



# The Hilltop Institute

*analysis to advance the health of vulnerable populations*

## Medicaid Long-Term Services and Supports in Maryland:

**FY 2007 to FY 2010  
Volume 1**

**A Chart Book**

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*Prepared for:  
Maryland Department of Health and Mental Hygiene*

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## Overview of Medicaid Long-Term Services and Supports in Maryland

The Maryland Long-Term Services and Supports Chart Book, Volume 1, explores service utilization and expenditures for Medicaid long-term services and supports in Maryland. This chart book provides an overview of the number of Marylanders using long-term services and supports, and the cost to Medicaid to finance these services. Medicaid programs and services addressed in this chart book are:

- *The Living at Home Waiver*
- *The Medical Day Care Services Waiver*
- *Nursing Facilities*
- *The Older Adults Waiver*
- *Medicaid State Plan Personal Care Services*

An overview of long-term services and supports provided in Maryland's Autism Waiver are discussed in The Maryland Long-Term Services and Supports Chart Book, Volume 2.

Maryland's Living at Home Waiver and Older Adults Waiver provide community-based services, such as personal and attendant care, assisted living services, and case management 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, Older Adults Waiver, and Medicaid Day Care Services Waiver also receive State Plan personal care services.

In state fiscal year (FY) 2010, a total of 8,779 Marylanders were enrolled in the Living at Home, Medical Day Care Services, and Older Adults Waivers at some point during the year; 4,819 received at least one State Plan personal care service during the year, and 22,731 had at least one Medicaid-paid nursing facility stay. FY 2010 expenditures for the three waivers and State Plan personal care services totaled \$291.3 million, whereas Medicaid nursing facility payments totaled \$1.13 billion.

## Introduction

This chart book provides information about Maryland Medicaid participants who received services through the Living at Home Waiver, Medical Day Care Services Waiver, and Older Adults Waiver programs in FYs 2007 through 2010. Each of these waivers provides community-based services and supports to individuals with low incomes and functional limitations. The waiver programs serve people who would otherwise require the services of a nursing facility, enabling them to return to or remain in the community. The waiver programs are authorized under Section 1915(c) of the Social Security Act and approved by the federal Centers for Medicare and Medicaid Services.

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 (LOS) data for FYs 2007 through 2010. Also included in this chart book is utilization and expenditure information for Maryland's State Plan personal care services.

### **Maryland Medicaid Home and Community-Based Waivers**

The Living at Home Waiver, which had 850 funded waiver slots in FY 2010, provides services and supports in home or community-based settings that enable people with physical disabilities to continue living in their own homes. Enrollees in the Living at Home Waiver must be aged 18 to 64 at the time of enrollment. Services available through the waiver include:

- Assistive technology
- Attendant care
- Case management
- Consumer and family training
- Dietician and nutritionist services
- Environmental assessments and modifications
- Fiscal intermediary services

## Introduction *continued*

- Home-delivered meals
- Medical day care
- Nursing supervision of attendants
- Personal Emergency Response Systems
- Transition services

The Medical Day Care Services Waiver, a 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 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 program. There were 4,800 funded Medical Day Care Services Waiver slots in FY 2010.

The Older Adults Waiver allows services to be provided to enrolled participants in their own homes or in assisted living facilities. Older Adults Waiver participants must be aged 50 or older at the time of enrollment. In FY 2010, there were 3,750 funded waiver slots. This waiver is administered by the Maryland Department of Aging and a network of 19 Area Agencies on Aging. Services covered under the waiver may include:

- Assisted living services
- Assistive devices
- Behavior consultation services
- Case management
- Consumer and family training
- Dietitian and nutritionist services

## Introduction continued

- Environmental modifications and assessments
- Home-delivered meals
- Medical day care
- Nurse monitoring
- Personal care
- Personal Emergency Response Systems
- Respite care
- Senior Center Plus
- Transition services

The Medicaid Personal Care Program provides assistance with activities of daily living to Medicaid recipients who have a chronic illness, medical condition, or disability. Services are provided by self- or agency-employed providers 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 or community residence and include assistance with activities of daily living 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 individual's assessed need.

Living at Home, Medical Day Care Services, and Older Adults Waiver participants are also entitled to receive other services under the Maryland Medicaid State Plan.



## Key Findings

This chart book summarizes demographic, service utilization, and expenditure data for FYs 2007 through 2010. The data are presented through a series of figures that illustrate trends in long-term services and supports utilization with accompanying narrative text.

Notable trends in the data include:

- The unduplicated number of individuals enrolled in the Living at Home, Older Adults, and Medicaid Day Care Services waivers in FY 2010 was 8,779.
- The number of Maryland Medicaid nursing facility residents remained constant during the four study years. The unduplicated number of nursing facility residents was 22,731 in FY 2010.
- Total Medicaid spending for the three home and community-based waivers exceeded \$265.1 million in FY 2010 – an increase of 107% from \$128 million in FY 2007. The increase was due largely to the FY 2009 implementation of the Medical Day Care Services Waiver.
- Per member per month (PMPM) expenditures for waiver participants varied by waiver in FY 2010. Living at Home Waiver participants had the highest PMPM cost at \$5,531, followed by the Older Adults Waiver at \$3,272 and the Medical Day Care Services Waiver at \$2,328.
- Total Medicaid expenditures for nursing facility residents increased 9% from \$1.04 billion in FY 2007 to \$1.16 billion in FY 2009 before decreasing slightly to \$1.13 billion in FY 2010.
- Medicaid PMPM expenditures for nursing facility residents were \$5,840 in FY 2010, down slightly from the previous year.
- From FY 2007 to FY 2010, PMPM costs increased 29% for Living at Home Waiver participants and 10% for Older Adults Waiver participants. Nursing facility PMPM increased 11% during the same period.

## Chart Book Organization

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

- **Maryland Long-Term Services and Supports Users:** This section includes data on the number of Maryland Medicaid home and community-based services waiver participants, nursing facility residents, and State Plan personal care recipients, with breakdowns by age, race, gender, and county 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 State Plan personal care services. This section also contains information about Medicaid expenditures and Medicaid services that individuals may receive while residing in a nursing facility. All presented data pertain to the level of care, diagnoses, and average LOS for nursing facility residents.

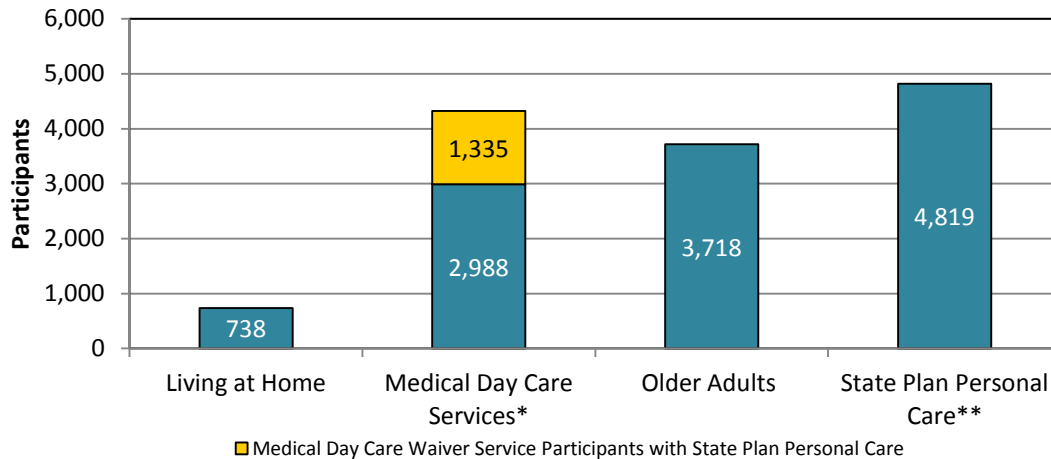
## Data Sources

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 Medicaid during the relevant fiscal year, including Medicaid eligibility category and fee-for-service (FFS) claims. All MMIS2 data is warehoused and processed monthly by The Hilltop Institute.
- **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.
- **Maryland Office of Health Care Quality, Minimum Data Set (MDS):** The MDS is a federally mandated assessment instrument that is conducted for each nursing facility resident upon admission and at least quarterly thereafter. Hilltop collects and refines MDS data for Maryland nursing facilities on a routine basis. Hilltop's refined data set was used in this chart book.
- **DHMH Long-Term Care and Waiver Services:** Living at Home Waiver and Older Adults Waiver Interest Lists and waiver administrative costs data.
- **U.S. Census Bureau:** 2010 Census Demographic Profiles, prepared by the Maryland Department of Planning, Projections and Data Analysis, State Data Center, May 2011.

# Maryland Long-Term Services and Supports

**Figure 1. Long-Term Services and Supports Users, Home and Community-Based Services, FY 2010**



In FY 2010, 13,598 Marylanders received Medicaid-paid home and community-based services in the three waivers and through State Plan personal care services. The Medicaid nursing facility population remained relatively stable during the four study years. In FY 2010, 22,731 Medicaid recipients received at least one day of nursing facility services.

**Figure 2. Number of Home and Community-Based Services Users\* and Nursing Facility Residents, FY 2007 – FY 2010**

	FY 07	FY 08	FY 09	FY 10
Living at Home	542	596	666	738
Medical Day Care Services**			4,086	4,323
Older Adults	3,637	3,581	3,627	3,718
State Plan Personal Care***	4,286	4,324	3,293	4,819
<b>Total Home and Community-Based Services Users</b>	<b>8,465</b>	<b>8,501</b>	<b>11,672</b>	<b>13,598</b>
<b>Nursing Facility Users</b>	<b>23,216</b>	<b>22,727</b>	<b>22,897</b>	<b>22,731</b>

\* Waiver counts include Money Follows the Person participants.

