



Medicaid Long-Term Services and Supports in Maryland: The Medical Day Care Services Waiver FY 2006 to FY 2009

A Chart Book

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Overview of Medicaid Long-Term Services and Supports in Maryland

The Medical Day Care Services Waiver Chart Book is one in a series of five that explores service utilization and expenditures for Medicaid long-term services and supports in Maryland. Together the five chart books provide an overview of the number of Marylanders using long-term services and supports and the cost to Medicaid to finance these services. Other chart books in the Medicaid Long-Term Services and Supports in Maryland series are:

- The Autism Waiver
- The Living at Home Waiver
- Nursing Facilities
- The Older Adults Waiver

Maryland's Older Adults Waiver, Living at Home Waiver, and Autism Waiver provide community-based services such as personal and attendant care, assisted living services, case management, and intensive individual support services to older adults with low incomes and persons with disabilities. The Medical Day Care Services Waiver is a single-service waiver that provides medical day care services only. Participants in the Living at Home Waiver and Older Adults Waiver also receive medical day care services.

In FY 2009, at total of 9,305 individuals were enrolled in the four Medicaid home and community-based services waivers and 22,635 individuals had a Medicaid-paid nursing facility stay. FY 2009 expenditures for waiver participants and Medicaid nursing facility payments totaled \$1.4 billion.



Introduction

This chart book provides information about Maryland Medicaid participants who received medical day care through the Medical Day Care Services Waiver program. This single-service waiver program began operating on July 1, 2008. Prior to that date, medical day care was a Maryland Medicaid State Plan service.

Under the 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 meet a nursing facility level of care. Individuals who were receiving medical day care services as a state plan service prior to July 1, 2008, but were not enrolled in another waiver were transitioned into the Medical Day Care Services Waiver. Individuals enrolled in one of Maryland's other waivers prior to July 1, 2008 (i.e., the Older Adults, Living at Home, Traumatic Brain Injury, Model, Community Pathways, or New Directions Waivers), now receive medical day care services through the waiver in which they are enrolled.

The Medical Day Care Services Waiver, authorized under Section 1915(c) of the Social Security Act and approved by the federal Centers for Medicare and Medicaid Services, can serve 4,800 participants per year.

The waiver is administered by the Maryland Department of Health and Mental Hygiene. Waiver participants receive full Medicaid benefits and are entitled to receive other services under the Maryland Medicaid State Plan.



Introduction continued

This chart book summarizes demographic, service utilization, and expenditure data for the Medical Day Care Services Waiver for state fiscal year (FY) 2009. The data are presented through a series of figures that illustrate trends in Medical Day Care Services Waiver utilization, along with accompanying narrative text. Notable trends in the data include:

- The Medical Day Care Services Waiver served a total of 4,109 participants in FY 2009.
- The mean age of waiver participants was 69.7 years, and the greatest number of participants (1,238, or 30%) were between the ages of 75 and 84 years.
- The majority (64%) of waiver participants were female. Approximately 40% of participants were White, while approximately 36% were Black.
- Total Medicaid expenditures for Medical Day Care Services Waiver participants were \$90.9 million in FY 2009.
- FY 2009 administrative costs for 3871B assessments by Adult Evaluation and Review Services (AERS) for Medical Day Care Services Waiver participants totaled \$417,730.



Chart Book Organization

The data in this chart book are presented in two sections.

- Waiver Participants: This section includes data on the number of Medical Day Care Services Waiver participants with breakdowns by age, gender, race, and average length of stay. It also contains data on the settings from which individuals entered the waiver program and prior Medicaid coverage.
- Medicaid Expenditures and Service Utilization: This section provides data on expenditures for both waiver services and non-waiver services that are received by participants in the Medical Day Care Services Waiver program.

Data Sources

The information in this chart book was derived from two data sources.

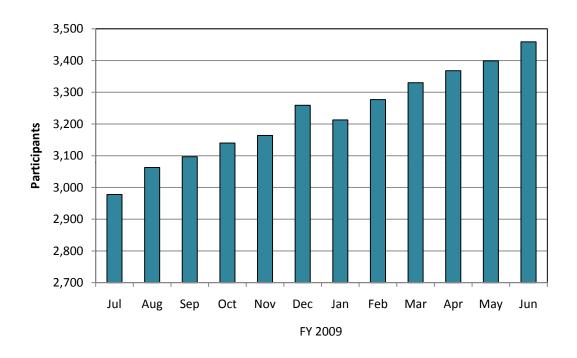
- Maryland Department of Health and Mental Hygiene (DHMH) Medicaid Management Information System (MMIS2): This system contains data for all individuals enrolled in Maryland Medicaid during the relevant fiscal year, including Medicaid eligibility category and fee-for-service claims.
- **DHMH Decision Support System (DSS):** This system provides summary reports based on MMIS2 files and functions as a data resource for figures in this chart book.
- **U.S. Census Bureau Population Division:** Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties: April 1, 2000, to July 1, 2009.
- **DHMH Long-Term Care and Waiver Services:** FY 2009 administrative costs data.



