supplemental Security Income (SSI) benefit level for a household of one person and assets no more than \$2,000.

Key Considerations

Recent Rate Increases

MDH recently implemented various initiatives and made substantial investments for the enhancement of HCBS through rate increases for BHA, LTSS and waiver programs operated by the DDA and MSDE.

For the LTSS administered programs, providers have received a number of rate increases since FY 2017, which will continue through FY 2026. These increases are supported by funding through the budget, HB295 *Maryland Minimum Wage Act of 2014* (Ch. 262 of the 2014 Acts); HB 166/SB 280 *Labor and Employment – Payment of Wages – Minimum Wage (Fight for Fifteen)* Chs 10 and 11 of 2019 Acts⁴; the Governor’s Supplemental Budget, and American Rescue Plan Act (ARPA). Percentage increases and funding authority for each increase are listed below:

⁴ <https://mgaleg.maryland.gov/2019RS/bills/sb/sb0280E.pdf>

- FY 2017: 1.1% rate increase effective July 1, 2016
- FY 2018: 2% rate increase effective July 1, 2017
- FY 2019: 3% rate increase effective July 1, 2018
- FY 2020: 4% rate increase effective January 1, 2021 (HB 166/SB 280)⁵
- FY 2022: 5.2% rate increase effective November 1, 2021 (ARPA)⁶
- FY 2023: Effective July 1, 2022: Temporary, one time emergency 4% rate increase for FY 2023 only (ARPA); 4% rate increase (HB 166/SB 280); 4% rate increase allocated in Governor Hogan’s Supplemental Budget No. 4⁷ in amendment to the budget for FY 2023
- FY 2024: 4% rate increase effective July 1, 2023 (HB166/SB280)--to be implemented
- FY 2025: 4 % rate increase effective July 1, 2024 (HB166/SB280)--to be implemented⁸
- FY 2026: 4% rate increase effective July 1, 2025 (HB 166/SB 280)--to be implemented

For the BHA administered Brain Injury Waiver, providers received a number of rate increases since FY 2019, which will continue through FY 2026. These increases are supported by funding through HB 1329/SB 967—*Heroin & Opioid Prevention Effort (HOPE) & Treatment Act of 2017* (Chs. 571 and 572 of the Acts of 2017), HB 166/SB 280 *Labor and Employment – Payment of Wages – Minimum Wage (Fight for Fifteen)* Chs 10 and 11 of 2019 Acts); the Governor’s Supplemental Budget, and ARPA. Percentage increases and funding authority for each increase are listed below:

- FY 2019: 3.5% rate increase effective July 1, 2018 (HB 1329/SB 967)
- FY 2020: 3.5% rate increase effective July 1, 2019 (HB 1329/SB 967); 4% rate increase effective January 1, 2021 (HB 166/SB 280)⁹
- FY 2022: 3.5% rate increase effective July 1, 2021 (HB 166/SB 280); 5.4% rate increase effective November 1, 2021 (ARPA); the Autism Waiver operated by MSDE also received an increase of 5.2% effective November 1, 2021
- FY 2023: 3.25% rate increase effective July 1, 2022 (HB 166/SB 280); 4% rate increase effective July 1, 2022, that was allocated in Governor Hogan’s Supplemental Budget No. 4 in amendment to the budget for FY 2023; one-time temporary emergency 4% increase in rate from July 2022 through September 2022 for Brain Injury Waiver providers

⁵ On December 17, 2020, Governor Larry Hogan announced that Medicaid behavioral health and long term care provider rate increases pursuant to Maryland Senate Bill 280 (2019) will go into effect January 1, 2021, rather than July 1, 2021, <https://health.maryland.gov/mmcp/Documents/MEDICAID%20PROVIDER%20RATE%20CHANGES%20FROM%20JANUARY%201%202021.pdf>.

⁶ For more information regarding MDH’s ARPA spending plan, see the quarterly updates posted here, <https://health.maryland.gov/mmcp/Pages/Public-Notices.aspx>.

⁷ [FY2023-Supplemental-Budget-No.-4.pdf \(maryland.gov\)](https://health.maryland.gov/mmcp/Pages/Public-Notices.aspx)

⁸ Fiscal estimates in this report assume that rate increases required by HB166/SB280 will be implemented in accordance with the original statutory effective dates. Governor Moore’s budget includes a proposal to accelerate implementation of the FY25 increase as part of the FY24 budget. If the expedited increases are implemented, actual costs for FY24 will be higher.

⁹ Ibid., 5.

- FY 2024: 3% rate increase effective July 1, 2023 (HB 166/SB 280)--to be implemented¹⁰
- FY 2025: 4% rate increase effective July 1, 2024 (HB 166/SB 280)--to be implemented
- FY 2026: 4% rate increase effective July 1, 2025 (HB 166/SB 280)--to be implemented

For DDA operated waiver programs, providers received rate increases that have been implemented since FY 2019 and will continue into FY 2026 as detailed below. These increases are supported by funding through HB295 *Maryland Minimum Wage Act of 2014* (Ch. 262 of the 2014 Acts); HB 166/SB 280 *Labor and Employment – Payment of Wages – Minimum Wage (Fight for Fifteen)* Chs 10 and 11 of 2019 Acts); the Governor’s Supplemental Budget, and the 10% enhanced FMAP funding available for reinvestment as a result of the ARPA. Percentage increases and funding authority for each increase are listed:

- FY 2016: 3.5% rate increase effective July 1, 2015 (HB 295)
- FY 2017: 3.5% rate increase effective July 1, 2016 (HB 295)
- FY 2018: 3.5% rate increase effective July 1, 2017 (HB 295)
- FY 2019: 3.5% rate increase effective July 1, 2018 (HB 295)
- FY 2021: 4% rate increase effective January 1, 2021 (HB 166/SB 280)¹¹; 5.5 % rate increase except for targeted case management beginning April 1, 2021 (ARPA)
- FY 2022: 4% rate increase effective July 1, 2021 (HB 166/SB 280); 5.5% increase for targeted case management providers effective November 1, 2021 (ARPA); one-time temporary emergency 10% increase for all providers with the exception of targeted case management providers from January 1, 2022 through March 31, 2022 (ARPA)
- FY 2023: 4% rate increase effective July 1, 2022 (HB 166/SB 280); additional 4% rate increase effective July 1, 2022 (Governor’s Supplemental Budget); one-time temporary emergency 10% rate increase for targeted case management providers from October through December 2022 (ARPA)
- FY 2024: 4% rate increase effective July 1, 2023 (HB 166/SB 280)--to be implemented¹²
- FY 2025: 4% rate increase effective July 1, 2024 (HB 166/SB 280)--to be implemented
- FY 2026: 4% rate increase effective July 1, 2025 (HB 166/SB 280)--to be implemented

Provider Networks and Direct Support Professional Crisis

The 50% reduction in the waitlist/registry for each of the identified Waivers will increase the enrollment and demand for providers. MDH assumes that the current provider networks may not have the capacity to deliver services to the additional participants for each waiver program.

¹⁰ Fiscal estimates in this report assume that rate increases required by HB166/SB280 will be implemented in accordance with the original statutory effective dates. Governor Moore’s budget includes a proposal to accelerate implementation of the FY25 and FY26 increase as part of the FY24 budget. If the expedited increases are implemented, actual costs for FY24 and FY25 will be higher.

¹¹ Ibid., 5.

¹² Fiscal estimates in this report assume that rate increases required by HB166/SB280 will be implemented in accordance with the original statutory effective dates. Governor Moore’s budget includes a proposal to accelerate implementation of the FY25 and FY26 increase as part of the FY24 budget. If the expedited increases are implemented, actual costs for FY24 and FY25 will be higher.

In Maryland and nationally there is a shortage of direct support professionals, which has been exacerbated by the Coronavirus Disease 2019 (COVID-19) public health emergency. The MDH waiver programs rely on direct support professionals to provide waiver services. Current providers have high vacancy rates which make it challenging for providers to expand and support new participants.

In order to improve provider capacity and retain providers, MDH will need to implement provider recruitment strategies, which could include organizing provider information fairs to recruit new providers. Additionally, MDH could use provider surveys to better understand the needs of the provider community and improve retention. Feedback from the provider fairs and surveys will enable MDH to determine next steps, including whether further increases to reimbursement rates outside those authorized by HB 166/SB 280 (Chs. 10 and 11 of the 2019 Acts) and funded through the MDH reinvestment of 10% eFMAP American Rescue Plan Act Spending Plan dollars are needed. Provider surveys could be completed through existing resources, assuming funding is allocated to begin staffing up in FY 2023, Q4.

Waiver - Waitlist and Registry Reduction Plans

This section covers the plans to reduce the Waitlist and Registry for the eight (8) waiver programs by 50%. MDH has modeled a 50% reduction to the waitlist for the Autism Waiver to be completed by the end of FY 2024 and for a similar reduction for the other waivers to be complete after five years (FY 2028). The waitlist reduction plan for each waiver includes the projected costs of the measures to be implemented to achieve these results.

Provisions of the plans relating to the Autism Waiver were developed in conjunction with MSDE. OLTSS collaborated with BHA and DDA to develop plans for the Medicaid waivers administered by MDH.

The Hilltop Institute assisted with efforts to develop plans aimed at reducing the waiting lists/registries for the HCBS Waivers in accordance with SB 28 and SB 636. In collaboration with MDH, Hilltop developed interactive calculators that use historical data to estimate trends in registry census, waiver enrollment, and other waiver-specific metrics for the CO Waiver, the Model Waiver and the Autism Waiver. The calculators include data on historical medical and financial reviews to estimate staffing needs related to increased eligibility reviews with proposed changes to registry management and enrollment policies.

A. DDA Operated Waivers

The DDA operates the Community Pathways Waiver, the Community Supports Waiver, and the Family Supports Waiver. As of FY 2022, 15,699 participants are enrolled in the Community Pathways Waiver, 1,563 participants are enrolled in the Community Supports Waiver, and 350 participants are enrolled in the Family Supports Waiver.

Reducing the Waiting List and Increasing Enrollment

The DDA's waitlist average includes approximately 4,000 individuals as of November 2022. To reduce the waitlist for these waiver programs by 50%, DDA staff will need to enroll 2,000

participants from the waitlist to a waiver program over a five year period. This will result in enrollment of 400 participants annually. Table 2 below provides the estimated annual cost associated with delivering services to an additional 400 participants each year from FY 2024 to FY 2028.