\*\*Effective July 1, 2008, medical day care was converted from a State Plan service to a waiver service.

\*\*\* Medical Day Care Services Waiver participants who received State Plan personal care services while enrolled in the waiver are included in both the Medical Day Care Services Waiver and State Plan personal care counts.

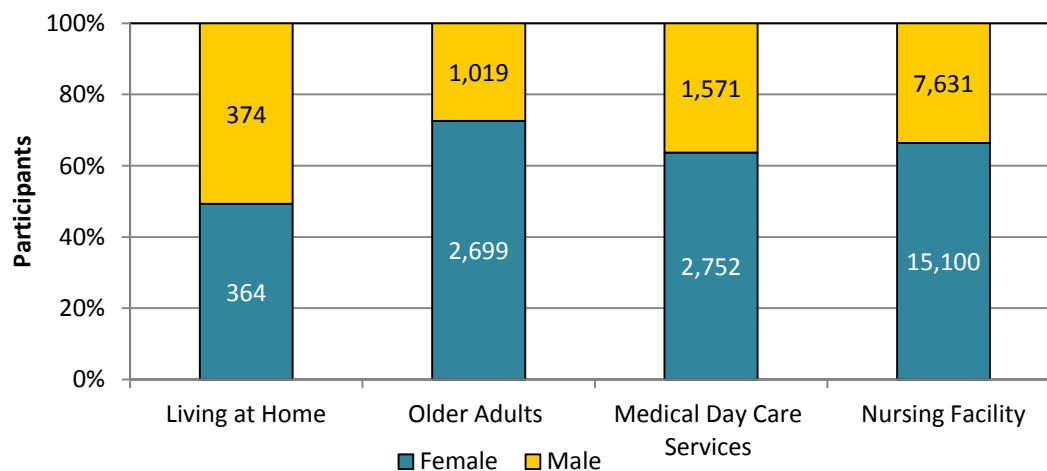
Source: DSS

**Figure 3. Medicaid Waiver Participants and Nursing Facility Residents, by Age Group, FY 2010**

	Living at Home *	Medical Day Care Services	Older Adults	Nursing Facility
<b>0-21</b>	5	44	0	22
<b>22-49</b>	419	676	0	1,325
<b>50-64</b>	300	797	614	3,472
<b>65-74</b>	14	789	774	3,528
<b>75-84</b>	0	1,318	1,066	5,812
<b>85+</b>	0	699	1,264	8,528
<b>Unknown</b>	0	0	0	44
<b>Total</b>	<b>738</b>	<b>4,323</b>	<b>3,718</b>	<b>22,731</b>

In FY 2010, 5,924 waiver participants and 17,868 nursing facility residents were aged 65 years or older. Of those aged 65 or older, 1,963 waiver participants and 8,528 nursing facility residents were aged 85 or older.

**Figure 4. Medicaid Waiver Participants and Nursing Facility Residents, by Gender, FY 2010**

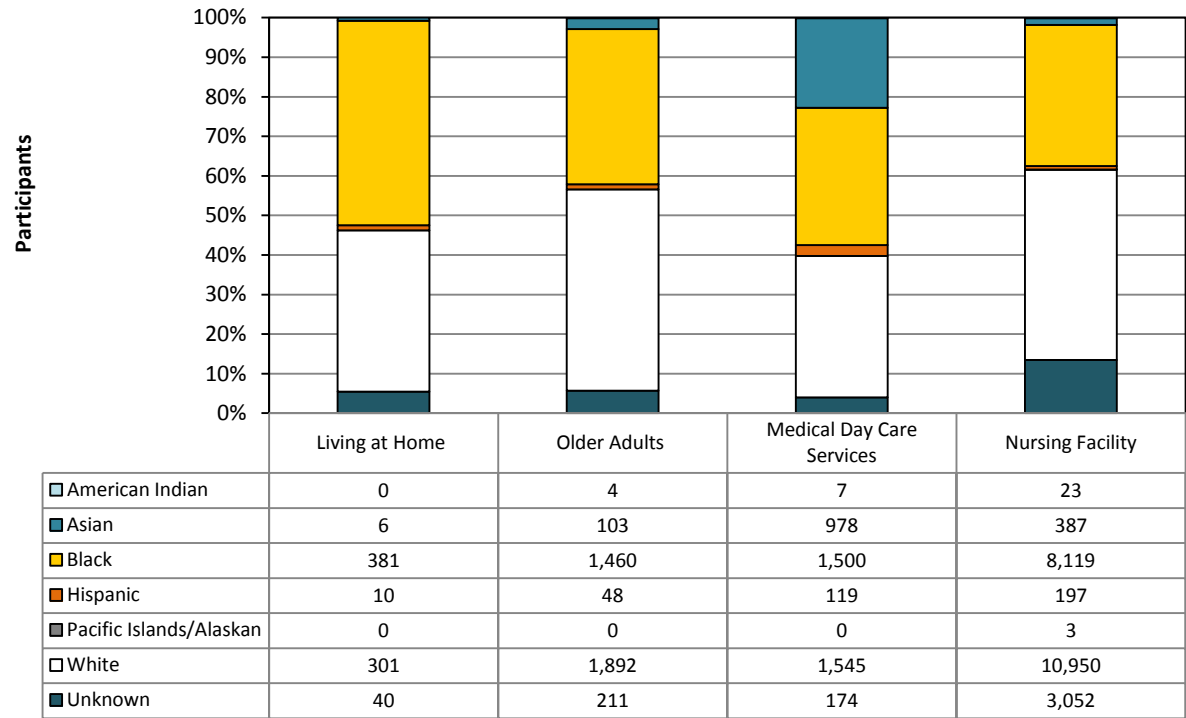


The majority of users of nursing facility and home and community-based services are female.

\*Enrollment in the Living at Home Waiver is limited to persons under age 65.

Source: DSS

**Figure 5. Medicaid Waiver Participants and Nursing Facility Residents, by Race, FY 2010**



With the exception of the Living at Home Waiver participants, Whites make up the largest percentage of the waiver and nursing facility populations.

Source: DSS

**Figure 6. Number of Medicaid Waiver Participants and Nursing Facility Residents per Capita, by Race, FY 2010**

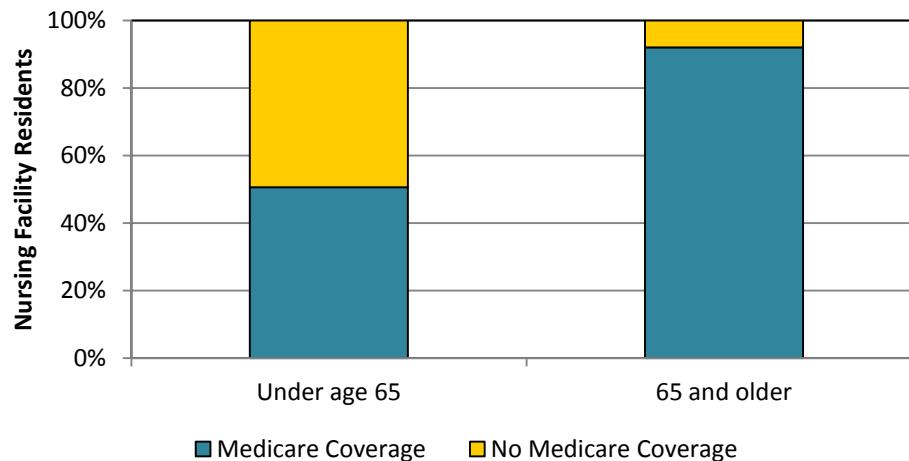
	Living at Home	Older Adults	Medical Day Care Services	Nursing Facility
<b>American Indian</b>		4	8	15
<b>Asian</b>	0	38	12	15
<b>Black</b>	3	11	32	62
<b>Hispanic</b>	0	4	8	6
<b>Pacific Island/Alaskan</b>				12
<b>White</b>	1	6	15	40

\* Per capita is the number of individuals enrolled in the three waivers or residing in a nursing facility for every 10,000 people of the same race and aged 18 to 64 and older for the Living at Home Waiver, aged 16 and older for the Medical Day Care Services Waiver, aged 50 and older for the Older Adults Waiver, and aged 16 and older for the nursing facility population in the state of Maryland.

Source: DSS

In FY 2010, Asians had the highest number of Older Adults Waiver participants per capita, at 38. Blacks had the highest number of Living at Home Waiver participants, Medical Day Care Services Waiver participants, and nursing facility residents per capita, at 3, 32, and 62, respectively.

**Figure 7. Percentage of Medicaid Nursing Facility Residents, by Medicare Coverage, FY 2010**



In FY 2010, 51% of Medicaid nursing facility residents under age 65 and 92% of residents aged 65 and older had Medicare coverage.

