



The Hilltop Institute

analysis to advance the health of vulnerable populations

**Medicaid Long-Term Services
and Supports in Maryland:
The Older Adults Waiver
FY 2006 to FY 2009**

A Chart Book

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*Prepared for:
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Overview of Medicaid Long-Term Services and Supports in Maryland

The Older Adults 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*
- *The Medical Day Care Services Waiver*
- *Nursing Facilities*

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, a 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 receive services through the Older Adults Waiver program. The purpose of the Older Adults Waiver is to enable low-income individuals aged 50 years and older to remain in a community setting even though, because of their health status, they are eligible for Medicaid benefits in a long-term care facility. The waiver program is authorized under Section 1915(c) of the Social Security Act and approved by the federal Centers for Medicare and Medicaid Services.

The Older Adults Waiver allows services to be provided to enrolled participants in their own homes or in assisted living facilities. It is administered by the Maryland Department of Aging and a network of 19 Area Agencies on Aging. Services covered under the waiver may include:

- Personal care
- Respite care
- Home-delivered meals
- Assisted living services
- Senior Center Plus
- Family or consumer training
- Personal Emergency Response Systems (PERS)
- Dietitian/nutritionist services
- Assistive devices
- Environmental modifications and assessments
- Behavior consultation services
- Medical day care
- Case management

Waiver participants receive full Medicaid benefits and are entitled to receive other services under the Maryland Medicaid State Plan.

Introduction continued

The Older Adults Waiver program currently receives funding to support 3,750 participants per year. Vacancies are filled on an ongoing basis throughout the year. Due to limited funding, the state is not currently accepting applications for the Older Adults Waiver from individuals other than those who are transitioning from nursing facilities to the community. Other Marylanders wishing to receive waiver services must place their names on the Older Adults Waiver Interest List and will be asked to apply as their names reach the top of the list.

This chart book summarizes demographic, service utilization, and expenditure data for the Older Adults Waiver for state fiscal years (FYs) 2006 through 2009. The data are presented through a series of figures that illustrate trends in Older Adults Waiver utilization, along with accompanying narrative text. Highlights of the data include:

- The Older Adults Waiver served a total of 3,630 participants in FY 2009, an increase of one percent since FY 2006.
- In FY 2009, nearly one-third (29%) of Older Adults Waiver participants were in the 75-84 age group. A little over one-third (34%) were aged 85 and older.
- More than 90% of FY 2009 Older Adults Waiver participants are eligible for both Medicare and Medicaid (dual eligibles).
- FY 2009 administrative costs for medical eligibility assessments by Adult Evaluation and Review Services (AERS) and case management services by Area Agencies on Aging for Older Adults Waiver participants totaled \$3.5 million.
- Total Medicaid expenditures (excluding administrative costs) for waiver participants increased 8%, from \$107 million in FY 2008 to \$116 million in FY 2009.
- In FY 2009, average annual Medicaid expenditures (excluding administrative costs) per waiver participant were \$32,044. Administrative costs increased the average annual per person cost to \$33,016.
- In FY 2009, the largest waiver expenditures were for agency personal care aides and consumer-employed personal care aides (\$53.7 million), followed by assisted living services (\$24.1 million).

Chart Book Organization

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

- **Waiver Participants:** This section includes data on the number of Older Adults Waiver participants with breakdowns by age, race, gender, and county of residence. It also contains data on the number of persons on the Older Adults Waiver Interest List; settings from which individuals entered the waiver program; prior Medicaid coverage; and special populations, such as dual eligibles and persons enrolled in a HealthChoice MCO.
- **Medicaid Expenditures and Service Utilization:** This section provides data on Medicaid payment rates for Older Adults Waiver services and utilization and expenditures for Medicaid waiver, non-waiver, and pharmacy services that are used by Older Adults Waiver participants.

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 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 Interest List and administrative costs data.

