



The Hilltop Institute

analysis to advance the health of vulnerable populations

Medicaid Long-Term Services and Supports in Maryland:

FY 2012 to FY 2016
Volume 3

Medical Day Care Waiver A Chart Book

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Abridged Version

Prepared for the Maryland Department of Health



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

The Maryland Long-Term Services and Supports Chart Book, Volume 3, The Medical Day Care Waiver is the third chart book in a series that explores service utilization and expenditures for Medicaid-funded long-term services and supports in Maryland.

Background

This chart book provides information about Maryland Medicaid participants who received services through the Medical Day Care Waiver in state fiscal years (FYs) 2012 through 2016. The 1915(c) Medical Day Care Waiver provides medical day care services to persons aged 16 and over who are eligible for Medicaid and who meet a nursing facility level of care.

To receive medical day care services, a physician's order indicating the frequency of attendance is required. Also, a waiver participant must attend medical day care at least four hours per day in order for this service to be reimbursed by Medicaid. Participants are eligible to receive all other Medicaid services.

Prior to 2008, medical day care was provided as a Medicaid state plan service to Medicaid-eligible community dwellers and to Maryland's 1915(c) waiver participants. On July 1, 2008, this service was converted from a state plan service to the one-service Medical Day Care Waiver. Persons who were receiving medical day care services as a state plan service were transitioned to the Medical Day Care Waiver. This service was also incorporated into the state's other 1915(c)

waivers as a waiver service. Maryland's medical day care centers are licensed by the Office of Health Care Quality (OHCQ) within the state's Department of Health (the Department).

Key Findings

This chart book summarizes demographic, service utilization, chronic conditions, and expenditure data. The data are presented through a series of figures that illustrate trends in Medical Day Care Waiver utilization with accompanying narrative text.

Notable trends in the data include the following:

- The Medical Day Care Waiver served a total of 5,847 participants in FY 2016, an increase of 21.7% since FY 2012. There was a high attrition rate among the FY 2012 waiver participants; just over half of these participants still remaining in the waiver in FY 2016.
- Demographic characteristics of the waiver population were consistent across the five reporting periods. Two-thirds of the participants were aged 65 and older and two-thirds were female.
- Among waiver participants aged 65 and older, nearly 45% had six or more chronic conditions, with hypertension affecting over two-thirds of this population.

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

Notable trends continued ...

- The highest percentage of participants under the age of 65 had one to three chronic conditions. Mental health disorders—such as schizophrenia, depression, and bipolar disease—were the most prevalent diagnoses among this age group.
- With the exception of FY 2013, total Medicaid expenditures for Medical Day Care Waiver participants increased in each of the reporting periods. Beginning in FY 2014, the annual rate of increase for non-waiver expenditures outpaced that for waiver expenditures. This is likely due to the increasing use of Community First Choice (CFC) services.
- The range between waiver and non-waiver per member per month (PMPM) expenditures narrowed from FY 2013 to FY 2016. Specifically, in FY 2013, the distance between average PMPM waiver and non-waiver expenditures was \$405; in FY 2016, this range dropped to \$197.
- Waiver participants aged 75 and older made up 49.5% of the waiver population but accounted for 55.2% of the medical day care service expenditures.
- Non-waiver service expenditures increased 57% from \$47.9 million in FY 2012 to \$ 75.8 million in FY 2016. This increase was driven by the increased use of personal assistance services and the use of new CFC services.
- Maryland implemented an agency-based personal assistance provider model in October 2015. As a result, agency-based personal assistance services made up 24% of all personal assistance services in FY 2015 and 87% in FY 2016 .

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

Chart Book Organization

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

- **Waiver Participants:** This section includes data on the number of Medical Day Care Waiver participants with breakdowns by age, race, gender, county of residence, average length of stay, and reason for leaving the waiver. It also contains data on the number of individuals on the Interest List.
- **Chronic Conditions:** This section provides data on the prevalence and costs of chronic health conditions among Maryland's Medical Day Care Waiver participants.
- **Medicaid Expenditures and Service Utilization:** This section provides data on expenditures for waiver, non-waiver, and pharmacy services used by Medical Day Care Waiver participants.

Data Sources

The information in this chart book was derived from the following data sources:

- **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. All MMIS₂ data, owned by the Maryland Department of Health, are warehoused and processed monthly by The Hilltop Institute.

- **Maryland Department of Health Decision Support System (DSS):** This system, developed by The Hilltop Institute, informs state decision making by providing comprehensive information on Medicaid eligibility, managed care provider enrollment, acute care services and expenditures, and capitation payments.

- **Chronic Conditions Data Warehouse (CCW):** This is the source for national Centers for Medicare and Medicaid (CMS) research data. Hilltop utilized the CCW Condition Algorithms and Medicaid claims to identify chronic conditions among the Medical Day Care Services Waiver participants.

Chapter 2. Medical Day Care Waiver Participants

Chapter 2. Medical Day Care Waiver Participants

Background

Medical Day Care Waiver Participants

The number of Medical Day Care Waiver participants has increased steadily since the waiver's inception. Medical Day Care Waiver participants are most likely to be females aged 65 and older. Over two-thirds of the waiver participants are eligible to receive both Medicare and Medicaid benefits.

Key Findings

In FY 2016, 5,847 individuals were served in the Medical Day Care Waiver, an increase of 21.7% from FY 2012. Attrition among the waiver participants was high; nearly half of the FY 2016 participants were newly enrolled in that year (Figure 1). The age and gender distribution of the waiver participants has remained stable, with two-thirds of the participants being aged 65 and older (Figure 2) and the same percentage being female (Figure 3). When compared by age and gender, the largest percentage of participants in each reporting period were females aged 75 to 84 (Figure 3).

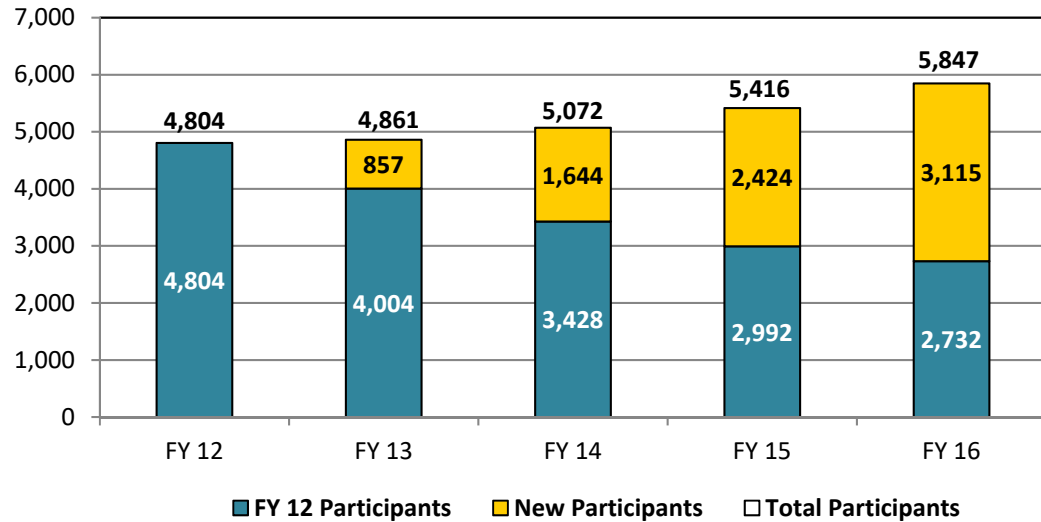
The waiver's Asian population has increased from 27% of all participants in FY 2012 to 31% in FY 2016. The percentage of Caucasian participants dropped from 32% in FY 2012 to 26% in FY 2016 (Figure 4).

