Community First Choice Implementation in Maryland, 2014 - 2016
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Background and Objective
Community First Choice (CFC) is an optional Medicaid state plan program authorized by the Affordable Care Act (ACA) that enables states to provide home- and community-based services (HCBs) to Medicaid-eligible individuals through their state plan and receive a 6 percent increase in their federal match. Services—which are designed to assist participants with activities of daily living (ADLs) and instrumental activities of daily living (IADLs)—include personal assistance, supports planning, consumer training, personal emergency response systems (PERS), items that substitute for human assistance, environmental assessments, nurse monitoring, and transition services.

Maryland transitioned individuals into CFC in three phases. The first phase included eligible individuals from 1915(c) waivers. The second phase included those eligible from the state’s personal care program, and the third phase included those on the state’s HCBS registry who were seeking services.

This study examined CFC program participation, utilization, and expenditures in Maryland from calendar years (Cys) 2014 to 2016.

Personal Assistance
There was a decrease each year in the average number of weekly personal assistance service hours (Figure 1). The change from CY 2014 to CY 2016 was a 33 percent decrease in those hours, likely due to the phasing in of the different populations. Across all years, dual-eligible participants (individuals eligible for both Medicare and Medicaid) consistently used more personal assistance hours than Medicaid-only individuals (Figure 2).

Enrollment
The number of dual-eligible participants was higher than Medicaid-only participants each calendar year. The percentage of dual-eligible participants was 73 percent in CY 2014 and 65 percent in CY 2016. By comparison, the percentage of Medicaid-only participants was 27 percent in CY 2014 and 35 percent in CY 2016. See Figure 3.

Expenditures
In CY 2016, 87 percent of CFC expenditures were for personal assistance services. Coordination, monitoring, and training services were the second largest expenditure, accounting for 10 percent of total spending. Expenditures by service remained consistent across calendar years. See Figure 6.

Conclusions
In CY 2016, the majority of CFC participants were African American, female, over the age of 65, dually eligible, and used the personal assistance service more than any other service. While multi-year data points are shown, it is important to keep in mind that Maryland phased in different populations of individuals gradually; thus, any changes should not be interpreted as a trend.

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