Waiver Participants

Figure 1. Older Adults Waiver Participant Demographics, FY 2009

	Category	Number	Percent
Participants		3,630	
Age	50 to 59	303	8%
	60 to 64	286	8%
	65 to 74	719	20%
	75 to 84	1,083	30%
	85 or older	1,239	34%
Gender	Male	941	26%
	Female	2,689	74%
Race	Asian	89	2%
	Black	1,397	38%
	White	1,886	52%
	Hispanic	49	1%
	Other*	4	0%
	Unknown	205	6%

* The "Other" category includes Native American and Pacific Islander/Alaskan.

Source: DSS.

Both the size and composition of the Older Adults Waiver population remained relatively stable from FY 2006 to FY 2009.

In FY 2009, nearly one-third (30%) of waiver participants were consistently aged 75-84 and one-third (34%) were aged 85 and older. The average age of Older Adults Waiver participants was 77 years.

Female Older Adults Waiver participants consistently outnumbered male participants by a ratio of nearly 3 to 1.

In FY 2009, the greatest percentage of participants were White (52%, or 1,886), followed by Black (38%, or 1,397), Asian (2%, or 89), Hispanic (1%, or 49), and Other* (<1%, or 4).

Figure 2. Number of Older Adults Waiver Participants per Capita,* by County

County	Participants							
	FY 06		FY 07		FY 08		FY 09	
	Total	Per Capita	Total	Per Capita	Total	Per Capita	Total	Per Capita
Allegany County	64	24	62	23	50	19	64	24
Anne Arundel County	289	19	305	20	294	19	294	18
Baltimore City	928	51	902	49	912	49	896	48
Baltimore County	521	20	566	22	553	21	567	21
Calvert County	41	17	51	20	45	17	37	14
Caroline County	46	45	37	36	36	34	36	33
Carroll County	115	23	121	23	120	22	122	22
Cecil County	49	17	53	18	56	18	55	17
Charles County	66	19	67	19	69	19	75	20
Dorchester County	35	29	35	28	40	32	45	35
Frederick County	38	6	43	7	48	7	42	6
Garrett County	30	28	31	28	30	27	26	23
Harford County	71	10	61	8	63	8	60	8
Howard County	234	31	216	28	197	24	186	22
Kent County	27	33	24	29	24	29	18	21
Montgomery County	390	14	375	13	374	12	395	13
Prince George's County	287	13	319	15	316	14	354	15
Queen Anne's County	23	15	29	18	21	13	25	15
Somerset County	24	30	26	32	24	29	26	31
St. Mary's County	25	10	26	10	30	11	35	12
Talbot County	10	6	10	6	6	4	5	3
Washington County	65	15	57	13	51	11	51	11
Wicomico County	69	24	68	23	75	25	72	24
Worcester County	49	22	59	26	61	27	62	27

* Per Capita is the number of individuals enrolled in the Older Adults Waiver in each county for every 10,000 people aged 50 and older residing in the county.

Sources: DSS, U.S. Census Bureau.

Baltimore City consistently had the largest number of Older Adults Waiver participants, followed by Baltimore County, Montgomery County, and Prince George's County. Talbot, Kent, Queen Anne's, and Somerset Counties generally had the fewest waiver participants each year.

In FY 2009, Baltimore City had the largest number of waiver participants per capita, with 48 out of every 10,000 residents enrolled in the waiver.

Figure 3. Newly Enrolled Older Adults Waiver Participants, by Pre-Waiver Setting

Pre-Waiver Setting*	FY 06	FY 07	FY 08	FY 09
Chronic Hospital	0	0	1	1
Institution for Mental Diseases	0	0	0	1
Nursing Facility	294	247	297	339
Other	491	576	404	430
Total	785	823	702	771

* *Pre-waiver setting* refers to the setting in which the participant resided prior to enrolling in the Older Adults Waiver. To determine an individual's pre-waiver setting, The Hilltop Institute examined MMIS2 claims for the three months prior to waiver enrollment to see if claims were filed for a chronic hospital, institution for mental diseases (IMD), intermediate care facility for individuals with mental retardation (ICF/MR), or nursing facility (NF) stay; if so, new waiver participants were classified accordingly (however, there were no waiver participants with ICF/MR claims). 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: MMIS2.