Over three-fourths of the FY 2016 Medical Day Care Waiver participants resided in Montgomery County, Baltimore County, and Baltimore City (Figure 5). This also corresponds to the locations of the majority of OHCQ licensed medical day care providers.

Newly enrolled participants are younger than in past years. In FY 2012, 35% of newly enrolled participants were under the age of 65. Comparatively, in FY 2016, this percentage increased to 42%, which reflects more younger persons with physical disabilities being enrolled in the waiver. Conversely, participants aged 65 and older were more likely to be disenrolled from the waiver in a given year than their younger counterparts (Figure 6).

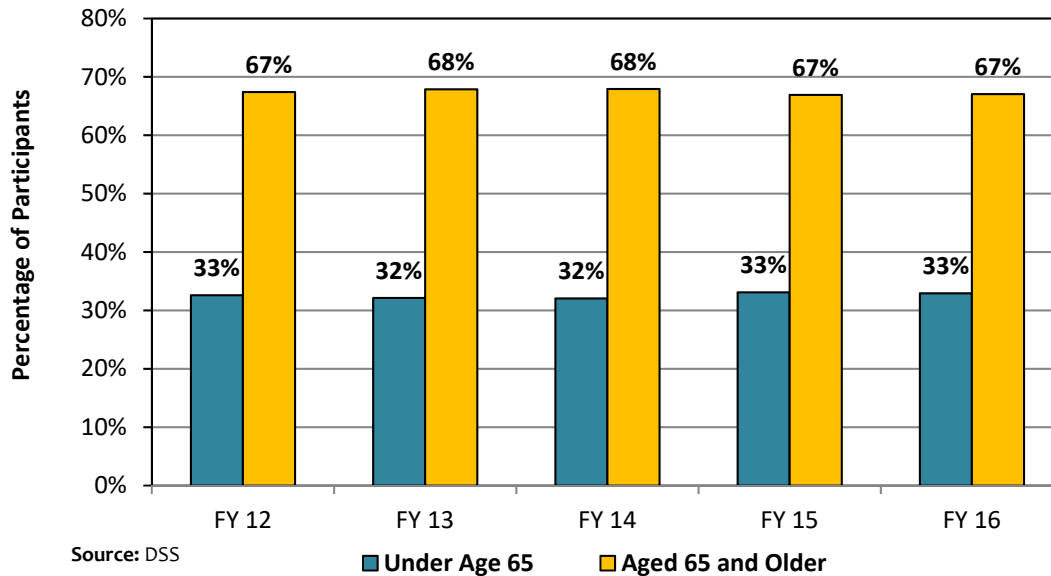
The average length of stay for FY 2016 Medical Day Care Waiver participants was four years and zero months (Figure 7).

Figure 1. Unduplicated Number of Medical Day Care Waiver Participants, FY 2012 – FY 2016



Source: DSS

Figure 2. Medical Day Care Waiver Participants, by Age Group, FY 2012 – FY 2016



Source: DSS

An increase of 21.7% in the number of Medical Day Care Waiver participants occurred from FY 2012 to FY 2016. Attrition rates among the waiver participants was high; just over half of the FY 2012 participants remained in the waiver in FY 2016.

The age distribution of Medical Day Care Waiver participants has remained stable. A little over one-third of the participants have consistently been aged 65 or older.

Figure 3. Medical Day Care Waiver Participants, by Age Group and Gender, FY 2012 – FY 2016

Age Group	Gender	FY 12	FY 13	FY 14	FY 15	FY 16
16 to 22	Female	0.3%	0.3%	0.3%	0.3%	0.4%
	Male	0.4%	0.4%	0.5%	0.5%	0.3%
23 to 50	Female	6.5%	6.4%	6.0%	6.1%	5.8%
	Male	7.4%	6.8%	6.2%	6.2%	6.3%
51 to 64	Female	10.0%	9.9%	10.4%	10.8%	10.7%
	Male	8.0%	8.2%	8.7%	9.3%	9.5%
65 to 74	Female	12.7%	12.2%	12.1%	11.2%	11.5%
	Male	5.4%	5.6%	5.3%	5.6%	6.1%
75 to 84	Female	21.9%	22.5%	22.2%	21.9%	21.5%
	Male	10.3%	10.3%	10.0%	9.9%	9.4%
85 +	Female	12.3%	12.0%	12.5%	12.6%	12.7%
	Male	4.7%	5.3%	5.7%	5.7%	5.9%
All Ages	Female	63.7%	63.4%	63.6%	62.8%	62.6%
	Male	36.3%	36.6%	36.4%	37.2%	37.4%

