



**The Hilltop Institute**

*analysis to advance the health of vulnerable populations*

# Medicaid Long-Term Services and Supports in Maryland

**FY 2010 to FY 2013**

**Volume 1**

**A Chart Book**

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*Prepared for  
Maryland Department of Health and Mental Hygiene*

**UMBC**  
AN HONORS UNIVERSITY IN MARYLAND

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# **Chapter 1. Maryland Medicaid Long-Term Services and Supports Overview**

# Chapter 1. Maryland Medicaid Long-Term Services and Supports Overview

## Maryland Home and Community-Based Services

The *Medicaid Long-Term Services and Supports (LTSS) in Maryland Chart Book, Volume 1*, summarizes demographic and Medicaid service and expenditure data for Marylanders using LTSS in state fiscal years (FYs) 2010 through 2013. Medicaid programs and services addressed in this chart book include the following:

- *The Living at Home (LAH) Waiver*
- *The Medical Day Care Services (MDC) Waiver*
- *The Waiver for Older Adults (WOA)*
- *Medical Assistance Personal Care (MAPC) Program*
- *Medicaid Nursing Facility Services*
- *Money Follows the Person*

Each of the three waivers provides home and community-based services and supports (HCBS) to individuals with low income and functional limitations. The waiver programs serve people who might otherwise require the services of a nursing facility, enabling them to return to or remain in the community. The waiver programs are authorized under §1915(c) of the Social Security Act and approved by the federal Centers for Medicare and Medicaid Services. Each waiver has an authorized number of waiver slots; however, individuals transitioning from a nursing facility to a waiver do not count against the waiver's number of slots.

The MAPC Program provides personal assistance services to any Medicaid beneficiary requiring assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs) due to a chronic illness, medical condition, or disability. Financial eligibility (up to 138 percent of the Federal

Poverty Level) for this program is less than the financial eligibility (300 percent of Supplemental Security Income) for the Medicaid waivers.

This chart book also provides information about Maryland Medicaid participants residing in nursing facilities. It summarizes demographic, service utilization, acuity, expenditure, and length of stay data for FYs 2010 through 2013.

### ***Living at Home Waiver***

The LAH Waiver provides services and supports in home and community-based settings that enable people with physical disabilities to continue living in their own homes. Enrollees in the waiver must be aged 18 to 64 years at the time of enrollment. The LAH Waiver offers services such as attendant care, medical day care, environmental assessments and modifications, case management, home-delivered meals and nutritionists, and personal emergency response systems.

### ***Medical Day Care Services Waiver***

The MDC Waiver, a single-service waiver program, began operating on July 1, 2008. Prior to that date, medical day care was a State Plan service. 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. Individuals who were receiving medical day care as a State Plan service prior to July 1, 2008, but were not enrolled in another waiver, were transitioned into the MDC Waiver.

## Chapter 1. Maryland Medicaid LTSS Overview *continued*

### ***Waiver for Older Adults***

The WOA provides services to individuals living in their own homes or in assisted living facilities. WOA participants must be aged 50 or older at the time of enrollment. In FY 2013, the waiver served a total of 4,234 individuals. Waiver participants transitioning from a nursing facility via the Money Follows the Person Demonstration did not count against the waiver's legislatively funded waiver slots. This waiver was administered by the Maryland Department of Aging and a network of 19 Area Agencies on Aging with oversight provided by Medicaid. WOA services include personal care, assistive technology, environmental assessments and modifications, personal emergency response systems, medical day care and Senior Center Plus, home-delivered meals and nutritionists, respite care, behavior consultation, and case management.

### ***Medical Assistance Personal Care Program***

The MAPC Program provides assistance with ADLs and IADLs to Medicaid beneficiaries who have a chronic illness, medical condition, or disability. Services are provided by agency-based providers or providers employed directly by the participants who are approved and monitored by a nurse case monitor from a local health department. Personal care services are provided in the individual's home, community residence, or employment site and include assistance with

ADLs and household services related to medical needs, such as food shopping and escorts to medical appointments. The frequency of service delivery is determined by the Medicaid recipient's assessed level of need. MAPC participants frequently supplement their personal care services with State Plan services, such as home health services.

### ***Money Follows the Person***

Money Follows the Person (MFP) is a federal demonstration program that provides enhanced federal medical assistance funds to states to provide qualified HCBS to persons who transition from an institutional setting into the community. The MFP demonstration provides funding for expenses related to the person's transition to the community, and the state receives an enhanced federal match on qualified services provided to that person for up to 365 days of participation in the program. Typically, MFP participants transition to the community through one of the waivers and continue with uninterrupted waiver services at the completion of the MFP year. This chart book includes certain MFP totals and expenditures for participants in their respective waivers.

## Chapter 1. Maryland Medicaid LTSS Overview continued

### ***Medicaid Nursing Facility Residents***

For the purposes of this chart book, a Medicaid nursing facility resident is defined as a Medicaid beneficiary who had at least one Medicaid-paid day in a nursing facility during the given fiscal year, a bed hold payment, or Medicaid cost-sharing payments (premiums, co-payments, etc.) for services covered by Medicare. In FY 2013, there were 22,316 Medicaid nursing facility residents, a decrease of less than 1% from the previous fiscal year. Slightly more than one-fifth (21%) of the nursing facility residents were under the age of 65, two-thirds were female (66%), and nearly half (45%) were White.

# Chapter 1. Maryland Medicaid LTSS Overview continued

## Chart Book Organization

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

- **Maryland LTSS Participants:** This section includes data on the number of Maryland Medicaid HCBS waiver participants, nursing facility residents, and MAPC participants, with breakdowns by age, race, gender, and region of residence. It also contains data on the number of individuals on the Maryland Waiver Interest Lists, settings from which individuals entered the waiver programs, and prior Medicaid coverage. Comparisons across care settings are provided where appropriate.
- **Medicaid Expenditures and Service Utilization:** This section provides data on Medicaid waiver expenditures and utilization for Medicaid waiver, non-waiver, and pharmacy services that are used by waiver participants, as well as utilization and expenditures for individuals receiving MAPC services. This section also contains information about Medicaid expenditures and Medicaid services that individuals may receive while residing in a nursing facility, as well as data related to reimbursement levels and average length of stay for nursing facility residents.

## Data Sources

The information in this chart book was derived from the following 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's Medicaid program during the relevant fiscal years, including Medicaid eligibility category and fee-for-service (FFS) claims. Hilltop warehouses and processes all MMIS2 data on a monthly basis.
- **DHMH Decision Support System (DSS):** This system provides summary reports based on MMIS2 data and functions as a resource for figures in this chart book.
- **Maryland Office of Health Care Quality, Minimum Data Set (MDS) 3.0:** The MDS is a federally mandated assessment instrument that is conducted for each nursing facility resident upon admission and at least quarterly thereafter. Hilltop receives MDS 3.0 data for Maryland nursing facilities on a routine basis.
- **DHMH Long-Term Care and Waiver Services:** This includes LAH Waiver and WOA Interest Lists and waiver administrative costs data.

# Chapter 1. Maryland Medicaid LTSS Overview continued

## Key Findings

### **Maryland LTSS participant demographics vary by program.**

Nearly one-half of LAH Waiver participants were aged 50 to 64 while the highest percentage (33%) of MDC Waiver and MAPC participants (25%) were aged 75 to 84. Persons aged 85 and older made up the highest percentage of WOA participants (33%) and nursing facility residents (38%) (Figure 4).

Maryland LTSS participants tend to be females—outnumbering males by a ratio of 2 to 1 in the MDC Waiver, WOA, MAPC Program, and nursing facilities. The LAH Waiver gender distribution was equal (Figure 5).

Whites made up the largest percentage of nursing facility residents and WOA participants. The LAH Waiver was more heavily populated by African Americans. The racial distribution of participants in the MDC Waiver was more equally distributed (Figure 6).

### **The proportion of LTSS participants using HCBS services continues to increase.**

The proportion of all LTSS participants receiving HCBS increased, on average, 1% each year from FY 2010 to FY 2013. Participants of HCBS programs made up 39% of all LTSS participants in FY 2013, up from 36% in FY 2010 (Figure 2).

Conversely, the proportion of nursing facility residents decreased 3% during the study period. A corresponding shift in the proportion of LTSS expenditures for HCBS services occurred as the proportion of LTSS HCBS expenditures increased from 22% in FY 2010 to 25% in FY 2013 (Figure 17).

### **There continues to be great variation in the ratio of nursing facility residents to participants of HCBS programs.**

In eight of the state's 24 counties, there was one nursing facility resident for every one person receiving community-based services. However, the number of nursing facility residents in Washington and Frederick Counties outpaced the number of persons receiving services in the community by a ratio of 4 to 1. Additional analysis may be helpful in identifying the underlying drivers (i.e., rural versus urban areas, number of nursing facility beds, travel distance, labor shortages) responsible for the county-level variations in the HCBS and nursing facility balance (Figure 8).

### **The majority of Medicaid nursing facility residents enter a nursing facility following an acute hospital stay.**

The largest percentage (86%) of nursing facility residents entered a facility following an acute hospital stay. Less than 10% entered a nursing facility from the community. For those nursing facility residents discharged in FY 2013, the largest percentage (45%) were discharged due to death; 29% were admitted to an acute care hospital, and 23% were discharged to a community setting.



# Chapter 1. Maryland Medicaid LTSS Overview continued

## **Key Findings** continued

Additional analysis should be completed to compare hospital re-admission rates by pre-admission setting and to determine if there is a correlation between the reason for the acute care stay and the likelihood of a nursing facility placement. Analysis of those residents discharged to the community to determine hospital and/or nursing facility readmission rates is also warranted (Figure 11).

### **Per member per month expenditures for nursing facility residents continue to outpace those for HCBS participants.**

FY 2013 per member per month (PMPM) expenditures—the total monthly costs of services divided by the number of residents or participants in that month—for nursing facility residents remained relatively stable from the previous year (Figure 22). PMPM expenditures for HCBS participants have consistently been lower than those for nursing facility residents. This is due in part to the fact that nursing facility PMPM expenditures include room and board. FY 2013 Medicaid PMPM expenditures for HCBS participants ranged from \$2,247 for MAPC participants to \$5,437 for LAH Waiver participants, compared to \$6,347 for nursing facility residents. (Figure 21).

The variation in the HCBS PMPM expenditures may be influenced by a number of factors, such as the mix of services

offered and used by participants, age differences among the enrollees, and differences in Medicare coverage among the enrollees of the HCBS programs. At \$5,437 in FY 2013, LAH Waiver participants consistently had the highest PMPM among HCBS participants (Figure 22). Additional research may identify and analyze the impact of selected cost drivers (i.e., payment rates, number of participants, units of service used, nursing facility lengths of stay) on HCBS and nursing facility expenditures and the PMPM disparity that exists between HCBS programs.

### **Personal and attendant care services dominate the HCBS waiver expenditures for LAH Waiver and WOA participants.**

LAH Waiver attendant care services and WOA personal care services accounted for the largest percentage of waiver expenditures. At \$38.5 million in FY 2013, attendant care services for LAH Waiver participants accounted for 85% of all LAH Waiver expenditures for waiver services (Figure 24). LAH Waiver participants were more likely to use agency-based attendant care services than non-agency-based services (Figure 28).

Personal care services for WOA participants totaled \$81.7 million, or 64% of all WOA expenditures for waiver services (Figure 26). Similar to the LAH Waiver participants, WOA participants were more likely to use agency-based personal care services than non-agency based care (Figure 28).

# **Chapter 2.**

## **Maryland Long-Term Services and Supports Participants**

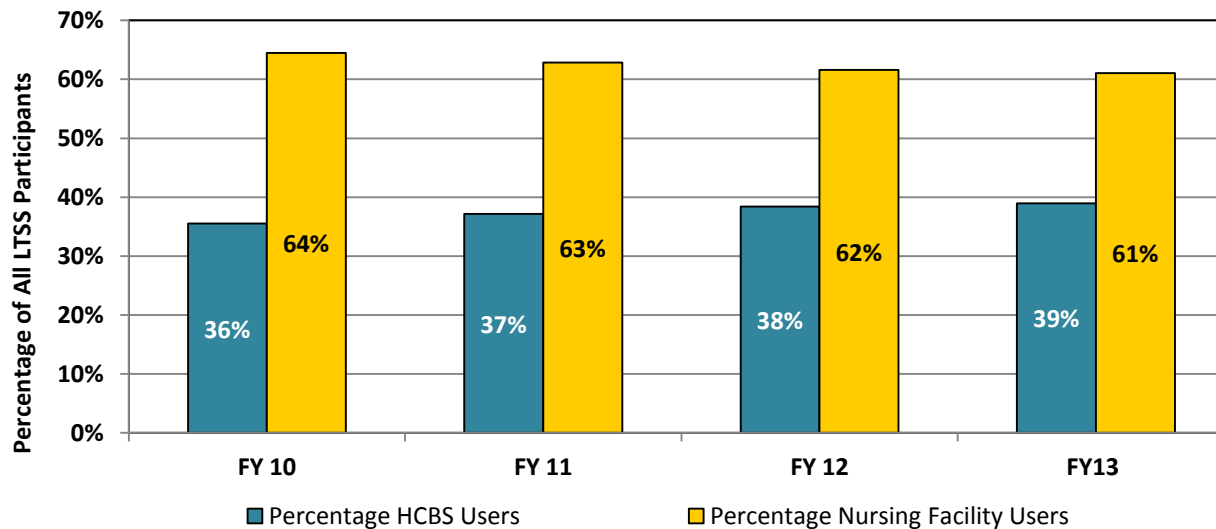
**Figure 1. Number of LTSS Participants, FY 2010 – FY 2013**

	FY 10	FY 11	FY 12	FY13
Living at Home	738	820	912	1,115
Medical Day Care Services	4,320	4,621	4,804	4,861
Older Adults	3,717	3,807	4,200	4,234
Medical Assistance Personal Care*	4,819	5,147	5,244	5,212
Medical Assistance Personal Care Only	3,792	4,018	4,070	4,030
Medical Assistance Personal Care with Medical Day Care	1,027	1,129	1,174	1,182
Nursing Facility Residents	22,816	22,422	22,413	22,316

Source: DSS

In FY 2013, over 14,000 Marylanders received Medicaid-paid HCBS through the three waivers and MAPC. In FY 2013, nearly one-third of all MDC Waiver participants also received MAPC services while enrolled in the waiver. Over 22,000 Marylanders had at least one Medicaid-paid nursing facility stay.

