



The Hilltop Institute

analysis to advance the health of vulnerable populations

Medicaid Long-Term Services and Supports in Maryland: The Living at Home Waiver FY 2006 to FY 2009

A Chart Book

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UMBC
AN HONORS UNIVERSITY IN MARYLAND



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Overview of Medicaid Long-Term Services and Supports in Maryland

The Living at Home Waiver Chart Book is one in a series of five that explores service utilization and expenditures for Medicaid long-term services and supports in Maryland. Together the five chart books provide an overview of the number of Marylanders using long-term services and supports and the cost to Medicaid to finance these services. Other chart books in the *Medicaid Long-Term Services and Supports in Maryland* series are:

- *The Autism Waiver*
- *The Medical Day Care Services Waiver*
- *Nursing Facilities*
- *The Older Adults Waiver*

Maryland's Older Adults Waiver, Living at Home Waiver, and Autism Waiver provide community-based services such as personal and attendant care, assisted living services, case management, and intensive individual support 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 and Older Adults Waiver also receive medical day care services.

In FY 2009, a total of 9,305 individuals were enrolled in the four Medicaid home and community-based services waivers and 22,635 individuals had a Medicaid-paid nursing facility stay. FY 2009 expenditures for waiver participants and Medicaid nursing facility payments totaled \$1.4 billion.

Introduction

This chart book provides information about Maryland Medicaid participants who receive services through the Living at Home Waiver program. The Living at Home Waiver provides community services and supports to individuals with low incomes and physical disabilities. Enrollees must be aged 18 to 64 at the time of enrollment. The program, which started in April 2001, serves people who would otherwise require the services of a nursing facility, enabling them to return to or remain in the community. The waiver program is authorized under Section 1915(c) of the Social Security Act and approved by the federal Centers for Medicare and Medicaid Services.

The Living at Home Waiver provides services and supports in the home or community-based settings that enable people with physical disabilities to live in their own homes. Services available through the waiver include:

- Skilled nursing supervision
- Assistive technology
- Attendant care
- Personal Emergency Response Systems (PERS)
- Environmental assessments and adaptations
- Medical day care
- Consumer and family training
- Case management
- Fiscal intermediary services
- Transitional services
- Home-delivered meals
- Dietician and nutritionist services

Waiver participants are also entitled to receive other services under the Maryland Medicaid State Plan.

Introduction continued

The Living at Home Waiver program currently receives funding to support an active enrollment of 600 participants. Vacancies are filled on an ongoing basis throughout the year. Due to limited funding, the state is not currently accepting applications for the Living at Home Waiver from individuals other than those who are transitioning from nursing facilities to the community. Other Marylanders wishing to receive waiver services must place their names on the Living at Home Waiver Interest List and are asked to apply as their names reach the top of the list.

This chart book summarizes demographic, service utilization, and expenditure data for the Living at Home Waiver for state fiscal years (FYs) 2006 through 2009. The data are presented through a series of figures that illustrate trends in Living at Home Waiver utilization, along with accompanying narrative text. Notable trends in the data include:

- The number of Living at Home Waiver participants was 667 in FY 2009, an increase of 41 percent from FY 2006.
- In FY 2009, the majority (94%) of newly enrolled Living at Home Waiver participants resided in a nursing facility prior to enrollment in the waiver.
- Of the FY 2009 Living at Home Waiver participants, 58% were dually eligible for Medicare and Medicaid, 31% were enrolled in HealthChoice, and 3% were enrolled in the Rare and Expensive Case Management Program.
- The FY 2009 Medicaid payment rate increase and budget allocation adjustment resulted in a 2% increase in Medicaid payment rates for certain Living at Home Waiver services.
- FY 2009 administrative costs for medical eligibility assessments by Adult Evaluation and Review Services (AERS), case management, and fiscal intermediary services for Living at Home Waiver participants totaled \$4.1 million.
- Medicaid expenditures (excluding administrative costs) for Living at Home Waiver participants reached \$33.6 million in FY 2009, a 20% increase over FY 2008 expenditures of \$28.0 million.

Introduction continued

- In FY 2009, average annual Medicaid expenditures (excluding administrative costs) were \$50,423 per waiver participant. Administrative costs increased the average annual per person cost to \$56,495.
- Following the implementation of the Medicare Part D prescription drug benefit in January 2006, pharmacy expenditures for waiver participants decreased 63% from FY 2006 to FY 2007. However, pharmacy expenditures more than doubled from FY 2007 to FY 2009.
- Medicaid expenditures for Living at Home Waiver services increased 22%, from \$20 million in FY 2008 to \$25 million in FY 2009. Attendant care services accounted for 93% of FY 2009 Living at Home Waiver expenditures.
- Medical Day Care, previously a state plan service, accounted for 2% of FY 2009 expenditures for Living at Home Waiver services.
- Medicaid non-waiver service expenditures rose 12% from FY 2008 to FY 2009, from \$6.9 million to \$7.7 million. The increase was primarily due to higher medical expenditures (e.g. inpatient care) as reflected in fee-for-service billing and MCO expenses.

