



**Maryland Department of Health (MDH) Developmental Disabilities Administration**  
**M00M**

**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 23, 2023**

**House Appropriations Committee**  
**Health and Social Services Subcommittee**  
**Delegate Kirill Reznik**  
**February 22, 2023**

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

**MDH should comment on the reasons for the slippage in the share of participants qualifying for the waivers and efforts to increase the percentage of individuals served in all DDA waivers. (pg. 5)**

**MDH Response:** The Department would like the opportunity to respond back to the Committees and DLS on this subject in greater detail. We thank DLS for speaking with us over the weekend on this subject, and will look into validating the data related to the number of individuals receiving community services from FY2021 to FY2022.

**MDH should provide an update on the current number of filled and available slots as well as current efforts to fill remaining slots. (pg. 6)**

[please see next page]

**MDH Response:**

As of February 8, 2023, the MMIS report reflected:

Waiver	Filled Slots	Available Reserved Category Slots	Available Slots
Community Pathways Waiver	15,655	525	62
Community Supports Waiver	2173	453	54
Family Supports Waiver	321	62	17

Each waiver has special reserved categories to support targeted groups like Transitioning Youth, Emergency, DHS Age out, MSDE Age Out, Court Related, Families with Multiple Kids on the Waiting List, Psychiatric Hospital Discharge, etc.

As individuals that meet the reserved categories are identified, Coordinators of Community Services assist them with the waiver application process for an eligibility determination. The remaining available slots are used to support people on the Waiting List in the crisis resolution first, and prevention categories.

**DDA should comment on the status of efforts to reduce the [community services] waitlist. (pg. 7)**

**MDH Response:**

All individuals found to be on the Waiting List in the crisis resolution category are assisted in the Waiver application process for an eligibility determination.

To support the End the Wait Act 2022, the DDA included 400 total additional dedicated reserved categories across the three waiver programs for the next five years.

For more information, please see our End the Wait Report, attached.

**MDH should comment on why using the ARPA funds for competitive grants related to IT infrastructure is a permissible use of funds, including whether other uses that would have resulted in federal financial participation were considered. (pg. 10)**

**MDH Response:** In our spending plan approval letter, dated December 12, 2022, the Department received approval from the U.S. Centers for Medicare and Medicaid Services (CMS) to provide competitive grants (\$5 million) for the development and implementation of new HCBS business models such as expanded use of technology. The FY2021 budget language instructed the department to make grants available to DDA providers and non-profit organizations that support the DD community.

**As DDA has not yet provided a timeline for additional transitions, MDH should comment on the updated timeline to transition individuals and providers to the new LTSS system, the share of providers and participants who have and will need to be transitioned, and the projected date for completion. (pg. 15)**

**MDH Response:** Following the learnings from the April 2022 - September 2022 piloting effort, which supported 55 providers to transition their DDA service billing into LTSS Maryland, the DDA has started its network-wide phased transition of all services and providers into LTSS Maryland- DDA Module, beginning on January 1, 2023, with the 3A pilot group. The 3A group includes 34 providers representing 2,659 consumers, which brings our total numbers to 105 (45%) providers representing approximately 7,500 consumers. The DDA will continue to transition additional pilot groups until all providers have been transitioned with a projected completion date of December 31, 2024. These transitions will be developed using individualized transition timelines and customized supports of the DDA Regional Offices, Medicaid Provider Services (MPS) and peer providers.

**DDA should comment on the generalizability of the data to the larger provider population and the expected impact on State expenditures as a result of the FFS payment model, including whether the fiscal 2024 budget contains adequate funding to support providers who have transitioned or will transition to LTSS. (pg. 17)**

**MDH Response:** DDA does not recommend that this data be generalized to the larger provider population. The data used for the analysis in Exhibit 8 is based on a very small sample size (5) from a group of volunteer early adopters and is not a good generalization to the larger provider population. The DDA expanded piloting starting in April 2022, and will have more data points to analyze and make available as part of future JCRs.

**MDH should comment on whether all individuals who collect billing data can utilize the data exchange features currently and, if not, when those features will become available for use. (pg. 18)**

**MDH Response:** Yes, all billing data is available to providers in the same manner as all other fee-for-service Medicaid providers.

**The Department of Legislative Services (DLS) recommends adding language restricting funds pending the resolution of repeat audit findings, consistent with the request of the Joint Audit and Evaluation Committee when an audit contains four or more repeat findings. (pg. 19)**

**MDH Response:** The Department concurs.



## 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](mailto:megan.peters@maryland.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "LH Scott".

