The Hilltop Institute
UMBC

report

DRAFT Independent Assessment for Maryland's Section 1915(b)(4) Waiver for Home and Community-Based Options Case Management

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DRAFT Independent Assessment for Maryland's Section 1915(b)(4) Waiver for Home and Community-Based Options Case Management

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Executive Summary

Maryland's §1915(c) Home and Community-Based Options Waiver (CO Waiver)—introduced in 2014 to merge the Waiver for Older Adults and Living at Home Waiver populations—provides services and supports that help older adults and individuals with physical disabilities remain in their homes and communities, with the goal of delaying or eliminating the need for institutionalization (Maryland Department of Health, n.d.). Under §1915(b)(4) Waiver authority, the state designates Area Agencies on Aging (AAAs), and competitively selected providers as supports planning providers–or case managers—for services rendered to CO Waiver applicants and participants. The competitive solicitation of providers aims to ensure the selection of qualified providers who demonstrate they have established infrastructure, staffing capacity, and policies to meet the regulatory quality requirements and capacity needs of a particular service area.

The Maryland Department of Health (the Department) closely monitors supports planning agencies to assess the capacity and quality of services in all service areas for program participants. The Department uses a web-based tracking system–*LTSSMaryland*—to monitor provider capacity and the quality of services provided to program participants. The ongoing monitoring of provider agencies is intended to ensure adequate provider capacity throughout service regions and verify that agencies have the bandwidth to provide waiver participants with sufficient and timely access to services.

The §1915(b)(4) fee-for-service (FFS) selective contracting waiver is subject to federal requirements for an independent assessment that considers the impact of the waiver on access, quality, and cost effectiveness of the services provided to program participants (U.S. Department of Health & Human Services, 1998).

The Department requested that The Hilltop Institute at the University of Maryland, Baltimore County conduct the independent assessment of the §1915(b)(4) waiver renewal as part of its scope of work under a five-year interagency agreement between the Department and Hilltop for policy consultation, technical support, and program assistance to the Maryland Medicaid program. The Hilltop Institute is a nonpartisan research organization dedicated to improving the health and wellbeing of people and communities and is nationally recognized for its knowledge of state health policy and the Medicaid program (https://www.hilltopinstitute.org). To ensure that the independent assessment adhered to Centers for Medicare & Medicaid Services (CMS) requirements, Hilltop referenced the state Medicaid letter for the Independent Assessment Requirement for Section 1915(b) Waiver Programs: Guidance to States (U.S. Department of Health & Human Services, 1998). This independent assessment presents Hilltop's findings as they relate to the impact of selective contracting for supports planning services on access, quality, and cost effectiveness of care for the §1915(b)(4) waiver population for fiscal years (FYs) 2017 through 2021.

Summary of Overall Independent Assessment Findings

As part of the federally mandated independent assessment to inform the §1915(b)(4) waiver renewal, Hilltop reviewed the access, quality, and cost effectiveness of supports planning services available for CO Waiver participants and found overall positive results. The independent assessment demonstrated the Department's commitment and success in monitoring and addressing any shortcomings pertaining to provider capacity, the quality of services provided to applicants and waiver participants, and the costs and utilization of services during the approved waiver period. Hilltop provides recommendations for program improvement throughout the report but did not identify any major issues with the selective contracting for supports planning services provided through the CO Waiver.

Access to Care

Under the §1915(b)(4) Waiver authority, AAAs and competitively selected providers serve as designated waiver supports planning providers for services rendered to CO Waiver applicants and participants through the §1915(c) authority. A thorough review of the available data and documentation indicates that the state has completed a successful competitive solicitation process to ensure the selection of qualified providers with demonstrated infrastructure, staffing capacity, and policies to meet the regulatory service access requirements. Furthermore, the state has implemented policies and processes to closely monitor supports planning agencies capacity, conducting (at a minimum) monthly reviews using *LTSSMaryland*—a web-based tracking system—to ensure timely access to services and available capacity for all CO Waiver applicants and participants. Through ongoing monitoring, the state determined the need for additional providers and implemented two rounds of solicitations during the approved waiver period. This process led to the selection of three additional agencies—totaling 27 agencies statewide by the end of FY 2021—to serve areas with a demonstrated need for access to services.[1]

Recommendations for the Department

1. The Department uses standard reports in *LTSSMaryland* to monitor system capacity for supports planning. Table 3 shows the number of participants pending supports planning agency assignment beyond 21 days of referral or program enrollment as of June 2021. Over half of those who are pending assignment (51%) are participants in the Western Region of the state. To improve access to services for participants, particularly those in the Western Region, the Department should develop a strategic plan targeting immediate capacity expansion.
2. The Department uses *LTSSMaryland* reports "Supports Planning Agency (SPA) Capacity Report" and the "SPA Clients Remaining Pending Beyond Effective Date Report" for the

[1] Effective March 25, 2021, the Washington County Commission on Aging, Inc. (an AAA) was no longer a provider of supports planning services. This provider is not included in the 27 agencies at the end of FY 2021 and not shown in subsequent analyses.

monthly monitoring of provider capacity. Both reports produce point-in-time (i.e., as of the time the report is produced) metrics that assist the Department in making decisions about capacity expansion and the potential solicitation of new providers in a specific jurisdiction. While the reports produce meaningful metrics, both reports are limited in scope. The Department should consider expanding the scope of these reports to produce metrics for specified timeframes and by specific home and community-based services program—i.e., CO Waiver, Community First Choice (CFC)—agency, and region. In doing so, the Department may be able to evaluate trends in capacity over time and readily identify patterns in access across specific providers and jurisdictions.

3. Documentation of policies, processes, and outcomes of access and capacity monitoring were limited. For example, the Department should establish a standard operating procedure manual to ensure that all monitoring and remediation activities are accomplished and documented as outlined in the approved §1915(b)(4) and §1915(c) waivers. A central repository for data would allow access across the Department's Office of Long Term Services and Supports (OLTSS) and maintain data integrity through staff turnover.

Quality of Services

Hilltop reviewed the policies and guidelines pertaining to the quality of supports planning services provided to CO Waiver participants, as well as a select number of indicators of service quality during the study period. When reviewed comprehensively, the quality monitoring strategy demonstrates that there is adequate oversight in place to ensure that supports planning agencies administer services that meet the highest quality standards. Quality standards are overseen by the Department through regular monitoring, formal annual auditing, and ongoing training requirements. A review of audit scores indicates a marked improvement in quality during the study period. Moreover, the Department's training log revealed a high rate of compliance with the annual training of agency representatives.

Recommendations for the Department

1. The Department paused annual supports planning agency auditing for the past calendar year considering the COVID-19 public health emergency and the Centers for Disease Control and Prevention guidelines on in-person contact. The annual audit process consists of two components: a desk audit and an in-person site visit. Hilltop recommends that the Department resume—at minimum—the desk audit and develop a virtual site visit option if the public health emergency continues to impact the ability to have onsite visits in FY 2022.
2. The Department directly oversees supports planning agencies' compliance with quality standards. As part of this oversight, the state has developed and implemented a process to audit each supports planning agency on an annual basis. The Department provided the compliance score for each supports planning agency by fiscal year, and sample documentation about the quality improvement plan (QIP) process for agencies that failed

to meet a passing score. An annual report that compiles audit results would provide the opportunity to review trends in deficiencies across the state and develop targeted training and technical assistance.

3. The Department should modify the *LTSSMaryland* report titled "SP Monitoring – Not Contacted Clients Report" to ensure that the report captures failure to provide a monthly contact only for individuals who did not waive this service. In doing so, the Department will be better positioned to monitor the timeliness of service provision with more efficiency and frequency.
4. Supports planners are required to complete a number of training requirements, which serve as an important foundation for the quality of supports planning service delivery. The Department tracks training participation in order to ensure compliance. Hilltop recommends the creation of a report or centralized database to capture training compliance as a means to review trends in deficiencies across the state and develop targeted training and technical assistance.
5. The Department should continue to monitor POS submission to address changes in participant needs. The QIP should be continually reviewed and revised until the state reaches compliance with the §1915(c) performance measure.