Chart Book Organization

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

- **Waiver Participants:** This section includes data on the number of Living at Home Waiver participants with breakdowns by age, race, gender, and county of residence. It also contains data on the number of persons on the Living at Home Waiver Interest List; settings from which individuals entered the waiver program; prior Medicaid coverage; and special populations, such as dual eligibles and persons enrolled in the Rare and Expensive Case Management Program.
- **Medicaid Expenditures and Service Utilization:** This section provides data on Medicaid payment rates for the Living at Home Waiver and expenditures and utilization for Medicaid waiver, non-waiver, and pharmacy services that are used by Living at Home Waiver participants.

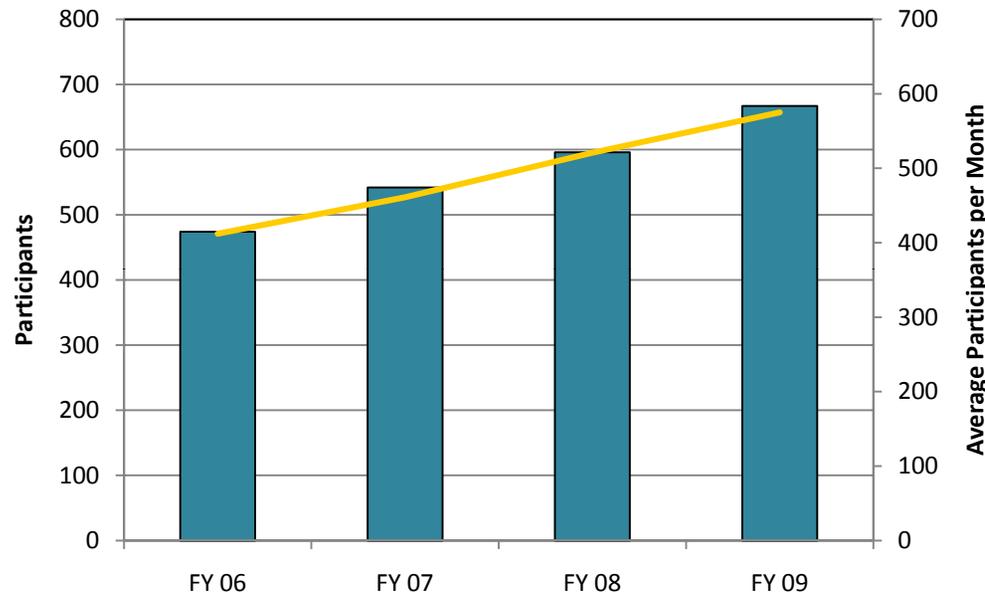
Data Sources

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 claims.
- **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.
- **U.S. Census Bureau, Population Division:** Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties: April 1, 2000, to July 1, 2009.
- **DHMH Long-Term Care and Waiver Services:** Living at Home Waiver Interest List and waiver administrative costs data.

Waiver Participants

Figure 1. Number of Unduplicated Living at Home Waiver Participants*



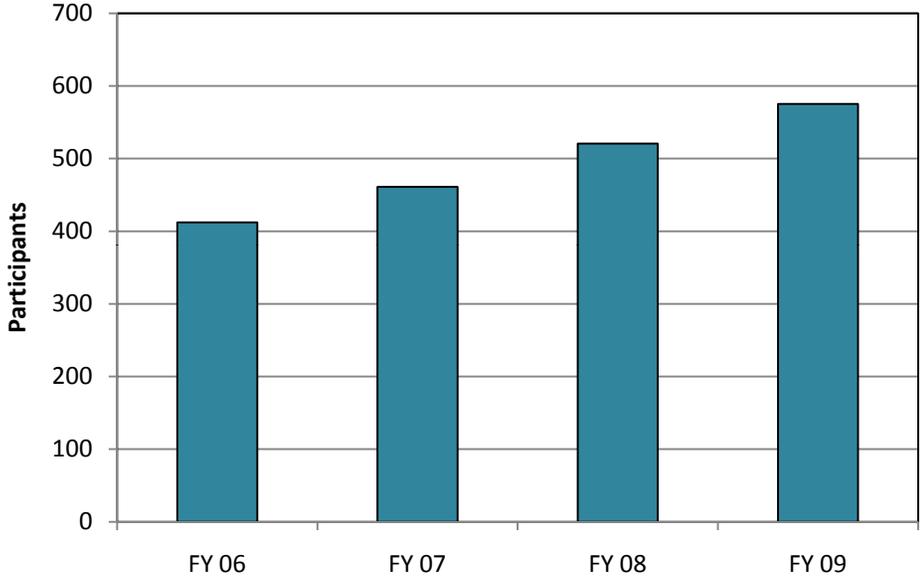
*Number of individuals enrolled in the Medicaid Older Adults Waiver in each of the fiscal years. Individuals who entered, left, and reentered the waiver during a given fiscal year were counted only once during that fiscal year.

Source: DSS.

The number of Living at Home Waiver participants grew steadily, increasing 41%, from 474 in FY 2006 to 667 in FY 2009. On average, there was a 12% increase annually in the number of waiver participants—the majority of whom transitioned to the waiver from a nursing facility.

The number of Living at Home Waiver participants enrolled at some point during FY 2009 was 667. However, on average, there were 575 waiver participants enrolled in the waiver each month in FY 2009.