Source: MMIS2



**Figure 8. Number of Medicaid Waiver Participants and Nursing Facility Residents per Capita,\* by County, FY 2010**

County	Living at Home Waiver		Medical Day Care Services Waiver		Older Adults Waiver		Nursing Facilities		All	
	Total	Per Capita	Total	Per Capita	Total	Per Capita	Total	Per Capita	Total	Per Capita
Allegany	18	4	151	24	68	24	882	138	1,119	221
Anne Arundel	62	2	113	3	280	16	1,089	25	1,544	42
Baltimore City	206	4	1,380	27	872	47	4,982	98	7,440	137
Baltimore	111	18	701	11	603	22	3,063	46	4,478	740
Calvert	5	2	16	2	37	13	275	39	333	153
Caroline	7	1	26	10	34	31	360	138	427	38
Carroll	12	2	24	2	123	22	630	47	789	115
Cecil	11	1	6	1	59	18	366	46	442	44
Charles	24	11	41	4	78	19	458	40	601	285
Dorchester	6	0	52	20	50	38	247	92	355	22
Frederick	26	13	22	1	44	6	784	42	876	446
Garrett	9	1	12	5	30	25	314	126	365	22
Harford	17	1	64	3	53	7	745	38	879	44
Howard	18	14	141	6	185	21	496	22	840	652
Kent	4	0	14	8	26	29	124	72	168	3
Montgomery	71	1	1,178	15	434	14	3,076	39	4,759	78
Prince George's	76	24	194	3	394	16	2,163	31	2,827	901
Queen Anne's	7	1	6	2	25	14	129	33	167	23
St. Mary's	6	3	18	2	42	14	391	172	457	239
Somerset	6	3	23	10	26	30	222	27	277	121
Talbot	4	0	12	4	6	3	165	52	187	19
Washington	9	1	61	5	52	10	854	71	976	144
Wicomico	18	6	43	5	66	21	555	69	682	214
Worcester	4	0	16	4	52	22	295	67	367	8
Maryland**	737	2	4,323	9	3,718	20	22,694	49	31,472	80

In FY 2010, Baltimore County and Prince George’s County had the highest number of Living at Home Waiver participants per capita, at 18 and 24, respectively. Baltimore City had the highest number of Older Adults and Medical Day Care Services Waiver participants per capita, at 47 and 27, respectively.

Per capita, the majority of the nursing facility residents were located in St. Mary’s County (172 residents per 10,000 people). Allegany and Caroline Counties each had 138 residents per 10,000 people with at least one Medicaid-paid day in a nursing facility.

\* Per capita is the number of individuals enrolled in the three waivers or residing in a nursing facility in each county for every 10,000 people aged 20 to 64 residing in the county for the Living at Home Waiver, aged 16 and older for the Medical Day Care Services Waiver, aged 50 and older for the Older Adults Waiver, and aged 15 and older for the nursing facility population.

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

**Note:** The U.S. Census Bureau’s Annual County Resident Population Estimates age categories do not align with the Living at Home Waiver age criteria. The population per capita calculations, therefore, include persons aged 15 to 64 years. Census Bureau and MMIS nursing facility residence counts are based on the location of the nursing facility.

Sources: DSS, U.S. Census Bureau

**Figure 9. Newly Enrolled Living at Home Waiver Participants, by Pre-Waiver Setting\***

Pre-Waiver Setting*	FY 07		FY 08		FY 09		FY 10	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
<b>Living at Home Waiver</b>								
<b>Chronic Hospital</b>	0	0%	0	0%	4	3%	6	4%
<b>Rehabilitation Hospital</b>	0	0%	0	0%	0	0%	1	1%
<b>Nursing Facility</b>	72	57%	83	80%	133	94%	121	90%
<b>Other</b>	54	43%	21	20%	4	3%	7	5%
<b>Total</b>	126	100%	104	100%	141	100%	135	100%

\* *Pre-waiver setting* refers to the setting in which the waiver participant resided prior to enrolling in the waiver. To determine an individual's pre-waiver setting, Hilltop examined MMIS claims for the three months prior to waiver enrollment to determine if claims were filed for a chronic hospital, rehabilitation hospital, institution for mental disease (IMD), intermediate care facility for individuals with intellectual disabilities (ICF/ID), or nursing facility (NF) stay; if so, new waiver participants were classified accordingly. Waiver participants without chronic or rehabilitation hospital, IMD, ICF/ID, or NF claims were classified as coming from "other" settings.

Source: MMIS2

During the four study years, the number of Living at Home Waiver participants who resided in a nursing facility in the three months prior to enrolling in the waiver increased dramatically, from 80% in FY 2007 to 90% in FY 2010. The waiver is currently open only to individuals moving into the community from a nursing facility. There were no participants residing in an institution for mental disease or an intermediate care facility for individuals with intellectual disabilities in the three months prior to enrolling in the waiver.

**Figure 10. Newly Enrolled Older Adults Waiver Participants, by Pre-Waiver Setting\***

Pre-Waiver Setting*	FY 07		FY 08		FY 09		FY 10	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
<b>Older Adults Waiver</b>								
Chronic Hospital	0	0%	1	0%	1	0%	0	0%
Rehabilitation Hospital	0	0%	0	0%	1	0%	0	0%
Institution for Mental Diseases	0	0%	0	0%	1	0%	0	0%
Nursing Facility	247	30%	297	42%	340	44%	332	46%
Other	576	70%	404	58%	426	55%	384	54%
<b>Total</b>	<b>823</b>	<b>100%</b>	<b>702</b>	<b>100%</b>	<b>769</b>	<b>100%</b>	<b>716</b>	<b>100%</b>

\*Pre-waiver setting refers to the setting in which the participant resided prior to enrolling in the waiver. To determine an individual's pre-waiver setting, Hilltop examined MMIS claims for the three months prior to waiver enrollment to determine if claims were filed for a chronic hospital, rehabilitation hospital, institution for mental disease (IMD), intermediate care facility for individuals with intellectual disabilities (ICF/ID), or nursing facility (NF) stay; if so, new waiver participants were classified accordingly. Waiver participants without chronic or rehabilitation hospital, IMD, ICF/ID, or NF claims were classified as coming from "other" settings.

Source: MMIS2

The number of Older Adults Waiver participants who resided in a nursing facility prior to enrolling in the waiver increased significantly, from 30% in FY 2007 to 46% in FY 2010.

There were no participants residing in an intermediate care facility for individuals with intellectual disabilities in the three months prior to enrolling in the waiver.

**Figure 11. Newly Enrolled Medical Day Care Services Waiver Participants, by Pre-Waiver Setting\***

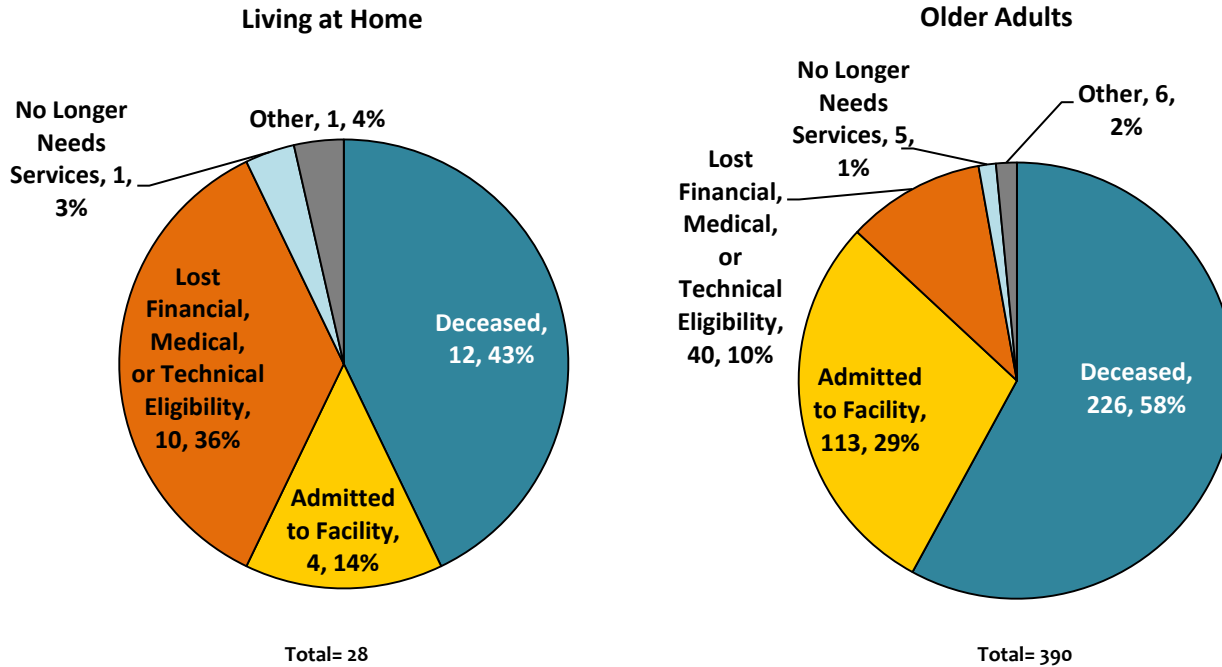
Pre-Waiver Setting*	FY 09		FY 10	
	Number	Percentage	Number	Percentage
<b>Medical Day Care Services Waiver</b>				
<b>Chronic Hospital</b>	7	0%	10	1%
<b>Rehabilitation Hospital</b>	2	0%	4	0%
<b>Institution for Mental Diseases</b>	1	0%	0	0%
<b>Nursing Facility</b>	88	2%	43	4%
<b>Other</b>	3,988	98%	994	95%
<b>Total</b>	<b>4,086</b>	<b>100%</b>	<b>1,051</b>	<b>100%</b>

\* Pre-waiver setting refers to the setting in which the participant resided prior to enrolling in the waiver. To determine an individual's pre-waiver setting, Hilltop examined MMIS claims for the three months prior to waiver enrollment to determine if claims were filed for a chronic hospital, rehabilitation hospital, institution for mental disease (IMD), intermediate care facility for individuals with intellectual disabilities (ICF/ID), or nursing facility (NF) stay; if so, new waiver participants were classified accordingly. Waiver participants without chronic or rehabilitation hospital, IMD, ICF/ID, or NF claims were classified as coming from "other" settings.