Cost Effectiveness

The competitive selection of supports planning providers is intended to ensure the selection of qualified providers who have demonstrated that they have established infrastructure and policies to meet the regulatory and provider agreement requirements to provide high-quality services that are also cost-effective. Qualified providers with extensive knowledge of local service systems can help individuals to successfully remain in the community and out of costly institutions, creating cost savings for state- and federally funded programs. Hilltop reviewed claims data to assess the effect of selective contracting on supports planning services costs for CO Waiver participants. Hilltop compared the actual costs of services with the cost effectiveness projections in the approved §1915(b)(4) application, including pre-waiver costs and projected waiver costs. Hilltop's cost effectiveness analysis focused on the CMS determination of cost effectiveness for a §1915(b) waiver—specifically, whether the continued implementation of selective contracting incurred a greater cost to the state than providing services without the waiver.

Recommendation to the Department

1. The Department should conduct further analysis of supports planning expenditures for the CO Waiver population to ensure that service expenditures are being captured in the correct §1915(b)(4) application. Based on updated actual utilization and expenditures, projected waiver costs may need to account for most services being received through the CFC program. The Department should revise the cost effectiveness projections during the renewal process.

DRAFT Independent Assessment for Maryland's Section 1915(b)(4) Waiver for Home and Community-Based Options Case Management

Program Background

Maryland's §1915(c) Home and Community-Based Options Waiver (CO Waiver)—introduced in 2014 to merge the Waiver for Older Adults and Living at Home Waiver populations—provides services and supports that help older adults and individuals with physical disabilities remain in their homes and communities, with the goal of delaying or eliminating the need for institutionalization (Maryland Department of Health, n.d.). Adults aged 18 years and older who are medically, technically, and financially eligible for the CO Waiver and who enroll in the waiver can receive services that include medical day care, assisted living, behavioral consultation, and case management. Selective contracting for comprehensive case management providers—or supports planning—for the CO Waiver is authorized in a §1915(b)(4) fee-for-service (FFS) selective contracting waiver. Concurrent with the creation of the CO Waiver, Maryland implemented a 1915(k) state plan program, Community First Choice (CFC), in 2014 as part of its rebalancing efforts. The Centers for Medicare & Medicaid Services' (CMS's) Community Settings Rule intends for those individuals receiving long-term services and supports (LTSS) through home and community-based service (HCBS) programs under the §1915(c), §1915(i), and §1915(k) Medicaid authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate (CMS, 2014). CO Waiver participants who reside in settings that meet the home and community settings rule requirements may receive services—including supports planning—through CFC and in conjunction with CO Waiver services.

The §1915(c) application for the CO Waiver includes a maximum waiver capacity for each waiver year. Maximum capacity is proposed based on anticipated need for waiver services, availability of providers, and the state's budget outlook. Each waiver year, the state considers current fiscal conditions to determine how many individuals to enroll in the CO Waiver. From fiscal year (FY) 2017 through FY 2021, the average CO Waiver enrollment was 4,789 participants. Given the high demand for waiver services and the limited capacity, individuals may contact a local Maryland Access Point (MAP) site to request to be added to the CO Waiver registry in order to be invited to apply as space becomes available. In accordance with Maryland statute,[2] nursing facility residents able to be discharged to the community with waiver services are given priority without having to wait on the registry. As waiver capacity becomes available, 80% of invitations to individuals on the registry are based on risk of institutionalization[3] and 20% are first come, first served.

[2] MD. Code Ann., Health-Gen § 15-137.

[3] Risk of institutionalization is determined by an algorithm that uses proportional hazards regression to score each applicant's risk for a nursing facility admission as a function of his/her demographics, diagnoses, functional capacity, living conditions, and availability of informal supports as reported on the Level 1 screen.

Under the §1915(b)(4) authority, The Maryland Department of Health (the Department) implemented FFS selective contracting for supports planning services for the CO Waiver. Area Agencies on Aging (AAAs) serve as designated waiver case management and supports planning providers for services rendered through the §1915(c) authority.[4] In addition to AAAs, the Department may also initiate a competitive selection process to identify additional provider agencies and offer a choice of at least two agencies within each region.[5] The competitive solicitation process is intended to ensure the selection of qualified providers who demonstrate that they have established infrastructure, staffing capacity, and policies to meet the regulatory quality requirements and capacity needs of a particular service area. Supports planning services are provided to several HCBS programs that utilize the same provider pool. The state has multiple §1915(b)(4) waivers to allow for selective contracting for different authorities. Supports planning capacity is evaluated at the system level to ensure adequate access.

The Department closely monitors supports planning agencies, conducting a minimum of monthly reviews using a web-based LTSS tracking system, *LTSSMaryland*, with the aim of ensuring adequate capacity in all service areas for program participants. While agencies are approved to serve a maximum number of participants when initially enrolled, they may request the Department's approval to increase the number of participants they serve as the number of applicants and participants fluctuate. CO Waiver applicants may choose a supports planning agency or are auto-assigned through *LTSSMaryland* if no selection is made. Once assigned, supports planners must maintain regular contact with participants to ensure that their needs are being met with the services and supports outlined in their plan of service (POS). Participants can elect to change supports planner providers and are directed to options on how to initiate the change. Provider assignment and contact with participants is tracked by the Department using *LTSSMaryland*. The ongoing monitoring of provider agencies is intended to ensure adequate provider capacity throughout service regions and verify that agencies have the bandwidth to provide waiver participants with sufficient and timely access to services.

Provider agencies are responsible for administering supports planning to applicants and participants of the CO Waiver, including, at minimum, conducting the annual redetermination for waiver participants. Three separate supports planning service procedure codes are used to capture administrative (W5525), comprehensive (W5524), and ongoing (W0199) CO Waiver supports planning activities. Supports planners are required to utilize *LTSSMaryland* to track all billable activities and are to include descriptions of ongoing activities for CO Waiver participants, actions taken, outcomes, and planned follow-up. Supports planning activities are billed directly from *LTSSMaryland* in 15-minute units of service. *LTSSMaryland* is programmed to match the entered activity type to the specific supports planning procedure code assigned to that activity for billing purposes and submit to the Maryland Medicaid Management Information System (MMIS2) for billing and payment. In accordance with the Code of Maryland Regulations (COMAR)

[4] See Home and Community Based Options Waiver (HCBOW) (MD-02) | Medicaid
[5] See https://health.maryland.gov/mmcp/waiverprograms/Documents/2017%20Supports%20Planning%20Solicitation.pdf and Amended 2020 - Comprehensive Case Management and Supports Planning Services.pdf (maryland.gov) for most recent solicitations.

10.09.54.22, the Department publishes a fee schedule with supports planning rates at least annually. The FFS unit rate for supports planning services is the same for administrative, comprehensive, and ongoing supports planning.

Supports planners provide ongoing coordination of community services and supports to waiver participants and develop a person-centered, comprehensive plan for community living. Qualified providers with extensive knowledge of local and national service systems are expected to assist individuals in either successfully transitioning out of institutional settings into the community or remaining in the community where they can continue to receive essential services, often at lower costs. The §1915(b)(4) FFS selective contracting waiver is subject to federal requirements for an independent assessment that considers the impact of the waiver on access, quality, and cost effectiveness of the services provided to program participants (U.S. Department of Health & Human Services, 1998).