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), MSAR # 14271

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

### **Executive Summary**

Pursuant to SB 636<sup>1</sup> (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 28<sup>2</sup> (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

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<sup>1</sup> [https://mgaleg.maryland.gov/2022RS/chapters\\_noln/Ch\\_464\\_sb0636T.pdf](https://mgaleg.maryland.gov/2022RS/chapters_noln/Ch_464_sb0636T.pdf)

<sup>2</sup> <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 Report<sup>3</sup> 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.

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<sup>3</sup> <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**

<b>Program</b>	<b>Authority</b>	<b>Operating State Agency</b>	<b>Program Description</b>
<b>Model Waiver for Medically Fragile Children</b>	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.
<b>Community Pathways Waiver</b>	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.
<b>Family Supports Waiver</b>	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.
<b>Community Supports Waiver</b>	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>
<b>Waiver for Children with Autism Spectrum Disorder</b>	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>
<b>Brain Injury Waiver</b>	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>
<b>Medical Day Care Services Waiver</b>	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>
<b>Home and Community-Based Options Waiver</b>	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 Acts<sup>4</sup>; the Governor’s Supplemental Budget, and American Rescue Plan Act (ARPA). Percentage increases and funding authority for each increase are listed below:

<sup>4</sup> <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)<sup>5</sup>
- FY 2022: 5.2% rate increase effective November 1, 2021 (ARPA)<sup>6</sup>
- 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. 4<sup>7</sup> 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 implemented<sup>8</sup>
- 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)<sup>9</sup>
- 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

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<sup>5</sup> 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>.

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

<sup>7</sup> [FY2023-Supplemental-Budget-No.-4.pdf \(maryland.gov\)](https://health.maryland.gov/mmcp/Documents/FY2023-Supplemental-Budget-No.-4.pdf)

<sup>8</sup> 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.

<sup>9</sup> Ibid., 5.

- FY 2024: 3% rate increase effective July 1, 2023 (HB 166/SB 280)--to be implemented<sup>10</sup>
- 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)<sup>11</sup>; 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 implemented<sup>12</sup>
- 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.

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<sup>10</sup> 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.

<sup>11</sup> Ibid., 5.

<sup>12</sup> 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
<b>TOTAL</b>	2,000	<b>\$128,966,246</b>	<b>\$64,483,125</b>

***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.<sup>13</sup>

**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

<sup>13</sup> [Nov 22 Standard Salary Schedule](#)

<b>No. of Individuals Needed</b>	<b>Position</b>	<b>Classification</b>	<b>Grade</b>	<b>Salary</b>
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**

<b>Number of Individuals Needed</b>	<b>Classification</b>	<b>Grade</b>	<b>Salary</b>
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**

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

**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	
	#	%	#	%	#	%	#	%	#	%	#	%
<b>Total Invitations Sent</b>	5,200		8,400		8,400		8,400		8,400		8,400	
<b>Average Monthly Invitations Sent</b>	700		700		700		700		700		700	
<b>Responses Received</b>	1,341	(25.8%)	2,167	(25.8%)	2,167	(25.8%)	2,167	(25.8%)	2,167	(25.8%)	2,167	(25.8%)
<b>Eligibility Review Completed</b>	1,213	(90.5%)	1,960	(90.5%)	1,960	(90.5%)	1,960	(90.5%)	1,960	(90.5%)	1,960	(90.5%)
<b>Found Eligible</b>	703	(57.9%)	1,136	(57.9%)	1,136	(57.9%)	1,136	(57.9%)	1,136	(57.9%)	1,136	(57.9%)
<b>Annual Enrollment</b>	695	(98.9%)	1,123	(98.9%)	1,123	(98.9%)	1,123	(98.9%)	1,123	(98.9%)	1,123	(98.9%)
<b>Annual Disenrollment</b>	798		847		889		924		954		980	
<b>Net New Annual Enrollment</b>	121		325		276		234		199		169	
<b>Percent Enrolled from Invitation Sent</b>	13.4%		13.4%		13.4%		13.4%		13.4%		13.4%	
<b>Total Registry Census</b>	23,308		20,860		18,412		15,964		13,516		11,068	
<b>Unduplicated Waiver Enrollees</b>	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
<b>TOTAL</b>	1,324	\$100,525,742	<b>\$125,111,655</b>