Waiver Participants



Figure 1. Number of Medical Day Care Services Waiver Participants,* by Month



^{*} Number of individuals enrolled in the Medical Day Care Services Waiver in each month of FY 2009. Persons who entered, left, and reentered the waiver during FY 2009 were counted only once.

Source: DSS.

Enrollment in the Medical Day Care Services Waiver (which began operating on July 1, 2008), increased steadily during FY 2009. With 3,459 individuals enrolled in June 2009, the waiver was at 86% capacity at the end of FY 2009. A total of 4,109 waiver participants were enrolled at some point during the fiscal year.



Figure 2. Medical Day Care Services Waiver Participants, by Age Group

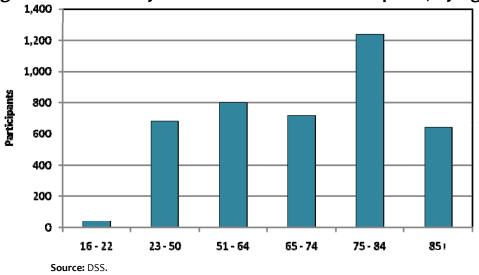
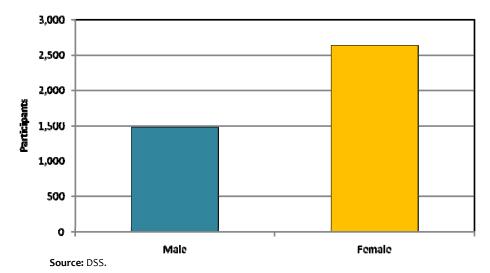


Figure 3. Medical Day Care Services Waiver Participants, by Gender



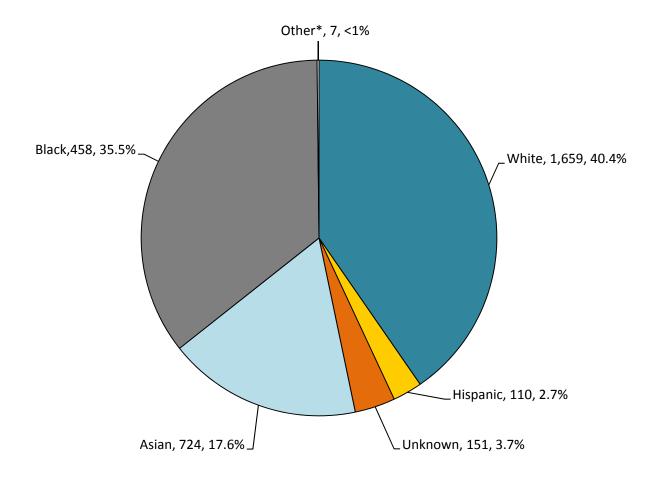
In FY 2009, 1,238 individuals, or 30% of Medical Day Care Services Waiver participants, were 75-84 years old; 798 individuals, or 19% of participants, were 51-64 years old.

The mean age of Medical Day Care Services Waiver participants was 69.7 years.

In FY 2009, 2,628 (or 64%) of Medical Day Care Services Waiver participants were female.



Figure 4. Medical Day Care Services Waiver Participants, by Race



In FY 2009, approximately 40% of Medical Day Care Services Waiver participants were White and 36% were Black.

Source: DSS.



 $[\]hbox{* The ``Other''$ category includes Pacific Islands/Alaskan and Native American waiver participants.}$

Figure 5. Number of Medical Day Care Services Waiver Participants per Capita,

by County

	Participants	
County	FY 09	
County	Total	Per Capita*
Allegany	173	28
Anne Arundel	110	3
Baltimore City	1,378	27
Baltimore	692	11
Calvert	17	2
Caroline	32	12
Carroll	26	2
Cecil	6	1
Charles	43	4
Dorchester	60	23
Frederick	31	2
Garrett	15	6
Harford	56	3
Howard	110	5
Kent	13	8
Montgomery	998	13
Out of State**	6	-
Prince George's	163	2
Queen Anne's	7	2
Somerset	19	9
St. Mary's	14	2
Talbot	11	4
Washington	68	6
Wicomico	43	6
Worcester	18	4

^{*} Per Capita is the number of individuals enrolled in the Medical Day Care Services Waiver in each county for every 10,000 people aged 16 and older residing in the county. Not able to calculate for participants residing out of state.

Sources: DSS, U.S. Census Bureau.



In FY 2009, Baltimore City had the largest number of Medical Day Care Services Waiver participants, followed by Montgomery and Baltimore Counties. Queen Anne's and Cecil Counties each had fewer than 10 waiver participants.

In FY 2009, Allegany County had the largest number of waiver participants per capita, with 28 out of every 10,000 residents enrolled in the waiver.

^{** &}quot;Out of State" category includes persons residing in Maryland near the state line with an out- of-state postal facility code. Periodically these individuals are manually assigned to the appropriate county.

