



**The Hilltop Institute**

*analysis to advance the health of vulnerable populations*

# **Medicaid Long-Term Services and Supports in Maryland: FY 2008 to FY 2011**

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# Long-Term Services and Supports (LTSS) Chart Book

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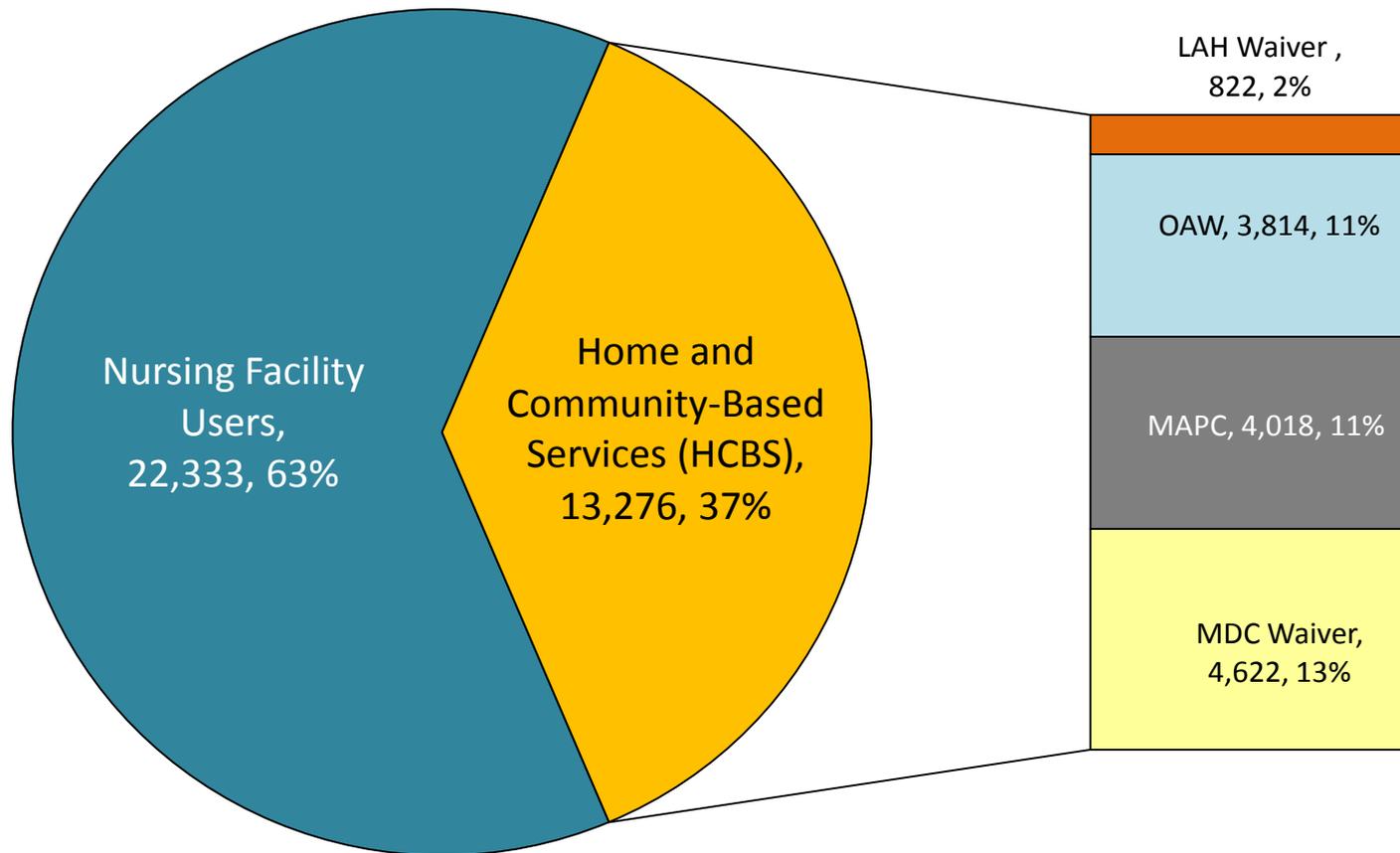
- Includes user characteristics, service utilization, and Medicaid expenditures for a variety of diverse LTSS programs
- Examines the various LTSS programs from FY 2008 to FY 2011 using a common set of measures
- Each service or waiver program has unique characteristics (services, population served) that contribute to variations in population characteristics, service utilization, and Medicaid expenditures

# LTSS Chart Book continued

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- LTSS considered in this analysis:
  - Living at Home (LAH) Waiver
  - Older Adults Waiver (OAW)
  - Medical Day Care Services (MDC) Waiver
  - Medical Assistance Personal Care Program (MAPC)
  - Medicaid Nursing Facilities