Source: MMIS2

In FY 2010, 95% of newly enrolled Medical Day Care Services Waiver participants entered the waiver from a non-institutional setting. Many individuals were receiving State Plan medical day care in the community prior to entering the waiver. There were no participants residing in an intermediate care facility for individuals with intellectual disabilities in the three months prior to enrolling in the waiver.

**Figure 12. Reason for Leaving the Living at Home and Older Adults Waivers, by Waiver, FY 2010**



In FY 2010, 28 (3.8%) of the 738 Living at Home Waiver participants, and 390 (10.5%) of the 3,718 Older Adults Waiver participants were disenrolled from their respective waivers. Across both waivers, most participants were disenrolled due to changes in circumstances, such as death or admission to a long-term care facility.

**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. Individual lengths of stay were calculated from the beginning date of the participant's last waiver eligibility span to the last day of each fiscal year (June 30). 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. The Medicaid Day Care Services Waiver was not included in this analysis due to the limited time in operation.

Source: MMIS2

**Figure 13. Newly Enrolled Nursing Facility Residents, by Pre-Nursing Facility Admission Setting, FY 2008 – FY 2010**

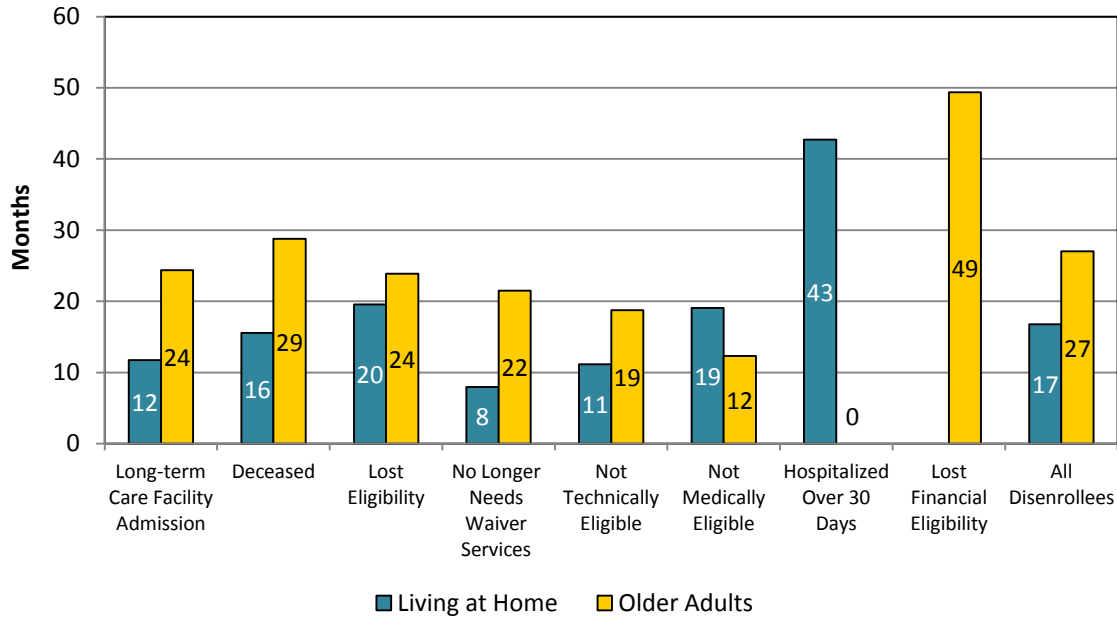
Admitted From	FY 08		FY 09		FY 10	
	Admissions	Percentage	Admissions	Percentage	Admissions	Percentage
Private Home or Apartment without Home Health Services	1,737	9%	1,653	8%	1,610	8%
Private Home or Apartment with Home Health Services	508	3%	507	3%	475	2%
Board and Care/Assisted Living/Group Home	1,041	5%	992	5%	986	5%
Nursing Facility	2,401	12%	2,339	12%	2,393	12%
Acute Hospital	13,679	68%	13,906	69%	14,392	70%
Psychiatric Hospital or Intellectual Disabilities/Developmental Disabilities Facility	279	1%	275	1%	274	1%
Rehabilitation Hospital	204	1%	216	1%	220	1%
Other	293	1%	279	1%	281	1%
<b>Total</b>	<b>20,142</b>	<b>100%</b>	<b>20,167</b>	<b>100%</b>	<b>20,631</b>	<b>100%</b>

**Note:** The population represented in this figure includes unduplicated individuals having at least one Medicaid-paid day in a nursing facility in FY 2010. MDS defines home health services as “skilled nursing, therapy (e.g., physical, occupational, speech), nutritional, medical, psychiatric and home health aide services delivered in the home. Does not include the following services unless provided in conjunction with the services previously named: homemaker/personal care services, home delivered meals, telephone reassurance, transportation, respite services or adult day care.”

**Source:** Hilltop-refined MDS Data, Section AB.2. (category titles reflect those used on the MDS forms)

Over the past three years, the largest majority of admissions to Medicaid nursing facilities were from acute care hospitals. In FY 2010, 70% of the 20,631 admissions came from this setting. Individuals in the community who received home health services were less likely to enter a nursing facility than individuals who did not receive home health services.

**Figure 14. Average Length of Stay in the Waiver for Living at Home and Older Adults Waiver Disenrollees, FY 2010**



**Note:** Waiver participants leaving the waiver 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. Individual lengths of stay were calculated from the beginning date of the participant's last waiver eligibility span to the last day of each fiscal year (June 30).

**Source:** MMIS2

In FY 2010, 28 Living at Home Waiver participants were enrolled for 17 months, on average, before leaving the waiver; 390 Older Adults Waiver participants were enrolled for 27 months, on average, before disenrolling.

Participants who disenrolled due to death were enrolled in the Living at Home Waiver and Older Adults Waiver for an average of 16 months and 29 months, respectively. Living at Home Waiver participants who disenrolled due to admission to a long-term care facility were enrolled in the waiver for an average of 12 months, whereas Older Adults Waiver participants who disenrolled for the same reason were enrolled in the waiver for an average of 24 months.

**Figure 15. Average Length of Extended Stay, in Months, at Discharge for Individuals with a Medicaid Nursing Facility Claim, by Age Group**

Age Group	< 3 Months		≥ 3 Months		Total	
	Stays	Avg LOS	Stays	Avg LOS	Stays	Avg LOS
<b>FY 07</b>						
<b>Under 65</b>	416	1.3	992	18.8	1,408	13.6
<b>65 and Older</b>	327	1.5	4,749	34.9	5,076	32.7
<b>FY 08</b>						
<b>Under 65</b>	384	1.3	945	20.9	1,329	15.2
<b>65 and Older</b>	300	1.5	4,518	36.0	4,818	33.9
<b>FY 09</b>						
<b>Under 65</b>	367	1.3	997	22.1	1,364	16.5
<b>65 and Older</b>	294	1.3	4,309	36.2	4,603	33.9
<b>FY 10</b>						
<b>Under 65</b>	448	1.3	1,097	23.2	1,545	16.8
<b>65 and Older</b>	336	1.3	4,938	37.7	5,274	35.4

**Note:** An *extended stay*—as defined by Hilltop—includes one or more discrete stays (a discrete stay includes contiguous days from first evidence of admission to discharge in a single facility), but allows for short periods of discharge (up to 30 days), such as a hospital stay, and changes in nursing facility. For this figure, the population was limited to Medicaid recipients with at least one full Medicaid-paid day in a nursing facility in the given fiscal year. Stays that were only covered as a Medicare benefit were excluded.

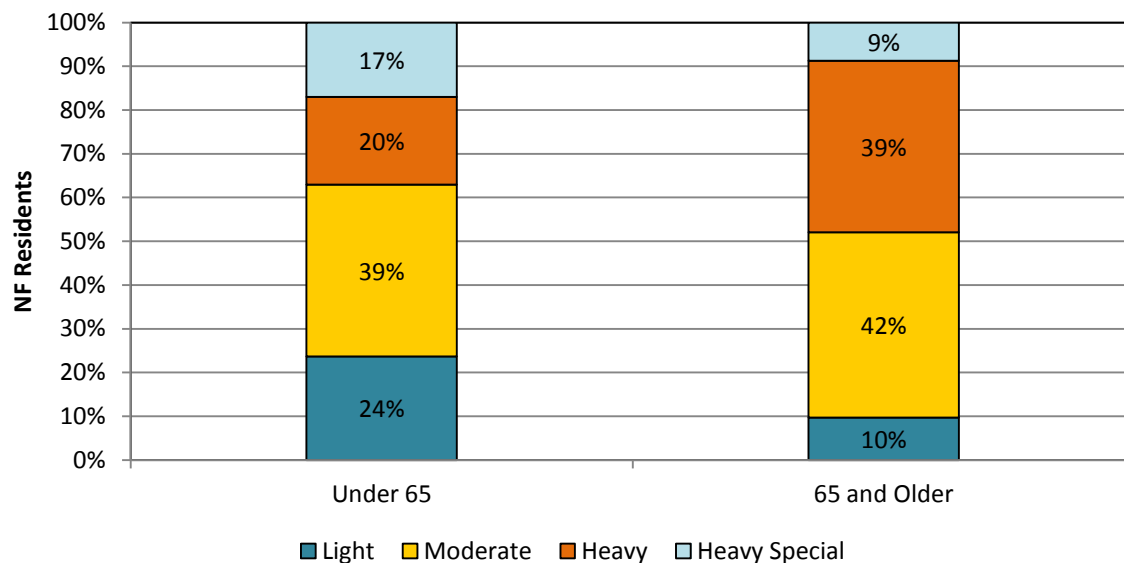
**Source:** Hilltop-refined MDS Data

Both age groups (under 65 years, and 65 and older) experienced an increase in the average length of extended stay between FY 2007 and FY 2010. This increase was driven by increasing lengths of long-term care stays (i.e., stays of three months or more).