Figure 6. Newly Enrolled Medical Day Care Services Waiver Participants, by Pre-Waiver Setting

Pre-Waiver Setting*	Number of Participants
Chronic Hospital	4
Institution for Mental Disease	1
Nursing Facility	88
Other	4,016
Total	4,109

^{*} Pre-waiver setting refers to the setting in which the participant resided prior to enrolling in the Medical Day Care Services Waiver. To determine an individual's pre-waiver setting, The Hilltop Institute examined MMIS claims for the three months prior to waiver enrollment to see if claims were filed for a chronic hospital, institution for mental disease (IMD), intermediate care facility for individuals with mental retardation (ICF/MR), or nursing facility (NF) stay; if so, new waiver participants were classified accordingly. Waiver participants without chronic hospital, IMD, ICF/MR, or NF claims were classified as coming from "other" settings. It cannot be said with certainty—nor can it be assumed—that individuals in the "other" category were residing in the community prior to waiver enrollment.

Source: DSS.

Approximately 2% of Medical Day Care Services Waiver participants resided in nursing facilities prior to enrollment in the waiver. Most other waiver participants resided in settings other than a chronic hospital, IMD, or nursing facility.



Medicaid Expenditures and Service Utilization



Figure 7. Total Medicaid Expenditures for Medical Day Care Services Waiver Participants, by Service Category

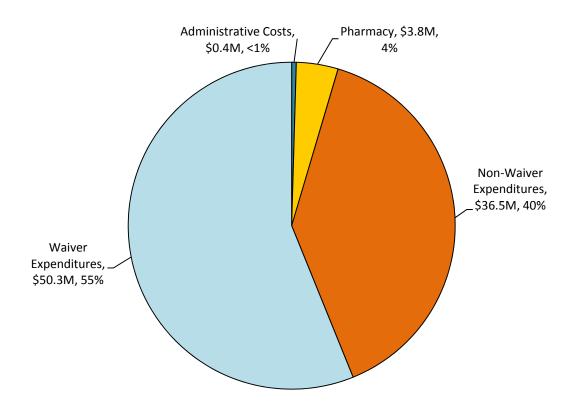
Service Category	Expenditures	Percentage of Total
Waiver Expenditures	\$50,269,243	55.28%
Non-Waiver Expenditures	\$36,890,436	40.57%
Pharmacy Expenditures	\$3,768,294	4.14%
Total Expenditures	\$90,927,973	100.00%

Source: DSS.

Waiver expenditures accounted for slightly more than 55% of total Medicaid expenditures for Medical Day Care Services Waiver participants.



Figure 8. Selected Administrative Costs as a Percentage of Total Medicaid Medical Day Care Services Waiver Expenditures



Selected administrative costs for the Medical Day Care Services Waiver in FY 2009 were \$417,730.

Total Expenditures = \$91M

Note: Administrative costs included here are 3871B assessments completed by Adult Evaluation and Review Services (AERS) staff. Assessments were not completed for individuals who transitioned from state plan medical day care. Additional administrative costs are incurred in administering the waiver (e.g., staffing and IT expenditures for eligibility determinations, enrollment, claims processing, reporting to CMS, utilization review), but are not easily quantifiable.

Sources: DSS, DHMH Long-Term Care and Waiver Services.



Figure 9. Users of Medical Day Care Services and Expenditures, by Age Group

Age Group	Number of Medical Day Care Users	Expenditures for Medical Day Care Services	Average Annual Expenditures, by Age Group
16 to 22	32	\$257,696	\$8,053
23 to 50	643	\$8,196,167	\$12,747
51 to 64	759	\$9,876,234	\$13,012
65 to 74	685	\$8,617,388	\$12,580
75 to 84	1,190	\$15,477,483	\$13,006
85+	604	\$7,844,274	\$12,987
Total	3,921	\$50,269,243	\$12,821

Source: DSS.

While the Medical Day Care Services Waiver participants aged 75 to 84 years had the highest aggregate expenditure for medical day care services, those aged 51 to 64 years had a slightly higher average annual expenditure.



Figure 10. Medicaid Non-Waiver Expenditures for Medical Day Care Services Waiver Participants, by Service Category

Service Category	FY 2009 Expenditures
DMS/DME*	\$2,972,300
мсо	\$8,572,916
Medicare Cost Share	\$4,654,345
Mental Health	\$3,943,530
Nursing Facility	\$590,559
State Plan Personal Care	\$9,708,290
Acute Care and Other Services**	\$6,448,496
Total	\$36,890,436

^{*} DMS is disposable medical supplies. DME is durable medical equipment.

Source: DSS.

Expenditures for state plan personal care totaled \$9.7 million, or 27% of non-waiver expenditures for Medical Day Care Services Waiver participants.



^{**} Includes expenditures for capitation payments for waiver participants enrolled in HealthChoice and expenditures for inpatient and outpatient acute care and other miscellaneous services for fee-for-service waiver participants.



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