\*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**

<b>Cost of Postage</b>	400 x \$2.00	\$800 per month
<b>Cost of Office Supplies</b>	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
<b>TOTAL</b>		<b>\$1,796 per month</b>

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
<b>TOTAL</b>	<b>\$125,111,655</b>	<b>\$4,020,050</b>	<b>\$125,720</b>	<b>\$395,054</b>	<b>\$129,652,479</b>	<b>\$64,826,242</b>

\*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	
	#	%	#	%	#	%	#	%	#	%	#	%
<b>Initial Applications Received</b>	56		58		53		52		55		55	
<b>Eligibility Review Completed</b>	81		81		78		79		80		80	
<b>Found Eligible</b>	80	(98.7%)	80	(98.9%)	77	(98.9%)	78	(98.9%)	79	(98.7%)	79	(98.8%)
<b>Newly Added to Registry</b>	39	(48.4%)	39	(48.9%)	35	(45.7%)	35	(45.1%)	37	(47.2%)	37	(47.1%)
<b>Annual Enrollment</b>	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	
	#	%	#	%	#	%	#	%	#	%	#	%
<b>Annual Disenrollment</b>	18		21		23		26		28		30	
<b>Net New Annual Enrollment</b>	34		34		31		29		26		24	
<b>Total Registry Census</b>	166		153		136		119		105		90	
<b>Unduplicated Waiver Enrollees</b>	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)
<b>2023</b>	34	\$4,940,887	\$2,470,444
<b>2024</b>	34	\$10,030,000	\$5,015,000
<b>2025</b>	31	\$14,809,276	\$7,404,638
<b>2026</b>	29	\$19,414,340	\$9,707,170
<b>2027</b>	26	\$23,666,878	\$11,833,439
<b>2028</b>	24	\$27,710,061	\$13,855,031
<b>TOTAL</b>	178	<b>\$100,571,442</b>	<b>\$50,285,722</b>

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
<b>TOTAL</b>	<b>\$100,571,442</b>	<b>\$2,747,716</b>	<b>\$2,500,000</b>	<b>\$105,819,158</b>	<b>\$52,909,580</b>



## **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	
	#	%	#	%	#	%	#	%	#	%	#	%
<b>Eligibility reviews completed</b>	6,720		774		775		779		688		754	
<b>Found eligible</b>	3,051	(45.4%)	330	(42.6%)	317	(40.9%)	328	(42.2%)	299	43.4%	323	(42.9%)
<b>Newly added to registry</b>	423		330		317		328		299		323	
<b>New registry census</b>	2,797		1,564		1,629		1,704		1,733		1,772	
<b>Annual Enrollment</b>	254	(8.3%)	1,564	(50.0%)	252	(15.4%)	253	(14.9%)	270	(15.6%)	284	(16.0%)
<b>Annual Disenrollment</b>	78		155		169		182		188		181	
<b>Net New Annual Enrollment</b>	145		1,486		97		84		88		96	
<b>Unduplicated Waiver Enrollees</b>	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)
<b>2023</b>	145	\$9,209,763	\$4,604,882
<b>2024</b>	1,486	\$104,979,491	\$52,489,746
<b>2025</b>	97	\$111,418,491	\$55,709,246
<b>2026</b>	84	\$117,161,813	\$58,580,907
<b>2027</b>	88	\$123,359,131	\$61,679,566
<b>2028</b>	96	\$130,322,663	\$65,161,332
<b>TOTAL</b>	1,996	<b>\$596,451,352</b>	<b>\$298,225,679</b>

\*\*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**

<b>Number of Individuals Needed</b>	<b>Position</b>	<b>Grade</b>	<b>Salary</b>
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**

<b>Number of Individuals Needed</b>	<b>Classification</b>	<b>Grade</b>	<b>Salary</b>
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**

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

**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**

<b>Number of Individuals Needed</b>	<b>Classification</b>	<b>Grade</b>	<b>Program</b>	<b>Salary</b>
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**

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

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

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

**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)
<b>2023</b>	\$17,189,323	\$185,806	-	\$3,038,014	\$20,413,143	\$10,206,572
<b>2024</b>	\$150,265,406	\$4,751,923	\$2,328,961	\$48,931	\$157,395,221	\$78,697,611
<b>2025</b>	\$169,789,407	\$4,494,349	\$2,125,592	\$39,805	\$176,449,153	\$88,224,577
<b>2026</b>	\$187,549,663	\$4,614,301	\$2,182,122	\$39,805	\$194,385,891	\$97,192,946

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