Section 1915(b)(4) Waiver

The Department engaged The Hilltop Institute at the University of Maryland, Baltimore County as the entity to complete the federally mandated independent assessment as part of the §1915(b)(4) waiver renewal. This independent assessment focuses on case management services (also referred to as supports planning services) received by CO Waiver participants in the last approved waiver period— FY 2017 (quarters 2-4) through FY 2021—and follows guidelines established by CMS titled "Independent Assessment Requirements for Section 1915(b) Waiver Programs: Guidance to States" (U.S. Department of Health & Human Services, 1998). These guidelines delineate the process by which states shall choose appropriate independent assessment entities and the content that must be addressed in the assessment. Accordingly, this independent assessment provides a summary of findings related to the experience of individuals receiving supports planning services through the CO Waiver between FYs 2017 and 2021 in three specific areas: access to services, quality of services, and cost effectiveness. The section on access focuses on the processes in place for assessing provider capacity, the solicitation of new providers, overview of provider capacity monitoring, demographic composition of CO Waiver participants, and education and customer service information. The section on quality discusses the processes in place for monitoring supports planning services in adherence to program policies and examines trends in quality measures during the study period. Finally, the section on cost effectiveness reviews the predicted utilization and costs of services that were the basis of the waiver application compared to the actual experience for the waiver period to verify that the implementation of selective contracting did not cause expenditures to be higher than they would without the waiver.

Methodology and Resources

Hilltop developed a strategy and detailed approach to analyze and address each of the required areas of the independent assessment per the CMS guidelines. Subject matter experts at Hilltop—including a team of health care policy analysts with a diverse background and expertise in Maryland's Medicaid and LTSS policy—worked with the Department to identify and collect the

information and resources necessary to complete the analyses of access, quality, and cost effectiveness.

Hilltop's approach to the independent assessment leverages the existing body of data while managing a number of limitations unique to Maryland's experience with the CO Waiver:

- Maryland selectively contracted for supports planning services for the two waivers that were merged to create the CO Waiver in 2014. This limits a true pre- and post- 1915(b) comparison.
- The Department has experienced turnover in most key positions responsible for the CO Waiver §1915(b)(4) since the approval of the current application in 2016
- CMS' approved renewal of Maryland's CO Waiver suggests that Maryland meets the minimum standards for access and quality in HCBS services under the CO Waiver

Additionally, there were limitations based on the available federal guidance:

- Federal §1915(b)(4) independent assessment report guidelines were last updated nearly two decades ago, focus on managed care programs, and do not address FFS selective contracting waivers, such as Maryland's supports planning services for CO Waiver participants
- Federal independent assessment guidance has not been updated to reflect the new five-year waiver approval and renewal option for 1915(b) waivers and only requires review of the first year of the initial waiver period

Hilltop's analytical approach involved synthesizing data and information from a variety of sources, including the approved application for §1915(b)(4) Waiver FFS Selective Contracting Program, the approved §1915(c) CO Waiver application, Comprehensive Case Management and Supports Planning Services provider solicitations released during the study period, CO Waiver Evidentiary Report Data for FYs 2017 to 2020, and reports from the Department pertaining to the quality oversight of providers (see Appendix A). Additionally, Hilltop used *LTSSMaryland* tracking system data to identify metrics related to provider access, quality monitoring, and the demographic composition of program participants along with utilization and expenditure data from MMIS2. Hilltop compiled documentation and data from the referenced sources, completed a thorough review, and synthesized information to be included in the three sections of this independent assessment (i.e., Access, Quality, and Cost Effectiveness) as outlined and required in the CMS guidance. When necessary, Hilltop engaged the Department's Office of Long-Term Services and Supports (OLTSS) to request further documentation, additional information, and clarification.

Hilltop's approach to the independent assessment was designed to capture the impact that selective contracting for supports planning services has on access, quality, and cost effectiveness. The following sections outline Hilltop's analysis, including points of strength and recommendations for improvement.

Access to Care

Designated and selectively contracted supports planning providers are required to maintain adequate staffing, adhere to timelines for providing services, and ensure that applicants and participants receive services as outlined in their POS. The following sections describe the processes in place for monitoring access to services, as well as descriptive findings related to access and the demographic composition of CO Waiver participants.

Assessing and Monitoring Capacity Needs

Hilltop's review of system provider capacity provides insight into access to supports planning services for CO Waiver applicants and participants. OLTSS reported conducting a monthly review of provider capacity across all programs using the *LTSSMaryland* tracking system. A report in *LTSSMaryland* titled "Supports Planning Agency (SPA) Capacity Report" produces a current (i.e., as of the time it is initiated) list of supports planning agencies along with their maximum approved participant capacity, total number of assignments, and capacity remaining. A second report titled "Supports Planning Agency – Clients Remaining Pending Beyond Effective Date Report" shows all applicants and participants who are pending a supports planning agency assignment beyond the effective date of 21 days from program enrollment or referral, the established maximum number of days by which an individual should choose or be assigned a provider. Because this second report shows the number of referred participants who are awaiting an agency assignment, it provides insight into current and potential future capacity needs to ensure adequate access to services in all regions. The Department used both reports to monitor system capacity needs by service area, initiate discussions about the potential expansion of provider capacity, and determine the need for solicitation of new providers. While Hilltop was able to verify the reports in *LTSSMaryland*, documentation of historical reports—trending or tracking of capacity over time—were not available from the Department.

Provider Capacity

As part of the required workplan, providers must specify the number of participants they intend to serve. The Department approves capacity based on provider size and number of potential participants in the service area. The approved application for §1915(b)(4) Waiver FFS Selective Contracting Program[6] states that providers must "hire and train a sufficient number of supports planners to maintain a staff such that the minimum case ratio is one (1) supports planner to 20 applicants/participants and the maximum case ratio is one (1) supports planner to 55 applicants/participants." The Department, as well as providers, regularly monitor staffing ratios. Moreover, providers are required to notify the Department if they require changes in capacity so that the Department may assess the need for adjustments to capacity caps. OLTSS reported that each agency is required to submit a Quality Assurance Plan, which outlines how the agency will monitor and ensure the hiring and training of a sufficient number of supports planners to

[6] See https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/MD_Older-Adult-Waiver_MD-02.pdf

maintain a staff to case ratio in line with the requirements outlined in the solicitation. Agencies are required to rectify any changes in staffing ratios that are reported to the Department and adjust their case ratios appropriately. During an annual audit process, each agency's capacity is assessed by the Department to ensure that agencies meet the minimum to maximum case ratios. Through this process, the Department and providers both monitor that there is a sufficient supply of supports planners to serve program participants.

During the waiver period, the Washington County Commission on Aging, Inc., submitted written notice to the Department of their intent to terminate the provider agreement and supports planning services. Effective March 25, 2021, the Washington County Commission on Aging, Inc. ––a designated AAA—was no longer a provider of supports planning services. The Washington County Commission on Aging followed the outlined provider termination and transition plan requirements in section 3.10 of the Comprehensive Case Management and Supports Planning Services provider solicitation. OLTSS provided documentation of the approved transition plan along with monitoring activities to ensure that all participants assigned to the agency were transitioned to a new supports planning provider with no interruption in services.

Solicitation of New Providers

OLTSS periodically releases solicitations[7] requesting responses from qualified providers to provide case management and supports planning services for participants of HCBS programs, including the CO Waiver. Hilltop's review of solicitation documents provided evidence of a clearly outlined process and well-defined provider requirements, policies, and quality monitoring activities. Solicitations call for interested providers to serve eight regions: 1) Western Region,[8] 2) Northern Region,[9] 3) Eastern Region,[10] 4) Southern Region,[11] 5) Baltimore City, 6) Baltimore County, 7) Montgomery County, and 8) Prince George's County. While Baltimore City and Baltimore, Montgomery, and Prince George's Counties are listed separately, these large metropolitan jurisdictions also fall within the four primary regions of the state. Throughout this report, we refer to eight distinct regions and account for providers and participants for each of the eight separately to ensure unduplicated reporting. Multiple providers may be selected to serve one or more of the eight regions, and proposals for each region are evaluated independently by a selection committee. The Department requests that interested providers demonstrate minimum experience and capabilities, including at least two years of experience providing services to individuals with complex medical/behavioral needs and knowledge of the resources available to those individuals. Additionally, interested providers should have experience working with Medicare and/or private insurance programs in conjunction with Medical Assistance programs. The Department also highlights a number of highly desirable

[7] See https://health.maryland.gov/mmcp/waiverprograms/Documents/2017%20Supports%20Planning%20Solicitation.pdf and Amended 2020 - Comprehensive Case Management and Supports Planning Services.pdf (maryland.gov) for most recent solicitations.
[8] Allegany, Carroll, Frederick, Garrett, Howard, Montgomery, and Washington Counties
[9] Baltimore City, Baltimore County, and Harford County
[10] Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties
[11] Anne Arundel, Calvert, Charles, Prince George's, and St. Mary's Counties

applicant qualifications, such as experience with transitioning older adults and individuals with disabilities from institutions to the community. The solicitation documents detail the steps applicants must take to become providers, including programmatic, staffing, infrastructure, and service delivery requirements. Prospective providers have the opportunity to attend an information-sharing Pre-Proposal Conference prior to submitting a completed proposal. Providers who respond to the solicitation and are selected can expect to establish a Medicaid provider agreement with the Department.

