



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

OCT 03 2007

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
H-107 State House
Annapolis, MD 21401-1991

The Honorable Michael E. Busch
Speaker of the House of Delegates
H-101 State House
Annapolis, MD 21401-1991

Dear President Miller and Speaker Busch:

Enclosed is the Department of Health and Mental Hygiene's report on the Living at Home waiver program, the home and community-based services waiver program for individuals with physical disabilities aged 18-59. This report is being submitted in accordance with Section 7-510 of the Human Services Article.

The Living at Home waiver has been operating for more than six years and has an active stakeholder advisory committee. Since the program is no longer new and is operating efficiently with the help of the advisory committee, the Department will submit the report on an annual basis.

If you have any questions concerning this report or need further information on the program, please call Alyce Beman-Pearsall, Division Chief, Living at Home Waiver Division at 410-767-5235. Your continued support of this vital program for individuals with disabilities is appreciated.

Sincerely,



John M. Colmers
Secretary

Enclosure

cc: The Honorable James W. Hubbard
The Honorable Peter A. Hammen
Secretary Cathy Raggio
Mr. John Folkemer
Ms. Anne Hubbard



Background

The Living at Home (LAH) waiver program is a home and community-based services waiver program that serves working age adults with physical disabilities. Individuals in the program live in the community with supports built around them so they can stay in their homes with the services they need. The program began in April 2001 with funding for 150 individuals in the first year and will serve approximately 500 individuals in this fiscal year. Since Medicaid's home and community-based services waivers are limited by enrollment caps and budget allocations, the LAH waiver was closed from December 2002 to June 2006 to applicants from the community. The program has been renewed by the federal Centers for Medicare and Medicaid Services (CMS) through 2009.

The LAH waiver was the first program designed to serve a significant number of people transitioning from nursing facilities back into the community. Since the LAH waiver began, it has been inundated with applications – most of them from individuals who live in the community, but some from individuals who live in nursing facilities. As a result of closing the waiver and to accommodate the interest in the LAH waiver from people in the community, the Department implemented a Waiver Service Registry, a central clearinghouse that collects contact information on individuals interested in receiving waiver services.

As the LAH waiver approached its enrollment cap in November 2002, the Department announced a new "money follows the individual" policy. In the 2003 session of the General Assembly, House Bill 478 -- Money Follows the Individual Act, was passed establishing this policy into law. Under this policy, Medicaid recipients leaving nursing facilities can enroll in the LAH waiver even if the waiver is closed to people living in the community (due to budget constraints). This means that people living in nursing homes funded by Medicaid do not have to place their name on the Waiver Services Registry to apply for the LAH waiver, but instead, can work directly with a LAH case manager to complete the application process for the program.

The LAH waiver is a dynamic program with an active advisory committee comprised of consumers, family members, advocates, providers and case management representatives. The advisory committee regularly discusses data, policy issues and legislation. The advisory committee meets five to six times per year.

Number of Individuals Transitioned

Since the LAH waiver began in April 2001, 305 individuals have transitioned from a nursing facility. Of these individuals, 228 are active in the program. The case management agency for the waiver has added 3 housing coordinators since the spring of 2005 which has helped increase the number of nursing facility transitions.

Options Counseling

The Department's utilization control contractor identifies nursing facility residents that have expressed a preference to move to the community. The contractor employs nurses to discuss home and community-based options with those residents. If a resident so desires, the nurse will make a referral to DHMH to follow up with the individual and assist them with completing the application for the LAH waiver program. The Department's prior utilization control contractor referred 173 individuals to LAH waiver between September 2004 and January 2007. Data are not yet available for the period from February 2007 to the present.

Quality Assurance

A major initiative at DHMH is to improve quality of care to individuals in the waiver programs. A Waiver Quality Council was developed in 2005 with state representatives of all waiver programs. It meets regularly to improve coordination and collaboration between state agencies.

The Waiver Quality Council members worked together to develop and implement a system to identify, report and resolve incidents and complaints involving home and community-based services waiver program participants in a timely manner. The "Reportable Event" policy requires consumers, providers, and case managers to report incidents and complaints (i.e., abuse or neglect) using a standard form and instructions on the flow of reporting and resolving the issue. The policy began in August 2005 after stakeholder input and regional trainings.

Beyond providing appropriate safeguards for participants, documenting and investigating reportable events is essential to assure that the appropriate agencies receive information that can ultimately be used for system improvements. Analysis of this information can enhance coordination of program services and consolidate processes, in addition to expanding choices and options for participants. The Waiver Quality Council discusses reportable event trends and works to identify system improvements.

Additionally, members of the Waiver Quality Council have focused on provider issues by working on developing a process for provider audits, forms for providers to complete to demonstrate that the appropriate services have been provided, and increasing the number of provider trainings. DHMH has scheduled two trainings for providers of Nurse Supervision to be held in September and October 2007. These trainings will focus on the role of the Nurse Supervisor and documentation requirements.

Money Follows the Person Demonstration

DHMH applied to the Centers for Medicare and Medicaid Services (CMS) to develop a Money Follows the Person (MFP) demonstration in November 2006 and was approved for participation in a 5 year program in January 2007.

The demonstration will focus on identifying individuals who have been in nursing homes and other facilities for 6-months or more, who are Medicaid eligible, and who want to move to the community. The Demonstration will help the State provide the services to support them in the community. The State will receive a 75% federal match for eligible community-based services for the first year an individual moves into the community. After the first year, the State will receive its normal 50% match. There is an active stakeholder process to develop the operational protocol for the Demonstration, which will outline the details around identification of individuals and definition of services.

The next steps are to submit the operational protocol by October 31, 2007. CMS must approve all operational protocols submitted by states before states may begin transitioning individuals. Maryland has been awarded \$1 million in matching funds to use for administrative activities in the first year. This funding will be used for staff, training, outreach, and system and policy changes to get ready for the demonstration.