Table 2: Estimated New Services Costs, FY 2024 – FY 2028

State Fiscal Year	Estimated New DDA Waiver Enrollees	Approximate New Cost (Total Funds)	Approximate New Cost (General Funds)
2024	400	\$23,810,665	\$11,905,333
2025	400	\$24,763,093	\$12,381,547
2026	400	\$25,753,616	\$12,876,808
2027	400	\$26,783,761	\$13,391,881
2028	400	\$27,855,111	\$13,927,556
TOTAL	2,000	\$128,966,246	\$64,483,125

Additional Staff Costs

DDA will need to create new positions to support the increase in participants in the waiver programs. Table 3 below identifies the FTEs required by DDA to assist with the increase in enrollment in the three (3) DDA operated waiver programs. Please note that staffing salaries are based on the salary schedule effective November 1, 2022.¹³

Table 3: Additional Staff Costs - DDA

No. of Individuals Needed	Position	Classification	Grade	Salary
1	Provider Engagement and Development Coordinator	Health Services Specialist IV	16	\$70,010
1	CCS Engagement and Development Coordinator	Health Services Specialist IV	16	\$70,010
3	Employment and Tech Field Liaisons	Health Services Specialist III	14	\$184,554
1	HQ Waiver Eligibility Program Manager/Coordinator	Health Services Specialist IV	16	\$70,010
1	Self Directed Services (SDS) Coordinator	Health Services Specialist IV	16	\$70,010
2	Waiver Coordinator	Coordinator of Special Programs III	14	\$123,036

¹³ [Nov 22 Standard Salary Schedule](#)

No. of Individuals Needed	Position	Classification	Grade	Salary
3	Eligibility Staff	Coordinator of Special Programs III	14	\$184,554
3	Provider Services Staff	Coordinator of Special Programs III	14	\$184,554
2	Quality Enhancement Staff	Coordinator of Special Programs III	14	\$123,036
2	Program Reviewers	Coordinator of Special Programs III	14	\$123,036
2	SDS Lead	Coordinator of Special Programs IV	15	\$131,242
1	Administrator	Administrator 1	16	\$70,010

Table 4 below addresses the five (5) additional FTEs that MDH will need to hire to assist with the deliverables for the DDA operated waivers: one (1) FTE at (Grade 19) to serve as the Division Chief for the Division that will oversee the three (3) DDA operated waivers; one (1) FTE (Grade 16) to assist with federal deliverables for the three (3) DDA operated waivers and complete a quarterly quantitative and qualitative analyses on the waiver assurance data to identify trends; as well as one (1) FTE (Grade 17) and 2 FTEs (Grade 16) to assist with policy and regulation revision for the three (3) DDA operated waivers through partnership with the DDA and its stakeholder groups.

Table 4: Additional Staff Costs - MDH

Number of Individuals Needed	Classification	Grade	Salary
1	Administrator IV	19	\$85,112
1	Administrator I	16	\$70,010
1	Health Policy Analyst II	17	\$74,705
2	Health Policy Analyst I	16	\$140,020

In addition to salaries and wages, staffing costs computed in Table 5 below include the costs of fringe benefits, health insurance, communications, supplies and materials as well as equipment costs for each fiscal year.

Table 5: Overall Costs for DDA Waivers, FY 2024– FY 2028

State Fiscal Year	Services Costs	Staffing Costs	Other Admin. Costs	Total Funds (TF)	General Funds (GF)
2024	\$23,810,665	\$2,784,502	\$27,379	\$26,622,546	\$13,311,273
2025	\$24,763,093	\$2,591,176	\$18,253	\$27,372,522	\$13,686,261
2026	\$25,753,616	\$2,660,282	\$18,253	\$28,432,151	\$14,216,076
2027	\$26,783,761	\$2,725,616	\$18,253	\$29,527,630	\$14,763,815
2028	\$27,855,111	\$2,817,444	\$18,253	\$30,690,808	\$15,345,404
TOTAL COST	\$128,966,246	\$13,579,020	\$100,390	\$142,645,657	\$71,322,829

B. OLTSS HCBS Waivers

Community Options (CO) Waiver Registry Reduction

As of FY 2022, there were 23,730 individuals on the CO waiver registry. New individuals join the registry each year (4,506 were added in CY 2019, 5,293 were added in CY 2020, 5,572 were added in CY 2021 and 6,990 were added in CY 2022).

Reducing the Waiting List and Increasing Enrollment

Hilltop conducted an analysis based on data from FY 2017 through FY 2022 in order to determine how many invitations would need to be sent in order to reduce the registry by 50%.

Historically, MDH has sent out 300 invitations per month. To reduce the registry by 50%, MDH would need to send out 700 invitations per month (8,400 per year). MDH estimates that of those that would receive invitations, 25.8% or 2,167 potential participants annually would respond to the invitations. Of those 2,167 potential participants, 90.5% of them would have their eligibility (medical and financial criteria) reviewed in the same year, with 57.9% being found eligible (1,136 eligible participants). Of the eligible participants, 1,123 or 98.9% would go on to enroll in the CO Waiver. The enrolled participants make up approximately 13.4% of the total population that received invitations. Net new annual enrollment of 325 for FY 2024 is based on the difference of 1,123 unduplicated annual enrollees of FY 2024 and 798 estimated disenrollments in FY 2023. Historical attrition rates are applied to determine the estimated annual disenrollments. Actual expenditures could be higher if attrition rates are lower than historical trends.

MDH estimates that this would lead the number of people on the registry to decrease from 22,556 in FY 2022 to 11,068 in FY 2028 (a 49.1 % decrease). Over that same period, MDH anticipates that enrollment in the CO Waiver would increase to 6,490 by FY 2028. Details for each fiscal year are presented in Table 6 below.