Response to the solicitation consists of a technical proposal detailing written responses to the requirements outlined in the solicitation. A committee evaluates responses to the solicitation based on established criteria, ordered by importance: 1) the quality of the proposed workplan as it pertains to performing the duties outlined in the agreement, 2) the provider's qualifications and experience, including whether the provider meets minimum qualifications, desired qualifications, and the scope of their experience providing case management/supports planning services to similar populations, and 3) the experience and qualifications of the proposed staff. The committee may reach out to applying providers to request additional information. The committee then ranks each qualified proposal, sometimes selecting one or more applicants to provide services in the same region. The committee reviews proposals for each region individually. The *Maryland Procurement Manual* establishes criteria for the composition of the evaluation committee (State of Maryland, 2019). Individuals are selected to serve on the evaluation committee based on expertise, diversity in perspectives, absence of biases and conflicts of interests, and availability to commit time to their duties.

A Pre-Proposal Conference provides an opportunity for the Department to address questions from prospective providers and disseminate general information about the solicitation and selection of new comprehensive supports planning agencies. A single provider may submit a single proposal for multiple regions but should not submit multiple proposals for a single region. Providers who submit a proposal in response to the solicitation agree to comply with all established requirements denoted in the solicitation document, those noted in the Medicaid Provider Agreement, and all applicable regulations set forth in COMAR 10.09.20, 36, 54, 81 and 84, as well as CO Waiver program policies. The agreement between providers and the Department may be terminated at any time by the Department or by providers no less than six months from the end of the agreement. Providers wishing to prematurely withdraw from the agreement must develop a transition plan that clearly delineates practices for enrolling program participants with new providers and transition files in a Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant manner.

Provider Solicitations During the Study Period

During the study period (i.e., FY 2017 through FY 2021), there were two cycles of requests for proposals of new providers: one in calendar year (CY) 2017 and one in CY 2020. Table 1 shows the enrolled supports planning agencies and corresponding service areas in CYs 2017 and 2020. There were five agencies in CY 2017 and six agencies in CY 2020, in addition to each jurisdiction's AAA. The 2017 solicitation cycle resulted in one newly enrolled agency (i.e., Service Coordination

Inc), while the 2020 solicitation cycle resulted in three new agencies, none of which began active enrollment as of the study period.

Table 1. Supports Planning Agencies and Corresponding Service Areas, CYs 2017 and 2020

Supports Planning Agency	Service Area
CY 2017	
Area Agencies on Aging	Statewide
Bay Area Center for Independent Living	Eastern Region
Beatrice Loving Heart	Baltimore City; Baltimore, Prince George's, and Montgomery Counties; and the Southern, Northern, and Western Regions
Independence Now	Montgomery County
Medical Management and Rehabilitation Services	Statewide
The Coordinating Center	Statewide
CY 2020	
Area Agencies on Aging	Statewide
Bay Area Center for Independent Living	Eastern Region
Beatrice Loving Heart	Baltimore City; Baltimore, Prince George's, and Montgomery Counties; and the Southern, Northern, and Western Regions
Independence Now	Montgomery County
Medical Management and Rehabilitation Services	Statewide
The Coordinating Center	Statewide
Service Coordination Inc	Baltimore City; Baltimore, Prince George's, and Montgomery Counties; and the Southern, Northern, and Western Regions

Source: Provider Solicitation documents for 2017 and 2020

System Capacity Monitoring

Table 2 shows the maximum approved client capacity by service region from the "SPA Capacity Report" the Department uses to track the maximum approved client capacity across the different providers and jurisdictions. The report produces figures for a point in time (i.e., as of the time the report is produced); as such, it is limited to approved capacity in June 2021, the last month of the study period. As of June 2021, the maximum approved capacity of supports planning agencies across all service regions in Maryland was 15,899.[12] Baltimore City had the largest capacity at 3,685 (23.2%), followed by Baltimore County at 2,453 (15.4%) and

[12] Because this report captures capacity at the end of the study period, former capacity for the Washington County AAA is not included in the count for the Western Region.

Montgomery County at 2,420 (15.2%). The Northern Region had the smallest proportion of approved capacity—468 spots (2.9%)—followed by the Southern Region—1,459 (9.2%). Appendix B shows capacity by supports planning region and agency. Data points from this report are limited as there is no information regarding the number of applicants or participants by region or by program type to compare with the approved capacity and ensure timely access to services for CO Waiver participants specifically. Moreover, at the time that the *LTSSMaryland* report was created, one agency serving all but the Eastern Region was under a corrective action plan (CAP). In order to avoid the automatic enrollment of clients, agencies that are under a CAP are assigned a capacity of one in the *LTSSMaryland* tracking system until they reach remediation. Because the capacity of one for the agency under a CAP and that of providers competitively selected during the study period were excluded from this analysis, capacity is actually higher than reflected below in this report.

Table 2. Maximum Approved Client Capacity for Providers by Service Region, June 2021

Supports Planning Agency Region	Approved Capacity	
	n	%
Western Region	1,915	12.0%
Northern Region	468	2.9%
Eastern Region	1,645	10.3%
Southern Region	1,459	9.2%
Baltimore City	3,685	23.2%
Baltimore County	2,453	15.4%
Montgomery County	2,420	15.2%
Prince George's County	1,854	11.7%
Total	**15,899**	**100.0%**

Participants Pending Assignment

Applicants and program participants who do not choose a provider within 21 days—as well as those who are not able to be auto-assigned by the system[13]—are considered "pending assignment." Showing the number of clients pending assignment as of June 2021 (the last month of the study period), Table 3 signifies the number of applicants and participants who were not able to be served due to no available capacity in the system. Of the 555 clients pending a supports planning agency assignment in June 2021, over half (50.8%) were residents in the Western Region, followed by participants in Montgomery County (26.8%) and the Southern Region (8.8%). To address the need for access to services, the Department approved three new agencies during the 2020 solicitation cycle. As of the end of the study period, new providers have not begun providing services. Per OLTSS, new providers will begin active enrollment in fall 2021. One agency will serve CO Waiver applicants and participants statewide, one will do so in the Southern Region, and the third will serve individuals in Baltimore City and Montgomery, Prince George's, and Baltimore Counties.

[13] Auto assignments cannot be made by the system if there are no providers in the service area with available capacity.

Table 3. Applicants Pending beyond Effective Day by Service Region, June 2021

Supports Planning Agency Region	Clients Pending Assignment Beyond Effective Day	
	n	%
Western Region	282	50.8%
Northern Region	36	6.5%
Eastern Region	*	*
Southern Region	49	8.8%
Baltimore City	*	*
Baltimore County	37	6.7%
Montgomery County	149	26.8%
Prince George's County	*	*
Total	**555**	**100.0%**

*Cell values of 10 or less have been suppressed.