In FY 2010, the average length of stay for persons aged 65 and older was twice that for persons under the age of 65—a pattern that was fairly consistent over the four study years.



**Figure 16. Medicaid Nursing Facility Residents, by Age Group and Reimbursement Level, FY 2010**

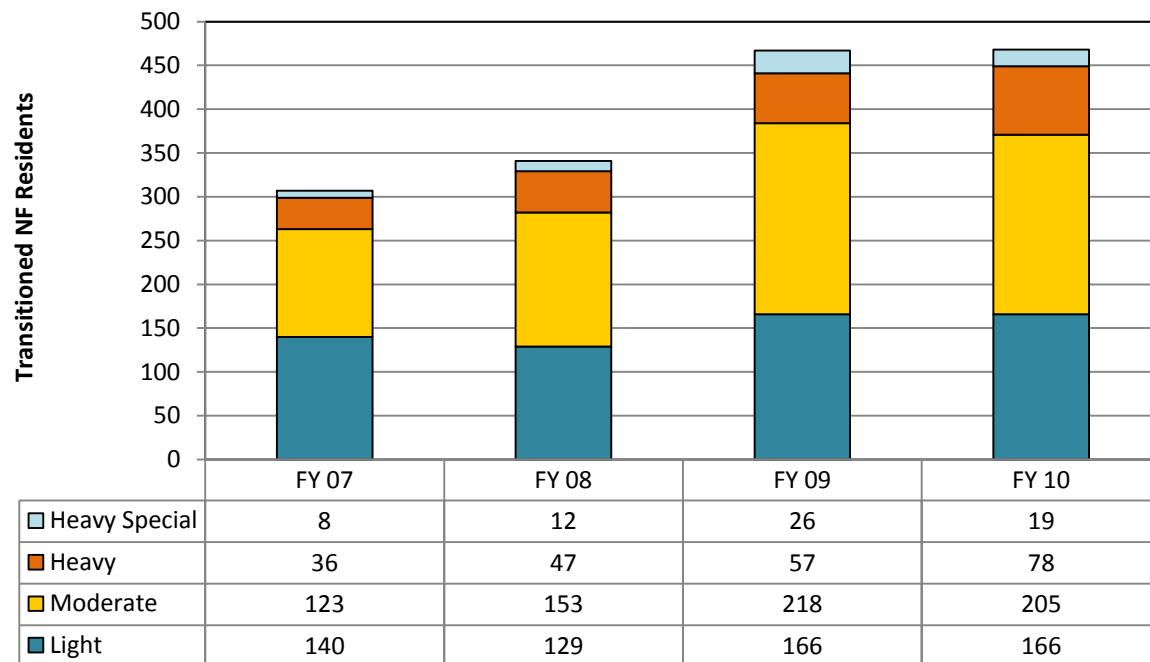


In FY 2010, in both the under 65 and 65 and older age groups, the largest percentage of nursing facility residents required a “moderate” reimbursement level. Of those requiring a “light” level of care, 24% were younger than 65 and 10% were aged 65 and older.

**Note:** The total number of nursing facility residents with a reimbursement level designation in FY 2010 was 22,297. Reimbursement levels are defined as follows: Light – Dependent in 0, 1, or 2 ADLs; Moderate – Dependent in 3 or 4 ADLs; Heavy – Dependent in all 5 ADLs; Heavy Special – Dependent in all 5 ADLs and requires and receives one or more of the following: Communicable Disease Care, Central Intravenous Line, Peripheral Intravenous Care, Decubitus Ulcer Care, Tube Feeding, Ventilator Care, or Support Surface A or B during the majority of the month; Other – Either Not Specified, Therapeutic Bed Hold, Hospital Bed Hold, or Medicare Copay.

**Source:** MMIS2

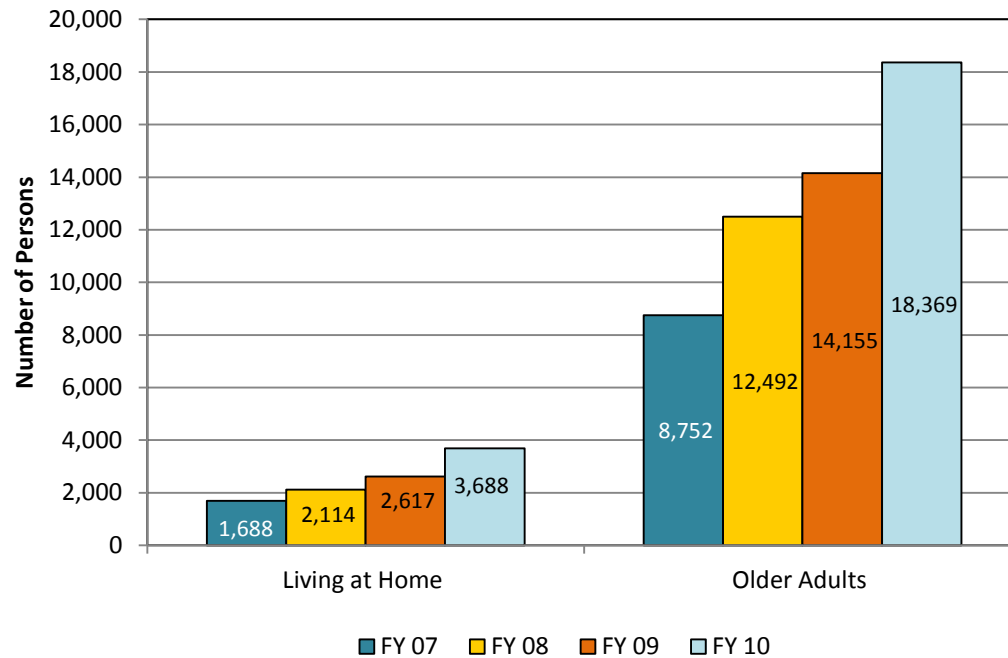
**Figure 17. Transitioned Medicaid Nursing Facility Residents, by Reimbursement Level, FY 2007 – FY 2010**



During the four study years, the majority of nursing facility residents who transitioned from a nursing facility to the community had a “moderate” or “light” reimbursement level.

Source: MMIS2

**Figure 18. Number of Persons on the Living at Home and Older Adults Waiver Interest Lists**



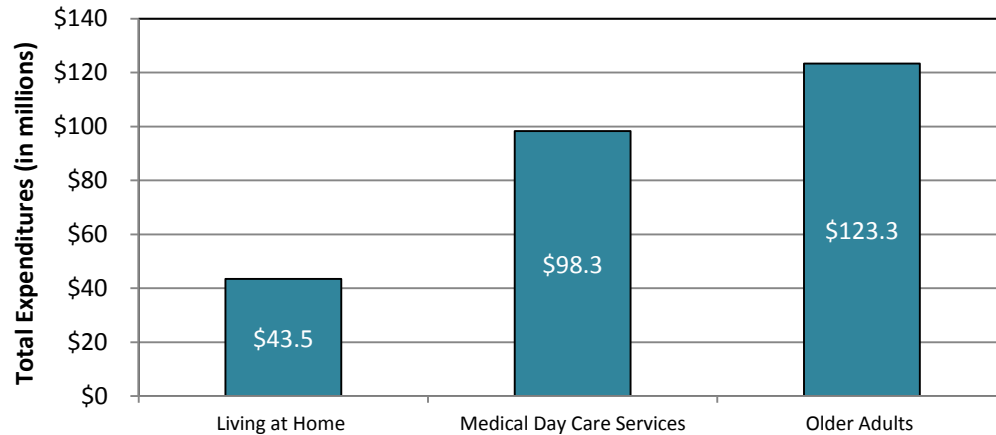
Many Marylanders have indicated an interest in participating in the Living at Home and Older Adults Waivers.

In FY 2010, there was a combined total of 22,057 Marylanders on the Living at Home Waiver and Older Adults Waiver Interest Lists. The combined number of individuals on the interest lists more than doubled from FY 2007 to FY 2010.

Source: DHMH Long-Term Care and Waiver Services

# Medicaid Expenditures and Service Utilization

**Figure 19. Total Medicaid Expenditures\* for Home and Community-Based Waiver Participants, FY 2010**



In FY 2010, Older Adults Waiver expenditures were \$123.3 million, Medical Day Care Services Waiver expenditures were \$98.3 million, and Living at Home Waiver expenditures were \$43.5 million.