Figure 2. Average Number of Living at Home Waiver Participants per Month

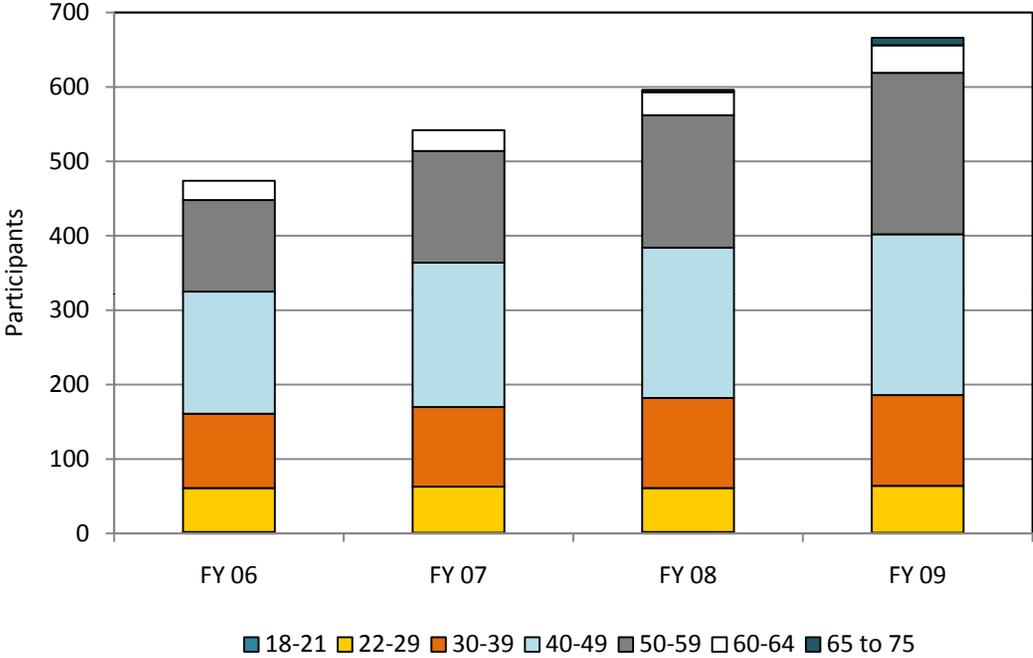


Source: DSS.

The number of Living at Home Waiver participants enrolled at some point during FY 2009 was 667 (see Figure 1).

However, on average, there were 575 waiver participants enrolled in the waiver each month in FY 2009.

Figure 3. Living at Home Waiver Participants, by Age Group

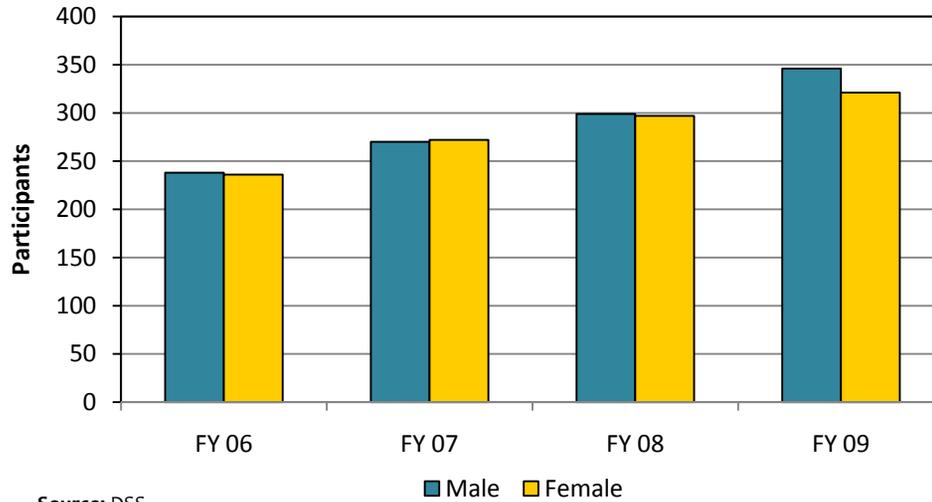


Both the number and percentage of Living at Home Waiver participants aged 50-59 increased steadily during the four-year study period, reaching 217 participants, or 33 percent of the waiver population, in FY 2009.

The average age of Living at Home Waiver participants was 45.86 in FY 2009.

Source: DSS.

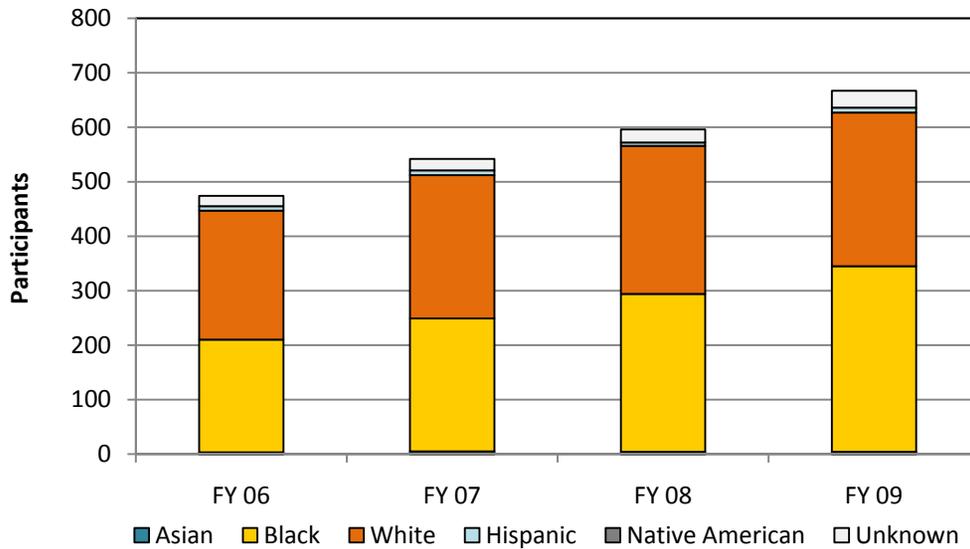
Figure 4. Living at Home Waiver Participants, by Gender



