

## 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).

Figure 1. Hours of Weekly Personal Assistance

Calendar Year	Number of Participants	Mean Hours	Standard Deviation
2014	6,639	43	48
2015	9,590	32	33
2016	11,581*	29	26

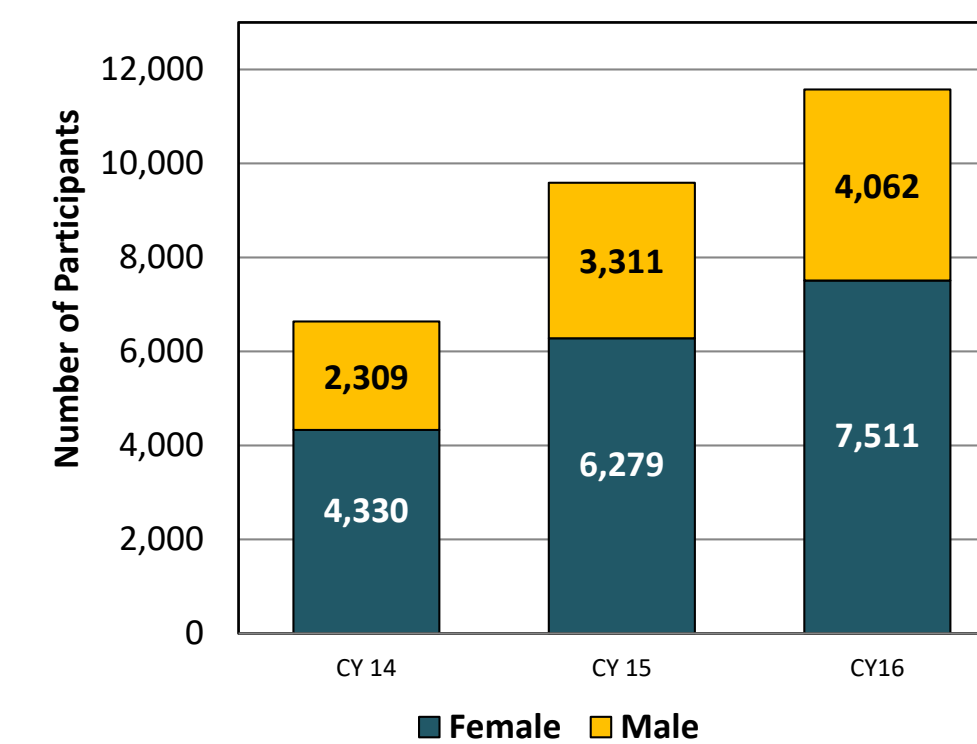
\*Total number of participants varies slightly due to an additional month of MMIS data for this analysis.

Figure 2. Hours of Weekly Personal Assistance, by Eligibility Status

Status and Calendar Year	Number of Participants	Mean Hours	Standard Deviation	Minimum	Maximum	
Dual-Eligible	CY 14	4,830	43	47	0	187
	CY 15	6,617	33	32	0	159
	CY 16	7,599	30	26	0	140
Medicaid-Only	CY 14	1,809	42	51	0	184
	CY 15	2,973	30	32	0	153
	CY 16	3,982	25	24	0	145

## Enrollment

Figure 3. Number of CFC Participants, by Gender



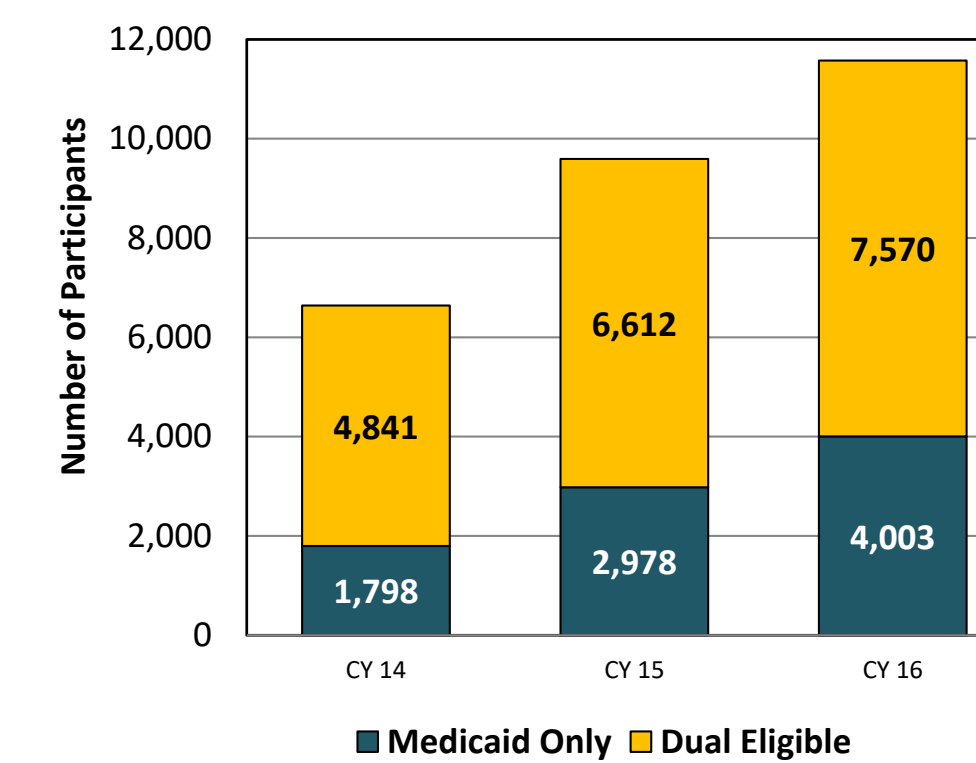
In CY 2014, enrollment for CFC was 6,639; in CY 2016, enrollment had increased 74 percent to 11,573.