**Figure 2. HCBS Participants and Nursing Facility Residents as a Proportion of All LTSS participants, FY 2010 – FY 2013**



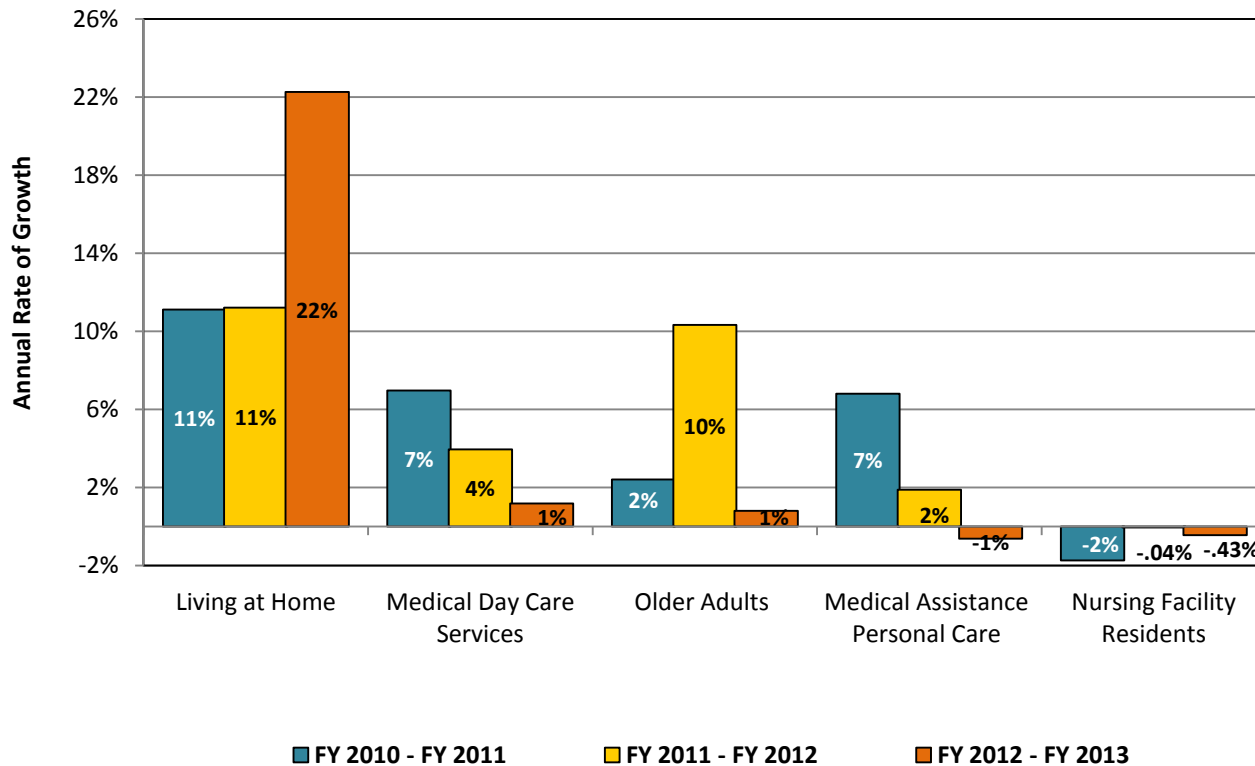
The proportion of HCBS participants to nursing facility residents increased slightly each year. In FY 2013, 39% of LTSS participants received HCBS, up from 36% in FY 2010. Conversely, the percentage of LTSS participants with a nursing facility stay decreased from 64% in FY 2010 to 61% in FY 2013.

\* To eliminate duplicated counts, total HCBS counts include “MAPC -Only” participants.

**Note:** HCBS participants include LAH, WOA, and MDC participants, as well as MAPC participants.

**Sources:** DSS and MMIS

**Figure 3. Annual Rate of Growth in the Number of LTSS Participants, FY 2010 – FY 2013**



From FY 2012 to FY 2013, the annual rate of growth in the number of LAH Waiver participants was 22%.

During this time, both the MDC Waiver and the WOA saw a very small increase in the number of participants, while the number of MAPC participants and nursing facility residents decreased slightly.

Source: DSS

**Figure 4. Medicaid HCBS Participants and Nursing Facility Residents, by Age Group, FY 2013**

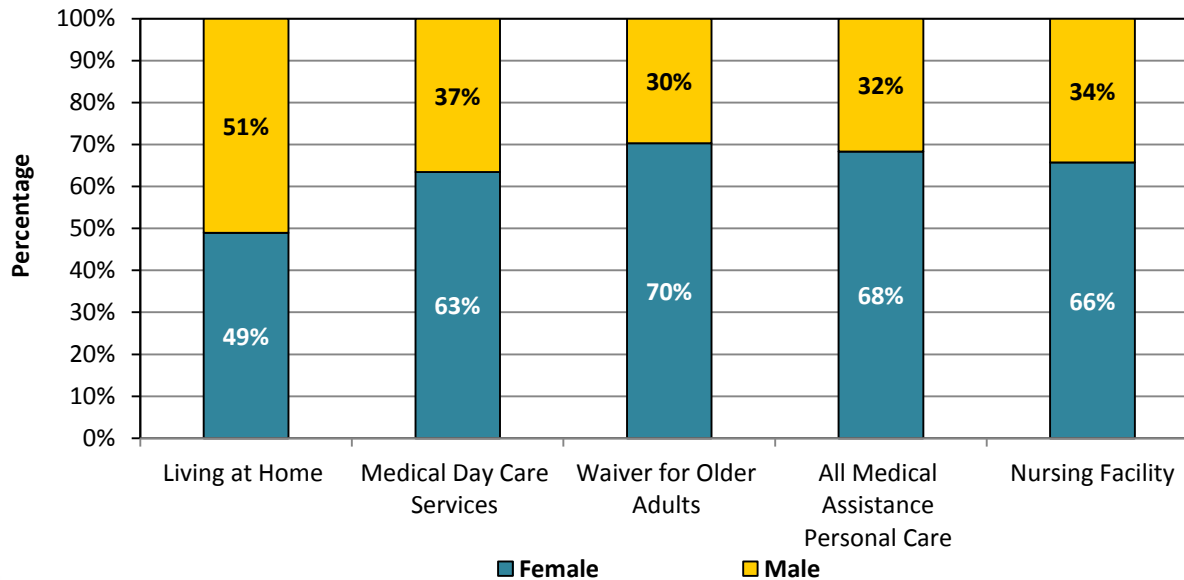
	Living at Home*	Medical Day Care Services	Waiver for Older Adults	Medical Assistance Personal Care	Nursing Facility
<b>0-21</b>	<1%	<1%	<1%	2%	<1%
<b>22-49</b>	47%	12%	<1%	18%	5%
<b>50-64</b>	49%	19%	16%	22%	16%
<b>65-74</b>	4%	18%	23%	17%	16%
<b>75-84</b>	<1%	33%	29%	25%	25%
<b>85+</b>	<1%	17%	33%	16%	38%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

\* Participation in the LAH Waiver is limited to persons under age 65 at the time of enrollment.

Source: DSS

In FY 2013, the highest percentage (49%) of LAH Waiver participants were aged 50 to 64; the highest percentage (33%) of MDC Waiver participants and MAPC participants (25%) were aged 75 to 84. Persons aged 85 and older made up the highest percentage of WOA participants (33%) and nursing facility residents (38%).

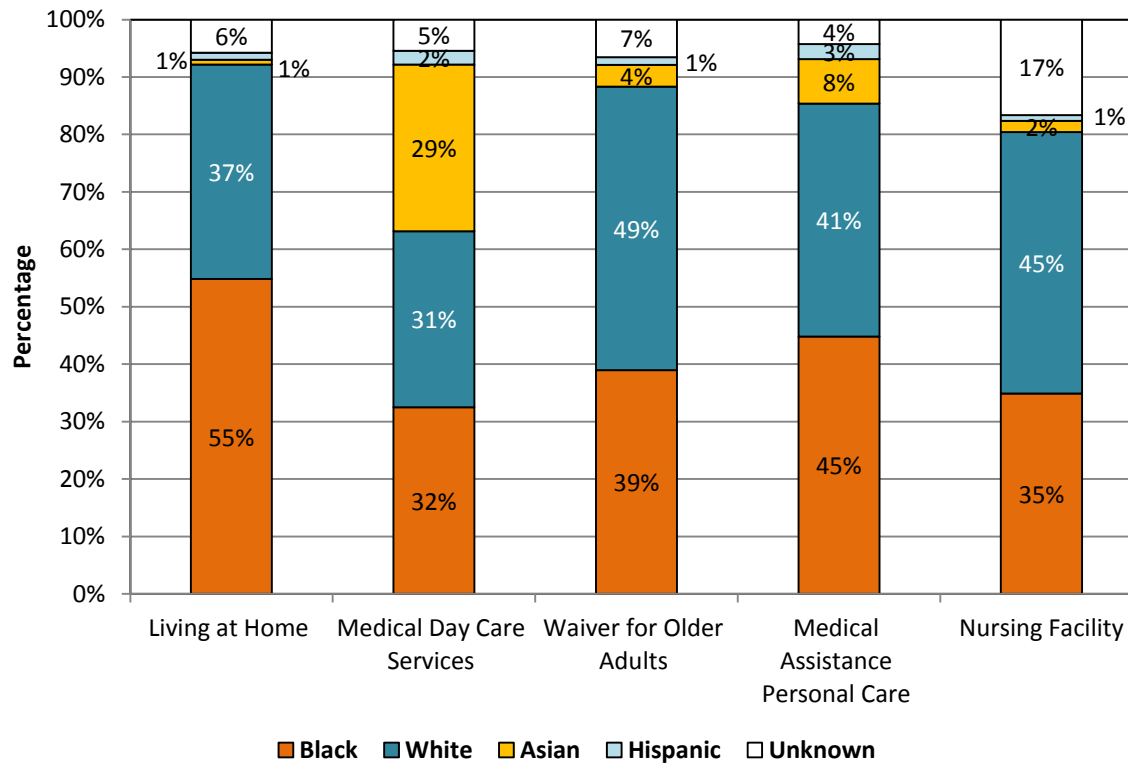
**Figure 5. Medicaid HCBS Participants and Nursing Facility Residents, by Gender, FY 2013**



Maryland LTSS participants tend to be female. In fact, female participants outnumbered male participants by a ratio of 2 to 1 in the MDC Waiver, WOA, MAPC Program, and nursing facilities. The LAH Waiver gender distribution was relatively equal.

Source: DSS

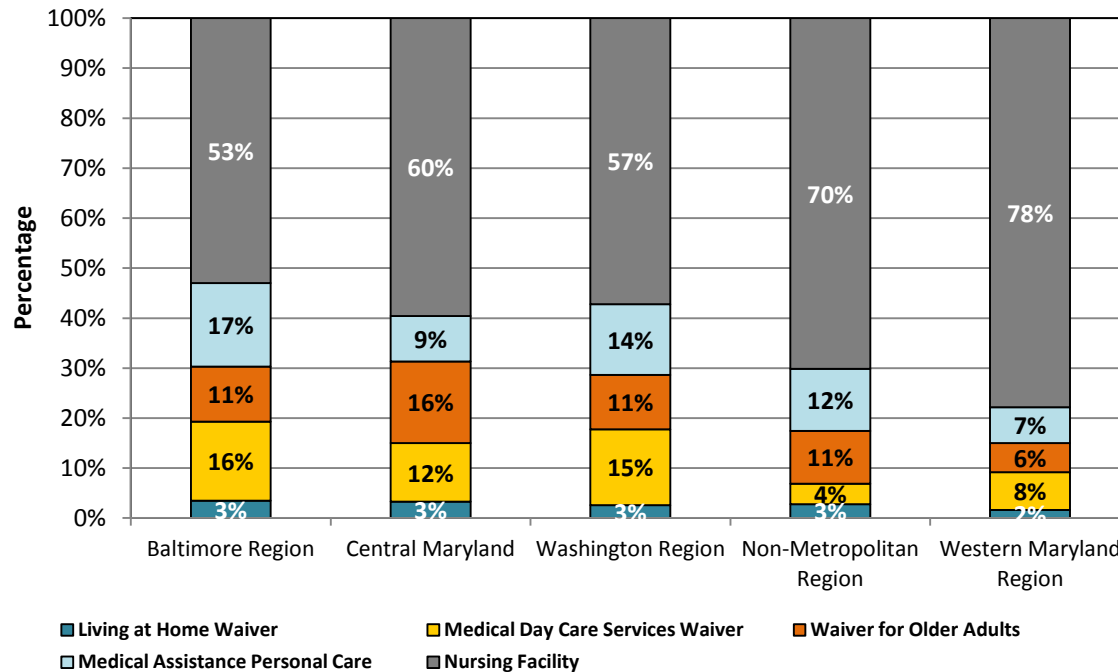
**Figure 6. Medicaid HCBS Participants and Nursing Facility Residents, by Race, FY 2013**



Whites made up the largest percentage of nursing facility residents and WOA participants. The LAH Waiver was more heavily populated by Black participants. Participants in the MDC Waiver were more equally distributed.