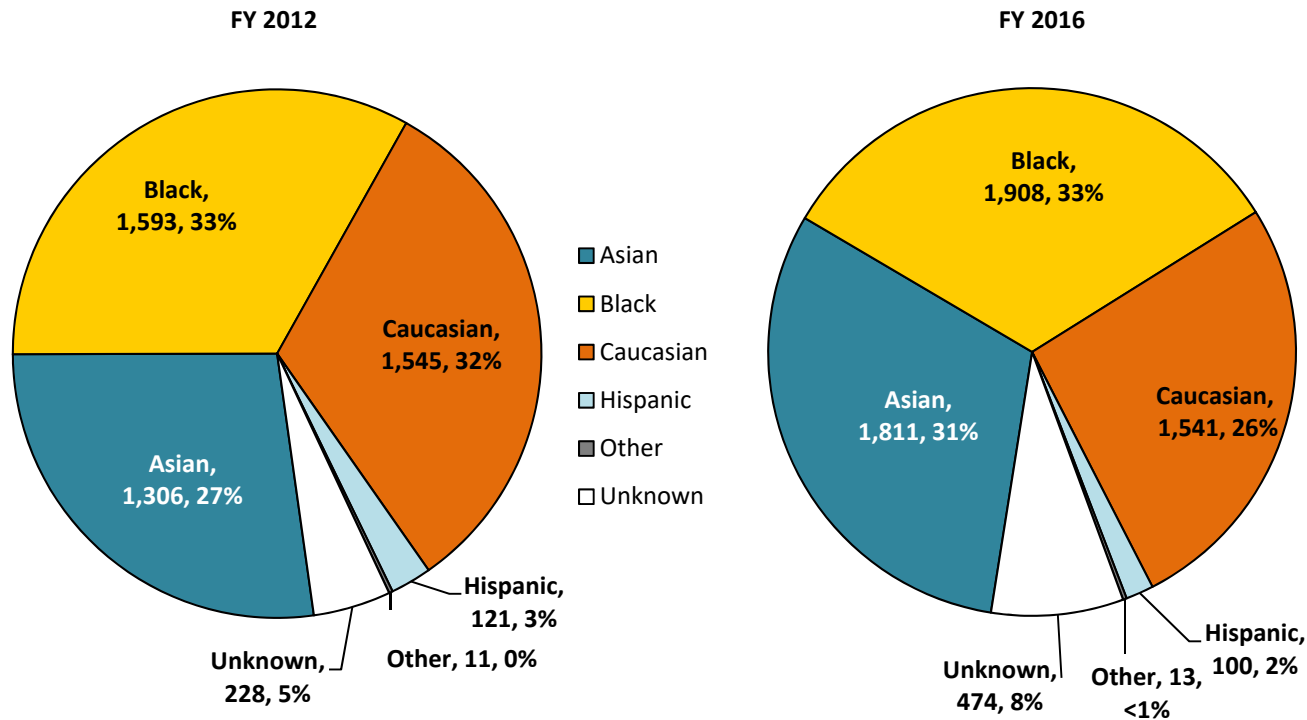
Source: DSS

The age and gender distribution of Medical Day Care Waiver participants has remained relatively stable since FY 2012.

Females consistently made up two-thirds of the waiver participants each year.

When compared by age and gender, the proportion of males was only higher than that for females in the 50 and younger age groups. As age increased, the gender differences became more pronounced.

Figure 4. Medical Day Care Waiver Participants, by Race, FY 2012 and FY 2016



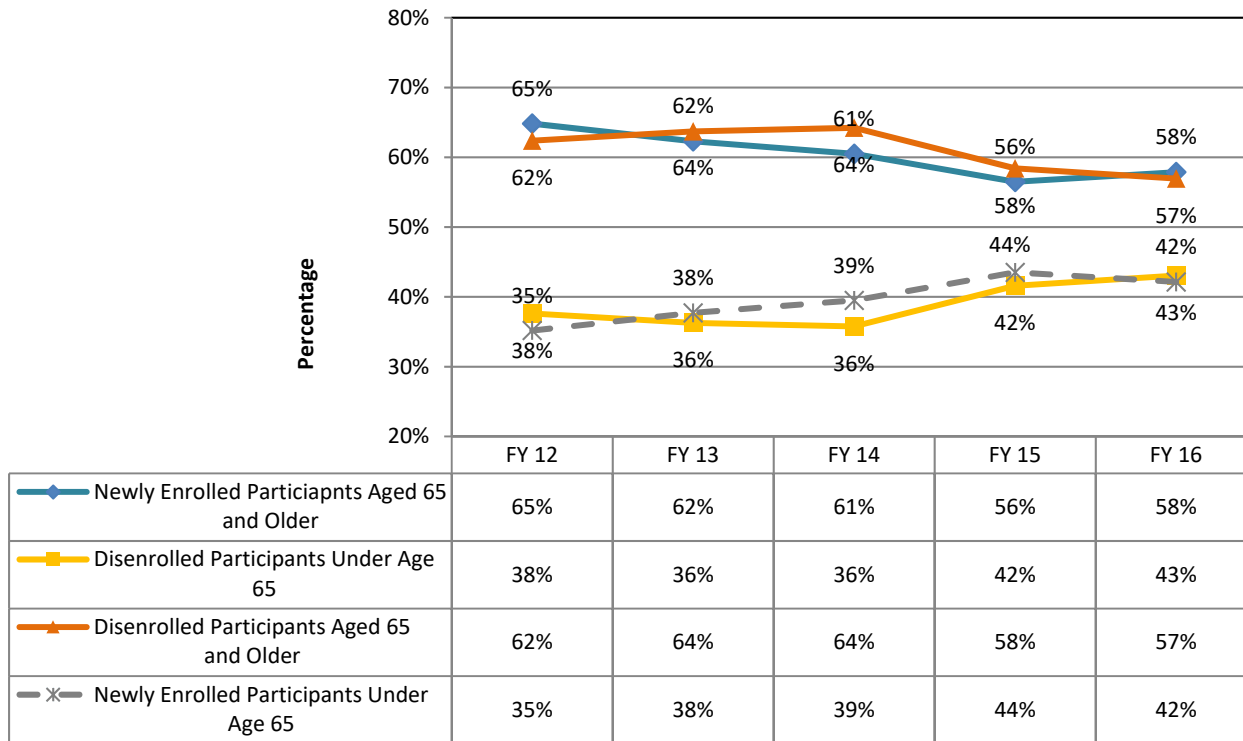
Blacks made up the largest percentage of waiver participants in both FY 2012 and FY 2016. Asian participants, the third largest percentage of waiver participants in FY 2012 behind Caucasians, increased two percentage points, making it the second largest group in FY 2016.

Note: “Other” includes Native American and Pacific Islanders/Alaskan participants. The two groups were combined due to the small number of participants.