# Maryland LTSS Users, FY 2011



Source: DSS

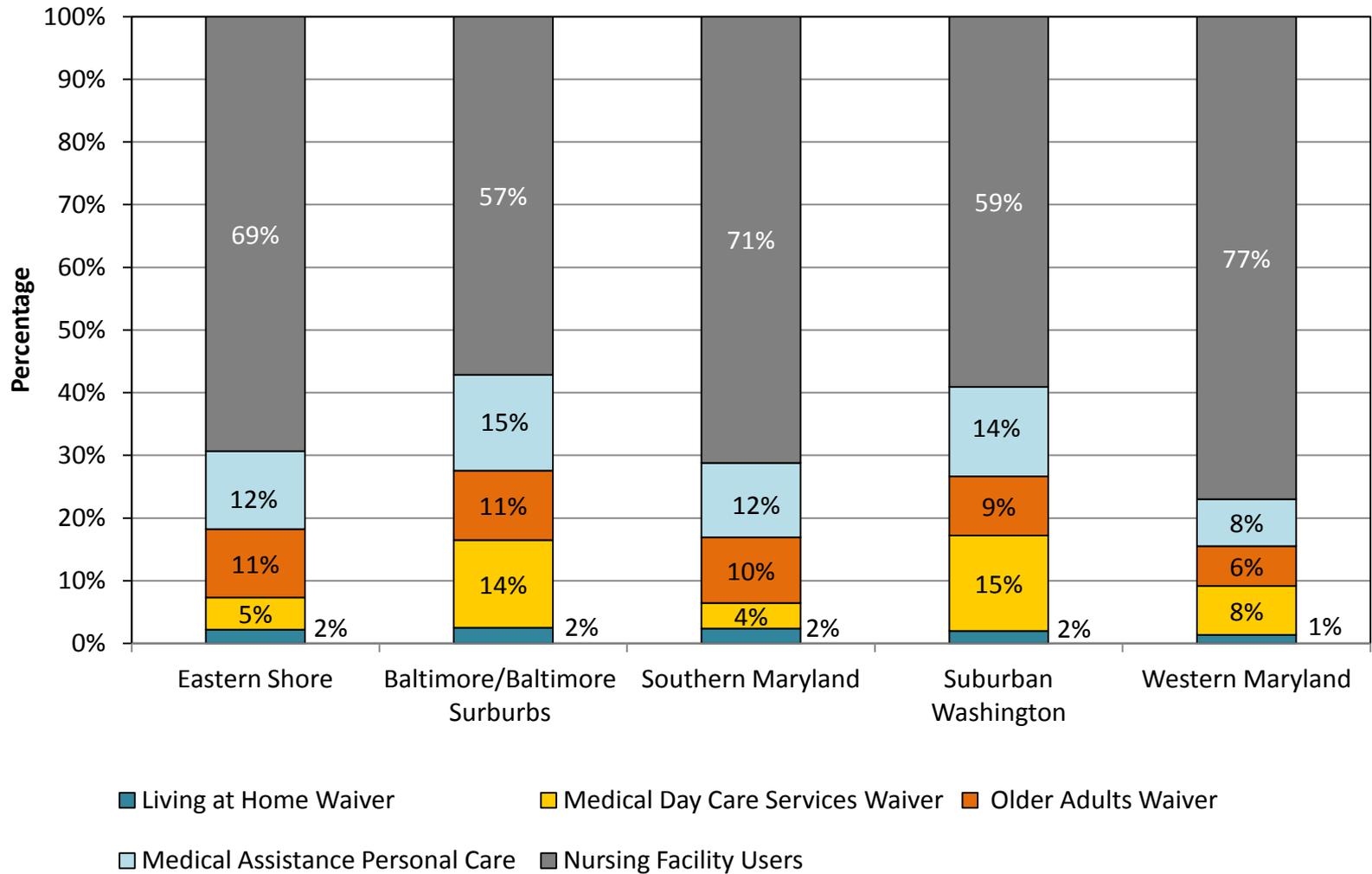
# Maryland LTSS Users, FY 2008 – FY 2011

	FY 08	FY 09	FY 10	FY 11
LAH Waiver	596	666	738	822
MDC* Waiver		4,086	4,320	4,622
OAW	3,581	3,627	3,717	3,814
MAPC	4,324	4,529	4,286	5,147
<b>Total HCBS Users</b>	<b>8,501</b>	<b>12,908</b>	<b>13,061</b>	<b>14,405</b>
Nursing Facility Users	22,727	22,897	22,731	22,333