Source: DSS

**Figure 7. Percentage of HCBS Participants and Nursing Facility Residents, by Region, FY 2013**



The FY 2013 distribution of institutional and HCBS participants varied regionally. At 78%, Western Maryland had the largest percentage of nursing facility residents. The proportion of HCBS participants to nursing facility residents was more equally distributed in the Baltimore and Washington Regions.

Regions (based on Nursing Service Reimbursement Classes under NF Regulation 10.09.10.24C):

Baltimore: Baltimore County and Baltimore City.

Central Maryland: Anne Arundel, Carroll, and Howard Counties.

Washington: Charles, Frederick, Montgomery, and Prince George's Counties.

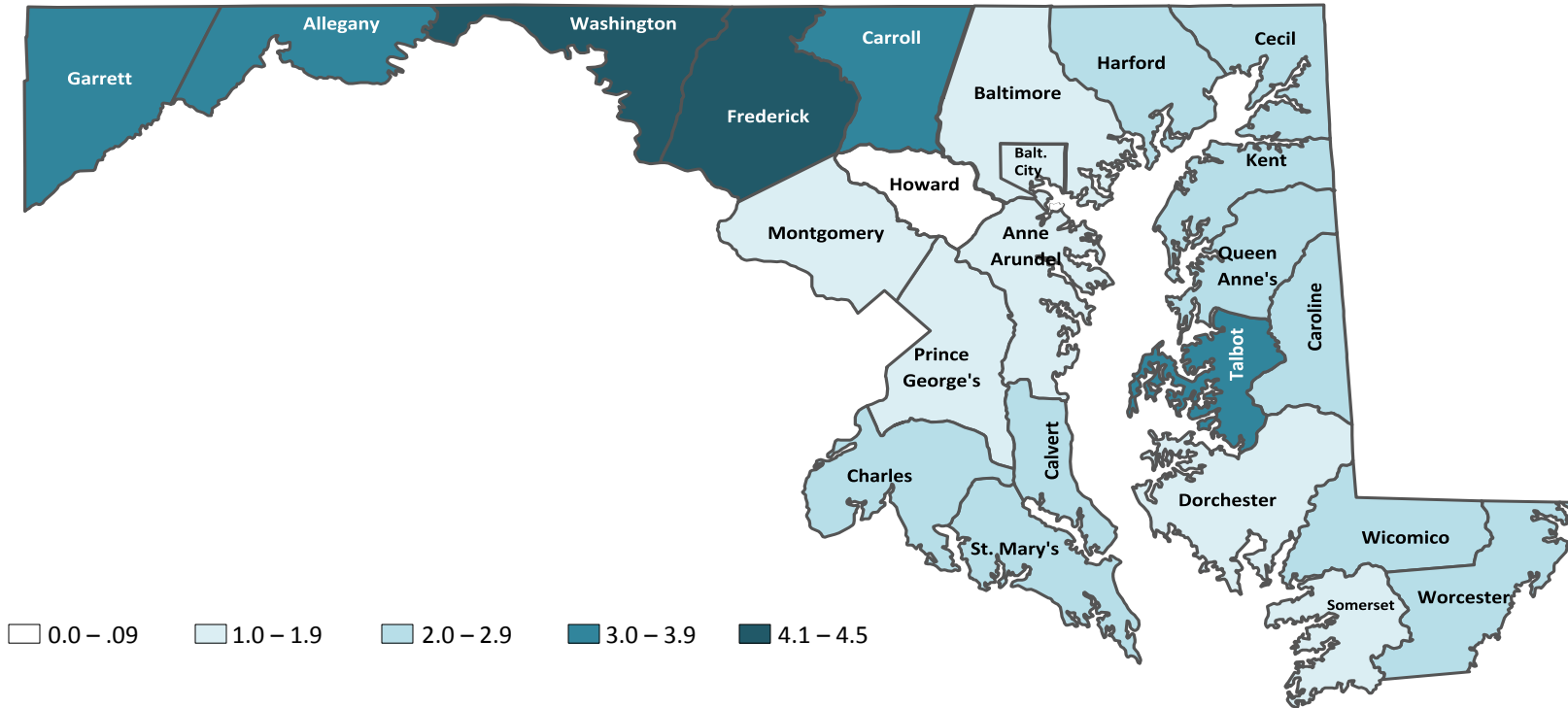
Non-Metropolitan: Calvert, Caroline, Cecil, Dorchester, Harford, Kent, Queen Anne's, St. Mary's, Somerset, Talbot, Wicomico, and Worcester Counties.

Western Maryland: Allegany, Garrett, and Washington Counties.

**Note:** Totals may not total 100% as a region was not available for all waiver participants and nursing facility residents. It is possible that a nursing facility resident may have transitioned to a waiver at some point or that a waiver or MAPC participant may have had a nursing facility stay during the fiscal year.

**Source:** MMIS2

**Figure 8. Ratio of Nursing Facility Residents to HCBS Participants,\* by County, FY 2013**



The number of nursing facility residents in Washington and Frederick Counties outpaced the number of persons receiving HCBS by a ratio of 4 to 1. In some places (e.g., Howard County, Montgomery County, Baltimore City, and Baltimore County), the ratio of nursing facility residents to HCBS participants was more even (closer to 1 to 1).

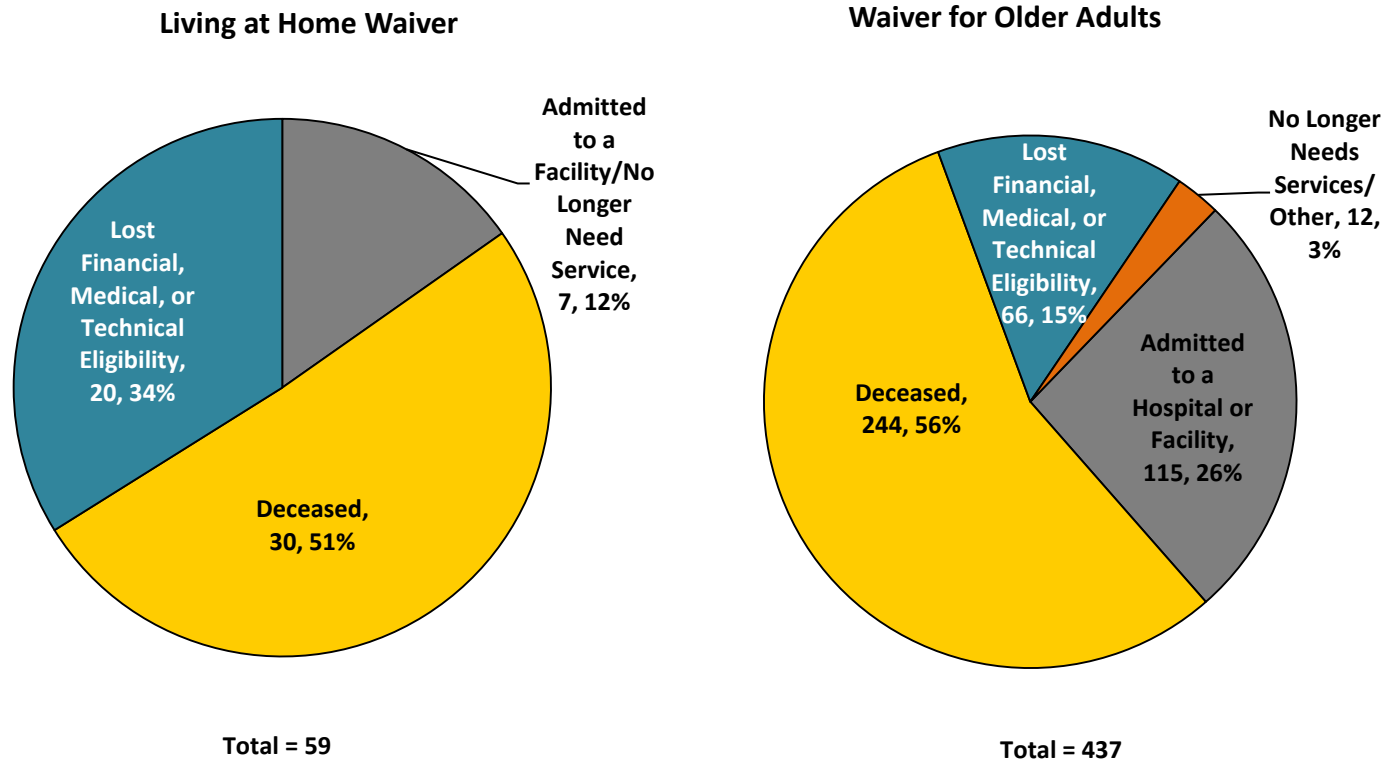
\* County was not available for HCBS participants and nursing facility residents.

**Notes:** HCBS participants include participants in the LAH and MDC waivers, the WOA, and MAPC-only. MMIS nursing facility residence counts are based on the location of the nursing facility.

**Sources:** DSS



**Figure 9. Reasons for Disenrollment from the Living at Home Waiver and Waiver for Older Adults, FY 2013**



**Note:** Waiver participants leaving the waivers in each of the fiscal years were identified by examining participants' Medicaid waiver eligibility spans, which run from the beginning date of waiver eligibility to the last date of waiver eligibility. For participants with more than one waiver eligibility span, the last eligibility span was used. Waiver participants whose last eligibility end date occurred during the given fiscal year are represented in this chart. Each participant was categorized by reason for disenrollment. Common reasons for loss of technical eligibility include age and/or change in state and/or county of residence.

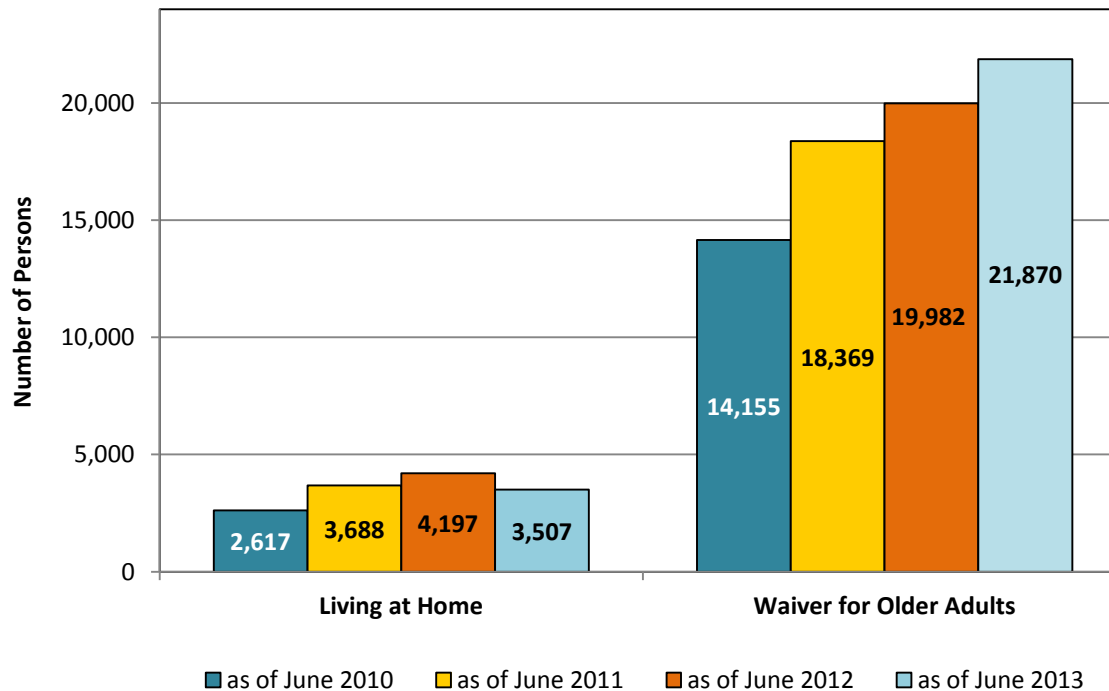
Source: MMIS2

The percentage of LAH Waiver participants disenrolled from the waiver remained stable, at 4 to 5% each year since FY 2010. In FY 2013, 59 (5%) of all LAH Waiver participants were disenrolled from the waiver. The percentage of WOA participants disenrolled has also remained stable, between 9 and 11% since FY 2010. In FY 2010, 437 (10%) of all WOA participants were disenrolled.

The percentage of disenrolled WOA participants who were admitted to a facility ranged from a high of 29% in FY 2010 to a low of 25% in FY 2012. Comparatively, the range for LAH Waiver participants admitted to a facility was 12 to 14% during the study years.

Participant deaths accounted for over half of the WOA (56%) and LAH Waiver (51%) disenrollment.