In FY 2009, 339 (or 44% of) newly enrolled Older Adults Waiver participants resided in a nursing facility in the three months prior to enrolling in the waiver. Of these, 99 transitioned from nursing facilities as participants in Maryland's Money Follows the Person demonstration.

The majority (430, or 56%) of new waiver participants were in a setting other than a chronic hospital, institution for mental diseases, or nursing facility.

Figure 4. Average Length of Stay (LOS) in the Waiver for Older Adults Waiver Disenrollees, by Reason for Leaving the Waiver

	FY 07		FY 08		FY 09	
	Number of Discharges	Average LOS in Months	Number of Discharges	Average LOS in Months	Number of Discharges	Average LOS in Months
Administrative Determination	9	17	4	8	1	47
Admitted to Institution	136	18	90	24	104	25
Deceased	260	24	180	27	170	34
Lost Eligibility*	98	21	64	28	37	28
Lost Financial Eligibility*	10	12	10	10	17	15
No Longer Needs Waiver Services	17	11	18	14	4	13
Not Medically Eligible*	19	19	28	26	1	73
Not Technically Eligible*	3	25	3	32	1	16
Other	188	11	299	6	308	6
Total	740		696		643	

Note: Older Adults Waiver participants leaving the waiver in each of the fiscal years were identified by examining participants' Medicaid Older Adults 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 Older Adults Waiver eligibility span, the last eligibility span was used. Older Adults Waiver participants whose last eligibility end date occurred during the given fiscal year are represented in this chart. Individual lengths of stay were calculated from the beginning date of the participant's last Older Adults Waiver eligibility span to the last day of each fiscal year (June 30). Each participant was categorized by reason for disenrollment and the lengths of stay were totaled and averaged to obtain the average length of stay by disenrollment reason.

Due to missing MMIS2 "reason for disenrollment" data, no information is available for persons leaving the waiver in FY 2006.

*Persons in the "Lost Eligibility" category are Older Adults Waiver enrollees whose reason for the loss of eligibility (i.e. financial, technical, or medical) was not specified. Persons in the "Lost Financial Eligibility" category are Older Adults Waiver enrollees who lost financial eligibility at some point after enrollment in the waiver. The "Not Medically Eligible" or "Not Technically Eligible" categories include persons who did not meet the medical or waiver-specific criteria. The "Other" category includes reasons such as coverage group changes and hospice revocation.

Source: MMIS2.

Of the 643 Older Adults Waiver participants disenrolled from the waiver in FY 2009, over one-quarter (26%) were disenrolled due to death. On average, these participants were enrolled in the waiver less than three years.

Sixteen percent of waiver participants were dis-enrolled due to a long-term care facility admission and, on average, were in the waiver for slightly more than two years.

Figure 5. Prior Medicaid Coverage for Older Adults Waiver Participants

Prior Coverage Status	FY 06	FY 07	FY 08	FY 09
Full Coverage	1,550	1,738	1,884	2,073
Partial Coverage*	251	378	406	437
No Prior Coverage	1,781	1,521	1,291	1,120
Total Participants	3,582	3,637	3,581	3,630