Source: DSS

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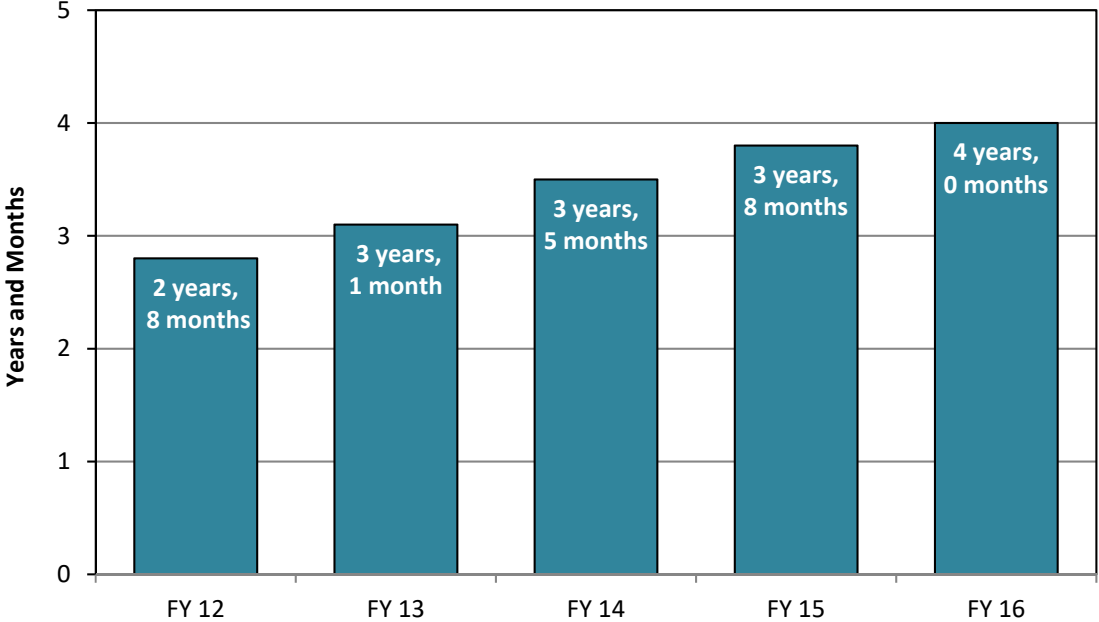
Figure 6. Medical Day Care Waiver Enrollment and Disenrollment, FY 2012 – FY 2016



The largest percentage of newly enrolled Medical Day Care Waiver participants were 65 years and older at the time of enrollment. While this remained true over each of the five reporting periods, the percentage of newly enrolled participants increased in recent in years. Similarly, the largest percentage of disenrolled waiver participants were consistently aged 65 and older.

Source: DSS

Figure 7. Average Length of Stay in the Medical Day Care Waiver, in Years, for Current Participants, FY 2012 – FY 2016



The average length of stay for Medical Day Care Waiver participants in FY 2016 was four years. This short average length of stay is likely due to the high attrition rate among waiver participants.

Note: Individual participant lengths of stay were calculated from the beginning date of the participant’s last Medical Day Care Waiver eligibility span to the last day (June 30) of each fiscal year. The lengths of stay for persons still in the waiver on June 30 in a given year were totaled and averaged to obtain the average length of stay for all participants in the waiver on June 30 of that fiscal year.

Source: MMIS2

Chapter 3. Medical Day Care Waiver Participants' Chronic Conditions

Chapter 3. Medical Day Care Waiver Participants' Chronic Conditions

Background

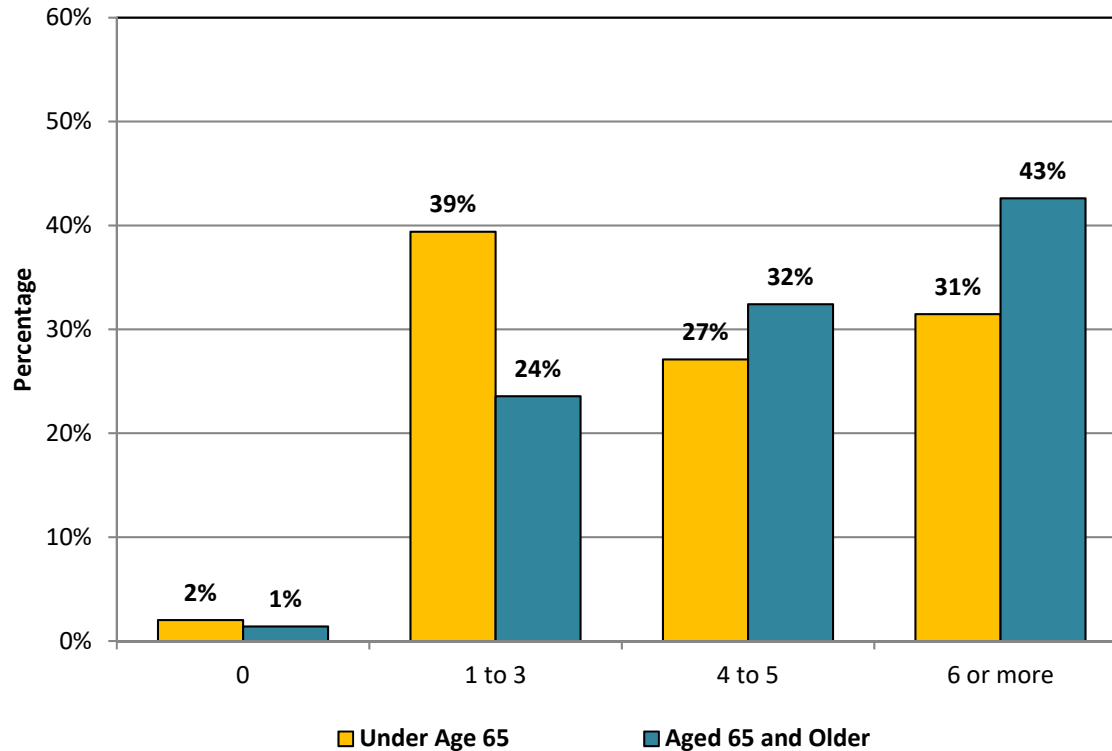
Individuals receiving long-term services and supports often have multiple and co-occurring chronic medical conditions. These conditions range from diabetes and heart disease that are prevalent in the general population to rare and often costly genetic diseases.

Key Findings

The number of chronic conditions reported by Medical Day Care Waiver participants varied by age, race, and gender. Younger participants were more likely to have fewer chronic conditions than their older counterparts. In FY 2016, the highest percentage (39%) of waiver participants under the age of 65 had three or fewer chronic conditions, while the highest percentage (43%) of participants aged 65 and older had six or more chronic conditions (Figure 8). When analyzed by gender, there was little variation in the number of chronic conditions. The highest percentage of male (39%) and female (39%) participants each had six or more chronic conditions (Figure 9).

The number of chronic conditions varied greatly by race. The largest percentage of Caucasian and Asian waiver participants each had six or more chronic conditions. Over one-third of the Asian participants—a higher percentage than any other racial group—also had four to five chronic conditions (Figure 10). Among Medical Day Care Waiver participants aged 65 and older, hypertension, arthritis, and heart disease were the most prevalent chronic conditions. Among participants under the age of 65, mental health diagnoses (such as schizophrenia, depression, and bipolar disorder) were most prevalent (Figure 11).