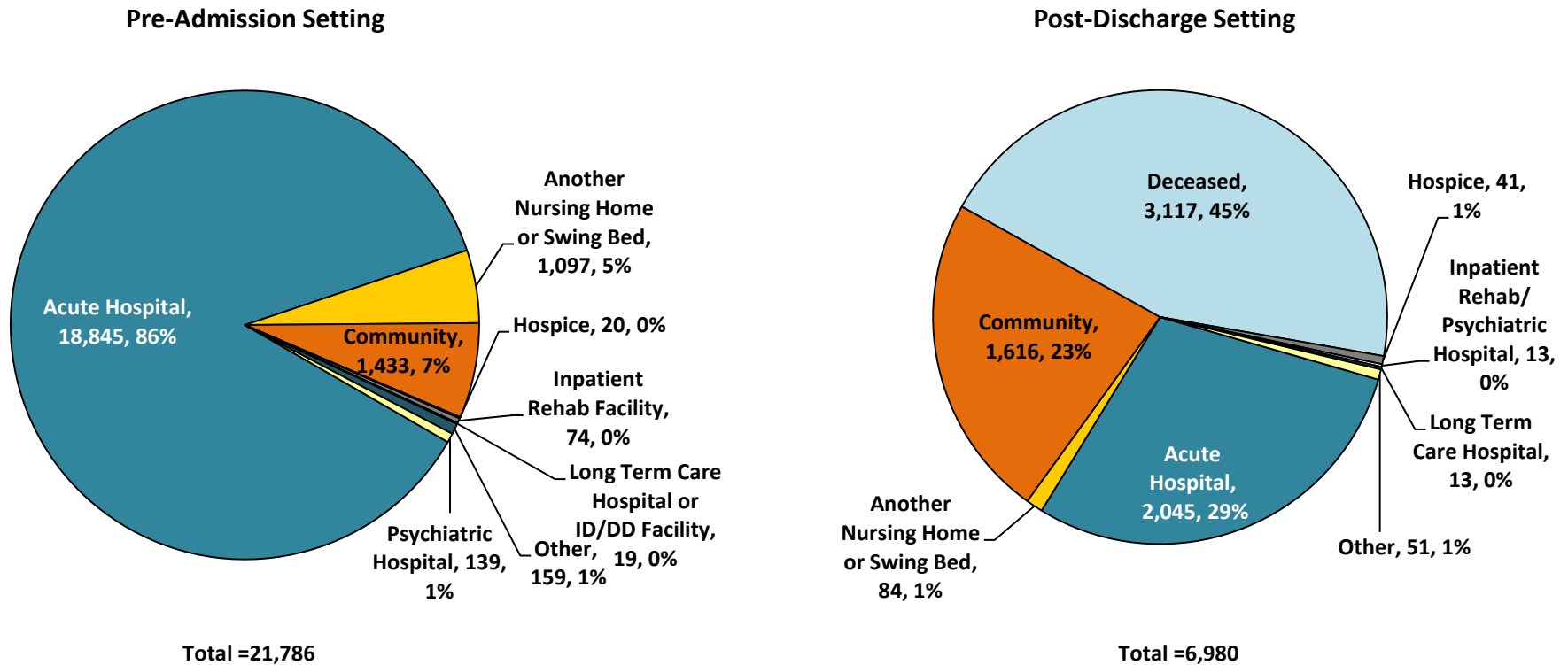
**Figure 10. Number of Persons on the Living at Home Waiver and Waiver for Older Adults Interest Lists**



Source: DHMH Long-Term Care and Waiver Services

Marylanders wanting to participate in the LAH Waiver or WOA are placed on the Interest List. As of June 2013, the number of persons on the LAH Waiver Interest List was 3,507, a decrease of 16% from 4,197 in of June 2012. This decrease in the number of persons on the LAH Waiver waiting list resulted from the addition of 180 new LAH Waiver slots. Moreover, the waiting list was purged to remove persons who were no longer interested in or who were ineligible for the waiver. The number of persons on the WOA Interest List increased 10%, from 19,982 as of June 2012 to 21,870 as of June 2013.

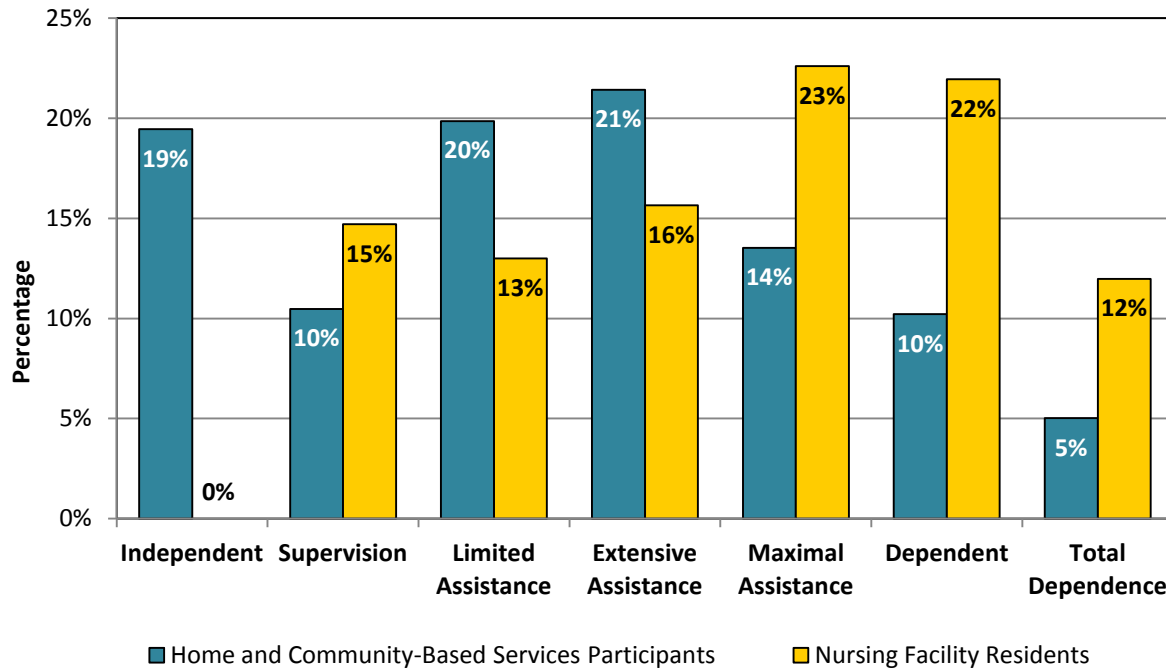
**Figure 11. Pre-Admission and Post-Discharge Setting for all Medicaid Nursing Facility Residents, FY 2013**



As in the past several years, the largest percentage (86%) of nursing facility residents entered the facility from an acute care hospital setting. Only 7% entered the nursing facility from a community-based setting, such as a private home or apartment, group home, or assisted living facility. In terms of their post-discharge setting, of the 6,980 discharged residents, the largest percentage (45%) were discharged due to death, 29% were discharged to an acute care hospital, and 23% were discharged to a community-based setting.

Source: MDS 3.0, Item A1800. Entered From, MDS 3.0, Item A2100. Discharge Status

**Figure 12. Acuity Levels of HCBS Participants and Nursing Facility Residents, FY 2013**



**Note:** Population includes HCBS waiver participants, MAPC participants, and NF residents. Nursing facility resident stays are Medicaid-paid only. Acuity levels are based on the level of assistance required in the personal hygiene, toilet transfer, locomotion, and eating activities of daily living (ADLs). Acuity levels are calculated based on the last MDS3.0 assessment completed in FY 2013 for nursing facility residents and the last interRAI completed in FY 2013 for HCBS participants. HCBS participants include participants in the LAH, WOA, and MDC waivers, as well as MAPC participants.

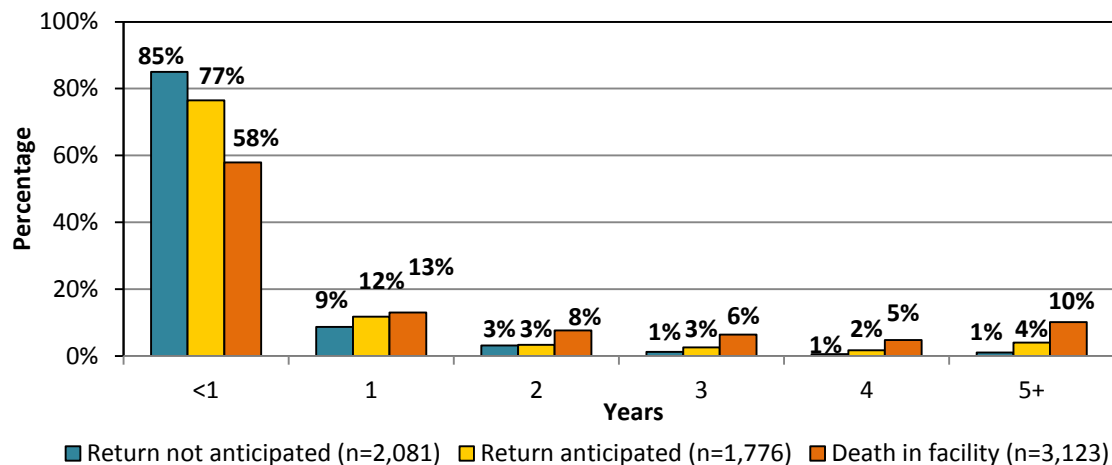
Acuity levels: Independent – independent in the four ADLs; Supervision – at least supervision is required in one ADL; limited – limited assistance is required in at least one or more of the four ADLs; Extensive – at least extensive assistance in personal hygiene or toileting (and less than extensive in both eating and locomotion); Maximal – extensive assistance in eating or locomotion; Dependent – total dependence in eating and/or locomotion; Total Dependence – total dependence in all four ADLs.

**Source:** MDS3.0/MMIS2, Morris JN, Fries BE SA. 1999. Scaling ADLs within the MDS.

Among the FY 2013 LTSS participants (waiver and MAPC participants, and NF residents with a interRAI assessment during this period), nearly one-fifth were independent in each of the four activities of daily living (ADLs) analyzed (toileting, eating, locomotion, and personal hygiene). The highest percentage (21%) of HCBS participants required at least extensive assistance in personal hygiene or toileting ADLs and less than extensive assistance in both eating and locomotion.

A greater proportion of nursing facility residents required higher levels of assistance: 23% required maximum assistance in eating and locomotion and 22% were totally dependent in eating and/or locomotion.

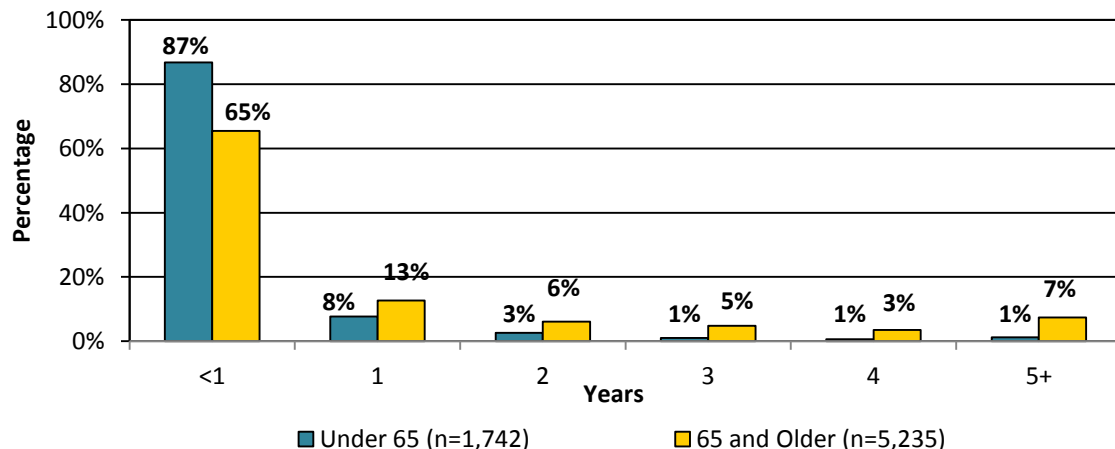
**Figure 13. Length of Stay at Discharge for Medicaid Nursing Facility Residents in Years, by Discharge Type, FY 2013**



The vast majority of Medicaid nursing facility residents discharged in FY 2013 had a stay of less than one year. More than half (52%) of those discharged in less than one year had a stay of three months or less.

The mean length of stay for discharged residents not expected to return to the facility was 7.0 months; the median length of stay was 2.4 months. The mean length of stay of persons anticipated to return to the facility had a mean length of stay of 10.7 months and a median stay of 3.0 months. The mean length of stay for residents who died in the facility was 21.0 months, and the median length of stay was 7.3 months.

**Figure 14. Length of Stay at Discharge for Medicaid Nursing Facility Residents in Years, by Age Group, FY 2013**



Lengths of stay at discharge for residents under age 65 ranged from less than 1 month to over 22.4 years, with a mean length of stay of 6.4 months and a median stay of 1.9 months. Lengths of stay for discharged residents aged 65 and older ranged from less than 1 month to 25.8 years, with a mean length of stay of 16.8 months and a median stay of 5.0 months.

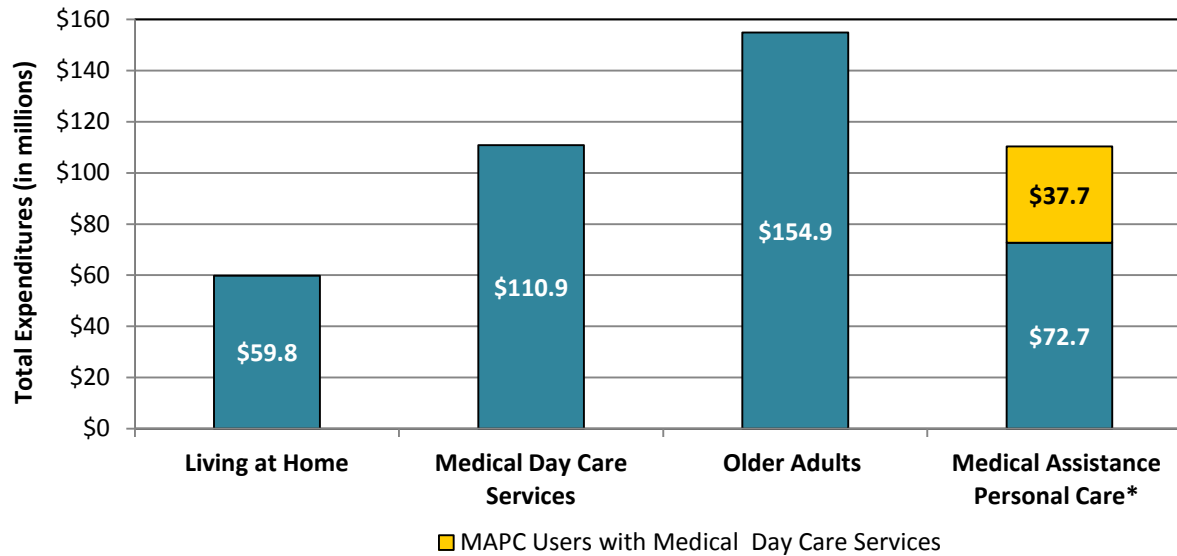
**Note:** These charts show the length of the last nursing facility stay for individuals who had at least one Medicaid-paid nursing facility day and an MDS 3.0 discharge or death record in the fiscal year. These charts include all days the individual resided in the facility, regardless of payer. Length of stay is calculated as the reference date of discharge minus the admission date plus one.