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

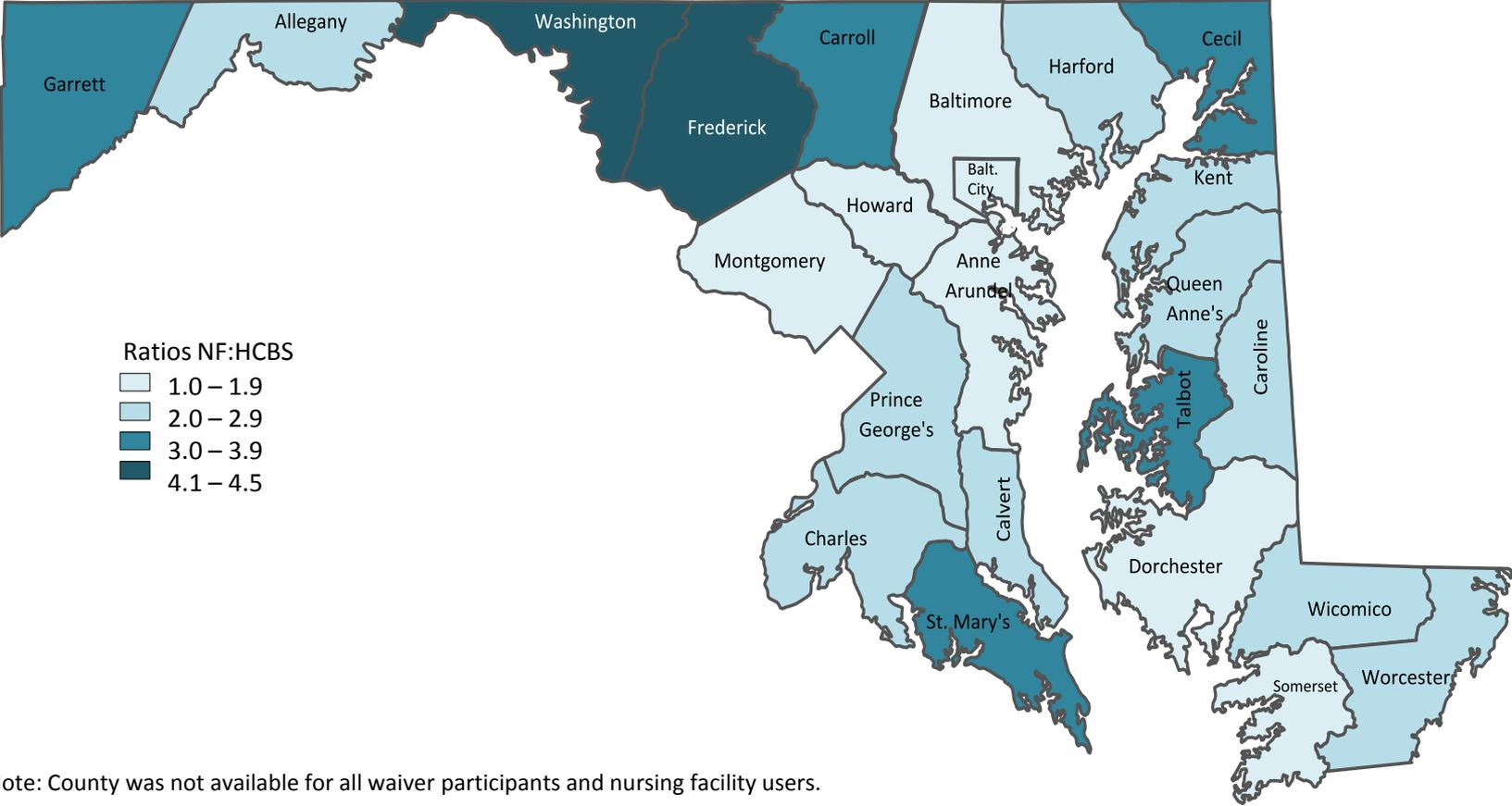
Source: DSS

# Geographically ...



Source: DSS

# Ratio of Nursing Facility Users to HCBS Users, FY 2011



Note: County was not available for all waiver participants and nursing facility users.