Source: DSS.

From FY 2006 to FY 2008, the distribution of females and males in the Living at Home Waiver was comparatively equal, at 50%. However, in FY 2009, the percentage of male participants increased to 52%.

Figure 5. Living at Home Waiver Participants, by Race



Source: DSS.

The number of Black Living at Home Waiver participants continued to increase at a faster rate than the other racial groups.

From FY 2008 to FY 2009, the percentage of Black participants increased from 49% to 51%; the percentage of White participants decreased from 46% to 42%.

Figure 6. Number of Living at Home Waiver Participants per Capita, by County

County	Participants							
	FY 06		FY 07		FY 08		FY 09	
	Total	Per Capita	Total	Per Capita	Total	Per Capita	Total	Per Capita
Allegany County	21	7	20	6	19	6	17	5
Anne Arundel County	48	2	52	3	53	3	50	2
Baltimore City	73	3	103	4	130	6	176	8
Baltimore County	65	2	79	2	76	2	99	3
Calvert County	6	2	4	1	4	1	4	1
Caroline County	7	6	8	6	9	7	8	6
Carroll County	7	1	12	2	15	2	12	2
Cecil County	9	2	8	2	7	2	11	3
Charles County	21	5	22	5	25	5	23	5
Dorchester County	9	6	8	5	6	4	7	5
Frederick County	15	2	16	2	15	2	16	2
Garrett County	5	4	7	5	7	5	8	6
Harford County	11	1	13	1	16	2	15	2
Howard County	16	2	17	2	18	2	18	2
Kent County	1	1	2	2	4	4	3	3
Montgomery County	44	1	44	1	52	1	63	2
Prince George's County	62	2	70	2	77	3	80	3
Queen Anne's County	12	6	10	5	9	4	7	3
Somerset County	7	7	7	7	7	7	7	7
St. Mary's County	7	2	6	2	8	2	8	2
Talbot County	2	1	4	2	4	2	3	2
Washington County	6	1	10	2	12	2	12	2
Wicomico County	14	4	15	4	17	5	14	4
Worcester County	3	1	3	1	4	2	5	2

Baltimore City, Baltimore County, and Prince George’s County consistently had the largest number of Living at Home Waiver participants (as might be expected given their large populations). Calvert, Kent, Talbot, and Worcester Counties had the smallest number of participants .

In FY 2009, Baltimore City had the largest number of waiver participants per capita, with 8 out of every 10,000 residents enrolled in the waiver.

* Per Capita is the number of individuals enrolled in the Living at Home Waiver in each county for every 10,000 people aged 20 to 64 residing in the county.

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 20 to 64 years.

Sources: DSS, U.S. Census Bureau.

Figure 7. Newly Enrolled Living at Home Waiver Participants, by Pre-Waiver Setting

Pre-Waiver Setting*	FY 06	FY 07	FY 08	FY 09
Chronic Hospital	0	0	0	4
Nursing Facility	68	72	83	133
Other	6	54	21	4
Total	74	126	104	141

* Pre-waiver setting refers to the setting in which the participant resided prior to enrolling in the Living at Home Waiver. To determine an individual’s pre-waiver setting, The Hilltop Institute examined MMIS claims for the three months prior to waiver enrollment to see if claims were filed for a chronic hospital, institution for mental disease (IMD), intermediate care facility for individuals with mental retardation (ICF/MR), or nursing facility (NF) stay; if so, new waiver participants were classified accordingly (however, there were no waiver participants with IMD or ICF/MR claims). Waiver participants without chronic hospital, IMD, ICF/MR, or NF claims were classified as coming from “other” settings. It cannot be said with certainty—nor can it be assumed—that individuals in the “other” category were residing in the community prior to waiver enrollment.

Source: MMIS2.

In FY 2009, 133 (or 94% of) newly enrolled Living at Home Waiver participants resided in a nursing facility in the three months prior to enrolling in the waiver. This includes 110 individuals who transitioned from nursing facilities to the community under the Maryland Money Follows the Person demonstration.