The number of female participants was consistently higher than males: 65 percent and 35 percent, respectively (Figure 3).

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 4.

Figure 4. Number of CFC Participants, by Dual Eligibility Status



## Expenditures

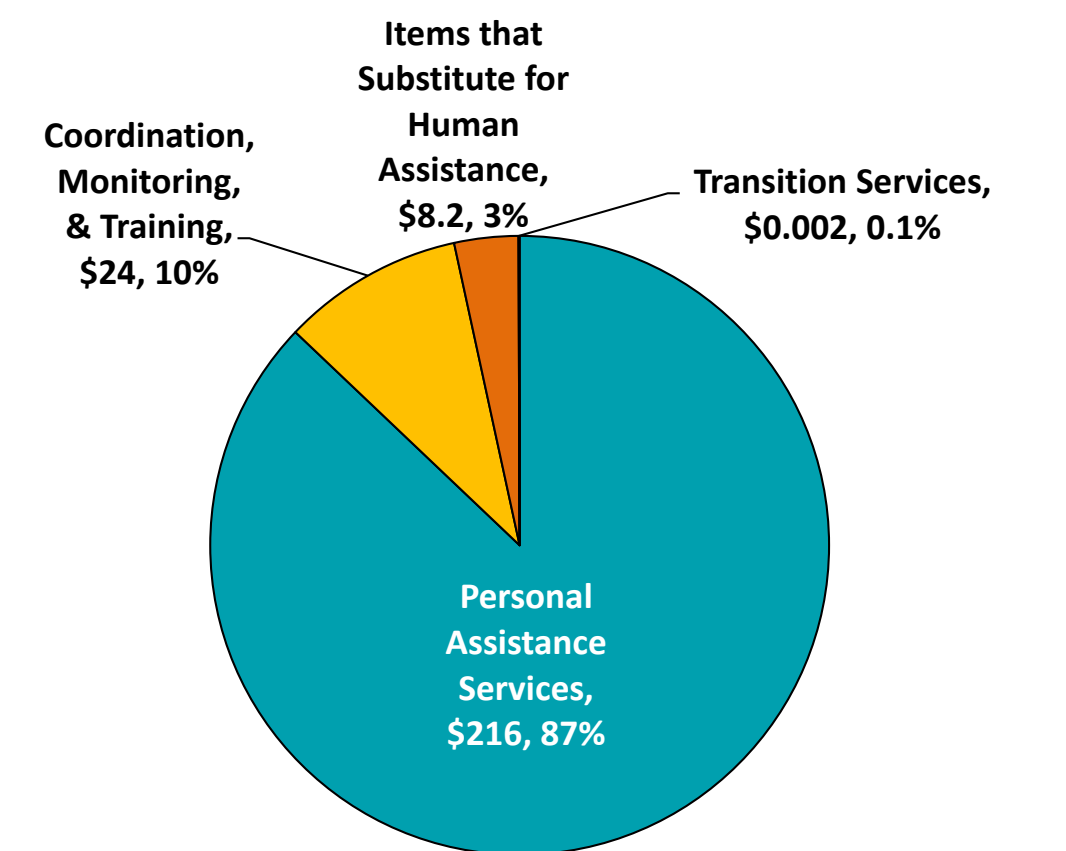
Figure 5. CFC Expenditures

Calendar Year	Number of Participants	Total Expenditures	Per Member Per Year (PMPY)
2014	6,639	\$140,478,083	\$21,160
2015	9,590	\$195,396,768	\$20,375
2016	11,573	\$247,537,508	\$21,389

Expenditures for CFC increased at approximately the same rate as enrollment. As such, PMPY expenses remained stable in CYs 2014 and 2016 (Figure 5).

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.

Figure 6. Expenditures by Service, CY 16 (in millions)



## 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.

## Acknowledgements

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