Table 6: CO Waiver Invitations and New Enrollment, FY 2023 through FY 2028

	FY 2023*		FY 2024		FY 2025		FY 2026		FY 2027		FY 2028	
	#	%	#	%	#	%	#	%	#	%	#	%
Total Invitations Sent	5,200		8,400		8,400		8,400		8,400		8,400	
Average Monthly Invitations Sent	700		700		700		700		700		700	
Responses Received	1,341	(25.8%)	2,167	(25.8%)	2,167	(25.8%)	2,167	(25.8%)	2,167	(25.8%)	2,167	(25.8%)
Eligibility Review Completed	1,213	(90.5%)	1,960	(90.5%)	1,960	(90.5%)	1,960	(90.5%)	1,960	(90.5%)	1,960	(90.5%)
Found Eligible	703	(57.9%)	1,136	(57.9%)	1,136	(57.9%)	1,136	(57.9%)	1,136	(57.9%)	1,136	(57.9%)
Annual Enrollment	695	(98.9%)	1,123	(98.9%)	1,123	(98.9%)	1,123	(98.9%)	1,123	(98.9%)	1,123	(98.9%)
Annual Disenrollment	798		847		889		924		954		980	
Net New Annual Enrollment	121		325		276		234		199		169	
Percent Enrolled from Invitation Sent	13.4%		13.4%		13.4%		13.4%		13.4%		13.4%	
Total Registry Census	23,308		20,860		18,412		15,964		13,516		11,068	
Unduplicated Waiver Enrollees	5,286		5,611		5,887		6,122		6,321		6,490	

*MDH assumed that increased mailings would begin in March 2023

Hilltop estimated that each additional CO Waiver enrollee would result in \$20,178 to \$25,113 (total funds) in additional cost per year starting in FY 2023 and increasing at a 3% annual rate.

Table 7: Estimated New Services Costs, FY 2023 – FY 2028

State Fiscal Year	Estimated Net New CO Waiver Enrollees	Approximate New Cost Range (Total Funds)**	
		Low	High
2023*	121	\$2,441,538	\$3,038,673
2024	325	\$9,196,124	\$11,445,250
2025	276	\$15,104,411	\$18,798,547
2026	234	\$20,263,888	\$25,219,894
2027	199	\$24,783,281	\$30,844,610
2028	169	\$28,763,501	\$35,764,681
TOTAL	1,324	\$100,525,742	\$125,111,655

*MDH assumed that increased mailings would begin in March 2023

**Costs for FY 2024 through FY 2028 are inclusive of new enrollees for that fiscal year as well as the costs associated with enhanced enrollment from the prior year(s). Therefore, for example, “Approximate New Cost Range” for FY 2024 includes 121 net new enrollees from FY 2023 *and* 325 net new enrollees from FY 2024 for a total net increase in enrollment of 446. For FY 2028, new costs are based on 1,324 additional net new enrollees.

Additional Associated Costs

For an additional 400 applications monthly, the mailing costs will increase significantly. Table 8 below shows the projected increase in administrative and mailing costs. Each application has 35 pages for the application and applicable notices and 14,000 additional pages will need to be printed for 400 additional applications.

Table 8: Additional Associated Costs

Cost of Postage	400 x \$2.00	\$800 per month
Cost of Office Supplies	Paper [\$0.04 per page, 14,000 (400 x 35) additional pages]	\$560 per month
	Envelopes [\$0.37 per envelope, 400 additional envelopes]	\$148 per month
	Labels [\$0.02 per label, 400 additional labels]	\$8 per month
	Toner/Ink [\$0.02 per page to print, 14,000 additional pages]	\$280 per month
TOTAL		\$1,796 per month

Total cost per month for additional 400 applications including office supplies (\$996) and postage (\$800): \$1,796.

Pursuant to SB 28, MDH will increase the number of CO Waiver applications mailed each month from 300 to at least 600 individuals on the waiting list/ registry. LTSS*Maryland* enhancements are required for the CO Waiver to address SB636 and SB28. These LTSS*Maryland* enhancements will cost MDH \$395,054 in FY 2023.

Additional Staff Costs

Waitlist reduction will result in an increase in enrolled participants and higher costs for the Department. In addition to the direct administrative and service costs, MDH would require additional staff to handle the anticipated increase in the volume of applications.

For an additional 400 individuals to be contacted per month, MDH would need seven (7) additional FTEs: three (3) FTEs (Grade 16) to assist with registry operations including sending applications to applicants, scrubbing the registry to remove individuals who have moved, are deceased or no longer wish to apply, and processing program enrollment for applicants determined eligible; two (2) FTEs (Grade 16) to approve, deny or obtain clarification for initial, provisional and annual plans of service (POS) for enrolled participants; and one (1) FTE (Grade 21) and one (1) FTE (Grade 18) 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.

Table 9: Additional Staff Costs

Number of Individuals Needed	Classification	Grade	Salary
5	Health Policy Analyst I	16	\$350,050
1	Nurse Program Consultant	21	\$96,961
1	Social Worker Advanced	18	\$79,734

In addition to salaries and wages, staffing costs computed in Table 10 below include the costs of fringe benefits, health insurance, communications, supplies and materials as well as equipment costs for each fiscal year. The miscellaneous costs include administrative costs of \$1,796/month and LTSS*Maryland* enhancement costs that will be incurred in FY 2023.

Table 10: Overall Costs for CO Waiver, FY 2023 – FY 2028

State Fiscal Year	Services Costs (TF)	Staffing Costs	Misc. Costs	LTSS <i>Maryland</i> Enhancement Costs	Total Funds (TF)	General Funds (GF)
2023*	\$3,038,673	-	\$17,960	\$395,054	\$3,451,687	\$1,725,844
2024	\$11,445,250	\$819,091	\$21,552	-	\$12,285,893	\$6,142,947
2025	\$18,798,547	\$768,340	\$21,552	-	\$19,588,439	\$9,794,220
2026	\$25,219,894	\$788,855	\$21,552	-	\$26,030,301	\$13,015,151
2027	\$30,844,610	\$808,251	\$21,552	-	\$31,674,413	\$15,837,207
2028	\$35,764,681	\$835,513	\$21,552	-	\$36,621,746	\$18,310,873
TOTAL	\$125,111,655	\$4,020,050	\$125,720	\$395,054	\$129,652,479	\$64,826,242

*MDH assumed that increased mailings would begin in March 2023

Model Waiver for Medically Fragile Children (Model Waiver) Registry Reduction

The Model Waiver had 179 individuals on the waitlist as of FY 2022. The maximum number of individuals who may be enrolled in the Model Waiver is capped at 200 as per 42 CFR 441.305 (b).