Source: MDS 3.0

# **Chapter 3.**

## **Medicaid Expenditures and Service Utilization**

**Figure 15. Total Medicaid Expenditures for HCBS Participants, FY 2013**



Source: DSS

FY 2013 Medicaid expenditures totaled \$154.9 million for the WOA, \$110.9 million for the MDC Waiver, and \$59.8 million for the LAH Waiver. Medicaid expenditures for all MAPC participants totaled \$110.4 million.

**Figure 16. Total Medicaid Expenditures for HCBS Participants and Nursing Facility Residents, FY 2010 – FY 2013**

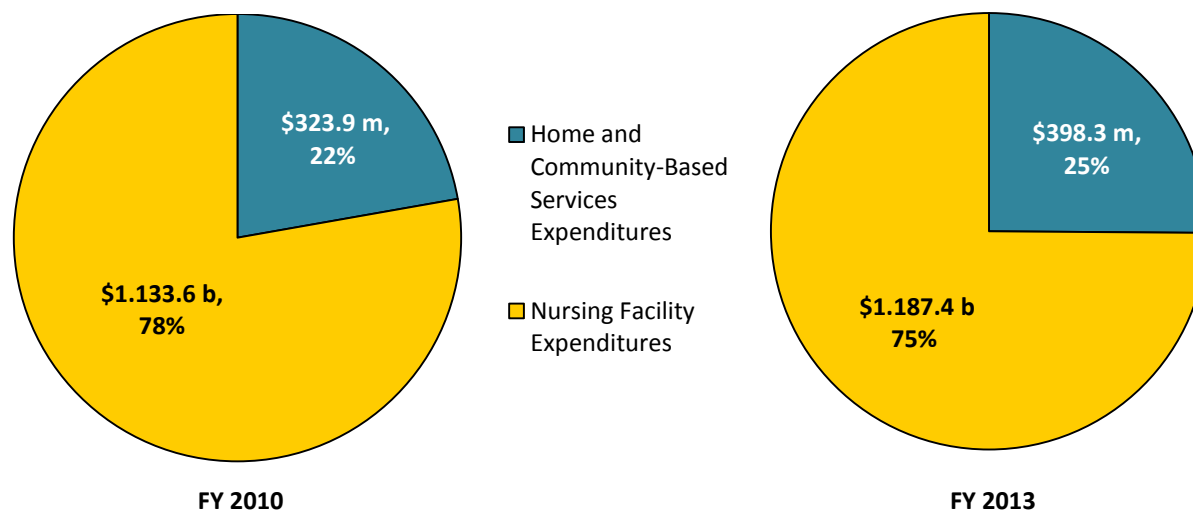
	FY 10	FY 11	FY 12	FY 13
Living at Home	\$43,459,472	\$51,136,983	\$57,168,282	\$59,793,436
Medical Day Care Services	\$98,296,106	\$107,288,697	\$111,433,030	\$110,908,850
Older Adults	\$123,081,921	\$127,537,519	\$137,205,280	\$154,906,896
Medical Assistance Personal Care*	\$91,341,537	\$105,625,521	\$111,920,560	\$110,399,951
Medical Assistance Personal Care Only	\$59,079,805	\$68,928,423	\$73,011,900	\$72,679,858
Medical Assistance Personal Care with Medical Day Care Services	\$32,261,731	\$36,697,098	\$38,908,660	\$37,720,092
Nursing Facility Residents	\$1,133,625,396	\$1,158,526,049	\$1,189,225,976	\$1,187,432,653

\* Total Medicaid expenditures for persons receiving MAPC services while enrolled in the MDC Waiver are also included in the MDC Waiver expenditures.

Source: DSS

FY 2013 Medicaid expenditures for LAH, WOA, and MDC Waiver participants and MAPC participants totaled \$398.3 million, while Medicaid expenditures for nursing facility residents totaled \$1.19 billion during the same period.

**Figure 17. Distribution of Total Medicaid LTSS Expenditures, by Setting, FY 2010 – FY 2013**



The percentage of Medicaid LTSS expenditures spent to provide HCBS increased from 22% in FY 2010 to 25% in FY 2013.

At \$128.7 million, waiver expenditures for the WOA composed 83% of the total FY 2013 Medicaid expenditures. Waiver expenditures made up 75% (\$44.7 million) of the total Medicaid expenditures for LAH Waiver participants. Waiver and non-waiver expenditures for MDC Waiver participants were more equally distributed, with \$65.9 million (60%) of the total expenditures being used to provide medical day care services. This may be attributable to the fact that this is a single-service waiver.

**Figure 18. Total Medicaid Expenditures for HCBS Participants, FY 2013**

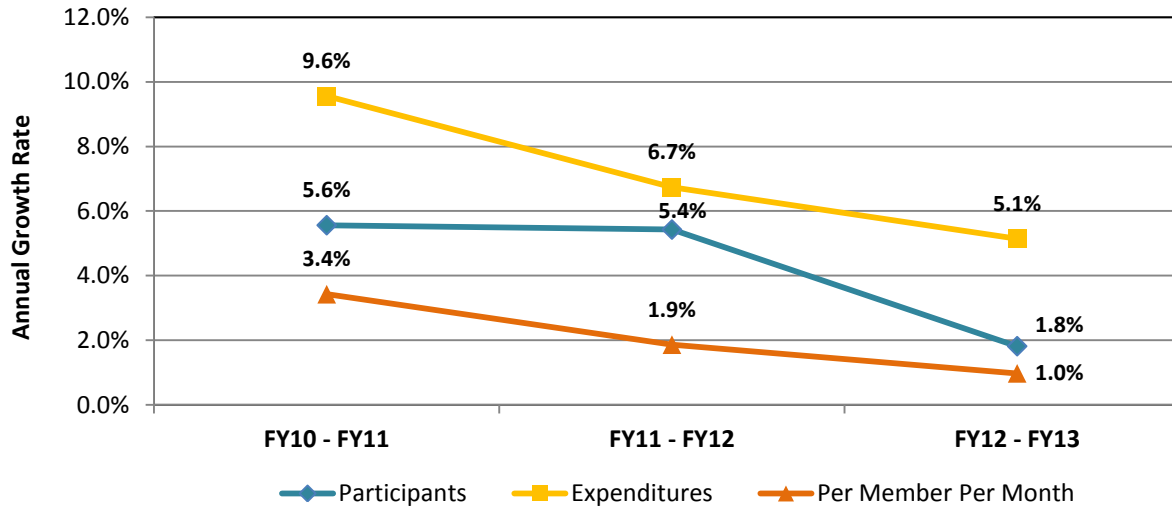
	Total Medicaid Expenditures	Waiver Expenditures	Waiver Expenditures as a Percentage of Total Expenditures
Living at Home Waiver	\$59,793,436	\$44,692,868	75%
Medical Day Care Services Waiver	\$110,908,850	\$65,946,991	60%
Waiver for Older Adults	\$154,906,896	\$128,720,667	83%
Medical Assistance Personal Care*	\$110,399,951		

\*Total Medicaid expenditures for persons receiving MAPC services while enrolled in the MDC Waiver are also included in the MDC Waiver expenditures.

Source: DSS

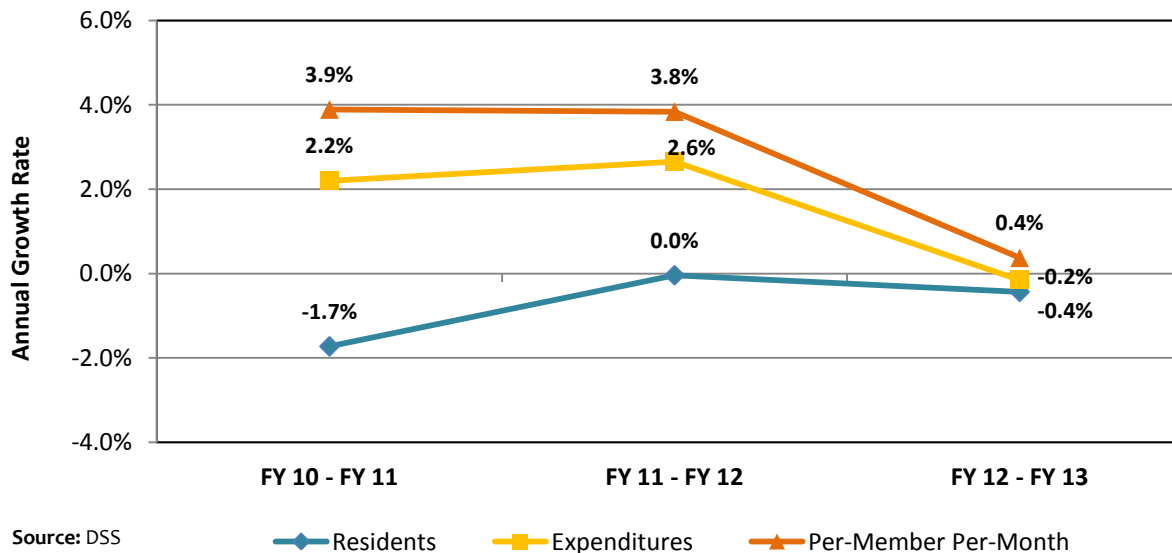


**Figure 19. Growth Rate in Total Medicaid Expenditures for HCBS Participants, FY 2010 – FY 2013**



The rate of growth in the number of HCBS participants slowed from 5% from FY 2011 to FY 2012, to less than 2% from FY 2012 to FY 2013. Accompanying the slowed rate of participant growth from FY 2012 to FY 2013 was a slowed rate in total Medicaid expenditures and PMPM expenditures.

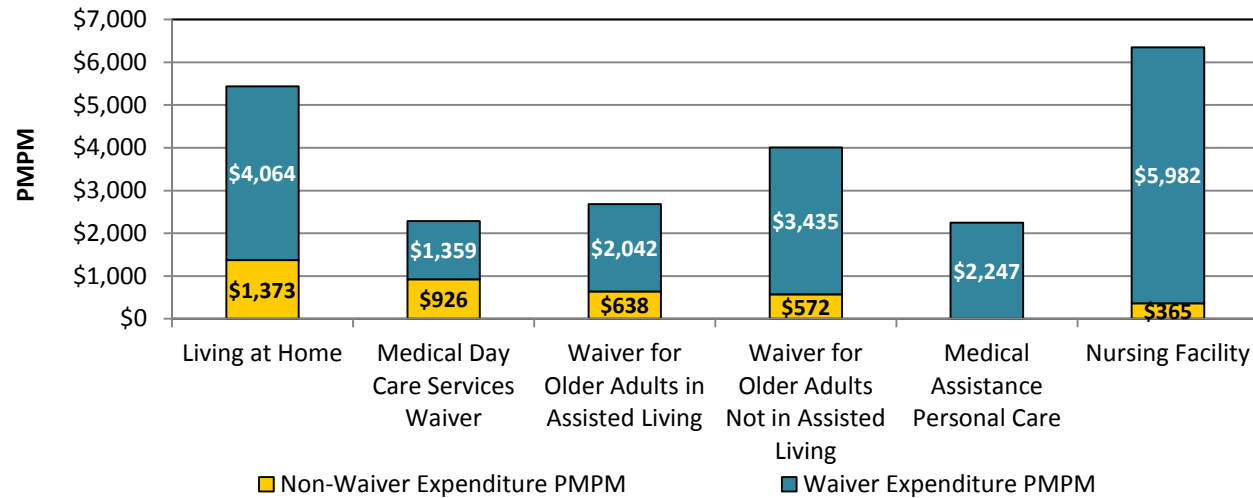
**Figure 20. Growth Rate in Total Medicaid Expenditures for Nursing Facility Residents, FY 2010 – FY 2013**



There was very little change in the number of nursing facility residents and their expenditures from FY 2012 to FY 2013. The rate of growth in the number of residents and their total expenditures reflected negative growth from FY 2012 to FY 2013. Minimal growth of less than 1% in PMPM expenditures was noted during this same period.