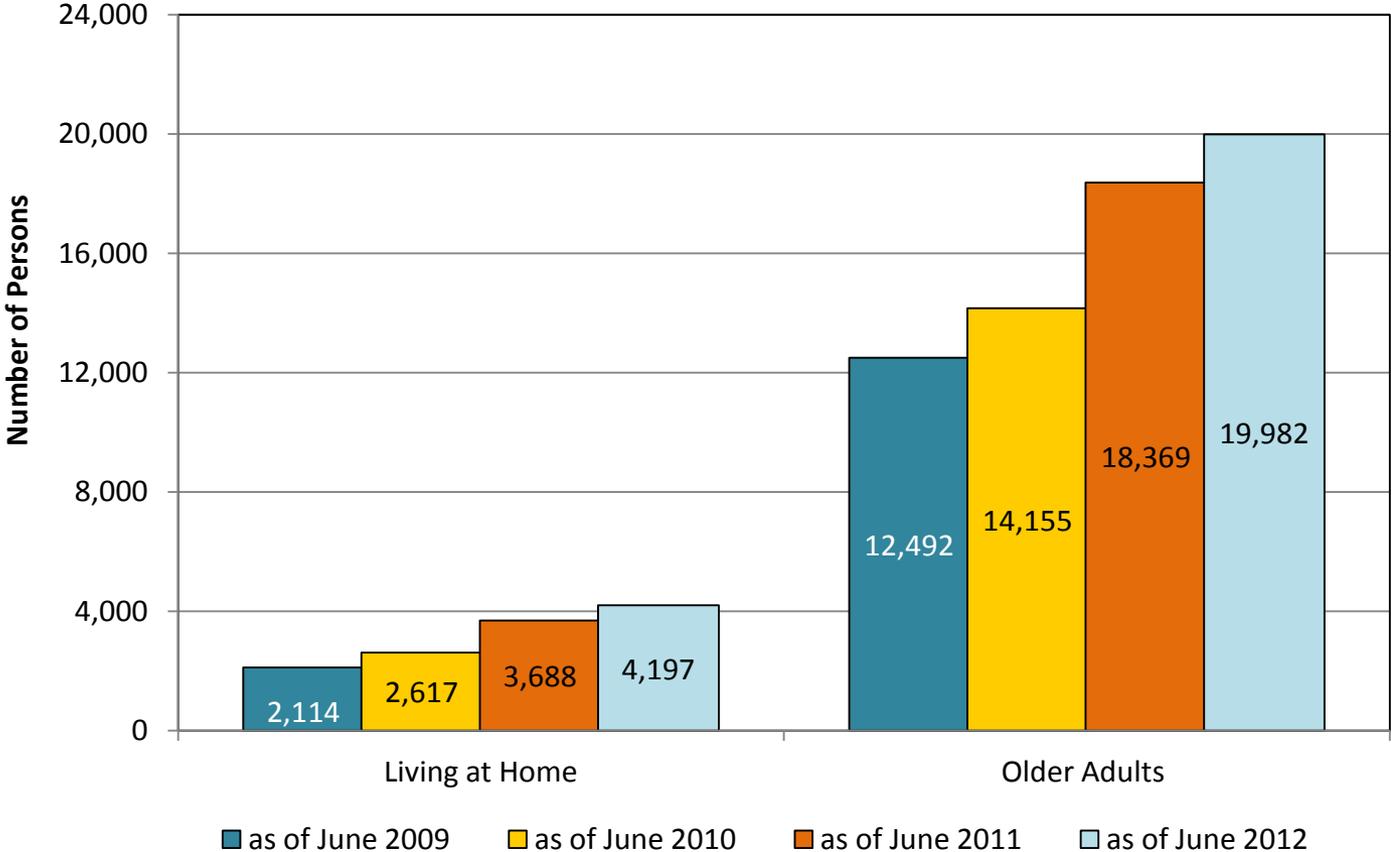
Sources: DSS and U.S. Census Bureau

# Nearly 500 participants disenrolled from the OAW and LAH Waiver in FY 2011.

	Waiver Participants	
Reason for Disenrollment	LAH Waiver	OAW
Admitted to a LTC Facility	0	112
Deceased	19	237
Lost Financial, Technical, or Medical Eligibility	14	62
Other	4	7
<b>Total</b>	<b>37</b>	<b>418</b>