Reducing the Waiting List and Increasing Enrollment

Hilltop conducted an analysis based on a rolling five-year average to estimate trends through FY 2028. The projections are estimated without applying the limitation of 200 participants enrolled and receiving services at any given time. Hilltop’s calculations illustrate how the waiver’s registry may be decreased to 50% of the census of 162 at the end of FY 2021 by increasing enrollment from the registry to approximately 52 individuals each year.

In order to reduce the registry by 50%, MDH estimates that of those potential participants, 98.7% to 98.9% of them would be found eligible after their eligibility (medical and financial criteria) is reviewed. These eligibility reviews would include new as well as redeterminations. Of the eligible participants, 52 participants would go on to enroll in the Model Waiver each year. The enrolled participants make up approximately 57.9% of the registry by FY 2028. Net new annual enrollment of 34 for FY 2024 is based on the difference of 52 unduplicated annual enrollees of FY 2024 and 18 estimated disenrollments in FY 2023. Historical attrition rates are applied to determine the estimated annual disenrollments. Actual expenditures could be higher if attrition rates are lower than historical trends.

MDH estimates that this would lead the number of people on the registry to decrease from 179 in FY 2022 to 90 in FY 2028 (a 50% decrease). Over that same period, MDH anticipates that enrollment in the Model Waiver would increase to 381 in FY 2028. Because the Model Waiver is capped at 200 individuals, this increase in enrollment would require MDH to create a new waiver program. MDH 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. Details for each fiscal year are presented in Table 11 below.

Table 11: Model Waiver Applications and New Enrollment, FY 2023 through FY 2028

	FY 2023		FY 2024		FY 2025		FY 2026		FY 2027		FY 2028	
	#	%	#	%	#	%	#	%	#	%	#	%
Initial Applications Received	56		58		53		52		55		55	
Eligibility Review Completed	81		81		78		79		80		80	
Found Eligible	80	(98.7%)	80	(98.9%)	77	(98.9%)	78	(98.9%)	79	(98.7%)	79	(98.8%)
Newly Added to Registry	39	(48.4%)	39	(48.9%)	35	(45.7%)	35	(45.1%)	37	(47.2%)	37	(47.1%)
Annual Enrollment	52	(31.3%)	52	(34%)	52	(38.1%)	52	(43.5%)	52	(49.7%)	52	(57.9%)

	FY 2023		FY 2024		FY 2025		FY 2026		FY 2027		FY 2028	
	#	%	#	%	#	%	#	%	#	%	#	%
Annual Disenrollment	18		21		23		26		28		30	
Net New Annual Enrollment	34		34		31		29		26		24	
Total Registry Census	166		153		136		119		105		90	
Unduplicated Waiver Enrollees	253		287		317		345		371		394	

Table 12 below shows the projected costs for new enrollments in the waiver each year. Cost estimates are based on projected enrollment and assuming a 3% annual rate increase starting in FY 2023. The cost carries from year to year.

**Costs for FY 2024 through FY 2028 are inclusive of new enrollees for that fiscal year as well as the costs associated with enhanced enrollment from the prior year(s). Therefore, for example, “Approximate New Cost Range” for FY 2024 includes 34 net new enrollees from FY 2023 *and* 34 net new enrollees from FY 2024 for a total net increase in enrollment of 68. For FY 2028, new costs are based on 178 additional net new enrollees.

Table 12: Estimated New Services Costs, FY 2022 – FY 2028

State Fiscal Year	Estimated Net New Model Waiver Enrollees	Approximate New Cost** (Total Funds)	Approximate New Cost (General Funds)
2023	34	\$4,940,887	\$2,470,444
2024	34	\$10,030,000	\$5,015,000
2025	31	\$14,809,276	\$7,404,638
2026	29	\$19,414,340	\$9,707,170
2027	26	\$23,666,878	\$11,833,439
2028	24	\$27,710,061	\$13,855,031
TOTAL	178	\$100,571,442	\$50,285,722

Table 13 below addresses the five (5) additional FTEs that MDH will need to hire to assist with the deliverables for the Model/ Technology Waivers: one (1) FTE (Grade 17) to assist with waitlist operations, process enrollment into the waiver program, complete federal deliverables and assist with overall waiver operations; one (1) FTE (Grade 18) to serve as the Waiver Coordinator for both the Model Waiver and the new Technology Waiver. Adding the Technology Waiver will double the capacity from 200 to 400 participants. Primary duties for the role will include monitoring the waitlist, processing enrollment into the Model or Technology Waivers based on participant's assessed medical needs and completing federal deliverables for both waivers; and two (2) FTEs (Grade 22) to serve as the Clinical expert for both the Model and Technology Waivers and will provide expert witness testimony at appeal hearings, complete utilization review with operating agencies for concurrently enrolled participants and provide pre-authorization for medically necessary services.

Table 13: Additional Staff Costs for Model Waiver

Number of Individuals Needed	Classification	Grade	Salary
1	Health Policy Analyst Advanced	18	\$79,734
2	Nurse Program Consultant	22	\$206,842
1	Health Policy Analyst II	17	\$74,705

In addition to salaries and wages, staffing costs computed in Table 14 below include the costs of fringe benefits, health insurance, communications, supplies and materials as well as equipment costs for each fiscal year.