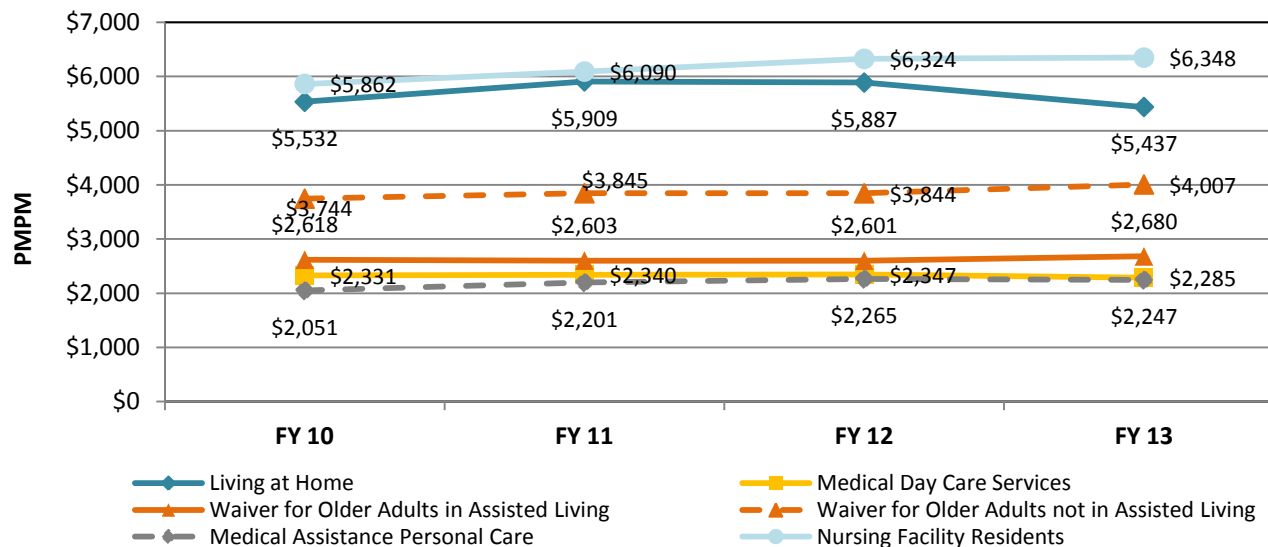
Source: DSS

**Figure 21. Average Per Member Per Month Total Medicaid Expenditures for LTSS Participants, FY 2013**



Variations in PMPM expenditures are likely due to the mix of services offered and used by waiver participants, age differences among participants, and differences in Medicare coverage. At \$4,064, LAH Waiver participants' PMPM waiver expenditures were the highest among the HCBS programs. Conversely, PMPM waiver expenditures for the MDC Waiver—a single-service waiver—were \$1,359.

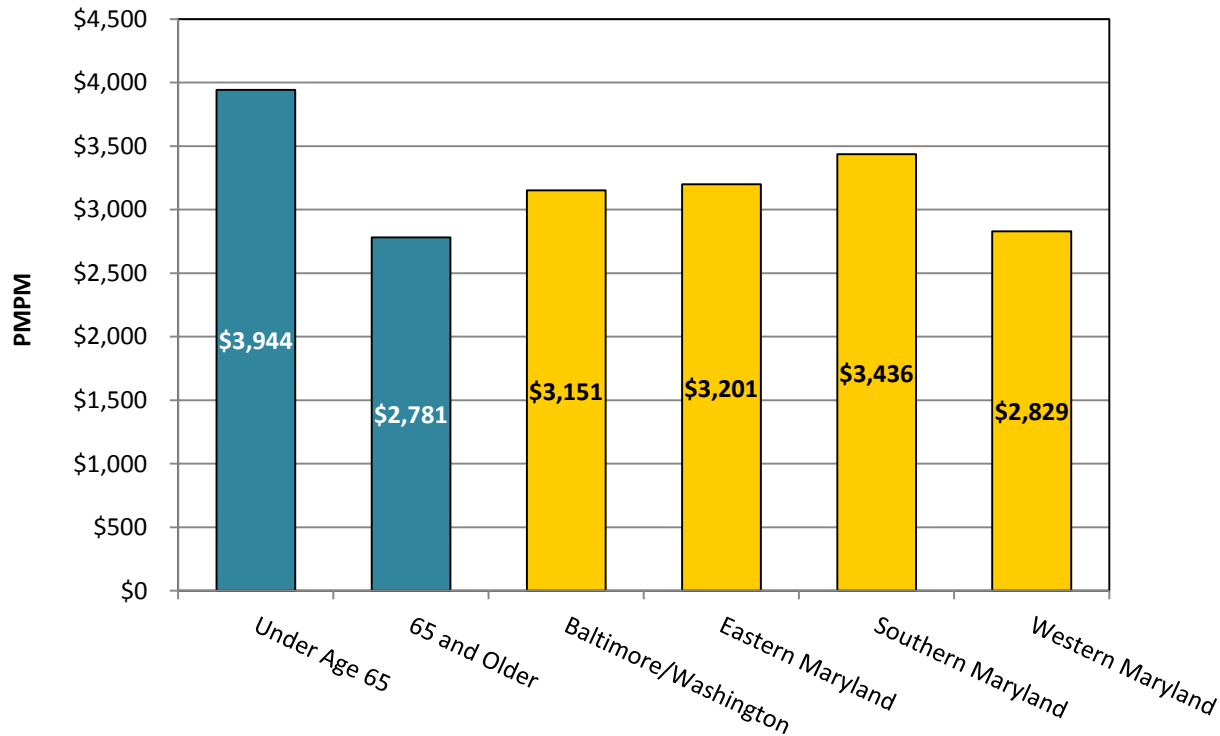
**Figure 22. Average Per Member Per Month Total Medicaid Expenditures for LTSS Participants, FY 2010 – FY 2013**



Overall, nursing facility residents' PMPM expenditures were the highest of the LTSS participants. LAH Waiver participant PMPM expenditures were only \$900 less than that of the nursing facility residents.

Source: DSS

**Figure 23. Average Per Member Per Month Total Medicaid Expenditures for HCBS Participants, by Age Group and Region, FY 2013**



Per member per month expenditures vary by demographic factors. At \$3,944, HCBS participants under the age of 65 had a slightly higher PMPM than their 65 and older counterparts.

There was less variation in the range of PMPM expenditures by region, which ranged from a low of \$2,829 in Western Maryland to a high of \$3,436 in Southern Maryland.

**Regions:**

Baltimore/Washington: Anne Arundel County, Baltimore County, Baltimore City, Carroll County, Harford County, Howard County, Montgomery County, Prince George's County, and Frederick County.

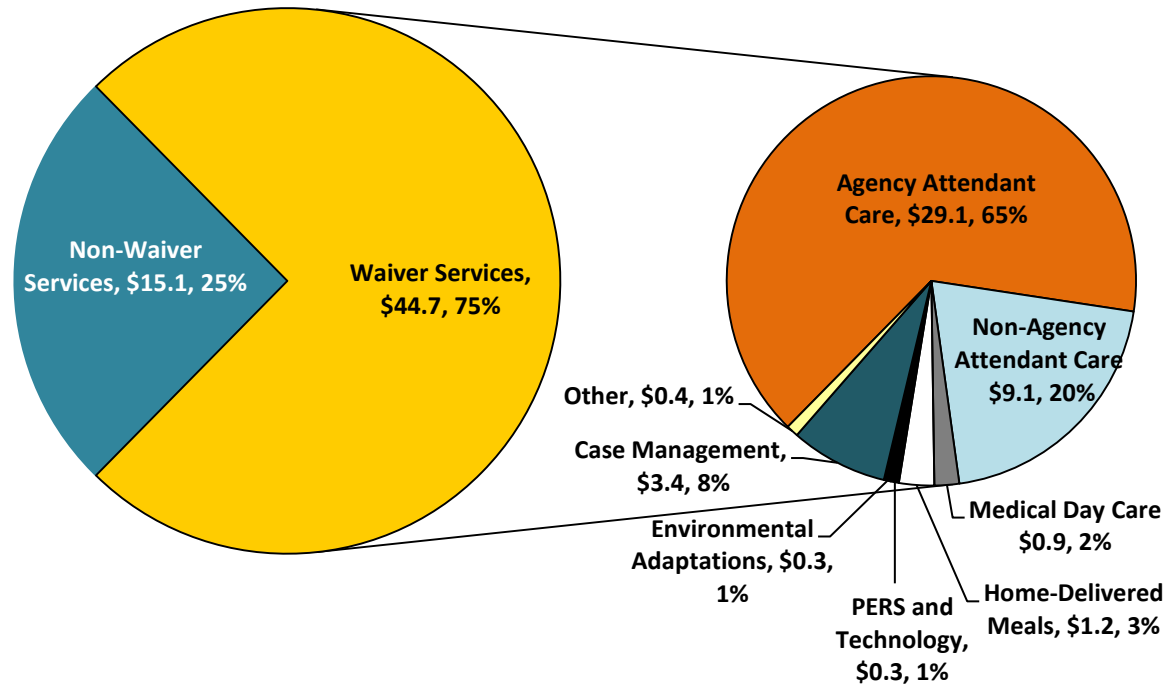
Eastern Maryland: Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties.

Southern Maryland: Charles, Calvert, and St. Mary's Counties.

Western Maryland: Allegany, Garrett, and Washington Counties.

**Sources:** DSS, MMIS2

**Figure 24. Distribution of Total Medicaid Expenditures (in Millions)  
for Living at Home Waiver Participants, FY 2013**

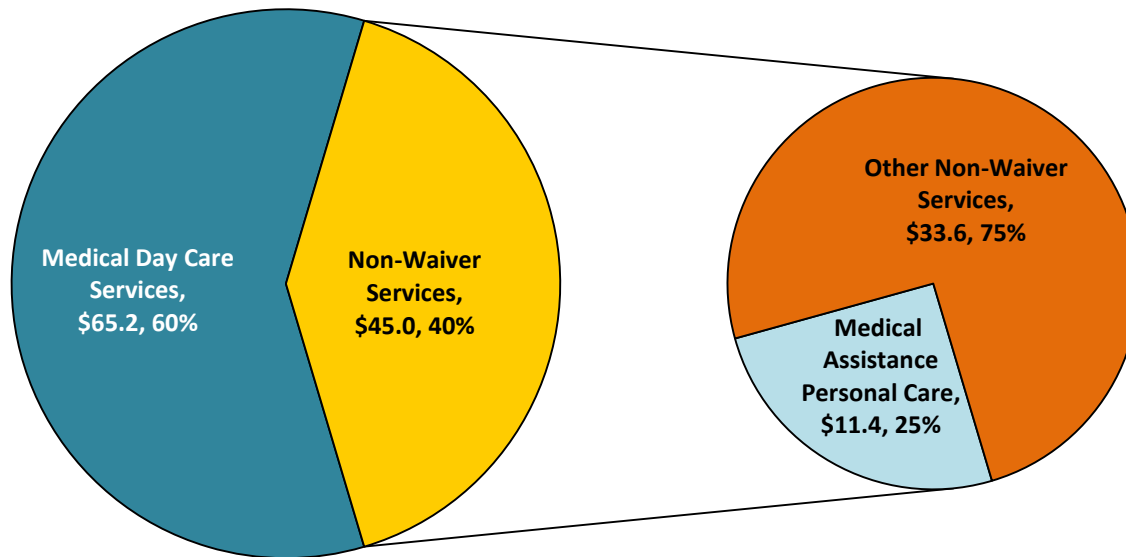


Source: DSS

In FY2013, expenditures for waiver services composed 75% of the waiver's total Medicaid expenditures.

Nearly two-thirds (65%) of the waiver expenditures were attributable to agency attendant care services, and 20% was spent on non-agency attendant care. Case management services accounted for less than 10% of the waiver expenditures.

**Figure 25. Distribution of Total Medicaid Expenditures (in Millions)  
for Medical Day Care Services Waiver Participants, FY 2013\***

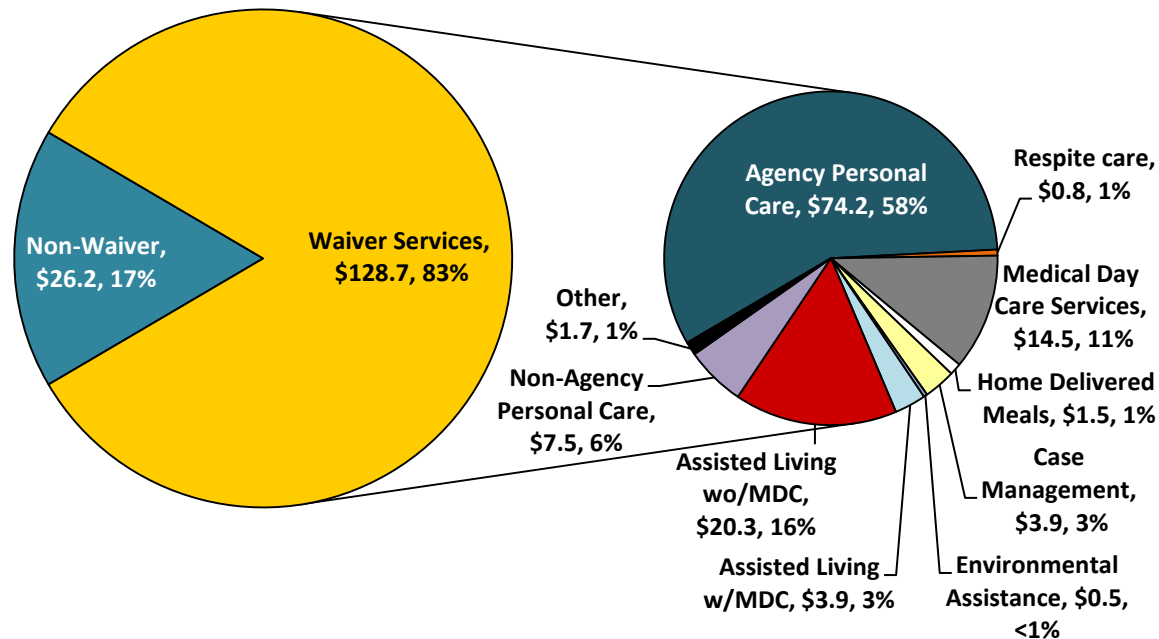


In FY 2013, 60% of all Medicaid expenditures for the MDC Waiver went toward providing medical day care services, which may be attributable to the fact that this is a single-service waiver. Medicaid-paid personal care services accounted for 25% of the non-waiver expenditures.

\*Includes total Medicaid expenditures for MDC Waiver participants receiving MAPC services.