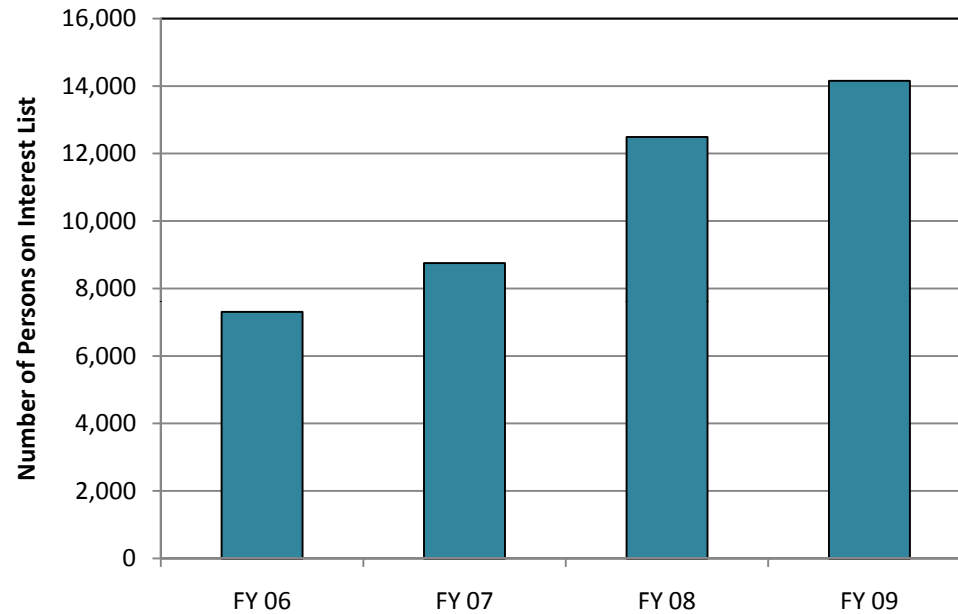
Note: Prior Medicaid coverage is defined as the last Medicaid coverage group assigned to each waiver participant prior to enrollment in the waiver. Counts include participants with an Older Adults Waiver program code in the MMIS2 in each of the fiscal years.

* Partial Medicaid coverage includes Medicare Savings Programs such as Qualified Medicare Beneficiary and the Specified Low-Income Medicare Beneficiary Program. This category also includes the Maryland Primary Adult Care Program.

Source: DSS.

In FY 2009, 2,510 (69% of) participants had either full or partial Medicaid coverage in the three months prior to enrolling in the Older Adults Waiver. This is an increase from 1,801 (50% of) participants in FY 2006.

Figure 6. Number of Persons on the Older Adults Waiver Interest List



The number of Marylanders on the Older Adults Waiver Interest List nearly doubled, from 7,308 in FY 2006 to 14,155 in FY 2009.

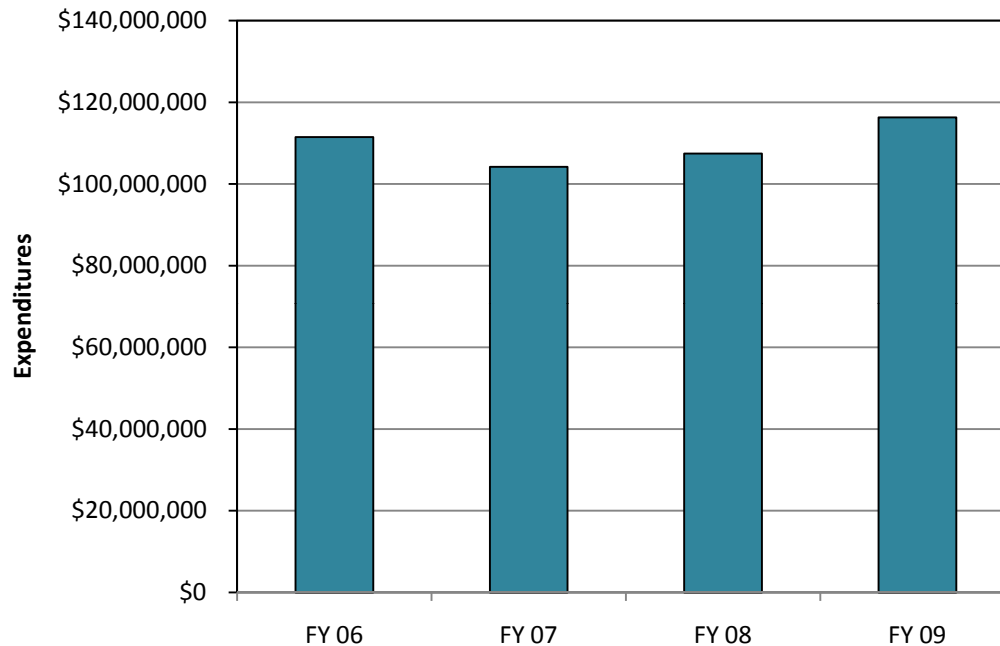
Note: Due to limited funding, the state did not accept applications during the reporting period for the Older Adults Waiver from individuals other than those who were transitioning from nursing facilities to the community. Other Marylanders interested in receiving waiver services placed their names on the Older Adults Waiver Interest List and could apply for the waiver as slots became available.