Table 14: Overall Costs for Model Waiver, FY 2023 – FY 2028

State Fiscal Year	Services Costs (TF)	Staffing Costs	LTSSMaryland Enhancement Costs	Total Funds (TF)	General Funds (GF)
2023	\$4,940,887	-	\$2,500,000	\$7,440,887	\$3,720,444
2024	\$10,030,000	\$555,698	-	\$10,585,698	\$5,292,849
2025	\$14,809,276	\$526,132	-	\$15,335,408	\$7,667,704
2026	\$19,414,340	\$540,198	-	\$19,954,538	\$9,977,269
2027	\$23,666,878	\$553,497	-	\$24,220,375	\$12,110,188
2028	\$27,710,061	\$572,191	-	\$28,282,252	\$14,141,126
TOTAL	\$100,571,442	\$2,747,716	\$2,500,000	\$105,819,158	\$52,909,580

Medical Day Care Services Waiver and Brain Injury Waiver Registry

Currently, there is no registry maintained for either the Brain Injury Waiver or the Medical Day care Services Waiver. Therefore, there are no existing plans for waiver registry reduction for these two (2) Waiver programs.

Brain Injury Waiver Changes

Technical eligibility for the Brain Injury Waiver is based on the type of injury, age at injury, and the location where the applicant is residing. At the start of the program, the technical eligibility criteria related to the treatment setting at the time of referral limited participation in this waiver to individuals in state psychiatric hospitals, in out-of-state placements, or in state-owned and operated nursing facilities. Recently, a 1915(c) Appendix K flexibility was approved to allow a change to the technical criteria for entry point for the Brain Injury Waiver. The Appendix K amendment will now allow individuals interested in applying to the Brain Injury Waiver to be referred from private nursing facilities, in addition to the current approved entry points. This additive amendment will apply waiver-wide and to all individuals impacted by the COVID-19 virus or the response to the COVID virus (e.g. closure of waiver entry points as noted in the approved waiver application) who would otherwise meet eligibility criteria.

Based on the approved waiver application, the entry points for participation in this waiver are now limited to participants discharged into waiver services from a stay in a state psychiatric hospital that is determined to be inappropriate, including individuals funded in community placements by the MDH's BHA with all state funds, or from a Medicaid placement in an out-of-state facility or from a nursing facility owned and operated by the state or from a Maryland licensed Special Hospital for Chronic Disease with Commission on the Accreditation of Rehabilitation Facilities (CARF) Accreditation for inpatient brain injury rehabilitation.

C. Waiver for Children with Autism Spectrum Disorder (Autism Waiver)

As of September 2022, there were 6,297 registrants in the Autism Waiver (AW). An average of 841 new individuals join the registry each year (789 were added in FY 2019, 715 were added in FY 2020, 718 were added in FY 2021, and 1,140 were added in FY 2022).

MDH contacted an average of 546 registrants annually between FY 2017-2022. Based on historical data, not all who are invited to apply, respond to the invitation and submit an application. MDH estimates that of those people on the registry who are invited to apply, 47% will be determined eligible.

Eligibility Determination

Determining eligibility for the AW involves locating and contacting each family and working with them to facilitate the submission of all required documents to verify the child meets technical, medical, and financial eligibility criteria. Currently, AW Service Coordinators (SC) at each Local Education Agency (LEA) assist families once a slot is available and a child is invited to begin the application process. To transition from maintaining the AW registry to creating a waitlist will require each registrant be contacted and screened for eligibility.

A registrant is determined to meet AW technical eligibility if the individual meets identified criteria, for example:

- Is between 1 and 21 years old;
- Has a current diagnosis of Autism Spectrum Disorder (ASD); and
- Has an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) with at least 15 hours a week of special education and related services.

MSDE Data Analysts reviewed IEPs to determine if the individual was within the acceptable age range, had a disability code of autism on their IEP or an evaluation documenting a diagnosis of autism, and if the registrant had at least 15 hours a week or qualifying services on their IEP/IFSP.

In June 2022, MSDE contacted Special Education Directors in each LEA requesting the completion of a technical eligibility data match spreadsheet for each applicant currently on the AW registry. MSDE completed an initial review and compilation of the data from each LEA and identified the names of individuals whose technical eligibility and/or whose demographic information requires verification. Currently, MSDE and MDH are working collaboratively to provide guidance for the AW registry vendor to contact each family whose technical eligibility could not be determined to request additional information and update the AW registry data.

As noted, MSDE and MDH, by way of the registry vendor, must contact each registrant with a request to verify the information obtained and reported by the registry vendor as well as confirm continued interest in accessing services, and to provide direction on eligibility screening for determining appropriate placement on the newly created waitlist.

MSDE and MDH project that by the end of calendar year (CY) 2023, a review of technical eligibility will be completed for each registrant on the AW registry and an AW waitlist will be established. Once the waitlist is established, AW SCs and providers must be trained on new policies and practices before invitations can be sent for eligible families inviting them to apply for AW services in FY 2024.

Reducing the Waiting List and Increasing Enrollment

As MSDE partially funds and operates the AW, MSDE would incur additional administrative staffing and costs related to that waiver program in reducing the registry.

MDH determined that screening all registrants and enrolling 50.0% of those found eligible by the beginning of FY 2024 was not feasible. Hilltop conducted an analysis to determine the estimated number of enrollees and costs if all registrants are screened for eligibility and 50.0% of those found eligible are enrolled by the end of FY 2024. The analysis considers the 6,297 individuals on the registry at the end of FY 2022, along with an additional 423 and 330 individuals found eligible and added to the registry in FYs 2023 and 2024, respectively, based on a rolling four-year average of historic data. Table 15 shows that 6,720 eligibility reviews would have to be completed in FY 2023. Of those, an estimated 3,051 (45.4%) individuals would be found eligible and, based on historical averages, an estimated 254 would be enrolled in FY 2023. Of the remaining 2,797 eligible registrants and an additional 330 screened and found eligible in FY

2024 – totaling 3,127 eligible registrants – 1,564 (50.0%) would enroll by the end of FY 2024. The total Waiver census would increase to an estimated 3,144 enrollees in FY 2024. Net new annual enrollment of 1,486 for FY 2024 is based on the difference of 1,564 unduplicated annual enrollees of FY 2024 and 78 estimated disenrollments in FY 2023. Historical attrition rates are applied to determine the estimated annual disenrollments. Actual expenditures could be higher if attrition rates are lower than historical trends.