Figure 8. Average Length of Stay (LOS) in the Waiver for Living at Home Waiver Disenrollees, by Reason for Leaving the Waiver

	FY 07		FY 08		FY 09	
	Number of Discharges	Average LOS in Months	Number of Discharges	Average LOS in Months	Number of Discharges	Average LOS in Months
Administrative Determination	0	0	1	5	0	0
Admitted to an Institution	0	0	4	14	5	37
Deceased	15	33	25	40	14	29
No Longer Needs Waiver Services	3	6	0	0	1	7
Not Medically Eligible*	0	0	1	2	1	19
Not Technically Eligible*	0	0	0	0	2	57
Lost Eligibility*	26	23	23	26	24	38
Lost Financial Eligibility*	0	0	0	0	0	0
Other	9	11	8	4	16	13
Total	53		62		63	

Note: Living at Home Waiver participants leaving the waiver in each of the fiscal years were identified by examining participants' Medicaid Living at Home 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 Living at Home Waiver eligibility span, the last eligibility span was used. Living at Home 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 Living at Home Waiver eligibility span to the last day of each fiscal year (June 30). Each participant was categorized by reason for disenrollment and the lengths of stay were totaled and averaged to obtain the average length of stay by disenrollment reason.

Due to missing MMIS2 "reason for disenrollment" data, no information is available for persons leaving the waiver in FY 2006.

*Persons in the "Lost Eligibility" category are Living at Home Waiver enrollees whose reason for the loss of eligibility (i.e., financial, technical, or medical) was not specified. Persons in the "Lost Financial Eligibility" category are Living at Home Waiver enrollees who lost financial eligibility at some point after enrollment in the waiver. The "Not Medically Eligible" or "Not Technically Eligible" categories include persons who did not meet the medical or waiver-specific criteria. The "Other" category includes reasons such as coverage group changes.

Source: MMIS2.

Of the 63 Living at Home Waiver participants disenrolled from the waiver in FY 2009, 22 percent were disenrolled due to death. On average, these participants were enrolled in the waiver less than three years.

Eight percent of waiver participants were dis-enrolled due to a long-term care facility admission and, on average, were in the waiver for slightly more than three years.

Figure 9. Prior Medicaid Coverage for Living at Home Waiver Participants

Prior Coverage Status	FY 06	FY 07	FY 08	FY 09
Full Coverage	252	329	388	477
Partial Coverage*	1	11	17	16
No Prior Coverage	221	202	191	174
Total Participants	474	542	596	667

Note: Prior Medicaid coverage group is defined as the last Medicaid coverage group assigned to each waiver participant prior to enrollment in the waiver. Counts include participants with a Living at Home Waiver program code in the MMIS in each of the fiscal years.

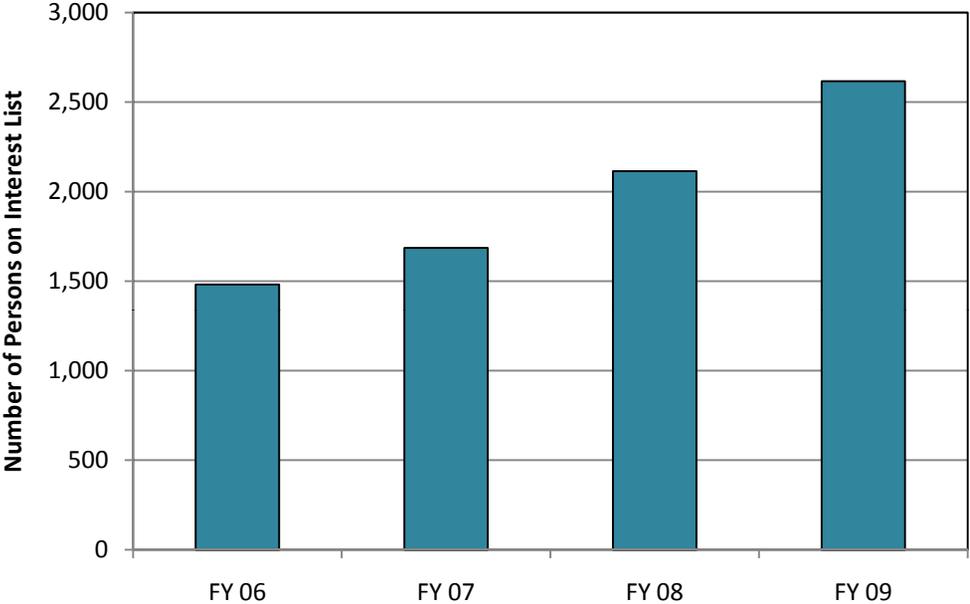
* Partial Medicaid coverage includes Medicare Savings Programs such as Qualified Medicare Beneficiary and the Specified Low-Income Medicare Beneficiary Program. This category also includes the Maryland Primary Adult Care Program.

Source: DSS.

The number of Living at Home Waiver participants with no prior Medicaid coverage at the time of waiver enrollment decreased each year from FY 2006 to FY 2009, suggesting that the waiver continues to be accessed by persons already in the Medicaid system.

In FY 2008, 191 (32% of) waiver participants had no prior Medicaid coverage at enrollment; in FY 2009, 174 (26%) had no such prior coverage.