Requests for Capacity Expansion

While workplans specify the approved maximum capacity of applicants and participants, the Department does not limit supports planning agencies from increasing their service capacity indicated in the initial approved workplan. Agencies with enough staff to serve more waiver participants are encouraged to request Departmental approval of increases in their capacity. The Department reports providing a number of targeted training opportunities for new supports planners as agencies increase staffing capacity. Providers wishing to expand to new service areas where there is a need for services may submit a workplan amendment for review and approval by the Department. Per OLTSS, the Department engages in ongoing communication with providers wishing to expand capacity and makes approvals for expansion on a case-by-case basis. Agencies who are placed on a CAP or remediation plan may not request an increase in capacity expansion until their performance improves. Hilltop requested (but the Department was not able to provide) documentation or information about requests for capacity increases from designated or competitively selected providers during the waiver period.

Participant Auto-Assignment

CO Waiver applicants and participants have freedom of choice to select from approved supports planning agencies in their service region. Individuals can be connected with a supports planning agency through two avenues: self-selection or auto-assignment. Those who do not self-select a supports planning agency within 21 days of receiving a notice to make an election are auto-assigned to a provider through the *LTSSMaryland* tracking system. This ensures that all applicants and participants can access essential supports planning services. Table 4 shows the number of applicants and participants auto-assigned to a provider in FY 2021 by each of the supports planning agency regions. A majority (25.4%) of auto-assignments occurred in Baltimore City, while Montgomery County had the fewest number of auto-assignments (2.3%) in FY 2021. Hilltop's review of these data in *LTSSMaryland* verified that the auto-assignment functionality was operating as designed; that is, participants who were prompted to select supports planning but did not self-select a supports planning agency were auto-assigned. This is a critical feature in the system to ensure that all individuals have access to a supports planner. While Hilltop was

able to verify that the functionality was operational, data points available in the system were limited. Reports did not include information at the program level or provide the total number of new applicants and participants in the fiscal year to provide the scale of auto-assignments versus self-selection.

Table 4. Applicants Auto-Assigned to a Supports Planning Agency by the System, by Service Region, FY 2021

Supports Planning Agency Region	Clients Auto-Assigned	
	n	%
Western Region	40	7.2%
Northern Region	37	6.6%
Eastern Region	115	20.6%
Southern Region	58	10.4%
Baltimore City	142	25.4%
Baltimore County	120	21.5%
Montgomery County	13	2.3%
Prince George's County	33	5.9%
Total	**558**	**100.0%**

Demographics of CO Waiver Participants

Table 5 shows the demographic composition of the CO Waiver participants enrolled during quarters 2-4 of FY 2017 through FY 2021. A participant is anyone with an active waiver span (i.e., special program codes OAA, OAH, OHM, OAM) in MMIS2 during the fiscal year. A participant is given a waiver span after meeting technical, financial, and medical eligibility requirements. Hilltop identified and reviewed waiver participant information, including demographics, in MMIS2. Of the 4,919 identified CO Waiver participants in FY 2021, a majority (63%) were female, between the ages of 50 and 64 (22.2%) or 75 and 84 (22.2%), African American/Black (44.8%), and dually eligible for Medicare and Medicaid (85.3%). Baltimore City was the region with the most waiver participants (23.5%), while the Northern Region had the least number of participants (2.5%). The demographic composition of CO Waiver participants remained mostly consistent during the study period. From FY 2017 (quarters 2-4) to FY 2021, there was a slight increase in the number of female waiver participants, older individuals, racial/ethnic diversity, and those eligible for Medicare and Medicaid.

Table 5. Demographic Characteristics of CO Waiver Participants, FY 2017 (Qtrs. 2-4) – FY 2021

Demographic Characteristics	Percentage of Total CO Waiver Participants				
	FY 2017, Qtrs. 2-4 (n=4,299)	FY 2018 (n=4,528)	FY 2019 (n=5,013)	FY 2020 (n=5,016)	FY 2021 (n=4,919)
Sex					
Female	60.6%	61.0%	61.7%	62.4%	62.7%

Demographic Characteristics	Percentage of Total CO Waiver Participants				
	FY 2017, Qtrs. 2-4 (n=4,299)	FY 2018 (n=4,528)	FY 2019 (n=5,013)	FY 2020 (n=5,016)	FY 2021 (n=4,919)
Male	39.4%	39.0%	38.3%	37.6%	37.3%
Age Group (in Years)					
18-49	10.8%	10.6%	10.4%	9.8%	9.3%
50-64	25.9%	24.8%	24.3%	23.4%	22.2%
65-74	20.7%	21.3%	21.6%	21.6%	21.8%
75-84	21.2%	22.0%	21.7%	22.1%	22.2%
85 and Older	21.3%	21.3%	22.0%	23.1%	24.4%
Race/Ethnicity					
White	43.5%	42.8%	41.6%	40.6%	38.5%
African American/Black	44.5%	44.5%	44.5%	44.4%	44.8%
Asian	3.3%	4.0%	5.6%	6.5%	6.9%
Hispanic/Latino	1.0%	0.9%	1.0%	1.0%	1.1%
Other	7.7%	7.8%	7.3%	7.5%	8.7%
Dual-Eligibility					
Dual	83.4%	83.5%	84.2%	84.5%	85.3%
Non-Dual	16.6%	16.5%	15.8%	15.5%	14.7%
Supports Planning Agency Region					
Western Region	12.0%	11.9%	11.8%	12.0%	12.0%
Northern Region	2.0%	2.1%	2.1%	2.1%	2.5%
Eastern Region	9.8%	9.6%	9.2%	8.4%	8.0%
Southern Region	10.0%	9.8%	9.2%	9.3%	9.0%
Baltimore City	23.7%	23.5%	23.8%	23.3%	23.5%
Baltimore County	17.9%	18.4%	18.2%	18.4%	18.0%
Montgomery County	12.7%	13.0%	14.2%	14.6%	14.4%
Prince George's County	11.3%	11.0%	11.0%	11.4%	12.2%
Out of State	0.7%	0.6%	0.5%	0.5%	0.4%

Note: Other Race = American Indian/Alaska Native, Native Hawaiian/other Pacific Islander, more than one race, and unknown. Western Region = Allegany, Carroll, Frederick, Garrett, Howard, and Washington Counties. Northern Region = Harford County. Eastern Region = Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties. Southern Region = Anne Arundel, Calvert, Charles, and St. Mary's Counties. Participants in Baltimore City, and Baltimore, Montgomery, and Prince George's Counties are counted once in these regions and not included in their respective four major regions.
Source: *LTSSMaryland*

Summary of Access

Under the §1915(b)(4) Waiver authority, AAAs and competitively selected agencies serve as designated supports planning providers for services rendered through the §1915(c) authority.

The state has demonstrated that a clearly defined and established competitive solicitation process ensures the selection of qualified providers with demonstrated infrastructure, staffing capacity, and policies to meet the regulatory quality requirements. This process was executed twice during the current waiver period. The state has implemented policies and processes to closely monitor supports planning agency capacity across the system, conducting (at a minimum) monthly reviews using a web-based tracking system to ensure timely access to services and available capacity for all program applicants and participants. However, reports identified for monitoring lacked the ability to differentiate between programs, and OLTSS was not able to provide documentation of historical reports or tracking of reports that present point-in-time data.

This review—focused on access to supports planning services received by CO Waiver participants in the last approved waiver period (i.e., FYs 2017 through 2021)—shows an indication of need to expand the capacity of supports planning services in the state to ensure timely access to services. The Department has established protocols for monitoring system capacity but was not able to provide documentation on capacity and service impact monitoring for applicants and participants. Additionally, limited information was available on the quality monitoring and improvement strategies to ensure that participants waiting for a supports planning agency assignment due to no capacity in the service area did not have delays in accessing services. While OLTSS executed another competitive solicitation in 2020 and identified three supports planning providers, only one provider will serve in the area with the greatest identified unmet need. Per OLTSS, the new statewide provider was approved to have approximately 30 supports planners serving 1,000 participants across the state. Further information about the approved capacity for the newly selected providers or a service start date was not available upon request.