Table 15: Autism Waiver estimated registry census, FY 2023 through FY 2028

	FY 2023		FY 2024		FY 2025		FY 2026		FY 2027		FY 2028	
	#	%	#	%	#	%	#	%	#	%	#	%
Eligibility reviews completed	6,720		774		775		779		688		754	
Found eligible	3,051	(45.4%)	330	(42.6%)	317	(40.9%)	328	(42.2%)	299	43.4%	323	(42.9%)
Newly added to registry	423		330		317		328		299		323	
New registry census	2,797		1,564		1,629		1,704		1,733		1,772	
Annual Enrollment	254	(8.3%)	1,564	(50.0%)	252	(15.4%)	253	(14.9%)	270	(15.6%)	284	(16.0%)
Annual Disenrollment	78		155		169		182		188		181	
Net New Annual Enrollment	145		1,486		97		84		88		96	
Unduplicated Waiver Enrollees	1,658		3,144		3,240		3,325		3,413		3,509	

Table 16 below shows the projected costs for new enrollments in the waiver each year. Cost estimates are based on projected enrollment and an approximate 3.0% annual rate increase based on historical data. The cost carries from year to year.

State Fiscal Year	Estimated Net New Autism Waiver Enrollees	Approximate New Cost** (Total Funds)	Approximate New Cost (General Funds)
2023	145	\$9,209,763	\$4,604,882
2024	1,486	\$104,979,491	\$52,489,746
2025	97	\$111,418,491	\$55,709,246
2026	84	\$117,161,813	\$58,580,907
2027	88	\$123,359,131	\$61,679,566
2028	96	\$130,322,663	\$65,161,332
TOTAL	1,996	\$596,451,352	\$298,225,679

**Costs for FY 2024 through FY 2028 are inclusive of new enrollees for that fiscal year as well as the costs associated with enhanced enrollment from the prior year(s). Therefore, for example, “Approximate New Cost Range” for FY 2024 includes 145 net new enrollees from FY 2023 and 1,486 net new enrollees from FY 2024 for a total net increase in enrollment of 1,631. For FY 2028, new costs are based on 1,996 additional net new enrollees.

Table 16: Estimated New Services Costs, FY 2023 – FY 2028

Additional Associated Costs

In addition to the direct administrative and service costs, MSDE would need additional staffing to handle the volume of applications anticipated. MSDE would reallocate two (2) FTEs Education Program Specialist positions from another area (Grade 21) to track and manage technical eligibility, to provide ongoing support and assistance to providers. Hiring for additional staff would need to begin Q4 FY 2023.

Table 17: Additional Staff Costs - MSDE

Number of Individuals Needed	Position	Grade	Salary
2	Education Program Specialist	21	\$193,922

MDH would also need three (3) additional FTEs to assist with the deliverables for the Autism Waiver: one (1) Administrator at midpoint (Grade 16) to serve assist with federal deliverables for the Autism Waiver and complete a quarterly quantitative and qualitative analysis on the waiver assurance data to identify trends; and two (2) Health Policy Analysts at midpoint (Grade 16) to assist with policy and regulation revision for the Autism Waiver through partnership with the MSDE and its stakeholder groups. Additionally, this position will research federal and state regulations to provide guidance related to waiver operations and perform qualitative and quantitative analysis of waiver assurances. Hiring for additional staff would need to begin Q4 FY 2023.

Table 18: Additional Staff Costs - MDH

Number of Individuals Needed	Classification	Grade	Salary
1	Administrator I	16	\$70,010
2	Health Policy Analyst I	16	\$140,020

MSDE projects administrative costs related to developing a tracking system for the AW waitlist within the existing online AW database that would have the capability to link and transfer data to the existing AW Application Tracking database. This will require a procurement solicitation for

an information technology vendor. It is anticipated that the contract award would be approximately \$50,000-\$75,000.

The current Registry vendor’s contract is expected to extend for one more year at the end of CY 2022, and has projected additional costs to be approximately \$50,000 for proposed updates to operations with the AW registry vendor considering the expected increase in data collection, data fields, communication with registrants (written and otherwise) and the contract billing policy; the vendor costs are expected to significantly increase for MDH. MDH requires the vendor to communicate through incoming phone calls, outgoing messages, and written notices under its direction and at certain periods of the CY (i.e., when someone ages off, a wave of notices at the end of the school year, etc.).

Table 19: Overall Costs for Autism Waiver, FY 2023 – FY 2028

State Fiscal Year	Services Costs	Staffing Costs	Misc. Costs	Total Funds (TF)	General Funds (GF)
2023	\$9,209,763	\$185,806	\$125,000	\$9,520,569	\$4,760,285
2024	\$104,979,491	\$592,632	-	\$105,572,123	\$52,786,062
2025	\$111,418,491	\$608,701	-	\$112,027,192	\$56,013,596
2026	\$117,161,813	\$624,966	-	\$117,786,779	\$58,893,390
2027	\$123,359,131	\$640,343	-	\$123,999,474	\$61,999,737
2028	\$130,322,663	\$661,958	-	\$130,984,621	\$65,492,311
TOTAL	\$596,451,352	\$3,314,406	\$125,000	\$599,890,758	\$299,945,381

D. Eligibility Determination Division Staffing Requirements

For the CO Waiver, the Department is planning to mail 700 applications to registrants per month from Q4 FY 2023 through FY 2028. The Eligibility Determination Division (EDD) will require 12 Eligibility Determination Associate positions for the eligibility determination process beginning FY 2024. These staff members will analyze, interpret and apply federal and State regulations and policies while analyzing Medicaid applications to identify the appropriate verifications and data systems required to determine initial and annual Non-MAGI Medicaid eligibility in accordance with regulations and policies.