Figure 10. Number of Persons on the Living at Home Waiver Interest List



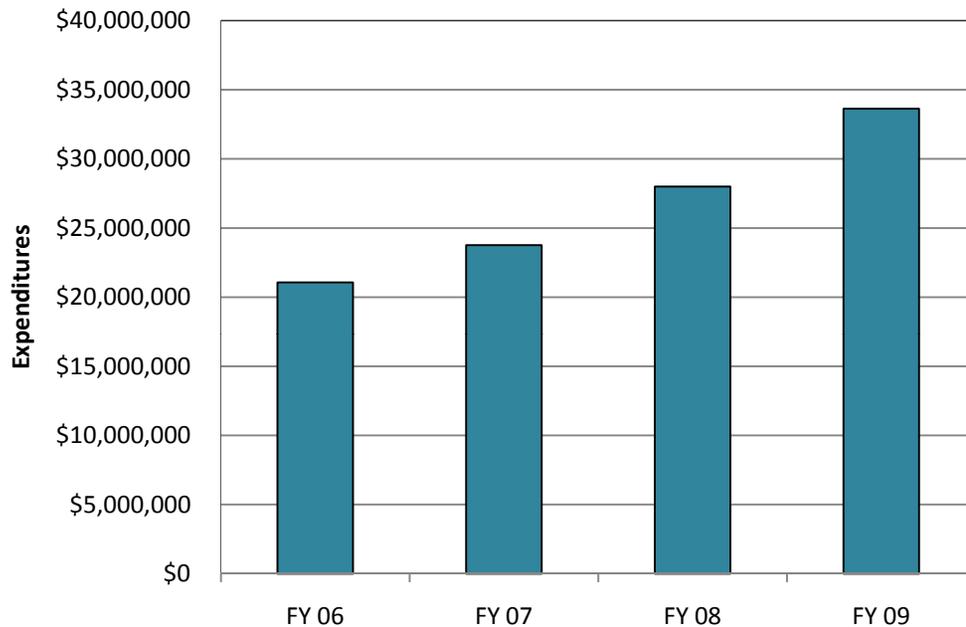
The number of Marylanders on the Living at Home Waiver Interest List increased 77%, from 1,481 in FY 2006 to 2,617 in FY 2009.

Note: Due to limited funding, the state did not accept applications during the reporting period for the Living at Home Waiver from individuals other than those who were transitioning from nursing facilities to the community. Other Marylanders interested in receiving waiver services must place their names on the Living at Home Waiver Interest List and apply for the waiver as slots become available.

Source: DHMH Long-Term Care and Waiver Services.

Medicaid Expenditures and Service Utilization

Figure 11. Medicaid Expenditures* for Living at Home Waiver Participants



Medicaid expenditures for Living at Home Waiver participants, which rose steadily from FY 2006 to FY 2009 at about 17% each year on average, reflect the growth in the number of waiver participants, increased service utilization, and increased Medicaid payment rates.

In FY 2009, Medicaid expenditures for waiver participants were \$33.6 million; in FY 2008 they were \$28.0 million.

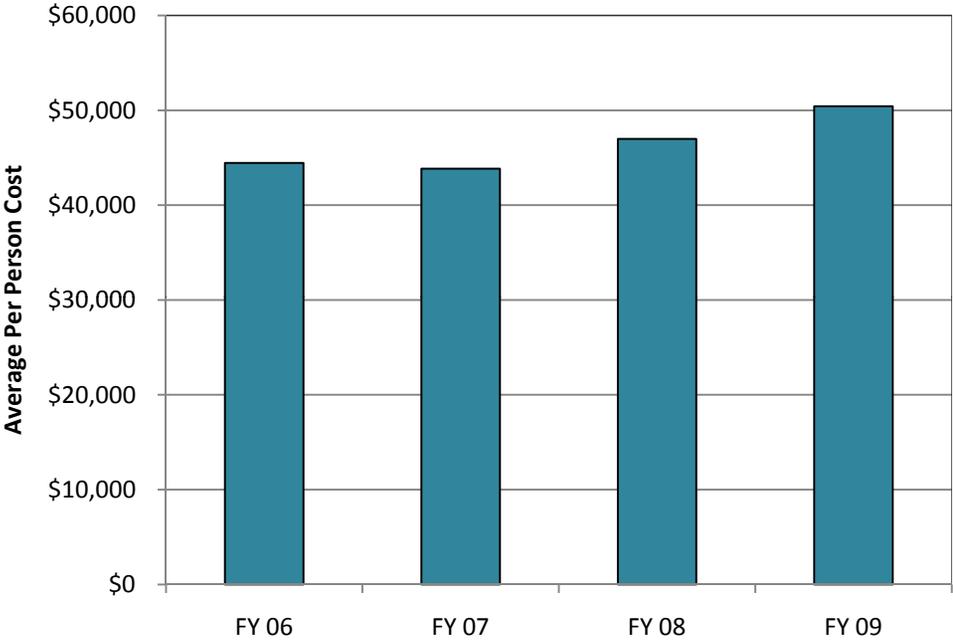
Note: Effective July 1, 2008, Medicaid payment rates for certain Living at Home Waiver services increased 1.5% based on the FY 2009 Medical Assistance Program budget. A budget allocation adjustment, effective November 1, 2008, resulted in a total rate increase of 2%.

Rates for medical day care services provided to Living at Home Waiver participants increased 2% from FY 2008 to FY 2009.

* Does not include Living at Home Waiver administrative costs. For administrative costs, see Figure 14

Source: DSS.