Recommendations for the Department

1. The Department uses standard reports in *LTSSMaryland* to monitor system capacity for supports planning. Table 3 shows the number of participants pending supports planning agency assignment beyond 21 days of referral or program enrollment as of June 2021. Over half of those who are pending assignment (51%) are participants in the Western Region of the state. To improve access to services for participants, particularly those in the Western Region, the Department should develop a strategic plan targeting immediate capacity expansion.
2. The Department uses *LTSSMaryland* reports "SPA Capacity Report" and the "SPA Clients Remaining Pending Beyond Effective Date Report" for the monthly monitoring of provider capacity. Both reports produce point-in-time (i.e., as of the time the report is produced) metrics that assist the Department in making decisions about capacity expansion and the potential solicitation of new providers. While the reports produce meaningful metrics, both reports are limited in scope. The Department should consider expanding the scope of these reports to produce metrics for specified timeframes and by specific HCBS program (i.e., CO Waiver, CFC), agency, and region. In doing so, the Department may be able to evaluate trends in capacity over time and readily identify patterns in access across specific providers and jurisdictions.

3. Documentation of policies, processes, and outcomes of access and capacity monitoring were limited. The Department should establish a standard operating procedure manual to ensure that all monitoring and remediation activities are accomplished and documented as outlined in the approved §1915(b)(4) and §1915(c) waivers. A central repository for data would allow access across OLTSS and maintain data integrity through staff turnover.

Quality of Services

Consistent with access standards set forth by CMS, quality standards for CO Waiver supports planning services are outlined in the provider solicitation, guided by state regulations, and embedded within the approved §1915(c) waiver assurances. Quality standards are overseen by the Department through regular monitoring and formal annual auditing. Hilltop reviewed the policies, guidelines, and available data pertaining to the quality of supports planning services during the study period. The following sections describe the CMS-required evidence-based standards, conditions mandated for supports planning service providers by COMAR, and the quality monitoring strategy outlined in the provider solicitation (including contract monitoring, auditing processes, and service provider requirements). These are all in place to ensure that supports planning agencies administer services that meet the highest quality standards. This independent assessment includes descriptive findings related to a select number of quality indicators.

CMS Waiver Program Evidence-Based Standards

CMS requires states to demonstrate their use of a continuous quality improvement process through §1915(c) waiver assurances. States are required to provide data and address how they conduct discovery, remediation, and quality improvement activities. CMS evaluates the state's oversight and monitoring systems according to outcome-based evidence in the form of performance measures through an evidence-based report (EBR). States examine specific performance measures to evaluate progress on waiver activities.

§1915(c) Waiver Assurances

The review of performance measures ensures that the state is meeting the federal assurances for the approved waiver program. Hilltop identified and reviewed data for the following four performance measures in the approved §1915(c) waiver related to supports planning agencies and required activities:

- Number of supports planning providers who meet minimum qualifications for providing services annually
- Number and percentage of designated supports planning supervisors receiving annual training provided or arranged by the Department on identifying, addressing, and preventing abuse, neglect, and exploitation

- The state or designee conducts at least an annual review of each supports planning agency
- Number and percentage of service plans that were revised based on a change in participant needs

Minimum Qualifications and Training

Hilltop reviewed EBR data and evidence for FYs 2017 to 2021 provided by the Department and found that providers met compliance with the first two identified performance measures related to minimum qualifications and training. No remediation efforts or additional quality improvement activities were required. All supports planning providers during the study period were designated or competitively selected by the Department, ensuring adherence to minimum qualifications. The Department led abuse, neglect, exploitation, and behavioral health training annually as required and maintained documentation of the events, including attendance records. Between FY 2017 and FY 2020, there was a 100% compliance rate in representatives from all agencies attending this training.

Annual Review

The Department regularly monitors contracted providers to ensure compliance with their approved quality assurance plan established in response to the solicitation and to remain compliant with the approved waiver assurance performance measures. The Department reported that the Division of Participant Enrollment and Service Review is responsible for the ongoing auditing of supports planning providers. The annual audit process consists of two components: a desk audit and an in-person site visit. The Participant Enrollment team selects a random sample of supports planners and applicants or participants to conduct the audit of each supports planning agency. Providers who fail to meet the Department's criteria of scoring 86% or higher on the annual audit are placed on a quality improvement plan (QIP) to address the deficiencies outlined in their audit performance. Agencies placed on a QIP that demonstrate sufficient improvement in their quality of services during the next annual audit are released from their previous QIP. Hilltop reviewed the supports planning agency scores and documentation for the audits completed during the study period. The Department noted that audits were not completed in FY 2020 or FY 2021 due to the public health emergency.

Table 6 shows annual supports planning agency audit scores for FY 2017 through FY 2019. Of the 24 active agencies in FY 2017, 6 (25%) met an overall quality standard score of 86% or higher. The number of agencies meeting this criterion increased to 20 (80%) in FY 2018 but declined to 15 (60%) in FY 2019.

Table 6. Annual Supports Planning Agency Audit Scores, FY 2017–FY 2019

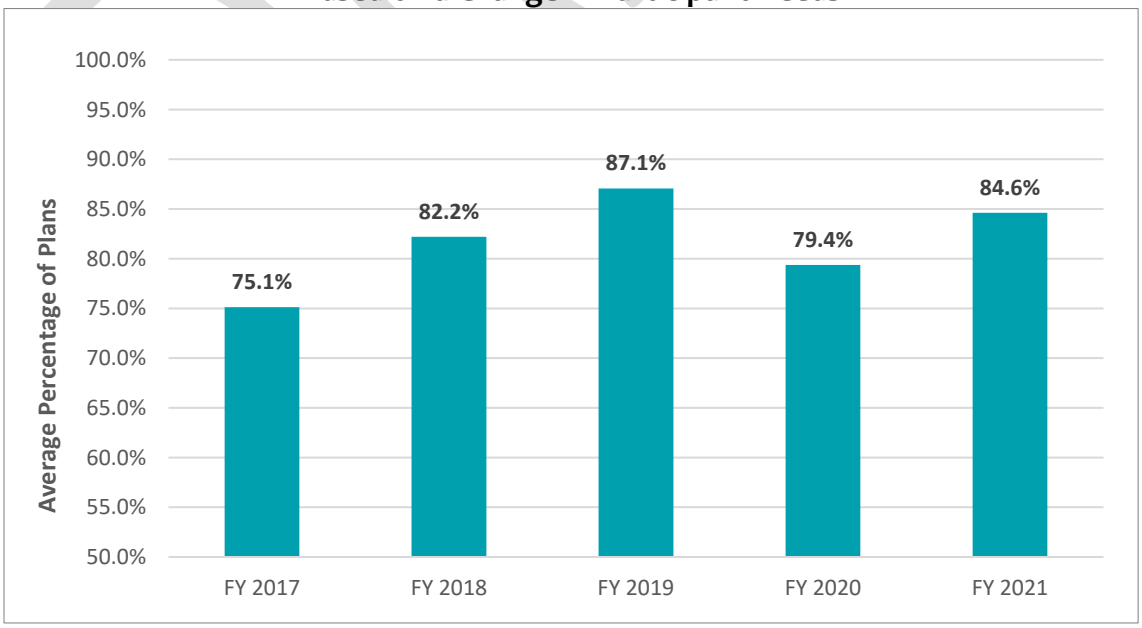
Score	FY 2017		FY 2018		FY 2019	
	n	%	n	%	n	%
Pass	6	25%	20	80%	15	60%
Fail	18	75%	5	20%	10	40%
Total Agencies	**24**	**100.0%**	**25**	**100.0%**	**25**	**100.0%**

The Department provided sample documentation of the QIP process for agencies that failed to meet a passing score. In their communication with agencies, the Department lists the different deficiencies discovered as part of the audit and requests that agencies submit a QIP that outlines a work plan to remediate these deficiencies. Furthermore, the Department notifies deficient agencies that they must demonstrate 100% compliance with the Solicitation and have an ongoing process to monitor adherence before being considered compliant. The QIP requires that agencies assign staff members responsible for quality assurance and targeting action items. The Department reviews and approves QIPs for agencies that clearly outline a remediation process, then closely monitors progress towards remediation while maintaining contact with the agency, which must report progress to the Department on the 5th of each month until remediation is reached. No additional documentation or information on the ongoing tracking of QIPs was available to Hilltop.