The number of Older Adults Waiver slots did not increase during this period.

Source: DHMH Long-Term Care and Waiver Services.

Medicaid Expenditures and Service Utilization

Figure 7. Medicaid Expenditures* for Older Adults Waiver Participants



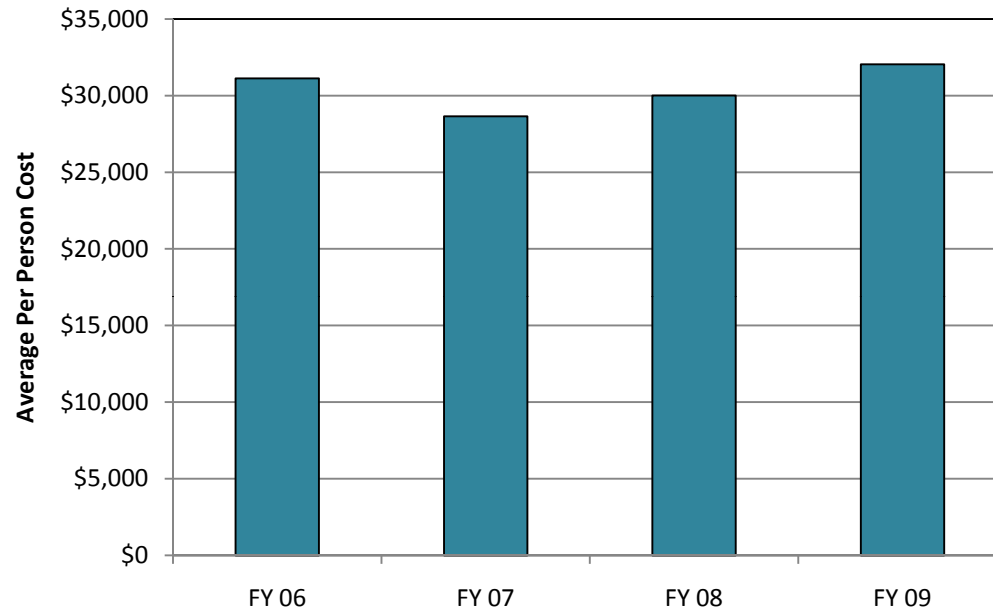
Following a 7% decrease from FY 2006 to FY 2007, due in large part to the implementation of Medicare Part D, the Medicaid expenditures for Older Adults Waiver participants increased 12% from FY 2007 to FY 2009 (from \$104 million to \$116 million).

Note: With the exception of personal emergency response services, assistive devices, and environmental accessibility assessments, FY 2009 Medicaid payment rates for Older Adults Waiver services increased 1.5%. This increase was based on the Medical Assistance Program budget for FY 2009. A budget allocation adjustment, effective November 1, 2008, resulted in a total rate increase of 2%.

* Does not include Older Adults Waiver administrative costs. For administrative costs, see Figure 10.

Source: DSS.

Figure 8. Average Annual Medicaid Expenditures* per Person for Older Adults Waiver Participants



Following a 9% decrease from FY 2006 to FY 2007, again due in large part to the implementation of Medicare Part D, average annual Medicaid expenditures per Older Adults Waiver participant increased 12% from FY 2007 to FY 2009 (from \$28,653 to \$32,044).

* Does not include Older Adults Waiver administrative costs. For administrative costs, see Figure 10.