Figure 12. Average Annual Medicaid Expenditures* per Person for Living at Home Waiver Participants



Following a slight decrease from FY 2006 to FY 2007, due in large part to the implementation of Medicare Part D, the average annual Medicaid expenditures per Living at Home Waiver participant increased 7% from FY 2007 to FY 2008, and another 7% from FY 2008 to FY 2009.

In FY 2009, the average annual per person cost of Medicaid expenditures was \$50,423.

* Does not include Living at Home Waiver administrative costs. For administrative costs, see Figure 14.

Source: DSS.

Figure 13. Medicaid Expenditures* for Living at Home Waiver Participants, by Service Category

Service Category	FY 06	FY 07	FY 08	FY 09
Waiver	\$15,164,347	\$17,348,996	\$20,436,523	\$24,989,882
Non-Waiver**	\$4,741,893	\$5,993,293	\$6,912,569	\$7,743,310
Pharmacy	\$1,164,631	\$426,553	\$652,275	\$898,662
Total Expenditures	\$21,070,871	\$23,768,842	\$28,001,367	\$33,631,854

* Does not include Living at Home Waiver administrative costs. For administrative costs, see. Figure 14.

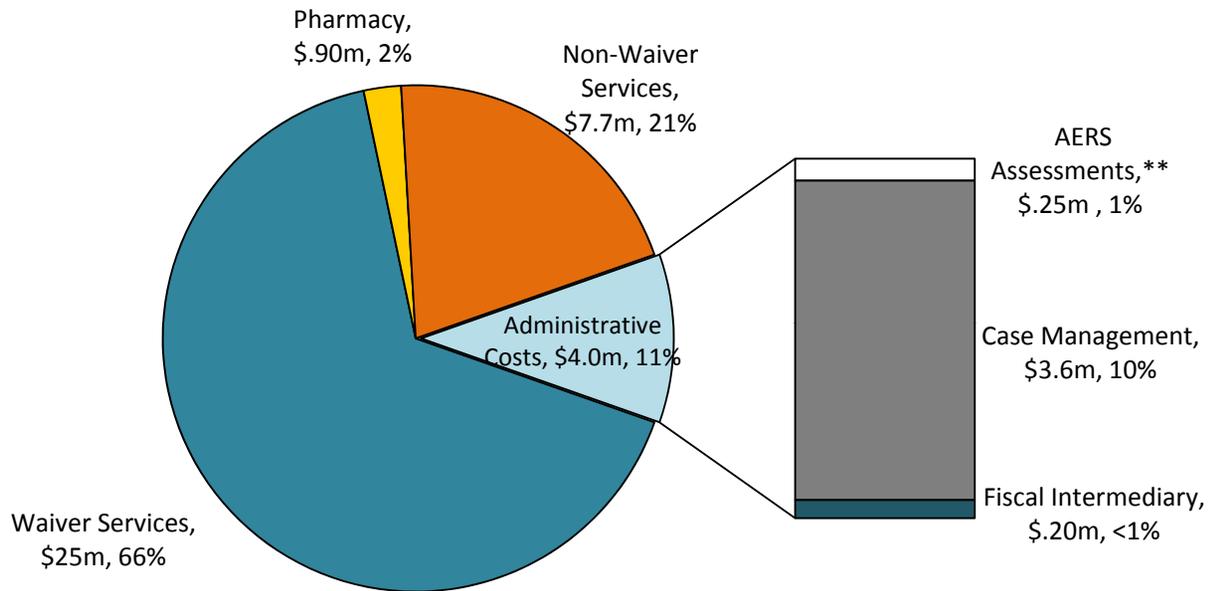
** Medicaid non-waiver expenditures are Medicaid payments made on behalf of waiver participants for services other than Living at Home Waiver services and pharmacy.

Source: DSS.

From FY 2008 to FY 2009, Living at Home Waiver expenditures increased 22%, from \$20 million to \$25 million. This increase is due in part to the inclusion of medical day care services (previously a state plan service) as a waiver service.

With the implementation of Medicare Part D in January 2006, pharmacy expenditures decreased significantly from FY 2006 to FY 2007. Though significantly lower beginning in FY 2007, pharmacy expenditures increased 38% from FY 2008 to FY 2009.

Figure 14. Selected Administrative Costs* as a Percentage of Total Medicaid Living at Home Waiver Expenditures, FY 2009



Selected administrative costs for the Living at Home Waiver in FY 2009 were \$4,050,000, or 11% of total Medicaid expenditures.

Case management services comprised 11% of total Medicaid Living at Home Waiver expenditures, while participant assessments completed by the Adult Evaluation and Review Services (AERS) and fiscal intermediary services were 1% and less than 1%, respectively.

* Administrative costs included here are Statewide Evaluation and Planning Services (STEPS) and/or medical eligibility assessments completed by Adult Evaluation and Review Service (AERS) staff, case management services provided by The Coordinating Center (TCC), and fiscal intermediary services. Additional administrative costs are incurred in administering the waiver (e.g., staffing and IT expenditures for eligibility determinations, enrollment, claims processing, reporting to CMS, utilization review), but are not easily quantifiable.

** Expenditures for AERS assessments were calculated by multiplying the number of unique Living at Home Waiver participants enrolled in the waiver in FY 2009 by the average cost of STEPS/medical eligibility assessments.