Source: DSS

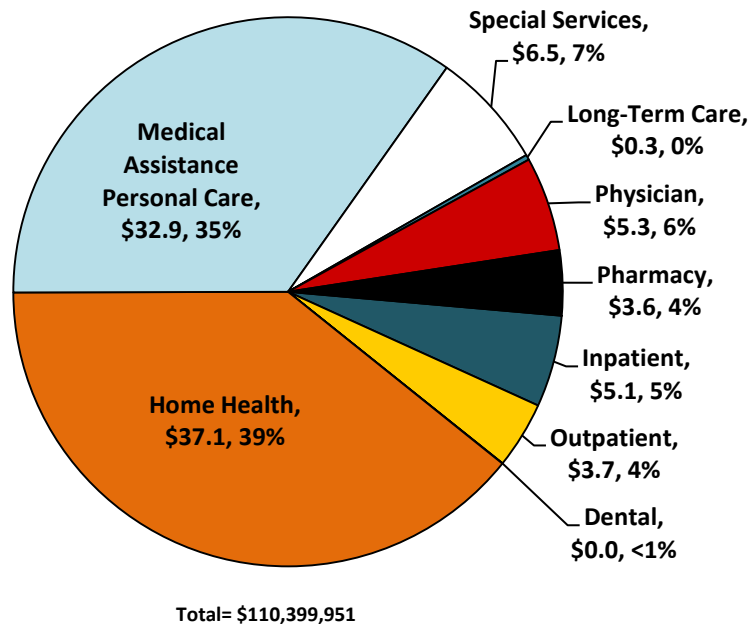
**Figure 26. Distribution of Total Medicaid Expenditures (in Millions)  
for Waiver for Older Adults Participants, FY 2013**



In FY 2013, 83% of total Medicaid expenditures for WOA participants were spent for waiver services. Agency-based personal care services accounted for the majority (58%) of the waiver expenditures, followed by assisted living without medical day care services (16%) and medical day care services (11%).

Source: DSS

**Figure 27. Distribution of Total Medicaid Expenditures (in Millions)  
for All Medical Assistance Personal Care Participants,\* FY 2013**



FY 2013 expenditures for the MAPC program totaled \$110 million; personal care services accounted for \$32.9 million (35%) of this, and home health services accounted for \$37.1 million (39%).

\* Medicaid expenditures for persons receiving MAPC services while enrolled in the MDC Waiver are also included in Figure 24. Distribution of Total Medicaid Expenditures (in Millions) for MDC Waiver participants. Expenditures reflect Medicaid expenditures incurred within 7 days of the receipt of MAPC.

**Note:** Home health services include a variety of services provided in the home, such as assistive technology, private duty nursing services, environmental assessments and evaluations, dietician and nutritionist services, and home health services (i.e., case management, care coordination, health promotion and education, transitional care, family and participant support, and referral services).

Source: DSS

**Figure 28. Use of Personal and Attendant Care Services by HCBS Participants, FY 2013**

Personal and Attendant Care Services	Number of Users	Percentage of Waiver/Program Participants	FY 13 Expenditures	PMPM
<b>Living at Home Waiver</b>				
Attendant Care – Agency	875	78%	\$29,058,664	\$3,602
Attendant Care – Non-Agency	314	28%	\$9,127,464	\$2,783
Nursing Supervision – Agency	922	83%	\$351,561	\$84
Nursing Supervision – Non-Agency	39	3%	\$9,290	\$55
<b>Total</b>			<b>\$38,546,979</b>	
<b>Waiver for Older Adults</b>				
Personal Care Aide without Medications – Agency	1,775	42%	\$46,502,259	\$2,705
Personal Care Aide with Medications – Agency	782	18%	\$25,321,406	\$3,807
Personal Care Aide without Medications – Non-Agency	246	6%	\$5,743,722	\$2,415
Personal Care Aide with Medications – Non-Agency	64	2%	\$1,761,682	\$3,215
Nursing Supervision – Agency	2,535	60%	\$2,339,975	\$99
<b>Total</b>			<b>\$81,669,044</b>	
<b>Medical Assistance Personal Care Participants*</b>				
Level 1	880	17%	\$2,199,371	
Level 2	4,527	87%	\$29,013,749	
Level 3	166	3%	\$1,706,448	
Day of Training	1,193	23%	\$20,057	
<b>Total</b>			<b>\$32,939,624</b>	

\* MAPC Participants may receive more than one level of MAPC in a given fiscal year.

Source: DSS

LAH Waiver and WOA attendant care services and personal care services totaled \$120.2 million in FY 2013.

Over three-fourths (78%) of LAH Waiver participants received agency-provided attendant care services, at a total cost of \$29.1 million.

WOA participants were more likely to use agency-provided personal care aides without medication services: 42% received this service, at a total cost of \$46.5 million.

Agency-based nursing supervision was widely used by LAH Waiver participants: 83% received this service, at a total cost of \$0.35 million. Sixty percent of the WOA participants received this service, at a total cost of \$2.3 million.

MAPC services were provided to 5,212 unique individuals, at a total cost of \$32.9 million.



**Figure 29. Use of Environmental Assistance Services by HCBS Waiver Participants, FY 2013**

Environmental Assistance Services	Number of Users	Percentage of Waiver Participants	FY 13 Expenditures	PMPM
<b>Living at Home Waiver</b>				
Assistive Technology/Devices	117	10%	\$58,322	\$420
Environmental Accessibility Modifications	82	7%	\$184,270	\$2,025
Environmental Assessment	173	16%	\$67,756	\$392
Personal Emergency Response Systems—Purchase/Install	73	7%	\$4,005	\$54
Personal Emergency Response Systems—Monthly Monitoring	527	47%	\$217,954	\$44
Personal Emergency Response Systems—Other	*	*	\$42	\$42
<b>Total</b>			<b>\$532,350</b>	
<b>Waiver for Older Adults</b>				
Assistive Technology/Devices	2,189	52%	\$791,883	\$88
Environmental Accessibility Modifications	160	4%	\$391,168	\$2,301
Environmental Assessment	186	4%	\$73,652	\$392
Personal Emergency Response Systems—Purchase/Install	237	6%	\$15,655	\$64
Personal Emergency Response Systems—Monitor/Maintenance	1,520	36%	\$619,427	\$42
<b>Total</b>			<b>\$1,891,784</b>	
<b>Grand Total</b>			<b>\$2,424,134</b>	

\* Information not included due to the small cell size.

Source: DSS

FY 2013 Medicaid expenditures for environmental assistance services—such as environmental assessments and the installation and monitoring of PERS, assistive devices, and technology—for LAH Waiver and WOA participants totaled \$2.4 million, which is slightly lower than the FY 2012 spending levels. The largest percentage of these dollars were used to provide assistive devices for WOA participants.

Maintenance and monitoring of personal emergency response systems and environmental modifications were the most widely used of the LAH Waiver environmental assistance services.

**Figure 30. Use of Medical Day Care and Senior Center Plus Services by HCBS Waiver Participants, FY 2013**

Medical Day Care and Senior Center Plus Services	Number of Users	Percentage of Waiver Participants	FY 13 Expenditures	PMPM
<b>Living at Home Waiver</b>				
Medical Day Care	90	8%	\$872,294	\$1,057
<b>Medical Day Care Services Waiver</b>				
Medical Day Care	4,735	97%	\$65,267,630	\$1,418
<b>Waiver for Older Adults</b>				
Medical Day Care	1,269	30%	\$14,488,781	\$1,160
Senior Center Plus	45	1%	\$186,596	\$452
<b>Total</b>			<b>\$14,675,377</b>	
<b>Grand Total</b>			<b>\$80,815,301</b>	

Source: DSS

In FY 2013, Medicaid expenditures for medical day care services totaled \$80.8 million for LAH Waiver, WOA, and MDC Waiver participants. MDC Waiver participants composed \$65.3 million (81%) of medical day care expenditures.

WOA participants were more likely to use medical day care than they were senior center plus services, which were used by less than 1% of the participants.

PMPM expenditures for medical day care services ranged from \$1,418 for MDC Waiver participants to \$1,057 for LAH Waiver participants.

**Figure 31. Use of Nutrition Services by HCBS Waiver Participants, FY 2013**

Nutrition Services	Number of Users	Percentage of Waiver Participants	FY 13 Expenditures	PMPM
<b>Living at Home Waiver</b>				
Dietitian/Nutritionist Services	0	0%	\$0	\$0
Home-Delivered Meals	535	48%	\$1,241,634	\$269
<b>Total</b>			<b>\$1,241,634</b>	
<b>Waiver for Older Adults</b>				
Dietitian/Nutritionist Services	10	<1%	\$1,036	\$104
Home-Delivered Meals	839	20%	\$1,492,813	\$207
<b>Total</b>			<b>\$1,493,849</b>	
<b>Grand Total</b>			<b>\$2,735,483</b>	

Source: DSS

In FY 2013, home-delivered meals were provided to 1,374 WOA and LAH Waiver participants, at a total cost of \$2.7 million. This service was more widely used by LAH Waiver participants—with nearly half receiving at least one home-delivered meal in FY 2013—than by WOA participants—with 20% receiving a home-delivered meal.

Dietitian/nutritionist services continue to be a lesser-used service, with less than 1% of WOA and LAH participants receiving this service in FY 2013.

**Figure 32. Use of Respite Care Services by Waiver for Older Adults Participants, FY 2013**

Respite Care Services	Number of Users	Percentage of Waiver Participants	FY 13 Expenditures	PMPM
<b>Waiver for Older Adults</b>				
Respite Care – Agency	526	12%	\$589,030	\$417
Respite Care – Non-agency	18	<1%	\$10,697	\$261
Respite Care – Agency with Medication	121	3%	\$131,986	\$438
Respite Care – Non-agency with Medication	*	*	\$1,715	\$429
Respite Care – Assisted Living	26	1%	\$17,009	\$405
Respite Care – Nursing Facility	0	0%	\$0	\$0
<b>Total</b>			<b>\$750,437</b>	

In FY 2013, respite care services for WOA participants totaled \$0.75 million. Used by 526 participants, agency-provided respite care was the most frequently used of the offered respite care services.

\* Information not included due to the small cell size.

Source: DSS

**Figure 33. Use of Other Services by HCBS Waiver Participants, FY 2013**

Other Services	Number of Users	Percentage of Waiver Participants	FY 13 Expenditures	PMPM
<b>Living at Home Waiver</b>				
Case Management Ongoing	1,089	98%	\$3,250,728	\$310
Community Transition Waiver Service	90	8%	\$179,282	\$1,970
Consumer Training	*	<1%	\$1,214	\$87
Family Training – Agency	*	<1%	\$152	\$152
Family Training – Non-Agency	0	0%	\$0	\$0
<b>Total</b>			<b>\$3,431,376</b>	
<b>Waiver for Older Adults</b>				
Behavior Consultation	123	3%	\$33,750	\$113
Case Management Ongoing	4,133	98%	\$3,934,230	\$121
Case Management Transitional	29	1%	\$1,499	\$47
Family or Consumer Training	*	<1%	\$244	\$81
<b>Total</b>			<b>\$3,969,723</b>	
<b>Grand Total</b>			<b>\$7,401,099</b>	

\* Information not included due to the small cell size.

Source: DSS

Expenditures for WOA ongoing case management services increased 14-fold from FY 2012 (\$0.3 million) to FY 2013 (\$3.9 million).

Implemented in January 2012, ongoing case management services were used by 98% of participants in both the LAH Waiver and WOA in FY 2013.

**Figure 34. Use of Medical Day Care Services by HCBS Waiver Participants, FY 2013**

Waiver	Medical Day Care Services Participants	Percentage of Waiver Participants	Medical Day Care Expenditures	Percentage of Total Medicaid Expenditures
Living at Home Waiver	90	8%	\$872,294	1.5%
Medical Day Care Services	4,735	97%	\$65,267,630	58.8%
Waiver for Older Adults	1,269	30%	\$14,488,781	9.4%
<b>Total</b>	<b>6,094</b>		<b>\$80,628,705</b>	

Over 6,000 waiver participants received medical day care services in FY 2013, at a total cost of \$80.6 million.

**Note:** In FY 2013, 3% of the MDC Waiver participants did not have an MMIS medical day care services claim.

**Source:** DSS

**Figure 35. Total Medicaid Expenditures for Waiver for Older Adults Participants Residing in Assisted Living Facilities, FY 2013**

	Number of Participants*	Total Medicaid Expenditures	Average Annual Total Medicaid Expenditures	Waiver Expenditures
Assisted Living Level 2	379	\$7,127,465	\$18,806	\$5,350,841
Assisted Living Level 3	1,339	\$35,691,840	\$26,656	\$27,273,729
Not in Assisted Living	3,007	\$112,087,591	\$37,276	\$96,096,096
<b>Total</b>	<b>4,234</b>	<b>\$154,906,896</b>	<b>\$36,586</b>	<b>\$128,720,667</b>

Medicaid expenditures for WOA participants receiving Assisted Living Level 2 and Assisted Living Level 3 services totaled \$42.8 million in FY 2013, of which \$32.6 million was spent on waiver services.

\*Assisted Living residents may receive services in one or more assisted living category.

**Source:** DSS

**Figure 36. Use of Assisted Living Services by Waiver for Older Adults Participants, FY 2013**

Assisted Living Services *	Participants	FY 13 Expenditures	PMPM	Billed Days	Average Days Billed Per Person
<b>Waiver for Older Adults</b>					
Assisted Living Level 2, no medical day care	370	\$3,152,045	\$1,019	56,590	153
Assisted Living Level 2, with medical day care	111	\$565,816	\$583	13,539	122
Assisted Living Level 3, no medical day care	1,326	\$17,177,182	\$1,362	244,376	184
Assisted Living Level 3, with medical day care	517	\$3,346,932	\$703	63,521	123
<b>Grand Total for Level 2 and Level 3</b>	<b>1,219</b>	<b>\$24,241,975</b>	<b>\$1,517</b>	<b>378,026</b>	

\* Residents may receive services in one or more assisted living category.