**Figure 20. Total Medicaid Expenditures\* for Home and Community-Based Waiver Participants and Nursing Facility Residents, FY 2007 – FY 2010**

	FY 07	FY 08	FY 09	FY 10
Living at Home	\$23,770,108	\$28,000,757	\$33,603,654	\$43,490,136
Medical Day Care Services**			\$89,802,148	\$98,303,218
Older Adults	\$104,202,309	\$107,411,981	\$116,330,077	\$123,271,336
<b>Total Expenditures for Waiver Participants</b>	<b>\$127,972,417</b>	<b>\$135,412,738</b>	<b>\$239,735,879</b>	<b>\$265,064,690</b>
Nursing Facility	\$1,038,202,671	\$1,087,314,881	\$1,158,574,573	\$1,132,554,455

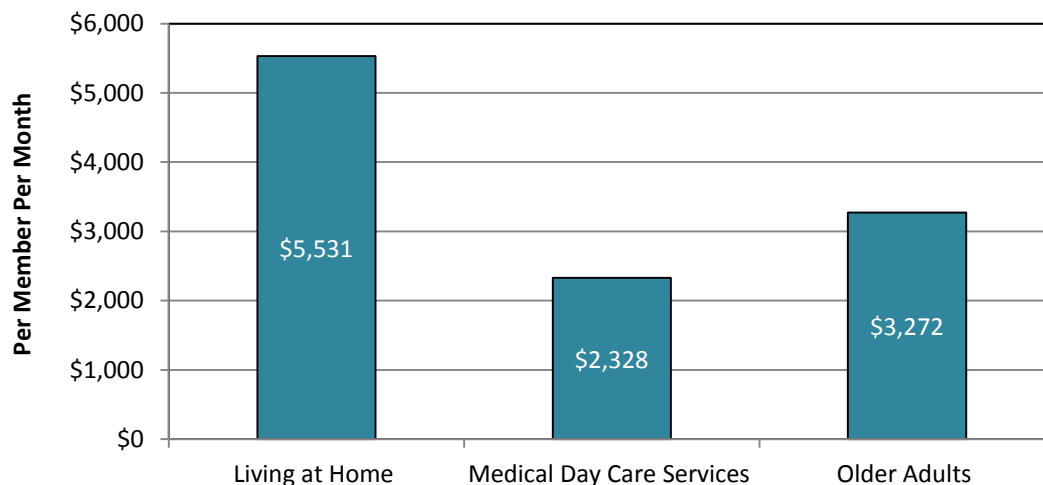
Medicaid nursing facility expenditures increased 12%, from \$1.04 billion in FY 2007 to \$1.16 billion in FY 2009, before decreasing slightly (2%) to \$1.13 billion in FY 2010.

\*Total Medicaid expenditures for waiver participants (includes Money Follows the Person participants) include waiver, non-waiver, and pharmacy expenditures, but do not include waiver administrative costs. For administrative costs, see Figures 23 and 24.

\*\*Effective July 1, 2008, medical day care was converted from a State Plan service to a waiver service.

Source: DSS

**Figure 21. Per Member Per Month Medicaid Expenditures\* for Home and Community-Based Waiver Participants, FY 2010**



At \$5,531 in FY 2010, per member per month expenditures for services provided to Living at Home Waiver participants consistently outpaced the per member per month expenditures for Older Adults and Medical Day Care Services Waiver participants.

**Figure 22. Per Member Per Month Medicaid Expenditures\* per Person for Home and Community-Based Waiver Participants and Nursing Facility Residents, FY 2007 – FY 2010**

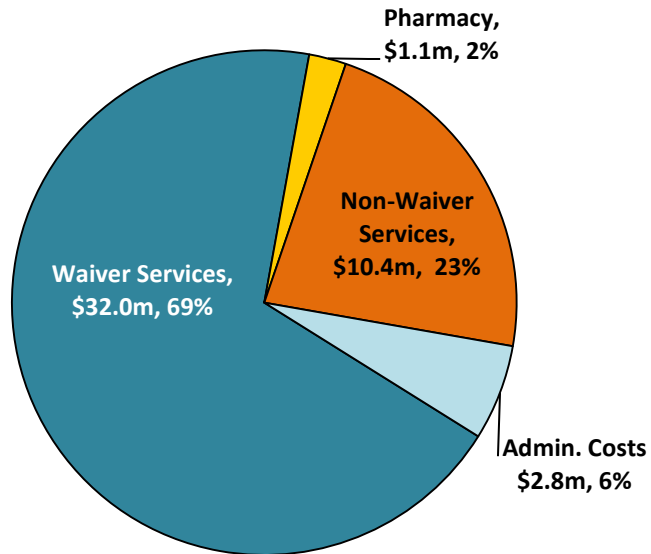
	FY 07	FY 08	FY 09	FY 10
Living at Home	\$4,296	\$4,481	\$4,886	\$5,531
Medical Day Care			\$2,348	\$2,328
Older Adults	\$2,969	\$3,026	\$3,252	\$3,272
Nursing Facility	\$5,242	\$5,599	\$5,973	\$5,840

Although the number of nursing facility residents decreased, the per member per month cost of Medicaid nursing facility residents increased 11%, from \$5,242 in FY 2007 to \$5,840 in FY 2010.

\* Does not include administrative costs. For administrative costs, see Figures 23 and 24.

Source: DSS

**Figure 23. Selected Administrative Costs\* as a Percentage of Total Medicaid Expenditures for Living at Home Waiver Participants, FY 2010**



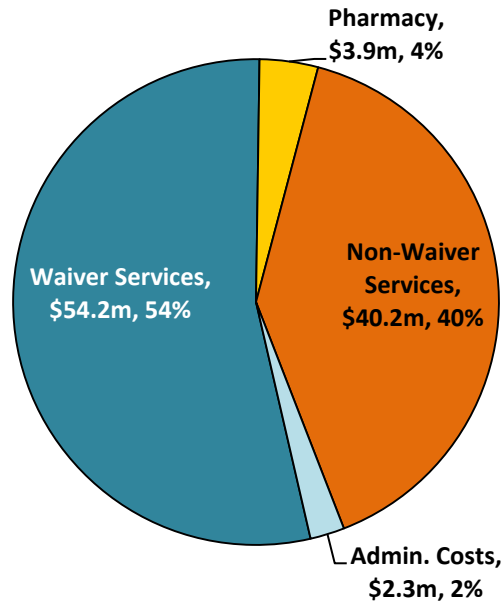
Selected administrative costs for the Living at Home Waiver in FY 2010 were \$2,837,282.

Personal care worker taxes composed 3% of total Medicaid Living at Home Waiver expenditures, whereas case management, staff costs, eligibility reviews, and fiscal intermediary services contributed 1% each.

\* Administrative costs include medical eligibility reviews, case management services, personal care worker taxes, staff costs, and fiscal intermediary services. Additional administrative costs are incurred in administering the waiver (e.g., IT expenditures for eligibility determinations, enrollment, claims processing, reporting to CMS, and utilization review), but are not easily quantifiable.

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

**Figure 24. Selected Administrative Costs\* as a Percentage of Total Medicaid Expenditures for Medical Day Care Services Waiver Participants, FY 2010**



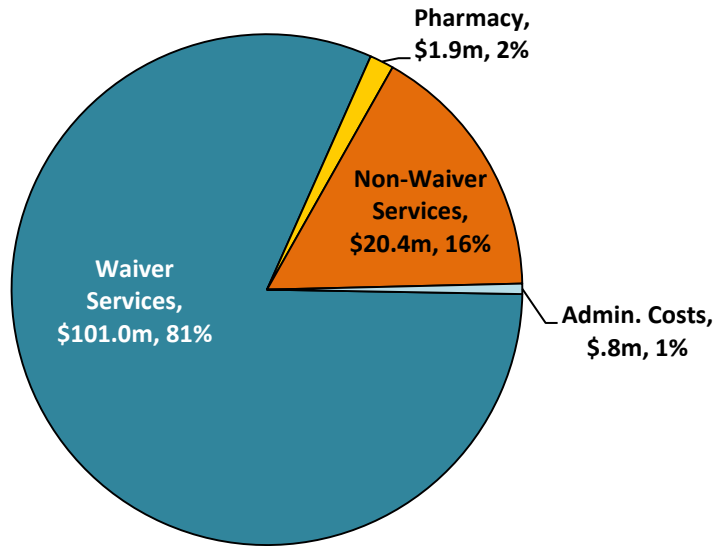
Selected administrative costs for the Medical Day Care Services Waiver in FY 2010 were \$2,297,359.

\*Administrative costs include 3871B assessments, Adult Evaluation and Review Services (AERS) evaluations, staff costs, and eligibility reviews. Additional administrative costs are incurred in administering the waiver (e.g., staffing and IT expenditures for eligibility determinations, enrollment, claims processing, reporting to CMS, and utilization review), but are not easily quantifiable.

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



**Figure 25. Selected Administrative Costs\* as a Percentage of Total Medicaid Expenditures for Older Adults Waiver Participants, FY 2010**



Selected administrative costs for the Older Adults Waiver in FY 2010 totaled \$812,139.

Staff services composed 1% of total Medicaid Older Adults Waiver expenditures, and the completion of eligibility reviews composed 1% of total expenditures.

\* Administrative costs include medical eligibility reviews and staff costs. Additional administrative costs are incurred in administering the waiver (e.g., staffing and IT expenditures for eligibility determinations, enrollment, claims processing, reporting to CMS, and utilization review), but are not easily quantifiable.