Source: DSS.

Figure 9. Medicaid Expenditures* for Older Adults Waiver Participants, by Service Category

Service Category	FY 06	FY 07	FY 08	FY 09
Waiver	\$71,227,900	\$72,222,091	\$75,243,275	\$94,947,741
Non-Waiver**	\$31,579,562	\$30,409,727	\$30,312,173	\$19,206,932
Pharmacy	\$8,661,391	\$1,577,508	\$1,899,711	\$2,164,789
Total Expenditures	\$111,468,854	\$104,209,325	\$107,455,159	\$116,319,463

* Does not include Older Adults Waiver administrative costs. For administrative costs, see Figure 10.

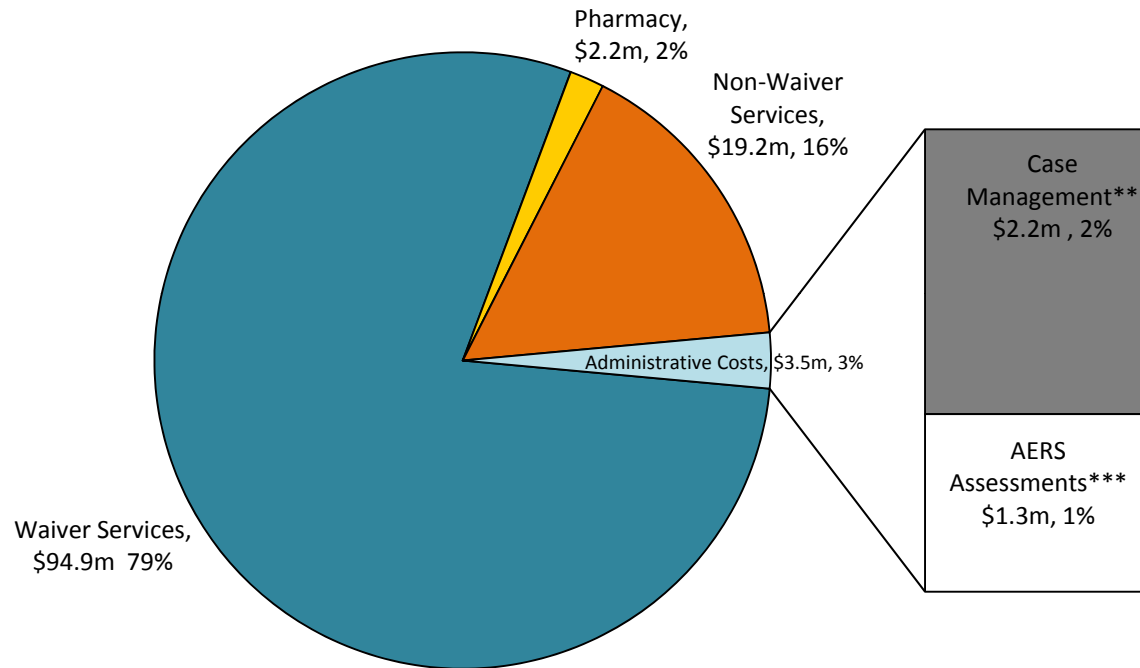
** Medicaid non-waiver expenditures are Medicaid payments made on behalf of waiver participants for services other than Older Adults Waiver services and pharmacy. Non-waiver services are Maryland Medicaid State Plan services and other services as shown in Figure 13.

Source: DSS.

Waiver expenditures comprised the largest percentage (82%) of all FY 2009 Medicaid expenditures for Older Adults Waiver participants.

With the implementation of Medicare Part D in January 2006, pharmacy expenditures decreased significantly from FY 2006 to FY 2007. Then, from FY 2007 to FY 2009, pharmacy expenditures increased 37% (from \$1.6 million to \$2.1 million).

Figure 10. Selected Administrative Costs* as a Percentage of Total Medicaid Older Adults Waiver Expenditures, FY 2009



Selected administrative costs for the Older Adults Waiver in FY 2009 totaled \$3,496,100, or 3% of total Medicaid expenditures.