Service Plan Submission Following a Change in Needs

The final performance measure Hilltop reviewed focused on the timely submission of POS following a significant change in health status. This performance measure ensures that the POS for participants experiencing a potential change in service needs are reviewed and updated as needed. Figure 1 shows the percentage of POS that were revised as needed during FY 2017 to FY 2021. The state's established criteria for a performance level of 86% or above was met in FY 2019, while scores ranged from 75.1% to 84.6% in other years during the study period. EBR documentation includes the state's remediation and quality improvement activities to bring this performance measure into compliance. This includes an in-depth training during FY 2021 to provide continued instruction related to this requirement and the expectations for supports planners to ensure that the POS meets the participant's needs.

Figure 1. Percentage of Service Plans That Were Revised Based on a Change in Participant Needs



Source: CO Waiver Evidence-Based Reviews

Quality Improvement Activities

As part of the ongoing monitoring of waiver assurances and approved performance measures, the Department establishes quality improvement strategies to remediate identified deficiencies in the quality of supports planning services provided. A review of the state's quality improvement activities for performance measures not meeting the required 86% achievement standard indicates that Maryland has a plan for continued quality improvement and frequent monitoring. Data to inform every approved performance measure are reviewed quarterly by the Department. When deficiencies are identified, the Department reviews, edits, and further develops remediation strategies as part of the continuous quality improvement process. Consistently monitoring metrics provides continuous feedback to inform necessary activity for the continued assurance that the highest quality services are provided. More stringent reviews, higher frequency of monitoring, and CAPs issued to providers are utilized as needed for continuous improvement.

Additional Quality Monitoring Strategy

Code of Maryland Regulations

Supports planning agencies serving CO Waiver participants must meet the conditions for participation as specified in COMAR 10.09.54, while those serving CFC program participants must adhere to COMAR 10.09.84. In particular, COMAR Regulation 10.09.54.11: Specific Conditions for Provider Participation – Case Management Services states that to participate in the program as a provider of supports planning services, a provider must agree to be monitored by the Department. The Department's ongoing monitoring of supports planning providers includes directly examining the quality of services provided in compliance with state regulations.

Contract Monitoring

Supports planning agencies are responsible for establishing internal quality monitoring strategies. As part of the application process to initiate or renew as providers, agencies develop and implement a quality assurance plan to be approved by the Department.[14] Providers must ensure that quality assurance plans not only adhere to the responsibilities and timeframes outlined in the provider solicitation, but also clearly define goals and standards for the services provided. Providers are responsible for reviewing and amending their quality assurance plans at least bi-annually and assessing the effectiveness in their capacity to meet supports planning responsibilities as outlined in the solicitation. Moreover, any information deemed potentially detrimental to the quality of services must be reported to the Department immediately after discovery. As part of quality assurance, providers must comply with statues, regulations, policies,

[14] For most recent solicitations, see https://health.maryland.gov/mmcp/waiverprograms/Documents/2017%20Supports%20Planning%20Solicitation.pdf and https://health.maryland.gov/mmcp/longtermcare/SiteAssets/Pages/CFC-Provider-Information/Amended%202020%20-%20Comprehensive%20Case%20Management%20and%20Supports%20Planning%20Services.pdf.

procedures, licensing, and COMAR ordinances pertaining to the waiver program as noted in the Department's approved waiver application to CMS. Contract monitoring activities during the study period resulted in a CAP issued to a provider for non-compliance with billing requirements. The Department and provider met regularly during this period to ensure corrective action, and the CAP was removed in July of 2021.

Timelines for Service Provision

The provider solicitation specifies the timeframes that providers must meet for the delivery of key supports planning services to program applicants. Supports planners must contact CO Waiver participants as needed and every 30 days (at a minimum) by phone or email, as well as conduct a home visit every 90 days. Moreover, supports planners must complete and submit an annual POS at least 30 days prior to the expiration of the participant's eligibility. According to The Department, supports planning agencies use *LTSSMaryland* to assess the delivery frequency and timeliness of supports planning services they provide. An *LTSSMaryland* report titled "SP Monitoring – Not Contacted Clients Report" allows agencies to track, by month and region, supports planning participants who have not been contacted by their assigned supports planner each month. Importantly, however, the report includes individuals who have waived a monthly contact from their supports planner. The Department uses the report in combination with approved waiver forms to assess the monthly contact requirement during an annual audit.

Summary of Quality of Services

Hilltop reviewed the policies and guidelines pertaining to the quality of supports planning services provided to CO Waiver participants, a select number of indicators of service quality during the study period (FY 2017 through FY 2021), and data provided by the Department. When reviewed comprehensively, the quality monitoring strategy demonstrates that there is adequate oversight in place to ensure that supports planning agencies administer services that meet the highest quality standards. However, documentation required to demonstrate adherence to the strategy was not always available. Quality standards are overseen by the Department through regular monitoring and formal annual auditing. A review of available audit scores from FY 2017 through FY 2019 indicates a need for continuous ongoing monitoring to ensure that all providers can meet the Department's minimum threshold for compliance.

The provider solicitation specifies the timeframes that providers must meet for the delivery of supports planning services to waiver participants, including a monthly contact by a supports planner. The Department uses an *LTSSMaryland* report along with participant files to audit the delivery frequency and timeliness of supports planning services to those who have not waived a monthly contact.

Supports planners are required to complete a number of training requirements, which serve as an important foundation for the quality of supports planning service delivery. A review of the Department's training log verified a high rate of compliance with training requirements. Additionally, as a required part of its §1915(c) CO Waiver continuous quality improvement process, the state monitors approved performance measures. A measure of the timely

submission of POS following a significant change in health status showed ongoing deficiencies in meeting a score of 86%. Based on its review of quality of services, Hilltop makes the following recommendations.

Recommendations for the Department

1. The Department paused annual supports planning agency auditing for the past calendar year considering the COVID-19 public health emergency and the Centers for Disease Control and Prevention guidelines on in-person contact. The annual audit process consists of two components: a desk audit and an in-person site visit. Hilltop recommends that the Department resume at minimum the desk audit and develop a virtual site visit option if the public health emergency continues to impact the ability to have onsite visits in FY 2022.
2. The Department directly oversees supports planning agencies' compliance with quality standards. As part of this oversight, the state has developed and implemented a process to audit each supports planning agency on an annual basis. The Department provided the compliance score for each supports planning agency by fiscal year, and sample documentation about the quality improvement plan (QIP) process for agencies that failed to meet a passing score. An annual report that compiles audit results would provide the opportunity to review trends in deficiencies across the state and develop targeted training and technical assistance.
3. The Department should modify the *LTSSMaryland* report titled "SP Monitoring – Not Contacted Clients Report" to ensure that the report captures failure to provide a monthly contact only for individuals who did not waive this service. In doing so, the Department will be better positioned to monitor the timeliness of service provision with more efficiency and frequency.
4. Supports planners are required to complete a number of training requirements, which serve as an important foundation for the quality of supports planning service delivery. The Department tracks training participation in order to ensure compliance. Hilltop recommends the creation of a report or centralized database to capture training compliance as a means to review trends in deficiencies across the state and develop targeted training and technical assistance.
5. The Department should continue to monitor POS submission to address changes in participant needs. The QIP should be continually reviewed and revised until the state reaches compliance with the §1915(c) performance measure.