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

**Figure 26. Use of Personal and Attendant Care Services by Living at Home and Older Adults Waiver Participants, FY 2010**

Personal and Attendant Care Services	Number of Users	FY 10 Expenditures	Per Member Per Month	Average Units of Service per User*
<b>Living at Home Waiver Services</b>				
Attendant Care – Agency	560	\$18,978,042	\$3,434	216
Attendant Care – Non-Agency	295	\$8,955,144	\$2,861	151
Nursing Supervision – Agency	643	\$378,655	\$82	1
Nursing Supervision – Non-Agency	49	\$15,278	\$62	1
<b>Older Adults Waiver Services</b>				
Nursing Supervision – Agency	2,040	\$1,879,997	\$97	1
Personal Care Aide without Medications – Agency	1,419	\$35,817,500	\$2,654	165
Personal Care Aide with Medications – Agency	488	\$14,752,119	\$3,568	152
Personal Care Aide without Medications – Consumer-Employed	340	\$7,576,860	\$2,382	186
Personal Care Aide with Medications – Consumer-Employed	52	\$1,387,966	\$2,941	171

In FY 2010, Medicaid expenditures for personal and attendant care services—the most widely used of the Living at Home and Older Adults Waiver services—totalled \$89,741,561.

\* FY 2010 Living at Home and Older Adults Waiver Medicaid payment rates were used to calculate the average units of service used.

Source: DSS

**Figure 27. Use of Environmental Assistance Services by Living at Home and Older Adults Waiver Participants, FY 2010**

Environmental Assistance	Number of Users	FY 10 Expenditures	Per Member Per Month	Average Units of Service per User*
<b>Living at Home Waiver Services</b>				
Environmental Accessibility Modifications	125	\$362,213	\$2,636	**
Environmental Assessment	12	\$4,652	\$388	1
Personal Emergency Response Systems–Purchase/Install	110	\$6,740	\$61	**
Personal Emergency Response Systems–Monthly Monitoring	501	\$219,910	\$44	1
Assistive Technology/Devices	273	\$247,138	\$646	**
<b>Older Adults Waiver Services</b>				
Environmental Accessibility Modifications	129	\$356,042	\$2,543	**
Environmental Assessment	159	\$63,200	\$390	1
Personal Emergency Response Systems–Purchase/Install	261	\$19,490	\$74	**
Personal Emergency Response Systems–Monitor/Maintenance	1,175	\$471,385	\$42	1
Assistive Technology/Devices	1,447	\$527,082	\$100	**

\* FY 2010 Living at Home and 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).

Source: DSS

In FY 2010, Medicaid expenditures and the number of users of environmental accessibility modifications were similar in the two waivers.

Among the Older Adults Waiver participants and the Living at Home Waiver participants, assistive devices and the maintenance and monitoring of Personal Emergency Response Systems were the most widely used services.

**Figure 28. Use of Medical Day Care and Senior Center Plus Services by Living at Home, Medical Day Care Services, and Older Adults Waiver Participants, FY 2010**

Medical Day Care and Senior Center Plus Services	Number of Users	FY 10 Expenditures	Per Member Per Month	Average Units of Service per User*
<b>Living at Home Waiver Services</b>				
Medical Day Care	65	\$603,420	\$1,058	11
<b>Medical Day Care Services Waiver</b>				
Medical Day Care	4,153	\$53,463,603	\$1,349	14
<b>Older Adults Waiver Services</b>				
Medical Day Care	1,178	\$12,658,176	\$1,123	13
Senior Center Plus	70	\$273,302	\$457	7

\* FY 2010 Living at Home, Medicaid Day Care Services, and Older Adults Waiver Medicaid payment rates were used to calculate the average units of service used.

Source: DSS

On average, Medical Day Care Services Waiver participants received 172 days of care. Medical day care was also used, on a smaller scale, by Living at Home and Older Adults Waiver participants.

**Figure 29. Use of Nutrition Services by Living at Home and Older Adults Waiver Participants, FY 2010**

Nutrition Services	Number of Users	FY 10 Expenditures	Per Member Per Month	Average Units of Service per User*
<b>Living at Home Waiver</b>				
Dietitian/Nutritionist Services	0	\$0	\$0	0
Home-Delivered Meals	101	\$46,824	\$200	7
<b>Older Adults Waiver</b>				
Dietitian/Nutritionist Services	18	\$1,413	\$78	1
Home-Delivered Meals	489	\$799,129	\$189	26

\* FY 2010 Living at Home and Older Adults Waiver Medicaid payment rates were used to calculate the average units of service used.

Source: DSS

In FY 2010, on average, Living at Home Waiver participants using this service received 84 home-delivered meals, and Older Adults Waiver participants received 295 meals.

There was very little use of dietitian and/or nutritionist services across the two waivers in FY 2010.

**Figure 30. Use of Respite Care Services by Older Adults Waiver Participants, FY 2010**

Respite Care	Number of Users	FY 10 Expenditures	Per Member Per Month	Average Units of Service per User*
<b>Older Adults Waiver Services</b>				
<b>Respite Care – Agency</b>	367	\$467,289	\$466	8
<b>Respite Care – Self-Employed</b>	17	\$16,313	\$276	8
<b>Respite Care – Assisted Living</b>	33	\$21,888	\$371	1

\* FY 2010 Older Adults Waiver Medicaid payment rates were used to calculate the average units of service used.

Source: DSS

In FY 2010, on average, Older Adults Waiver participants using this service received eight days of agency-provided respite care or consumer-provided respite care per month.

**Figure 31. Use of Other Waiver Services by Living at Home and Older Adults Waiver Participants, FY 2010**

Other Services	Number of Users	FY 10 Expenditures	Per Member Per Month	Average Units of Service per User*
<b>Living at Home Waiver Services</b>				
Consumer Training	7	\$2,855	\$140	1
Family Training – Agency	1	\$305	\$305	1
Family Training – Non-Agency	0	\$0	\$0	0
<b>Older Adults Waiver Services</b>				
Behavior Consultation	224	\$59,782	\$122	1
Family or Consumer Training	4	\$979	\$98	1

\* FY 2010 Living at Home and Older Adults Waiver Medicaid payment rates were used to calculate the average units of service used.

Source: DSS

Combined, fewer than 15 Living at Home and Older Adults Waiver participants utilized the available family or consumer training services in FY 2010.

**Figure 32. Use of Assisted Living Services by Older Adults Waiver Participants, FY 2010**

Assisted Living Services	Number of Users	FY 2010 Expenditures	Per Member Per Month	Average Units of Service per User*
<b>Older Adults Waiver</b>				
Assisted Living Level 2, no medical day care	390	\$3,451,934	\$1,015	13
Assisted Living Level 2, with medical day care	131	\$609,408	\$578	9
Assisted Living Level 3, no medical day care	1,296	\$16,236,471	\$1,328	15
Assisted Living Level 3, with medical day care	545	\$3,523,044	\$721	10

\* FY2010 Older Adults Waiver Medicaid payment rates were used to calculate the average units of service used.

**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 (instrumental activities of daily living). 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 Older Adults Waiver 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.

Source: DSS

Assisted living services were widely used by Older Adults Waiver participants in FY 2010. The most commonly used of these services was Assisted Living Level 3 with no medical day care. Nearly 1,300 waiver participants used this service in FY 2010. Living at Home Waiver participants do not receive assisted living waiver services.



**Figure 33. Older Adults Waiver Participants, by Assisted Living Setting and Age Group, FY 2010**

Age Group	Assisted Living 2	Percentage	Assisted Living 3	Percentage	Not in Assisted Living	Percentage
50 to 59	40	10%	149	11%	147	6%
60 to 64	44	11%	142	11%	174	7%
65 to 74	106	27%	273	21%	478	20%
75 to 84	108	27%	305	23%	742	31%
85+	99	25%	435	33%	851	36%
<b>Total</b>	<b>397</b>	<b>100%</b>	<b>1,304</b>	<b>100%</b>	<b>2,392</b>	<b>100%</b>

**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 (instrumental activities of daily living). 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 Older Adults Waiver does not provide Assisted Living Level 1 services.

**Source:** DSS

Of the Older Adults Waiver participants who received services in an assisted living setting, the majority received services in Assisted Living Level 3, which serves residents with high-level care needs. Assisted Living Level 3 residents also tend to be older; in FY 2010, 33% of the 1,304 residents were 85 years of age and older, compared with 25% of the Assisted Living Level 2 residents in the same age category.

**Figure 34. Total Medicaid Expenditures for Older Adults Waiver Participants Residing in Assisted Living, FY 2010**

	FY 10 Expenditures	Users*	Per Member Per Month
<b>Assisted Living Level 2</b>	\$7,442,046	397	\$2,144
<b>Assisted Living Level 3</b>	\$33,788,157	1,305	\$2,732
<b>Not in Assisted Living</b>	\$82,041,133	2,393	\$3,745

\* Older Adults Waiver participants may receive Assisted Living Level 2 and Assisted Living Level 3 services.

Source: DSS

In FY 2010, 1,325 (or 36% of) Older Adults Waiver participants resided in an assisted living setting. Medicaid expenditures for services received by Assisted Living Level 2 and Assisted Living Level 3 residents totaled \$41,230,203.

The FY 2010 per member per month Medicaid expenditures for assisted living residents were less than expenditures for persons who were not residing in assisted living.

**Figure 35. Distribution of Personal Care, Attendant Care, and State Plan Personal Care Services Users and Expenditures, FY 2010**



In FY 2010, nearly 8,000 Marylanders received Medicaid personal or attendant care services, at a cost of \$115.6 million. Of those individuals who received personal care services, 4,819 were State Plan personal care recipients, which included 1,335 Medical Day Care Services Waiver participants.