Case management services comprised 2% of total Medicaid Older Adults Waiver expenditures, while participant assessments completed by the Adult Evaluation and Review Services (AERS) comprised 1% of total expenditures.

Note: Administrative costs include Statewide Evaluation and Planning Services (STEPS) and/or medical eligibility assessments completed by Adult Evaluation and Review Services (AERS) staff and case management services provided by Area Agencies on Aging (AAAs). 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.

** Includes state share only. AAAs receive an allocation of funds to provide case management and other administrative functions to Older Adults Waiver participants.

*** Expenditures for AERS assessments, which were not available by individual waiver type, were calculated using the number of unique Older Adults Waiver participants enrolled in the waiver in FY 2009 multiplied by the average cost of STEPS/medical eligibility assessments.

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

Figure 11. Medicaid Expenditures for Older Adults Waiver Services

Service	Total Waiver Expenditures by Fiscal Year	
	FY 08 Expenditures	FY 09 Expenditures
Agency Nurse	\$1,462,739	\$1,685,582
Agency Personal Care Aide without Medications	\$31,564,004	\$34,294,704
Agency Personal Care Aide with Medications	\$7,358,605	\$10,664,275
Consumer-Employed Personal Care Aide without Medications	\$7,446,064	\$7,571,661
Consumer-Employed Personal Care Aide with Medications	\$1,068,732	\$1,227,622
Assisted Living 2	\$4,805,990	\$4,250,432
Assisted Living 3	\$19,249,227	\$19,810,364
Assistive Devices	\$243,511	\$363,487
Behavior Consultation	\$172,732	\$126,254
Dietitian/Nutritionist Services	\$2,133	\$2,855
Environmental Accessibility Adaptations	\$258,414	\$352,756
Environmental Assessments	\$55,050	\$70,777
Family or Consumer Training	\$610	\$1,368

Note: Assisted Living is a residential or facility-based facility 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, activities of daily living or instrumental activities of daily living. The assisted living levels are determined by the amount of assistance provided. Assisted Living 1 providers are authorized to care for residents with low care needs. Assisted Living 2 providers care for residents with moderate care needs. Assisted Living 3 providers care for residents with high care needs. The Older Adults Waiver does not cover Assisted Living 1 services.

Personal care expenditures, the largest Medicaid Older Adults Waiver expenditure in FY 2008 and FY 2009, increased 13%, from \$47.4 million in FY 2008 to \$53.7 million in FY 2009.

Assisted living, the second largest waiver expenditure in FY 2008 and FY 2009, remained stable at \$24.1 million.

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Figure 11. Medicaid Expenditures for Older Adults Waiver Services
continued

Service	Total Waiver Expenditures by Fiscal Year	
	FY 08	FY 09
Home-Delivered Meals	\$550,233	\$612,670
Medical Day Care Services*	\$0	\$12,786,905
Monitor/Maintenance Personal Emergency Response System	\$369,682	\$416,143
Purchase/Install Personal Emergency Response System	\$12,375	\$17,266
Respite Care – Agency	\$286,939	\$376,216
Respite Care – Assisted Living	\$20,133	\$24,037
Respite Care – Nursing Facility	\$0	\$2,572
Respite Care – Consumer-Employed	\$6,869	\$13,871
Senior Center Plus	\$305,545	\$275,424
Other Waiver Services**	\$3,687	\$500
Total	\$75,243,275	\$94,947,741

Expenditures for medical day care services, a state plan service prior to June 2008, exceeded \$12.7 million in FY 2009.

* Medical day care was changed from a state plan service to a waiver service beginning July 1, 2008.

** “Other waiver services” are Medicaid waiver services that are provided during an individual’s Older Adults Waiver span but are authorized under a different home and community-based waiver.

Source: DSS.