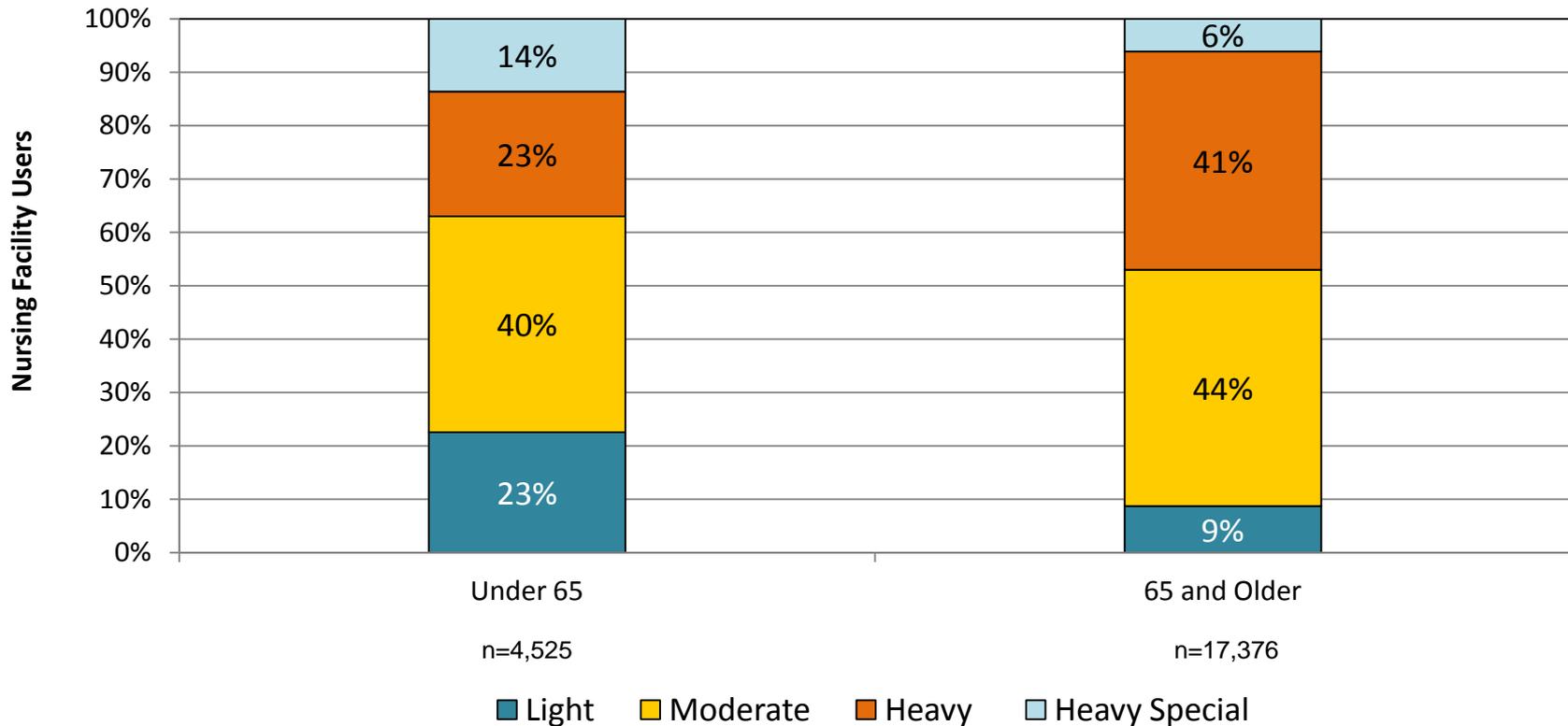
Source: MMIS2

# LAH Waiver and OAW Interest Lists



Source: DHMH Long-Term Care and Waiver Services

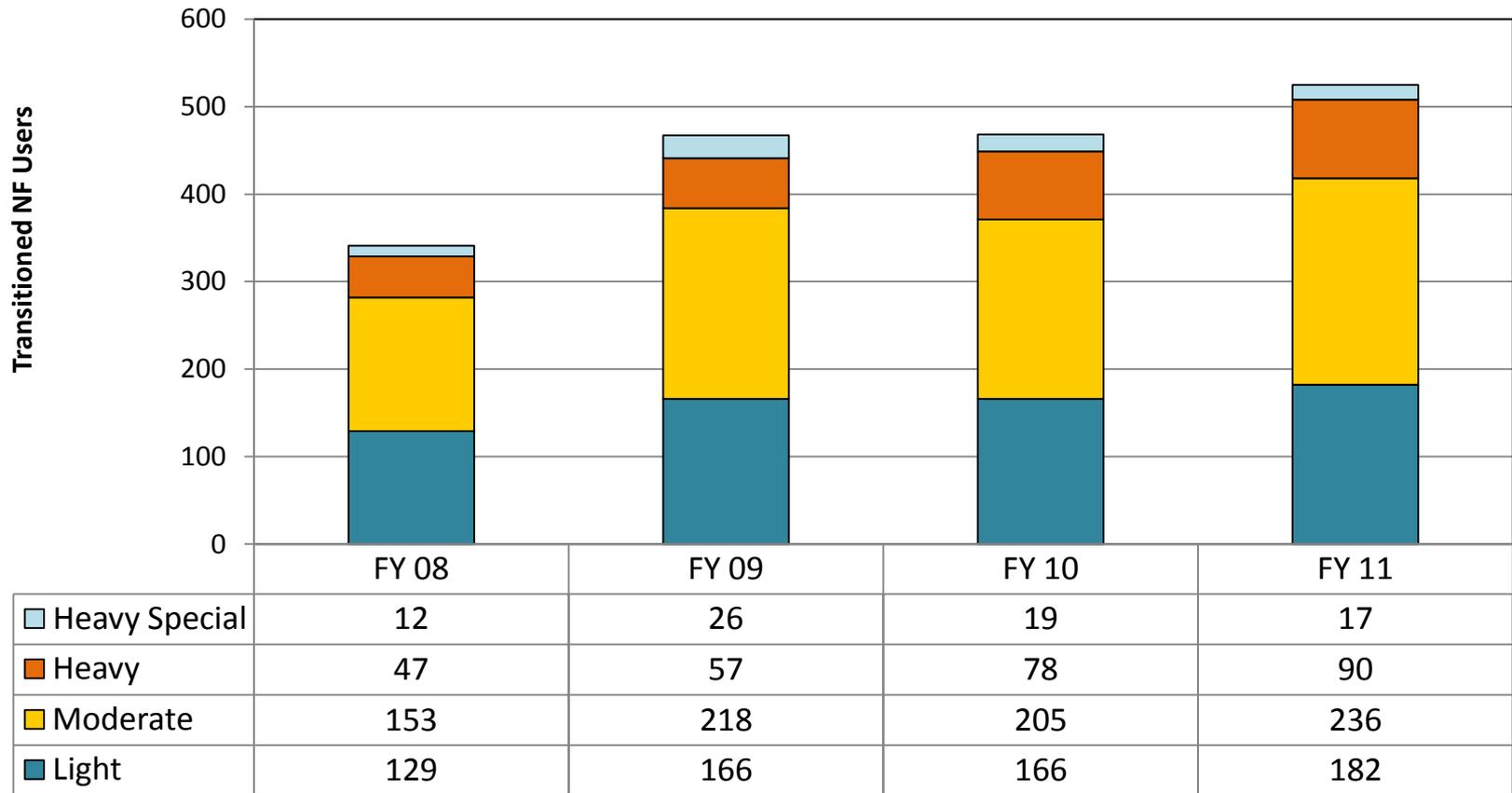
# Age Group and Reimbursement Level of Medicaid Nursing Facility Users, FY 2011



**Note:** The total number of nursing facility users with a reimbursement level designation in FY 2011 was 21,901. 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.