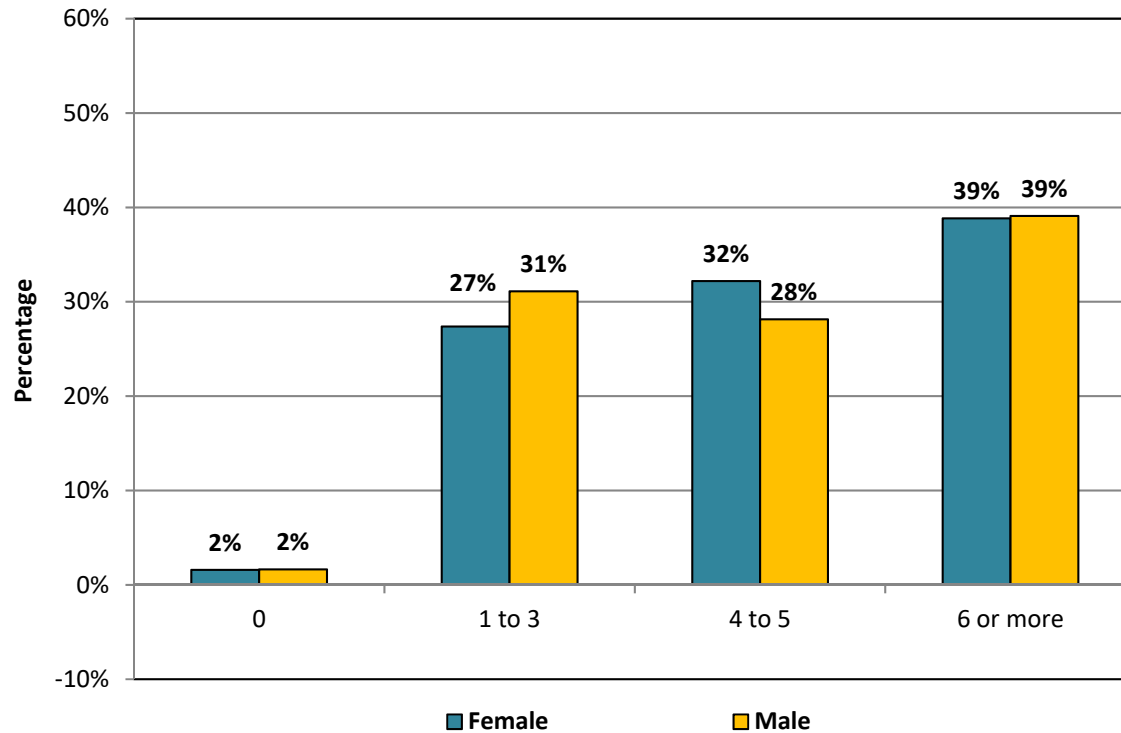
Figure 8. Percentage of Medical Day Care Waiver Participants, by Number of Chronic Conditions and Age Group, FY 2016



Medical Day Care Waiver participants under the age of 65 were far more likely than their older counterparts to have three or fewer chronic conditions. Three-fourths of waiver participants aged 65 and older had four or more chronic conditions. The highest percentage of the older age group had six or more conditions.

Source: MMIS2

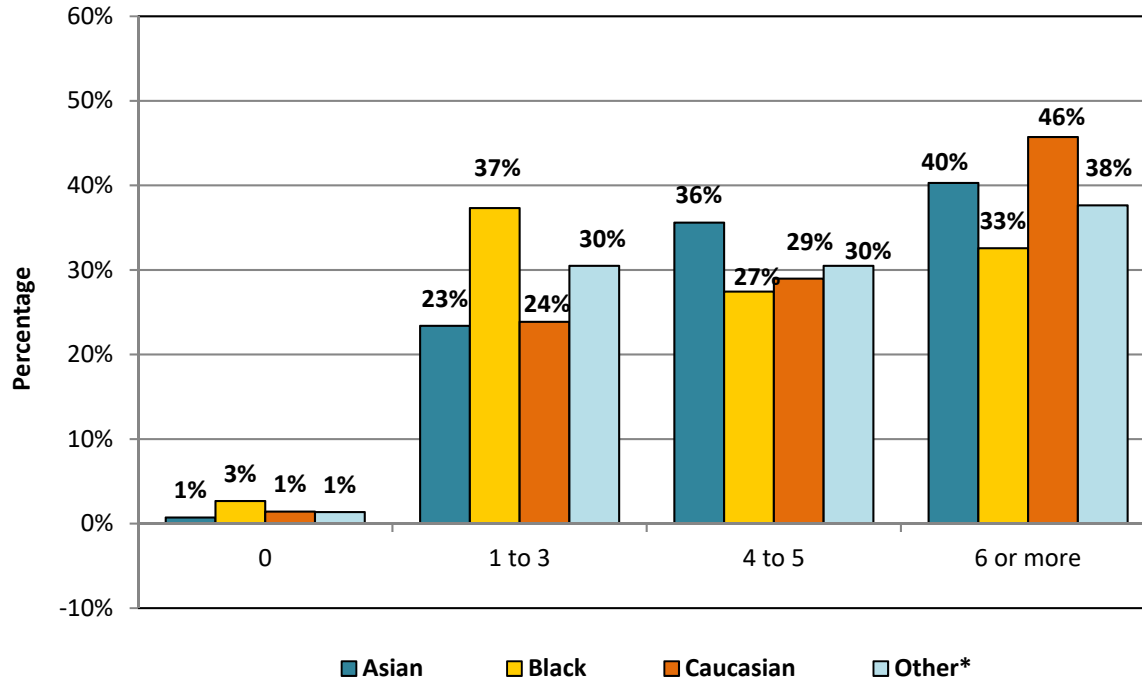
Figure 9. Percentage of Medical Day Care Waiver Participants, by Number of Chronic Conditions and Gender, FY 2016



When compared by gender, the number of chronic conditions among FY 2016 Medical Day Care Waiver participants differed little. The highest percentage (39%) of each gender had six or more chronic conditions.

Source: MMIS2

Figure 10. Percentage of Medical Day Care Waiver Participants, by Number of Chronic Conditions and Race, FY 2016