EDD will need to hire one (1) FTE for the eligibility determination process of additional 200 participants in the Model/ Technology Waiver. For the DDA Waivers, the Department is anticipating sending 400 applications annually between FY 2024 - 2028 for a total of 2,000 applications. EDD anticipates hiring 3.5 FTEs to process the eligibility determination for the DDA Waivers.

To process the AW applications starting in FY 2024, EDD anticipates hiring 3.5 FTEs for AW applicants who will be found eligible and will be requiring processing of an annual redetermination application and interim changes. Additionally, EDD expects to hire nine (9) FTEs including two (2) Eligibility Determination Leads; two (2) Appeals and Quality Assurance Specialists; one (1) Clerk Lead and four (4) Clerks to work on all the Waivers.

Table 20: Additional Staff Needs- EDD

Number of Individuals Needed	Classification	Grade	Program	Salary
12	Medical Care Program Associate II/ Eligibility Determination Associate	11	CO Waiver	\$611,328
1	Medical Care Program Associate II/ Eligibility Determination Associate	11	Model/ Technology Waiver	\$50,944
3.5	Medical Care Program Associate II/ Eligibility Determination Associate	11	DDA Waivers	\$178,304
3.5	Medical Care Program Associate II/ Eligibility Determination Associate	11	Autism Waiver	\$178,304
2	Medical Care Program Associate Lead Advanced/ Eligibility Determination Lead Worker	12	Non-MAGI Medicaid (All Waivers)	\$108,458
2	Medical Care Program Associate Lead Advanced/ Appeals and Quality Assurance Specialist	12	Non-MAGI Medicaid	\$108,458
1	Office Services Clerk Lead/ Admin Support Clerk Lead	9	Non-MAGI Medicaid (All Waivers)	\$45,012
4	Office Services Clerks/ Admin Support Clerk	8	Non-MAGI Medicaid (All Waivers)	\$169,312

Table 21: Additional Staff Costs - EDD

State Fiscal Year	EDD Staffing Costs (TF)	EDD Staffing Costs (GF)
2024	\$2,328,961	\$1,164,481
2025	\$2,125,592	\$1,062,796
2026	\$2,182,122	\$1,091,061
2027	\$2,235,569	\$1,117,785
2028	\$2,310,673	\$1,155,337

State Fiscal Year	EDD Staffing Costs (TF)	EDD Staffing Costs (GF)
TOTAL	\$11,182,917	\$5,591,460

Summary

Below is the overall cost in General Funds (GF) for reducing the waiting list/registries for the identified Waiver programs over a five (5) year period. Overall, MDH would realize additional expenditures of **\$989,190,969 TF (\$494,595,485 GF, \$494,595,485 FF)** to meet the requirements of Senate Bill 636.

Table 22: Total Costs of all Waivers in General Funds (GF)

State Fiscal Year	DDA	CO	MOD	AW	EDD Staff	TOTAL
2023	-	\$1,725,844	\$3,720,444	\$4,760,285	-	\$10,206,572
2024	\$13,311,273	\$6,142,947	\$5,292,849	\$52,786,062	\$1,164,481	\$78,697,611
2025	\$13,686,261	\$9,794,220	\$7,667,704	\$56,013,596	\$1,062,796	\$888,224,577
2026	\$14,216,076	\$13,015,151	\$9,977,269	\$58,893,390	\$1,091,061	\$97,192,946
2027	\$14,763,815	\$15,837,207	\$12,110,188	\$61,999,737	\$1,117,785	\$105,828,731
2028	\$15,345,404	\$18,310,873	\$14,141,126	\$65,492,311	\$1,155,337	\$114,445,050
TOTAL	\$71,322,829	\$64,826,242	\$52,909,580	\$299,945,381	\$5,591,460	\$494,595,485
TOTAL PINS per WAIVER	27	7	4	5	29	72

Table 23: Total cost in TF and GF per cost items

State Fiscal Year	Services Costs (TF)	Staffing Costs (TF)	EDD Staffing Costs (TF)	Misc. Costs (TF)	Total Costs (TF)	Total Costs (GF)
2023	\$17,189,323	\$185,806	-	\$3,038,014	\$20,413,143	\$10,206,572
2024	\$150,265,406	\$4,751,923	\$2,328,961	\$48,931	\$157,395,221	\$78,697,611
2025	\$169,789,407	\$4,494,349	\$2,125,592	\$39,805	\$176,449,153	\$88,224,577
2026	\$187,549,663	\$4,614,301	\$2,182,122	\$39,805	\$194,385,891	\$97,192,946

State Fiscal Year	Services Costs (TF)	Staffing Costs (TF)	EDD Staffing Costs (TF)	Misc. Costs (TF)	Total Costs (TF)	Total Costs (GF)
2027	\$204,654,380	\$4,727,707	\$2,235,569	\$39,805	\$211,657,461	\$105,828,731
2028	\$221,652,526	\$4,887,106	\$2,310,673	\$39,805	\$228,890,100	\$114,445,050
TOTAL	\$951,100,695	\$23,661,192	\$11,182,917	\$3,246,165	\$989,190,969	\$494,595,485