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

Figure 15. Medicaid Expenditures for Living at Home Waiver Services

Service	Total Waiver Expenditures by Fiscal Year	
	FY 08 Expenditures	FY 09 Expenditures
Assistive Technology Purchase	\$96,054	\$146,716
Attendant Care - Agency	\$11,683,542	\$14,816,612
Attendant Care - Non-Agency	\$7,899,403	\$8,428,214
Community Transition Services	\$77,260	\$181,491
Consumer Training	\$40	\$1,894
Environmental Assessment	-	\$0
Environmental Accessibility Adaptations	\$256,162	\$278,916
Dietitian/Nutritionist	-	\$0
Family Training - Agency	\$76	\$78
Family Training - Non-Agency	\$105	\$0
Home-Delivered Meals	-	\$0
Medical Day Care Services*	-	\$617,367
Nursing Supervision - Agency	\$232,615	\$297,131
Nursing Supervision - Non-Agency	\$16,225	\$18,201
Personal Emergency Response Systems - Maintenance/Other	\$360	\$0
Personal Emergency Response Systems - Monthly Monitoring	\$160,692	\$184,129
Personal Emergency Response Systems - Purchase/Install	\$3,629	\$6,166
Other Waiver Services**	\$10,361	\$12,966
Total Living at Home Waiver Services	\$20,436,523	\$24,989,882

Note: Effective July 1, 2008, environmental assessment, dietitian/nutritionist, and home-delivered meals were added as Living at Home Waiver services. These services were not provided, however, as contracts with service providers were still pending.

*Medical day care was changed from a state plan service to a waiver service beginning July 1, 2008.

** "Other waiver services" are Medicaid waiver services that are provided during an individual's Living at Home Waiver span but are authorized under a different home and community-based waiver.

Source: DSS.

In FY 2009, agency and non-agency attendant care services accounted for 93% of total Living at Home Waiver expenditures, down from 96% in FY 2008.

Medical day care, previously a state plan service, accounted for 2% of total waiver expenditures in FY 2009.

Figure 16. Use of Living at Home Waiver Services

Service	Number of Users		Average Units of Service Per User	
	FY 08	FY 09	FY 08*	FY 09†
Assistive Technology Purchase	119	194	**	**
Attendant Care - Agency	417	486	1,678	1,799
Attendant Care - Non-Agency	285	280	2,121	2,268
Consumer Training	1	6	1	8
Dietitian	-	0	-	0
Environmental Assessment	-	0	-	0
Environmental Accessibility Adaptations	101	118	**	**
Family Training - Agency	1	1	2	2
Family Training - Non-Agency	2	0	2	0
Home-Delivered Meals	-	0	-	0
Medical Day Care Services	-	63	0	134
Nursing Supervision - Agency	498	585	12	13
Nursing Supervision - Non-Agency	56	47	11	15
Personal Emergency Response Systems - Maintenance/Other	3	0	3	0
Personal Emergency Response Systems - Monthly Monitoring	371	438	10	9
Personal Emergency Response Systems - Purchase/Install	65	94	**	**

Note: Units of service are calculated by dividing the total service expenditure for the fiscal year by the Medicaid fiscal year payment rate for that service and dividing by the number of unduplicated users of the service during the fiscal year. Units of service may be quantified in hours, days, per meal, per month, etc.

* FY 2008 Living at Home Waiver payment rates were used in this calculation.

† FY 2009 Living at Home Waiver payment rates were used in this calculation.

** Unable to calculate average units due to the unit of measure for these services (i.e., per year, per modification).

Source: DSS.

The number of Living at Home Waiver participants using agency attendant care services increased 16% from FY 2008 to FY 2009.

While the number of waiver participants using non-agency attendant care decreased 2% from FY 2008 to FY 2009, the average units of service per user increased 7%.

In FY 2009, 63 Living at Home Waiver participants used, on average, 134 days of medical day care services.

Figure 17. Medicaid Non-Waiver Expenditures for Living at Home Waiver Participants, by Service Category

Service Category	FY 06	FY 07	FY 08	FY 09
DMS/DME*	\$570,873	\$647,906	\$802,253	\$1,018,257
Medical Day Care	\$594,221	\$576,409	\$584,916	\$0
Medicare Cost Share	\$683,709	\$759,248	\$922,687	\$1,104,357
Mental Health	\$111,343	\$143,932	\$127,962	\$133,323
Nursing Facility	\$477,751	\$378,852	\$422,772	\$518,916
State Plan Personal Care	\$54,703	\$68,108	\$50,644	\$30,055
Acute Care and Other Services**	\$2,249,293	\$3,418,837	\$4,001,336	\$4,938,402
Total	\$4,741,893	\$5,993,293	\$6,912,569	\$7,743,310

From FY 2006 to FY 2009, Medicare cost share accounted for 13%, on average, of non-waiver expenditures per year, reaching \$1.1 million in FY 2009.

* DMS is disposable medical supplies. DME is durable medical equipment.

** Includes expenditures for capitation payments for waiver participants enrolled in HealthChoice and expenditures for inpatient and outpatient acute care and other miscellaneous services for fee-for-service waiver participants.

Source: DSS.



The Hilltop Institute

University of Maryland, Baltimore County
Sondheim Hall, 3rd Floor
1000 Hilltop Circle
Baltimore, MD 21250

www.hilltopinstitute.org