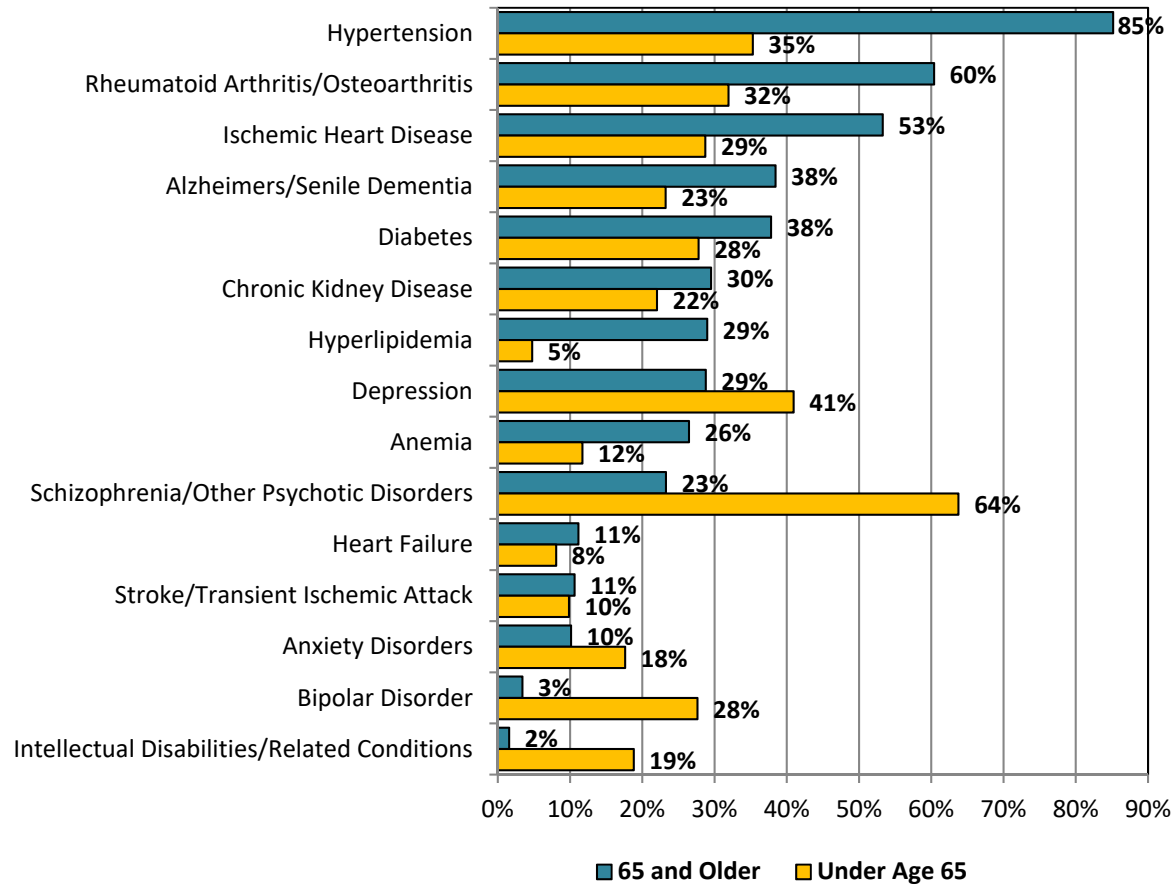


The highest percentage of Caucasian and Asian waiver participants had six or more chronic conditions in FY 2016. Over one-third of the Asian participants—a higher percentage than any other racial group—also had four to five chronic conditions.

* “Other” includes Hispanic, Native American, Pacific Islanders/Alaskan, and participants with no race recorded. The racial groups were combined due to the small number of participants.

Source: DSS

Figure 11. Percentage of Medical Day Care Waiver Participants with Selected Chronic Conditions, by Age Group, FY 2016



Among Medical Day Care Waiver participants aged 65 and older in FY 2016, over two-thirds had hypertension and over half had heart disease or arthritis.

Among participants under the age of 65, the highest percentage of participants had a diagnosis of schizophrenia or some other form of mental health condition, such as depression or bipolar disorder.

Source: MMIS2

Chapter 4. Medical Day Care Waiver Medicaid Expenditures and Service Utilization

Chapter 4. Medical Day Care Waiver Medicaid Expenditures and Service Utilization

Key Findings

While medical day care service expenditures continue to compose the largest percentage of the waiver's total Medicaid costs, the gap in expenditures between the waiver service and non-waiver services is getting smaller. This is due to the increase in non-waiver expenditures in the past four years.

FY 2016 total Medicaid expenditures for participants in this waiver were \$163.2 million, an increase of 46% from FY 2012 (Figure 12).

Total PMPM Medicaid expenditures for Medical Day Care Waiver participants increased by \$424 from FY 2012 to FY 2016 (Figure 13). The largest increases were for non-waiver services, which include personal assistance services and the newly implemented Community First Choice services of nurse monitoring and supports planning.

Medical Day Care Services

As the waiver participants age, the need for medical day care services increases, leading to higher expenditures. While persons aged 75 and older made up 49.5% of the waiver population, at 55.2%, they used a disproportionately higher percentage of medical day care service expenditures (Figure 14). Also, the PMPM expenditures for waiver participants aged 75 to 84 were consistently higher than

those for the other age groups (Figure 15).

Non-Waiver Services

Non-waiver service expenditures increased significantly from FY 2012 to FY 2016. This is largely due to the increased use of personal assistance services and, beginning in FY 2014, the use of supports planning services and nurse monitoring services provided under the CFC program (Figure 16). Most participants received personal assistance services to supplement their medical day care services. Personal assistance service expenditures totaled \$25.3 million in FY 2016, with 87% of these being categorized as agency-provided services (Figure 17).

Figure 12. Total Medicaid Expenditures for Medical Day Care Waiver Participants, by Expenditure Category, FY 2012 – FY 2016

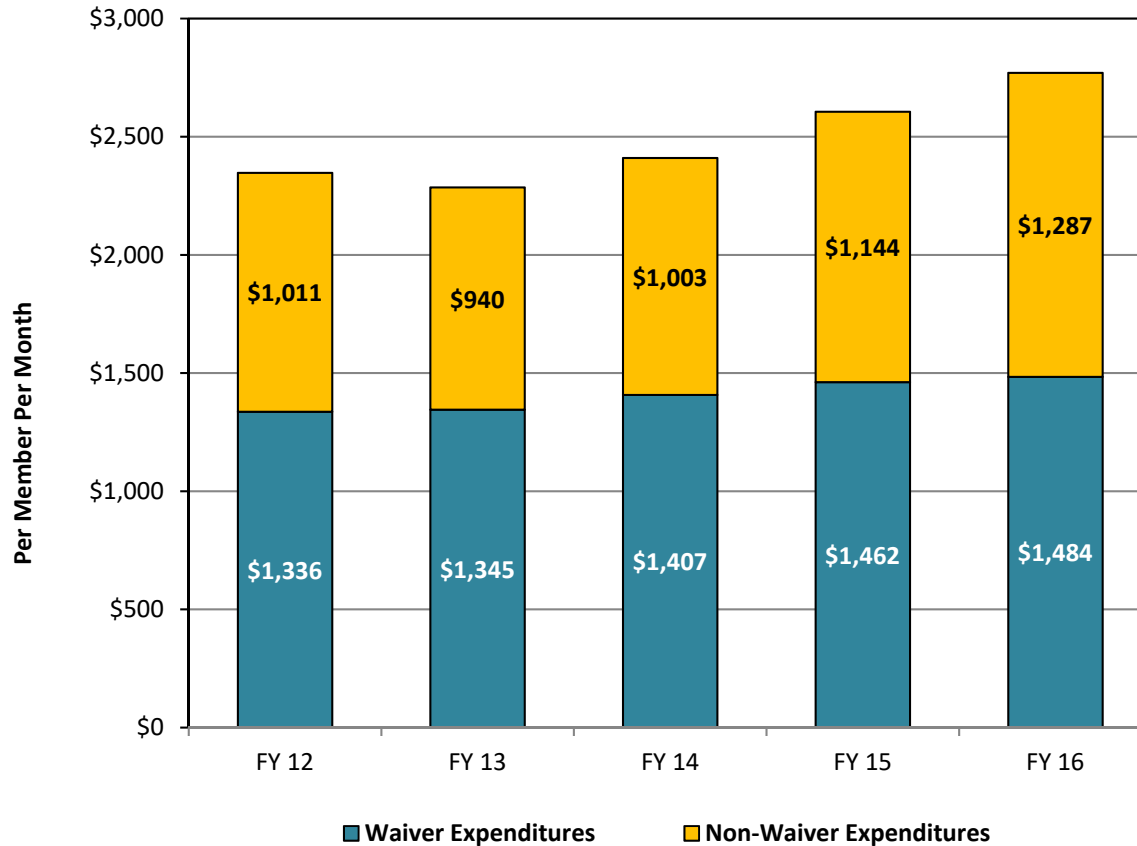
Fiscal Year	Waiver	Percentage Change	Non-Waiver	Percentage Change	Total	Percentage Change
FY 2012	\$63,443,035	6%	\$47,990,344	1%	\$111,433,379	4%
FY 2013	\$65,267,630	3%	\$45,645,161	-5%	\$110,912,790	-0.5%
FY 2014	\$71,223,265	9%	\$50,767,036	11%	\$121,990,301	10.0%
FY 2015	\$79,597,320	12%	\$62,271,595	23%	\$141,868,915	16.3%
FY 2016	\$87,421,982	10%	\$75,816,895	22%	\$163,238,877	15.1%