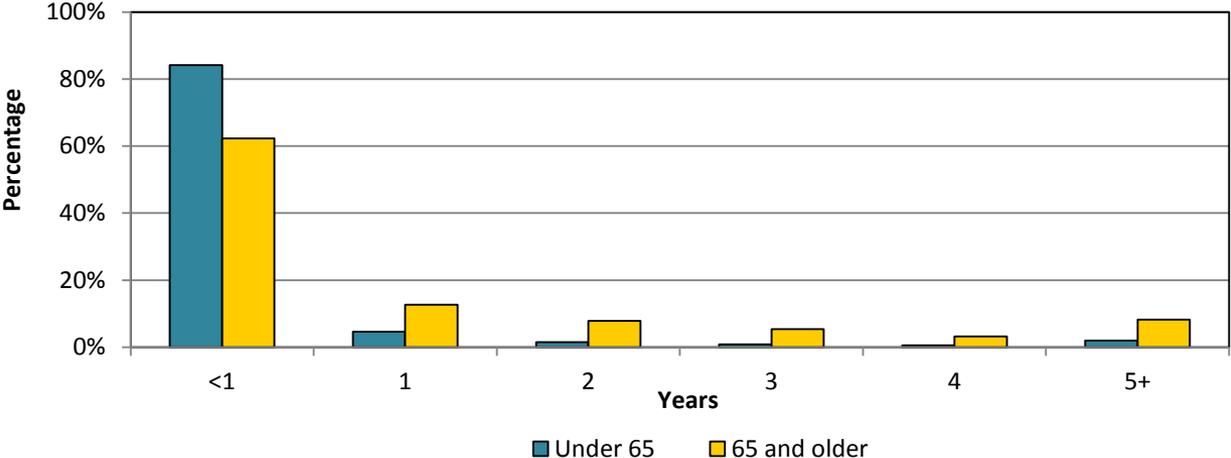
**Source:** MMIS2

# Reimbursement Level of Transitioned Medicaid Nursing Facility Users, FY 2011

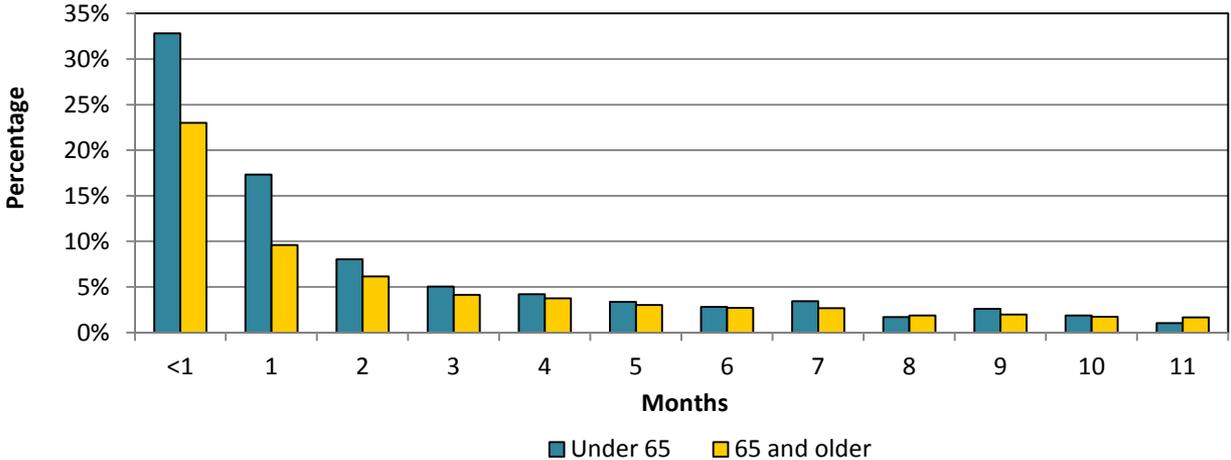


Source: MMIS2

# Medicaid Nursing Facility Length of Stay at Discharge, in Years, by Age Group, FY 2011



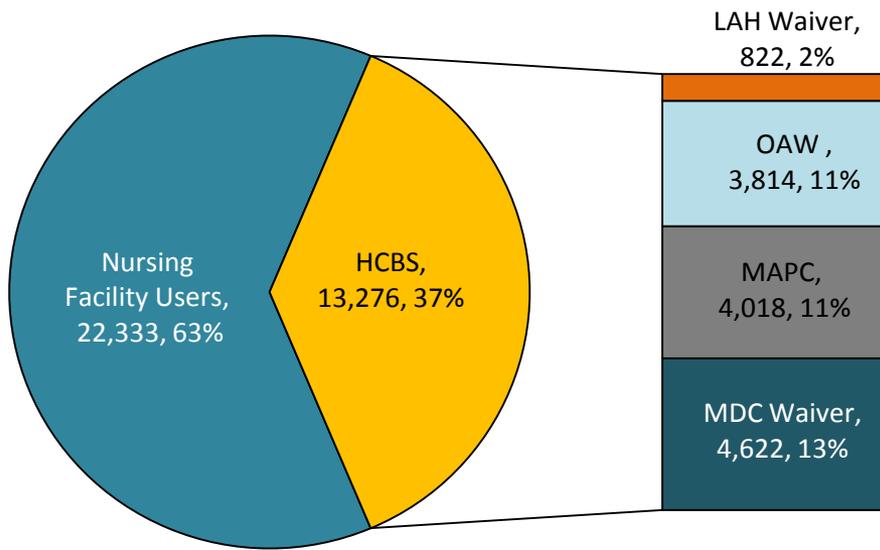
# Medicaid Nursing Facility Length of Stay at Discharge, in Months, by Age Group, for Persons with a Stay of Less than 12 Months, FY 2011