**Note:** Assisted Living is a residential or facility-based residence that provides housing and supportive services, supervision, personalized assistance, health-related services, or a combination of these services to meet the needs of residents who are unable to perform (or who need assistance in performing) ADLs or IADLs. The assisted living levels are determined by the amount of assistance provided. Assisted Living Level 1 providers are authorized to care for residents with low-level care needs. Assisted Living Level 2 providers care for residents with moderate care needs. Assisted Living Level 3 providers care for residents with high-level care needs. The WOA does not provide Assisted Living Level 1 services. Reimbursement rates for assisted living services differ for assisted living with medical day care and assisted living without medical day care. (i.e., the assisted living facility must claim a lower rate for each day the resident leaves the assisted living facility to attend a medical day care center).

Source: DSS

The most frequently used assisted living service—Assisted Living Level 3 with no medical day care—was used by 1,326 WOA participants, at a total cost of \$17.2 million. On average, Medicaid paid \$1,362 per person per month to provide this service.

With 111 participants in FY 2013, Assisted Living Level 2 with medical day care was the least used of the available assisted living services.

**Figure 37. Medicaid Non-Waiver Expenditures for HCBS Waiver Participants, FY 2013**

Service Category	Living at Home Waiver	Medical Day Care Services Waiver	Waiver for Older Adults
Dental Services	\$5,014	\$2,499	\$0
DME/DMS*	\$1,319,879	\$3,393,168	\$6,636,994
Emergency Room Services	\$23,120	\$52,644	\$30,177
Evaluation and Management	\$168,314	\$405,724	\$239,505
Hospice Services	\$27,092	\$23,997	\$172,113
Inpatient Services	\$2,136,541	\$3,287,769	\$2,104,949
Medicine/Pharmacy	\$1,530,707	\$4,107,426	\$1,616,202
MCO Capitation Payments**	\$5,611,218	\$10,056,469	\$2,911,928
Medicare Cost Share	\$1,999,006	\$5,241,768	\$7,260,518
Medical Services	\$471,224	\$420,230	\$788,742
Mental Health	\$3,988	\$77,432	\$50,384
Nursing Facility Services	\$619,547	\$532,212	\$2,608,028
Other Services***	\$512,783	\$1,336,584	\$564,230
Outpatient services	\$566,755	\$1,178,729	\$657,039
Medical Assistance Personal Care		\$11,376,921	
Psychiatric Rehabilitation Program	\$105,380	\$3,468,287	\$358,397
<b>Total</b>	<b>\$15,100,568</b>	<b>\$44,961,859</b>	<b>\$25,999,207</b>

\* DME refers to durable medical equipment, and DMS refers to disposable medical supplies.

\*\* MCO Capitation Payments are fixed monthly amounts paid to MCOs to provide services to Medicaid beneficiaries who are enrolled in the Maryland HealthChoice program. Capitation payments are based on actuarial projections of medical utilization. MCOs are required to provide all covered, medically necessary Medicaid services within that capitated amount.

\*\*\* Other Non-Waiver Services are services other than those listed above and those provided under the waiver that are paid for by Medicaid.

Source: MMIS2

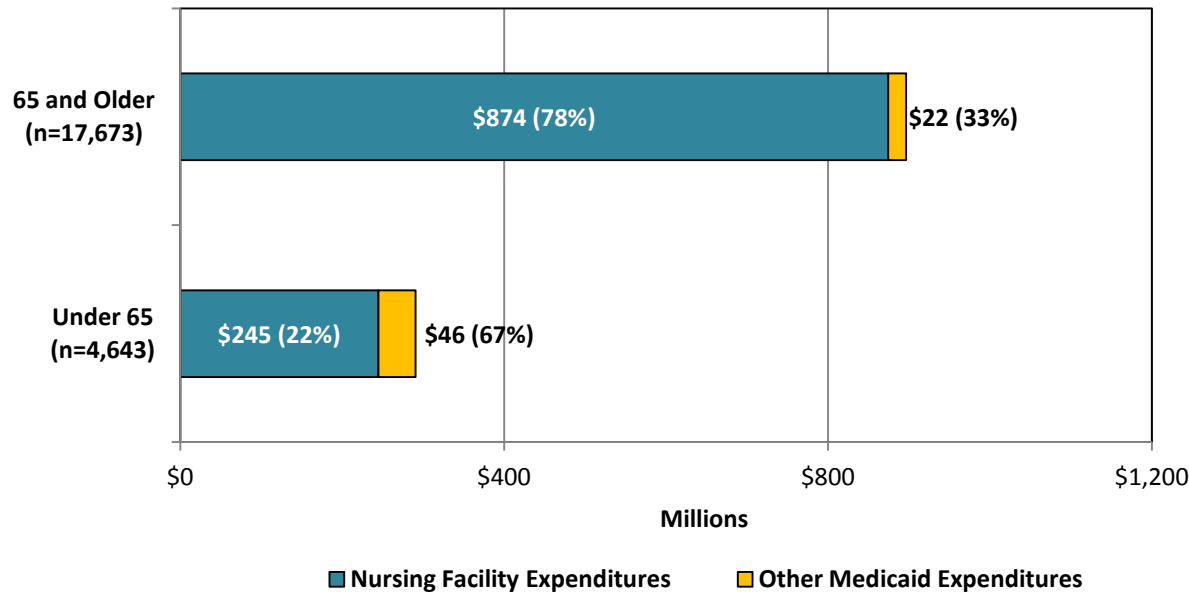
Non-waiver expenditures vary by waiver due to differences in coverage, waiver design, and the availability of Medicare-paid coverage for dual eligibles.

However, there were a few noteworthy findings. At \$11.4 million, personal care services were the most costly non-waiver service used by the Medicaid Day Care Waiver participants. Among the WOA population, at \$7.3 million, Medicare cost share payments were the most costly non-waiver service, followed by durable/disposable medical supplies and equipment at \$6.6 million.

The most costly of the non-waiver services was capitation payments for the LAH Waiver participants, which totaled \$5.6 million.



**Figure 38. Total Medicaid Expenditures for Nursing Facility Residents, in Millions, by Age Group, FY 2013**



**Note:** Total Medicaid expenditures include a) Medicaid nursing facility expenditures, b) other Medicaid expenditures with dates of service concurrent to a resident's nursing facility claims, and c) Medicaid expenditures for an intervening hospital stay (i.e., the beginning day of the hospital claim coincides with the last day of a nursing facility claim, and the last day of the hospital claim coincides with the beginning day of a nursing facility claim).

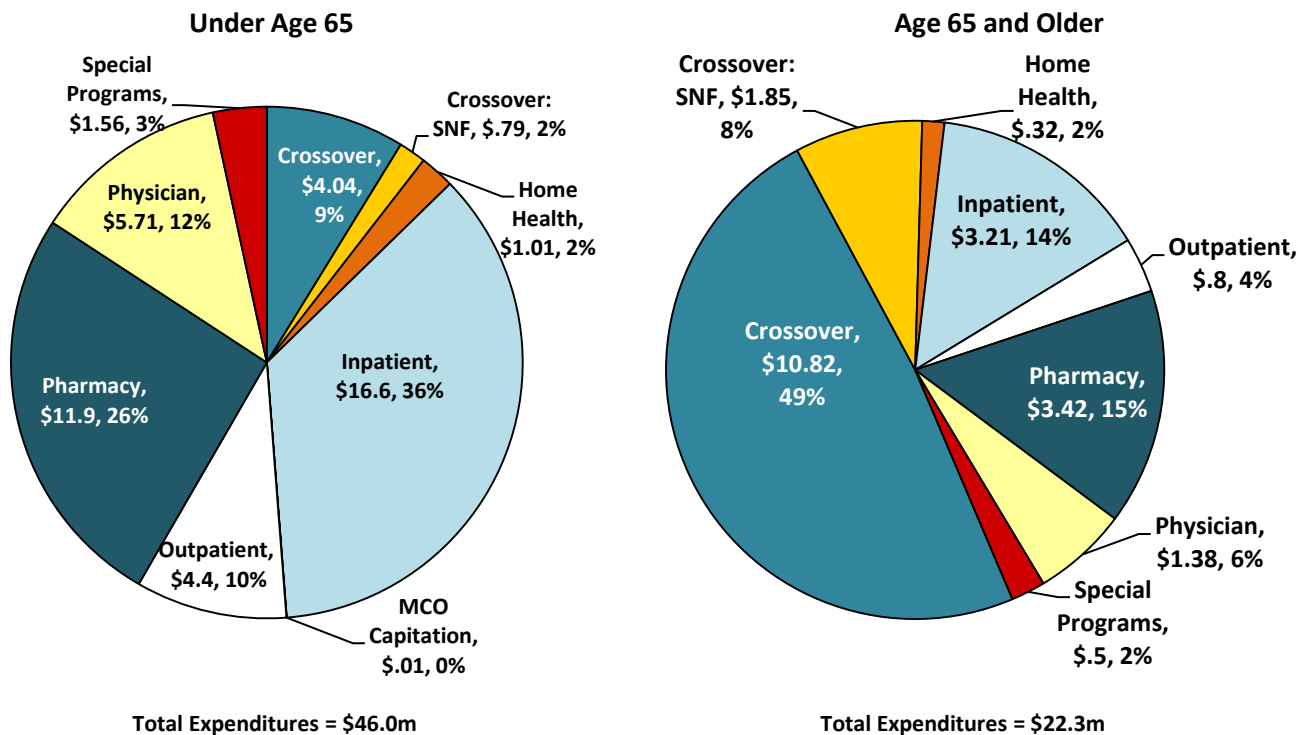
**Source:** MMIS2

The distribution of total Medicaid expenditures between nursing facility-related expenditures and other Medicaid expenditures incurred during a nursing facility stay varied by age group.

In FY 2013, 78% (\$874 million) of total Medicaid expenditures for nursing facility residents aged 65 and older was spent on nursing facility-related expenditures.

For nursing facility residents under age 65, 22% (\$245 million) of total Medicaid expenditures was spent on nursing facility-related expenditures.

**Figure 39. Other Medicaid Service Expenditures for Nursing Facility Residents, in Millions, by Age Group, FY 2013**



FY 2013 Medicaid-paid “other” expenditures totaled \$46.0 million for nursing facility residents under the age of 65 and \$22.3 million for residents aged 65 and older.

Inpatient services accounted for the largest percentage (36%) of other Medicaid expenditures for residents under the age of 65. Pharmacy and physician services accounted for 26% and 12%, respectively.

Combined crossover payments, which are co-payments to Medicare paid by Medicaid, accounted for over half (57%) of other Medicaid expenditures for residents aged 65 and over. Together, inpatient services and pharmacy services accounted for 29% of this age group’s other Medicaid expenditures.

**Note:** Other Medicaid service expenditures include Medicaid expenditures with dates of service concurrent to a resident’s nursing facility claims and Medicaid expenditures for an intervening hospital stay (i.e., the beginning day of the hospital claim coincides with the last day of a nursing facility claim, and the last day of the hospital claim coincides with the beginning day of a nursing facility claim).

Crossover: Non-NF (Nursing Facility) – Medicaid cost-sharing payments (premiums, co-payments, etc.) for non-NF services covered by Medicare.

Crossover: SNF (Skilled Nursing Facility) – Medicaid cost-sharing payments (premiums, co-payments, etc.) for SNF services covered by Medicare.

Home Health – HCBS that include 1915(c) waiver services and state plan services such as personal care, home health services, nursing services, etc.

Inpatient – Services provided to patients who are admitted to a hospital, including bed and board; nursing services; diagnostic, therapeutic, or rehabilitation services; and medical or surgical services.

Outpatient – Medical or surgical care that does not require an overnight hospital stay, such as ambulatory care, therapeutic care, rehabilitation services, clinic services, medical supplies, and laboratory tests.

Pharmacy – Prescription medications and certain “over the counter” medications.

Physician – Services provided by a licensed physician.

Special Programs – Services that do not fall into any of the categories listed above (e.g., transportation services; occupational, physical, and speech therapy; and oxygen services).

Source: MMIS2

**Figure 40. Average Medicaid Expenditures Per Member Per Month for Nursing Facility Residents, by Age Group, FY 2010 – FY 2013**

	FY 10	FY 11	FY 12	FY 13
<b>Total</b>				
<b>Total PMPM</b>	\$5,862	\$6,090	\$6,324	\$6,348
<b>Nursing Facility Services PMPM</b>	\$5,382	\$5,622	\$5,872	\$5,982
<b>Other Medicaid Services PMPM</b>	\$480	\$468	\$452	\$365
<b>Under 65</b>				
<b>Total PMPM</b>	\$7,870	\$8,003	\$8,206	\$7,929
<b>Nursing Facility Services PMPM</b>	\$6,240	\$6,412	\$6,675	\$6,674
<b>Other Medicaid Services PMPM</b>	\$1,630	\$1,592	\$1,531	\$1,255
<b>65 and Older</b>				
<b>Total PMPM</b>	\$5,373	\$5,801	\$5,860	\$5,962
<b>Nursing Facility Services PMPM</b>	\$5,173	\$5,425	\$5,674	\$5,814
<b>Other Medicaid Services PMPM</b>	\$200	\$188	\$187	\$148

**Note:** PMPM calculations were made by dividing the annual expenditures by the total number of member months (defined as a count of months with at least one Medicaid paid day for each Medicaid nursing facility resident) in each year. Medicare costs for nursing facility residents are not included in this analysis.

**Source:** MMIS2

Overall, total PMPM costs increased less than 1% from FY 2012 to FY 2013. Nursing facility expenditures are likely the cause of this increase as “other Medicaid service” PMPMs decreased across both age groups.

There was a 1.7% increase in PMPM expenditures for the 65 and older age group and a 3.4% decrease in PMPM expenditures for the under 65 age group.

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