Figure 12. Use of Older Adults Waiver Services

Service	Number of Users		Average Units of Service Per User	
	FY 08	FY 09	FY 08*	FY 09**
Agency Nurse	1,767	1,897	14	14
Agency Personal Care Aide w/out Medications	1,335	1,386	1,854	1,912
Agency Personal Care Aide with Medications	321	389	1,379	1,625
Consumer-Employed Personal Care Aide w/out Medications	372	352	2,008	2,126
Consumer-Employ Personal Care Aide with Medications	50	49	1,643	1,897
Assisted Living 2, no medical day care	476	410	148	152
Assisted Living 2, with medical day care	174	137	122	126
Assisted Living 3, no medical day care	1,284	1,299	175	175
Assisted Living 3, with medical day care	574	547	115	124
Assistive devices at home for waiver	943	1,206	***	***
Behavior Consultation	293	300	10	7
Dietitian/Nutritionist Services	30	27	1	2
Environmental Accessibility Adaptations	105	134	***	***
Environmental Assessments	141	180	1	1
Family or Consumer Training	1	1	10	22
Home-Delivered Meals	346	408	287	267

From FY 2008 to FY 2009, the number of Older Adults Waiver participants using agency personal care services increased, while the number of participants using consumer-employed personal care decreased slightly.

In FY 2009, more than one-third (36%) of waiver participants received Assisted Living 3 with no medical day care.

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Figure 12. Use of Older Adults Waiver Services continued

Service	Number of Users		Average Units of Service Per User	
	FY 08	FY 09	FY 08*	FY 09**
Medical Day Care Services	†	1,204	†	146
Monitor/Maintenance Personal Emergency Response System	956	1,073	9	9
Purchase/Install Personal Emergency Response System	186	248	***	***
Respite Care – Agency	263	303	86	96
Respite Care – Consumer-Employed	12	13	57	105
Respite Care – Assisted Living	34	33	8	10
Respite Care – Nursing Facility	0	2	0	10
Senior Center Plus	77	69	90	89

In FY 2009, one-third of Older Adults Waiver participants utilized medical day care services, attending medical day care programs for 146 days on average.

*FY 2008 Older Adults Waiver Medicaid payment rates were used to calculate the average units of service used.

**FY 2009 Older Adults Waiver Medicaid payment rates were used to calculate the average units of service used.

***Average units of service cannot be calculated due to the unit of measure for these services (i.e., per year, per modification).

† Effective July 1, 2008, medical day care services were converted from a state plan service to a waiver service.

Source: DSS.

Figure 13. Medicaid Non-Waiver Expenditures* for Older Adults Waiver Participants, by Service Category

Service Category	FY06	FY07	FY08	FY09
DMS/DME**	\$4,864,246	\$5,095,973	\$5,695,492	\$5,997,467
Medical Day Care	\$14,558,136	\$13,626,554	\$12,540,495	\$0
Medicare Cost Share	\$5,357,751	\$5,327,190	\$5,325,700	\$5,783,169
Mental Health	\$335,743	\$299,254	\$281,379	\$328,602
Nursing Facility	\$1,375,069	\$1,053,678	\$1,507,773	\$1,701,657
State Plan Personal Care	\$419,345	\$401,709	\$275,350	\$222,868
Acute Care and Other Services***	\$4,669,272	\$4,605,367	\$4,685,986	\$5,173,169
Total	\$31,579,562	\$30,409,727	\$30,312,173	\$19,206,932

* Medicaid non-waiver expenditures are Medicaid payments made on behalf of waiver participants for services other than Older Adults Waiver services and pharmacy.

** DMS is disposable medical supplies. DME is durable medical equipment.

*** 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.

Source: DSS.

Medicaid non-waiver expenditures decreased 37%, from \$30.3 million in FY 2008 to \$19.2 million in FY 2009. This reflects the shifting of medical day care from a state plan service to a waiver service.

In FY 2009, disposable medical supplies and equipment expenditures totaled nearly \$6 million, or 31% of non-waiver expenditures. Medicare cost share expenditures totaled \$5.8 million, or 30% of non-waiver expenditures.



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