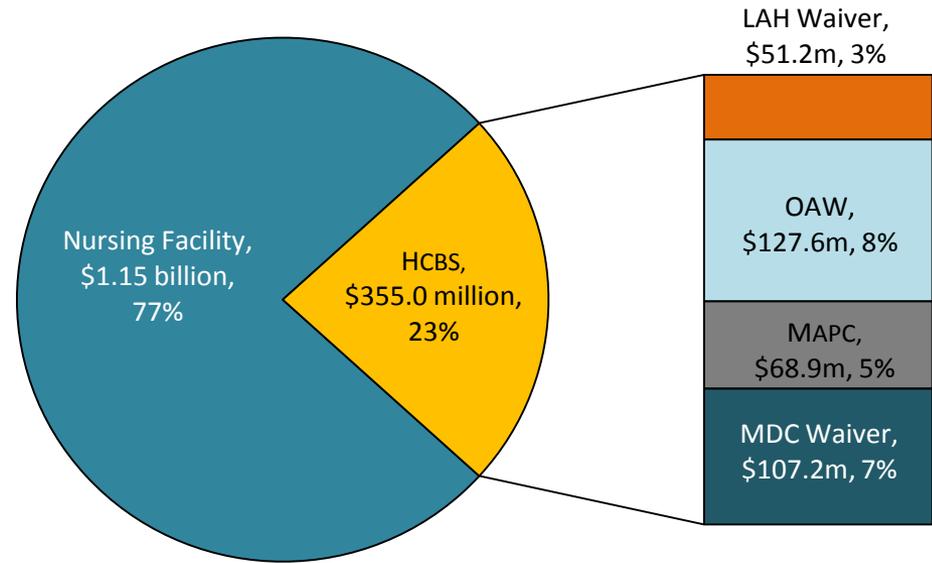
Note: Length of stay is defined in the MDS3.0 as the reference date of the discharge minus the admission date plus one.