Note: Does not include administrative costs. Total may not be exact due to rounding.

Source: DSS

Total expenditures for Medical Day Care Waiver participants increased 46.5% from FY 2012 to FY 2016. While expenditures for medical day care services composed the largest share of the total expenditures each year, beginning in FY 2013, non-waiver expenditures increased at a faster rate than waiver expenditures.

Figure 13. PMPM Total Medicaid Expenditures for Medical Day Care Waiver Participants, FY 2012 – FY 2016

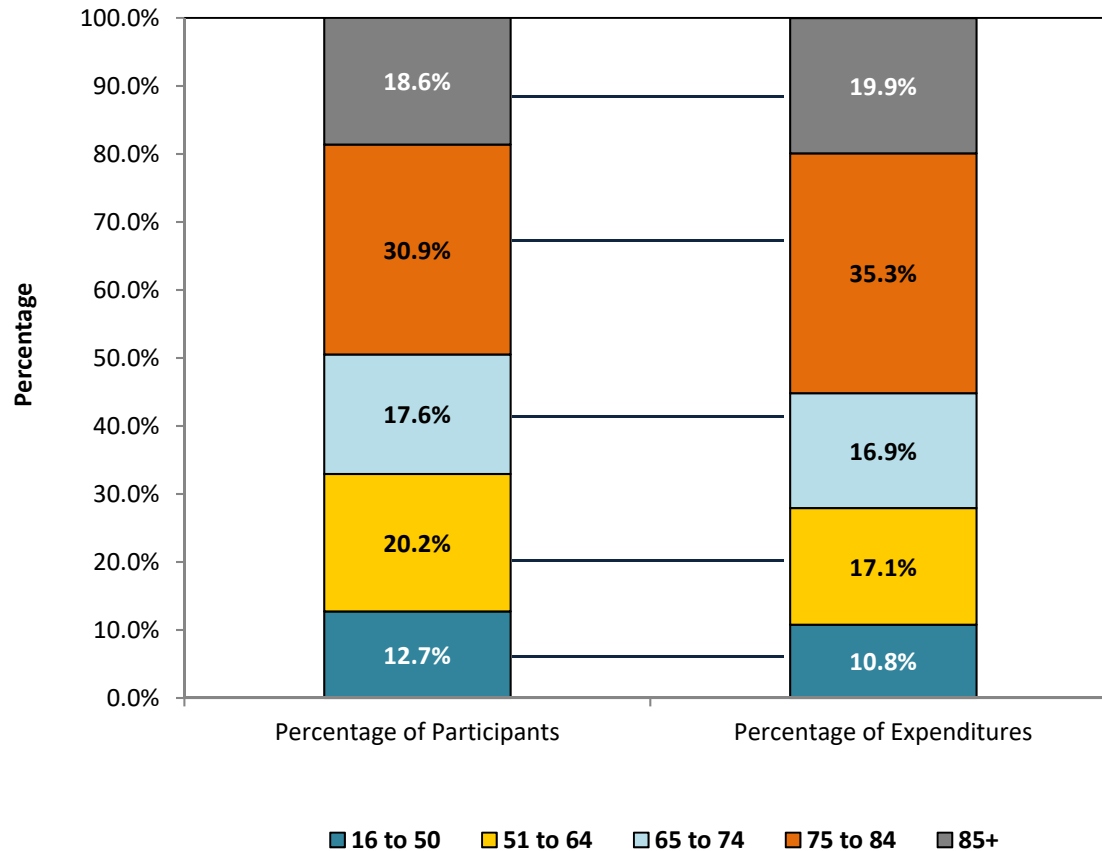


The distance between waiver and non-waiver PMPM expenditures has narrowed. In FY 2013, the difference between average PMPM waiver and non-waiver expenditures was \$405; this decreased to \$197 in FY 2016.

While the use of medical day care services remained relatively stable, the use of personal assistance services and CFC services notably increased the non-waiver PMPM expenditures.