Although Older Adults Waiver participants accounted for less than one-third of personal care users, they accounted for one-half of the total Medicaid personal care expenditures. While 60 percent of personal care users were State Plan personal care recipients, they accounted for only 23 percent of personal care expenditures. State Plan personal care users do not need to meet the nursing facility level of care; as a result, they may have fewer personal care needs than their waiver counterparts.

Source: MMIS2

**Figure 36. Distribution of Medical Day Care Services Users and Expenditures, by Waiver, FY 2010**

Waiver	Participants Receiving Medical Day Care	Percentage of Waiver Participants	Medical Day Care Expenditures	Percentage of Total Medicaid Expenditures
Living at Home	65	8.81%	\$603,420	1.4%
Older Adults	1,178	31.68%	\$12,658,176	10.3%
Medical Day Care Services	4,153	96.07%	\$53,463,603	54.4%
<b>Total</b>	<b>5,396</b>		<b>\$66,725,198</b>	

In FY 2010, 5,396 Marylanders—77% of whom were Medical Day Care Services Waiver participants—received Medicaid-funded medical day care, at a total cost of \$66.7 million.

Source: DSS

**Figure 37. Medicaid Non-Waiver Expenditures for Living at Home, Older Adults, and Medical Day Care Services Waiver Participants, FY 2010**

Service Category	Living at Home	Older Adults	Medical Day Care Services
DME/DMS*	\$1,179,752	\$5,535,462	\$2,905,190
Inpatient Services	\$2,420,324	\$2,524,957	\$4,520,870
MCO Capitation Payments**	\$3,479,475	\$2,386,038	\$9,358,866
Medicare Cost Share	\$1,371,885	\$5,922,721	\$5,220,740
Mental Health	\$73,964	\$276,472	\$3,960,320
Nursing Facility Services	\$678,805	\$1,596,460	\$359,541
Other Services***	\$1,230,966	\$2,150,861	\$13,898,000
<b>Total</b>	<b>\$10,435,170</b>	<b>\$20,392,971</b>	<b>\$40,223,527</b>

In FY 2010, Medical Day Care Services Waiver participants accumulated the highest non-waiver expenditures, at \$40.2 million.

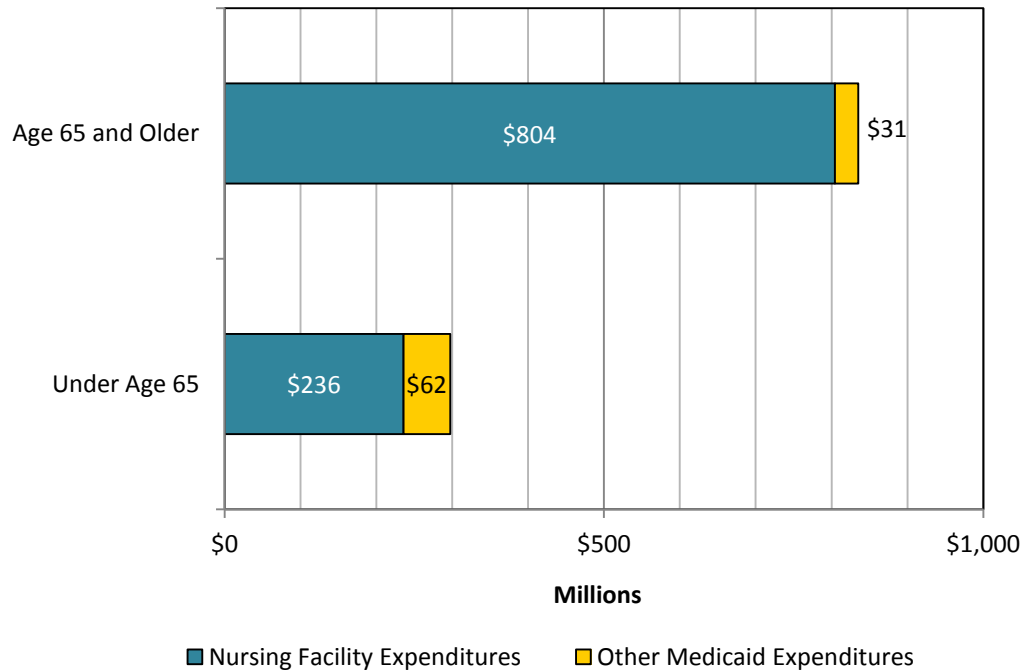
\* DME refers to durable medical equipment, and DMS refers to disposable medical supplies.

\*\* “MCO Capitation Payments” are fixed monthly amounts paid to managed care organizations (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 on behalf of Older Adults Waiver participants.

Source: MMIS2

**Figure 38. Total Medicaid Expenditures for Nursing Facility Residents, by Age Group, FY 2010**

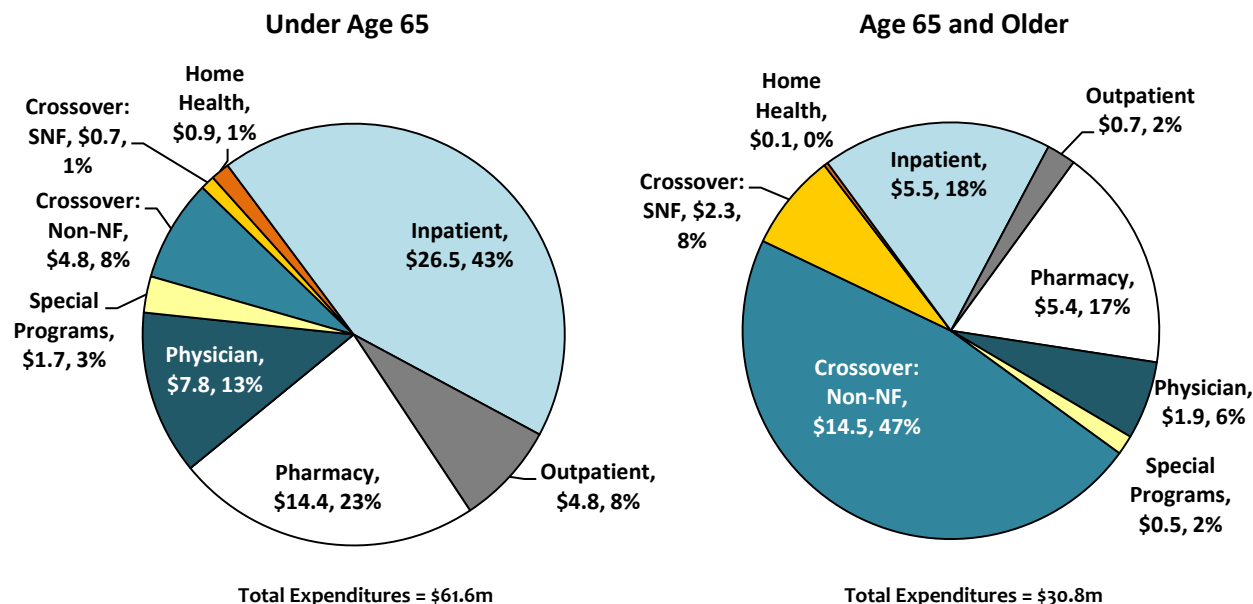


In FY 2010, a very high percentage (over 90% for persons aged 65 and older, and nearly 80% for persons under age 65) of the total \$1.13 billion Medicaid expenditures for nursing facility residents were for nursing facility expenditures, with other Medicaid expenditures making up only a small share. The distribution of costs did not change significantly over the four-year period.

**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

**Figure 39. Other Medicaid Service Expenditures for Nursing Facility Residents, by Age Group, FY 2010**



As in previous years, inpatient costs composed the highest percentage (43%) of Other Medicaid expenditures for nursing facility residents under age 65 in FY 2010. Non-nursing facility crossover payments made up the highest percentage (47%) of Other Medicaid expenditures for nursing facility residents aged 65 and older in FY 2010.

Pharmacy expenditures were the second and third highest Other Medicaid expenditures for nursing facility residents under age 65 (23%) and aged 65 and older (17%). Medicare Part D covers many pharmacy costs for Medicare beneficiaries, which explains the higher share for individuals under age 65.

**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).

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

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

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

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.

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 2007 – FY 2010**

	FY 07	FY 08	FY 09	FY 10
<b>All Ages</b>				
<b>Total PMPM</b>	\$5,242	\$5,599	\$5,973	\$5,840
<b>Nursing Facility Services PMPM</b>	\$4,829	\$5,182	\$5,495	\$5,363
<b>Other Medicaid Services PMPM</b>	\$413	\$418	\$478	\$477
<b>Under Age 65</b>				
<b>Total PMPM</b>	\$6,929	\$7,328	\$7,876	\$7,840
<b>Nursing Facility Services PMPM</b>	\$5,531	\$5,967	\$6,310	\$6,214
<b>Other Medicaid Services PMPM</b>	\$1,398	\$1,361	\$1,566	\$1,625
<b>Age 65 and Older</b>				
<b>Total PMPM</b>	\$4,853	\$5,197	\$5,517	\$5,354
<b>Nursing Facility Services PMPM</b>	\$4,667	\$4,999	\$5,300	\$5,156
<b>Other Medicaid Services PMPM</b>	\$185	\$198	\$217	\$198

On average, in FY 2010, Medicaid expenditures were \$7,840 per member per month for services provided to nursing facility residents under age 65. Average monthly expenditures for nursing facility residents aged 65 and older were \$5,354, nearly \$2,500 less.

**Note:** Per member per month (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





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