Source: MDS3.0

# FY 2011 Medicaid expenditures for persons enrolled in each program totaled \$1.51 billion.



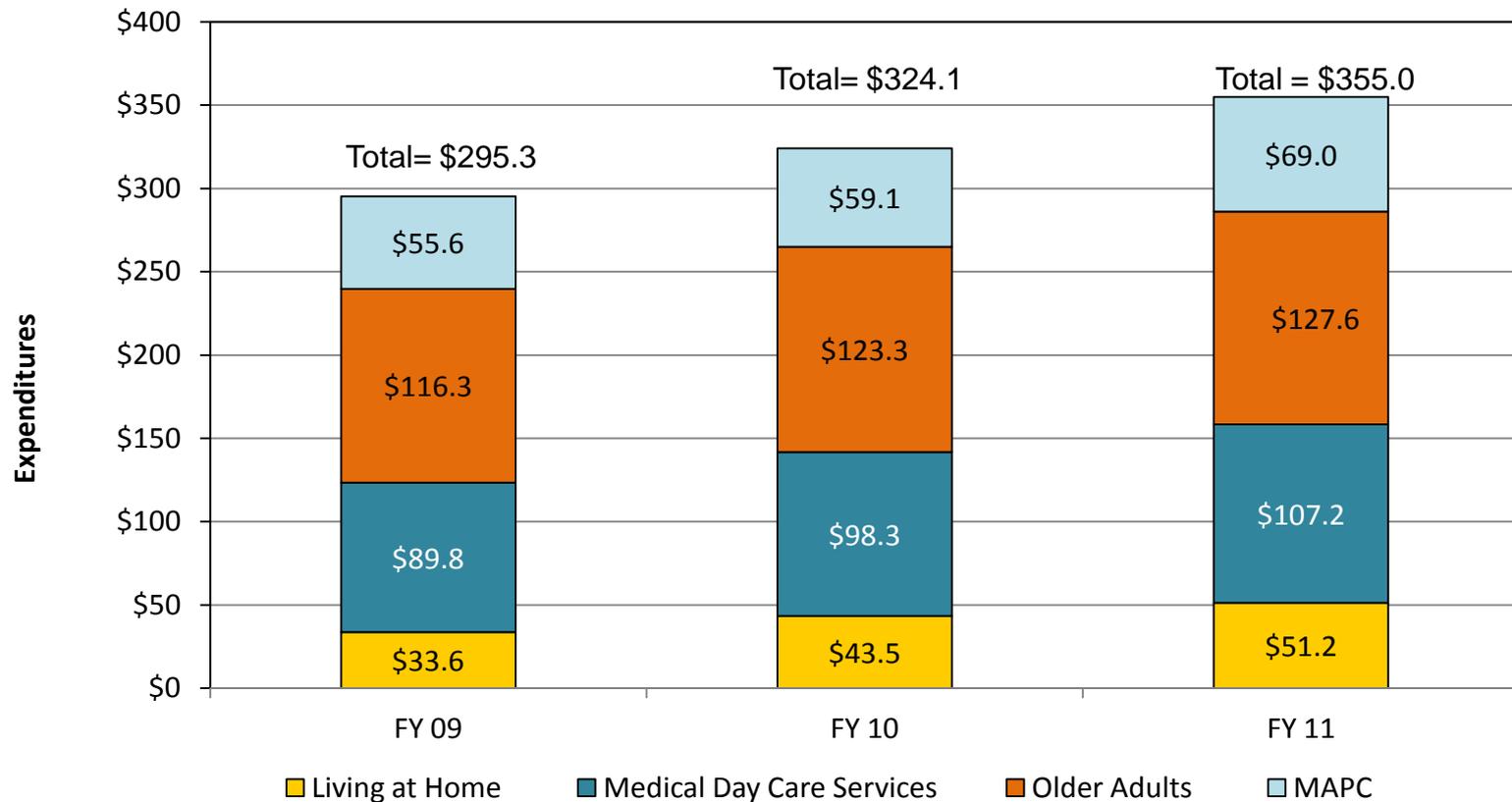
Users



Expenditures

Source: DSS and MMIS2

# Growth in Total Medicaid Expenditures (in Millions), for Persons Enrolled in Each Program, FY 2009 to FY 2011

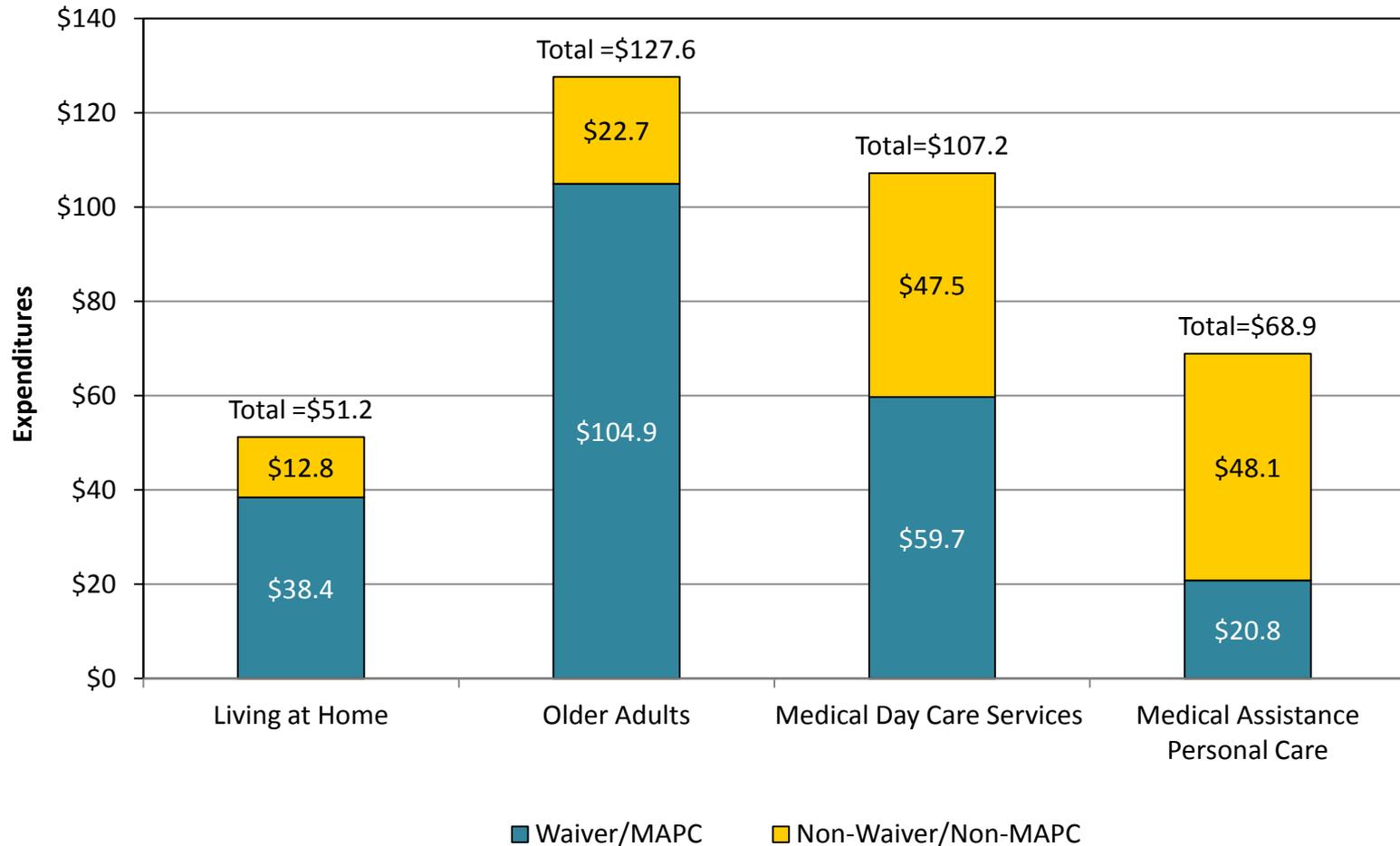


Source: DSS

Percent Change in Total Expenditures: FY 09-FY 10 + 9.8%

FY 10-FY 11 +9.6%

# Distribution of Total Medicaid Expenditures (in Millions) for Persons Enrolled in Each Program, FY 2011



# FY 2011 Per Member Per Month (PMPM) Medicaid Expenditures

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- HCBS PMPM ranged from less than \$2,000 to nearly \$6,000
  - MAPC: \$1,992
  - MDC Waiver: \$2,338
  - OAW: \$3,333
  - LAH Waiver: \$5,904
- PMPM for nursing facility users was \$6,082

# Looking Ahead

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- Hilltop and DHMH will continue analytic work, using integrated data sources, to support high-quality, consumer-focused LTSS
- Maryland's commitment to the Balancing Incentive Program will allow continued attention to improved service delivery models

# About The Hilltop Institute

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The Hilltop Institute at UMBC is a non-partisan health research organization—with an expertise in Medicaid and in improving publicly financed health care systems—dedicated to advancing the health and wellbeing of vulnerable populations. Hilltop conducts research, analysis, and evaluations on behalf of government agencies, foundations, and nonprofit organizations at the national, state, and local levels. Hilltop is committed to addressing complex issues through informed, objective, and innovative research and analysis.

[www.hilltopinstitute.org](http://www.hilltopinstitute.org)

# Contact Information

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