Source: DSS

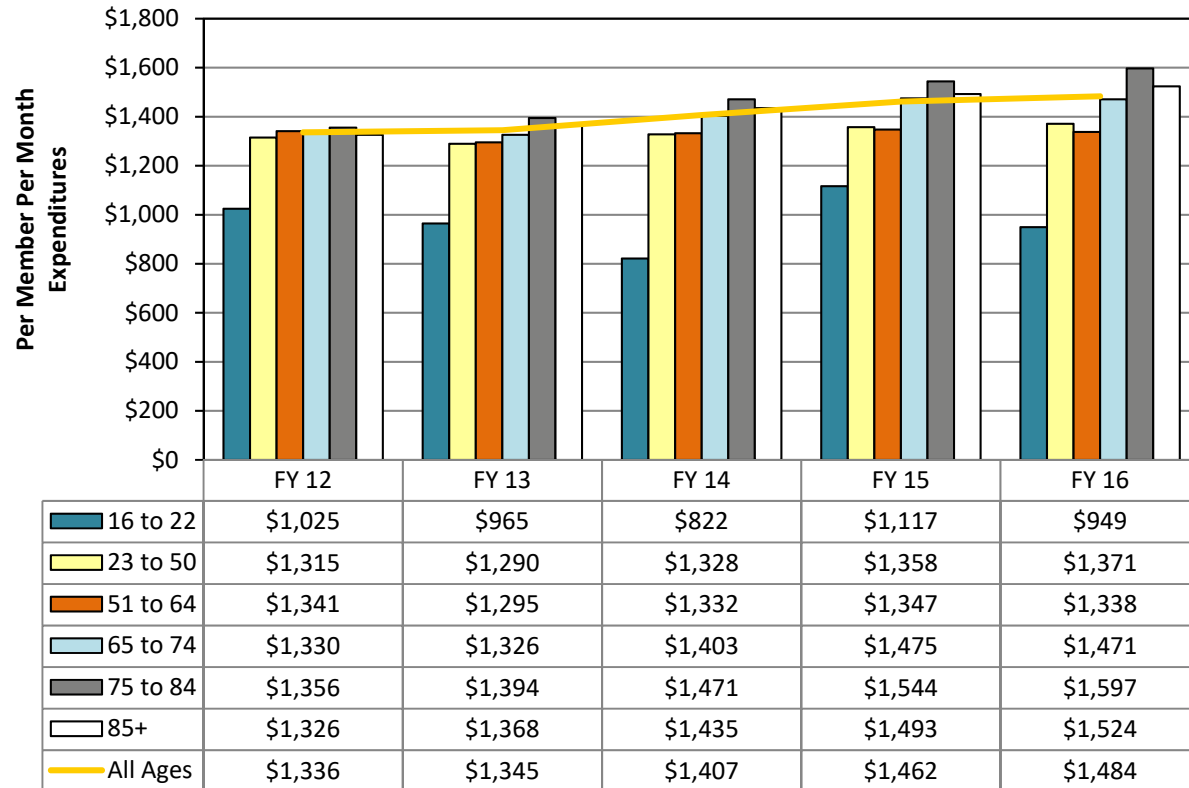
Figure 14. Distribution of Medical Day Care Service Expenditures, by Age Group, FY 2016



Expenditures for medical day care services were disproportionately higher for the older age groups. This trend was most notable in the 75 to 84 age group, which composed 30.9% of the waiver population but accounted for 35.3% of medical day care service expenditures.

Source: DSS

Figure 15. PMPM Medical Day Care Service Expenditures, by Age Group, FY 2012 – FY 2016



While PMPM expenditures varied each year for participants under the age of 75, PMPM expenditures for participants in the 75 and older age groups consistently increased each year. Persons aged 75 to 85 consistently had the highest PMPM expenditures each year.

Source: DSS

Figure 16. Medicaid Non-Waiver Expenditures for Medical Day Care Waiver Participants, FY 2012 – FY 2016

Service Category	FY 12	FY 13	FY 14	FY 15	FY 16
Dental	\$3,229	\$2,499	\$4,657	\$3,665	\$4,066
DME/DMS	\$3,505,709	\$3,393,168	\$3,515,565	\$3,999,037	\$4,511,620
Emergency Room	\$72,466	\$52,644	\$64,199	\$85,114	\$90,747
Federally Qualified Health Centers	\$50,230	\$46,485	\$35,017	\$73,992	\$79,887
Mental Health Services	\$82,281	\$77,432	\$83,326	\$97,130	\$101,093
Inpatient	\$4,332,241	\$3,287,769	\$4,370,659	\$4,871,294	\$4,643,026
MCO Capitation Payments*	\$9,920,175	\$10,056,469	\$10,650,375	\$12,421,821	\$13,117,874
Medicare Crossover	\$4,642,880	\$5,243,911	\$5,792,393	\$6,491,250	\$6,607,387
Medications**	\$645,949	\$579,432	\$568,201	\$777,588	\$1,017,373
Mobile Treatment Program	\$449,791	\$456,812	\$396,766	\$374,466	\$327,593
Nursing Facility	\$503,724	\$534,177	\$498,960	\$550,063	\$496,746
Nurse Monitoring#	\$0	\$0	\$4,212	\$279,807	\$1,040,568
Outpatient	\$1,304,208	\$1,178,729	\$1,339,584	\$1,654,829	\$1,708,526
Other***	\$1,482,836	\$1,629,722	\$2,205,766	\$2,773,277	\$3,428,245
Personal Assistance Services#	\$13,258,722	\$12,109,630	\$13,568,164	\$17,126,084	\$25,255,156
Pharmacy	\$4,311,578	\$3,527,994	\$3,633,283	\$4,264,179	\$4,955,742
Psychiatric Rehabilitation Program	\$3,424,325	\$3,468,287	\$3,603,207	\$3,718,856	\$3,726,990
Supports Planning#	\$0	\$0	\$432,704	\$2,709,142	\$4,704,256
Total	\$47,990,344	\$45,645,161	\$50,767,036	\$62,271,595	\$75,816,895

Non-waiver expenditures for Medical Day Care Waiver participants increased significantly from FY 2012 to FY 2016. This is largely due to the increased use of personal assistance services, as well as CFC services (supports planning and nurse monitoring) beginning in FY 2014.

* “MCO capitation payments” are fixed monthly amounts paid to MCOs to provide services to enrolled Medicaid participants. 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.

** Medications received from a source other than a pharmacy (i.e., inpatient hospitalization, clinic).

*** “Other” includes Medicaid non-waiver services other than those listed above and those provided under the waiver that are paid by Medicaid on behalf of Medicaid waiver participants.

Community First Choice services. Started 9/1/2013.

Source: DSS

Figure 17. Use of Personal Assistance Services by Medical Day Care Waiver Participants, FY 2012 – FY 2016

Service Category	FY 12	FY 13	FY 14	FY 15	FY 16
Personal Assistance - Agency	\$0	\$0	\$22,058	\$4,061,192	\$21,898,257
Personal Assistance - Independent	\$0	\$0	\$1,092	\$1,845,827	\$1,023,591
Personal Assistance Level 1, 3, and 4	\$952,024	\$925,512	\$855,084	\$612,242	\$259,208
Personal Assistance Level 2	\$8,128,253	\$8,554,235	\$8,858,885	\$6,879,941	\$680,639
Personal Assistance - Other	\$753,225	\$732,709	\$662,188	\$904,883	\$905,841
Personal Assistance Monitoring	\$3,425,220	\$1,897,174	\$3,168,857	\$2,821,999	\$487,620
Total	\$13,258,722	\$12,109,630	\$13,568,164	\$17,126,084	\$25,255,156

Maryland implemented an agency-based personal assistance provider model in October 2015. As a result, agency-based services accounted for 87% of all personal assistance services in FY 2016.

Source: DSS

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