Cost Effectiveness

To examine the impact of selective contracting on the cost effectiveness of supports planning services, Hilltop reviewed projected and actual utilization and expenditure data for the current waiver period to include data from October 1, 2016, through June 30, 2020; i.e., FY 2017

(quarters 2-4) through FY 2020.[15] Hilltop's cost effectiveness analysis focused on the CMS determination of cost effectiveness for a §1915(b) waiver, specifically, whether the continued implementation of selective contracting incurred a greater cost to the state than providing services without the waiver. This was accomplished by reviewing pre-waiver and projected waiver expenditures for the currently approved §1915(b)(4) application, along with actual claims data for the study period from MMIS2. In addition, Hilltop analyzed units of supports planning services and per member per month (PMPM) costs.

Utilization and Expenditures

Hilltop analyzed claims data in MMIS2 for administrative, comprehensive, and ongoing supports planning services for FY 2017 (quarters 2-4) through the end of FY 2020. The analysis focused on utilization and expenditures for procedure code W5525 for administrative supports planning[16] of CO Waiver applicants, as well as procedure code W5524 for comprehensive supports planning and W0199 for ongoing supports planning of CO Waiver recipients.

Table 7 shows the projected CO Waiver participants per the approved waiver application, the actual total waiver enrollment, and supports planning services users by service type. The number of enrolled CO Waiver participants did not meet projected enrollment across the waiver period, with the exception of FY 2019. Despite a decrease across the study period, ongoing supports planning accounted for the largest number of service users, ranging from 52.1% to 66.2% of enrolled waiver participants. There were no participants during the study period who received comprehensive supports planning.

Table 7. CO Waiver Enrollment and Percent Service Users by Supports Planning Type, FY 2017 (Qtrs. 2-4)–FY 2020

Fiscal Year	Projected Waiver Participants	Enrolled Waiver Participants	Administrative Supports Planning		Comprehensive Supports Planning		Ongoing Supports Planning	
			n	%	n	%	n	%
2017, qtrs. 2-4	4,585	4,299	508	11.8%	0	0.0%	2,848	66.2%
2018	5,094	4,528	683	15.1%	0	0.0%	2,859	63.1%
2019	4,800	5,013	870	17.4%	0	0.0%	2,728	54.4%
2020	5,520	5,016	567	11.3%	0	0.0%	2,611	52.1%

Note: Percentages reflect enrolled waiver participants receiving each supports planning service.

Table 8 displays the number of CO Waiver participants, total 15-minute units, and average units of service by supports planning service type. CO Waiver policies outlined in the provider solicitation require supports planners to contact participants at least monthly and complete a quarterly in-person visit. As such, ongoing supports planning was the most frequently used

[15] Data are limited to the approved §1915(b)(4) application period, effective October 1, 2016. Utilization and expenditure data for FY 2021 were omitted given that providers have one year from the date of service to file claims, and therefore current data for FY 2021 would underestimate utilization and costs.
[16] Administrative supports planning services provided up to six months prior to waiver enrollment were included for analysis.

supports planning service type. Despite accounting for the largest number of users, the percentage of participants receiving ongoing supports planning for the CO Waiver decreased steadily during the study period, while the average number of units of service increased from 39 to 53 units.

Table 8. CO Waiver Utilization and Units by Supports Planning Type, FY 2017 (Qtrs. 2-4)–FY 2020

Fiscal Year	Total Waiver Participants	Administrative Supports Planning			Comprehensive Supports Planning			Ongoing Supports Planning		
		W5525 Users	W5525 Units	W5525 Average Units	W5524 Users	W5524 Units	W5524 Average Units	W0199 Users	W0199 Units	W0199 Average Units
2017, qtrs. 2-4	4,299	508	29,458	58	0	0	0	2,848	111,320	39
2018	4,528	683	35,130	51	0	0	0	2,859	148,997	52
2019	5,013	870	42,722	49	0	0	0	2,728	134,589	49
2020	5,016	567	27,882	49	0	0	0	2,611	137,724	53

Table 9 shows expenditures for supports planning services incurred for CO Waiver applicants and participants during the study period. Total expenditures for the three supports planning services increased 27.3% across the study period given that only the last three quarters of FY 2017 are considered. Otherwise, total expenditures decreased 4.5% from FY 2018 to FY 2020. Across the study period, ongoing supports planning accounted for the largest percentage of total expenditures (75.0% to 83.1%), followed by administrative supports planning services (16.8% to 24.1%). Comprehensive supports planning services accounted for zero expenditures in FY 2017 qtrs. 2-4 through FY 2020.

Table 9. Expenditures for Supports Planning Services, FY 2017 (Qtrs. 2-4)–FY 2020

Supports Planning Type	FY 2017, Qtrs. 2-4	FY 2018	FY 2019	FY 2020
Administrative	$455,767	$543,290	$680,897	$457,707
Comprehensive	$0	$0	$0	$0
Ongoing	$1,688,649	$2,304,100	$2,144,468	$2,260,729
Total	**$2,135,526**	**$2,847,390**	**$2,825,365**	**$2,718,436**

To better understand the trends in users and expenditures for supports planning services over the study period, Hilltop calculated a PMPM cost for each fiscal year. Table 10 shows the PMPM costs for CO Waiver applicants and participants receiving supports planning services by fiscal year. PMPM costs increased 3.9% percent across the study period.

Table 10. Average PMPM Costs for CO Waiver Supports Planning, FY 2017 (Qtrs. 2-4)–FY 2020

	Fiscal Year			
	2017, Qtrs. 2-4	2018	2019	2020
Average PMPM	$1,064	$1,080	$1,094	$1,105

Hilltop reviewed and analyzed the waiver cost effectiveness and efficiency projections included in Section B of the §1915(b)(4) waiver application. The Department included the following information for the projections in the waiver application: applicants and participants will receive 3 hours per month (12 units) of supports planning. The pre-waiver PMPM costs were projected based on historical PMPM costs, which were a flat administrative amount per participant that was then adjusted for the standard 2.5% annual rate increase. Table 11 shows the cost effectiveness projections in the approved §1915(b)(4) waiver application during the study period.

Hilltop calculated actual waiver costs by using claims data in MMIS2. Hilltop identified the claims by procedure code for each of the supports planning services, by fiscal year. The actual CO Waiver supports planning service expenditures differed significantly from the projected waiver costs in each year of the study period: from 69.3% less than the projected waiver costs in waiver year 1 to 80.6% in waiver year 4. Analysis of the projected supports planning units for applicants and participants (144 units per year) compared to the actual units of supports planning (shown in Table 9) highlights a significant variance across all fiscal years. The largest variance is seen in FYs 2019 and 2020, when the actual average number of units of service was 49, a 98.4% difference.

Table 11. Cost Effectiveness Projections and Actuals in the §1915(b)(4) Waiver Application, Waiver Years 1 to 4

	Year 1 (10/01/16 – 6/30/17)	Year 2 (7/01/17- 6/30/16)	Year 3 (7/01/18- 6/60/19)	Year 4 (7/01/19- 6/30/20)
Projected Pre-Waiver Costs	$8,310,760	$12,618,297	$14,368,965	$16,362,521
Projected Waiver Costs	$6,945,850	$10,636,568	$12,216,278	$14,030,602
Actual Waiver Costs	**$2,135,526**	**$2,847,390**	**$2,825,365**	**$2,718,436**

In its §1915(b)(4) waiver application, the Department stipulates that many CO Waiver participants are also eligible for and receiving CFC services, noting that these participants receive a majority of their supports planning through the CFC program. CFC supports planning services are provided by the same competitively selected providers. The state's 1915(k) for CFC has a parallel §1915(b)(4) for selective contracting of supports planning providers. The Department specified that projections reflected reduced utilization of waiver supports planning as participants may receive the service through the CFC program. Using claims data in MMIS2, Hilltop analyzed the number of CO Waiver participants receiving supports planning services through CFC (procedure code W5523) and included units of service and expenditures. Table 12 shows that, on average, 69.6% of CO Waiver participants received ongoing supports planning through their participation in the CFC program.

Table 12. CO Waiver Participants Receiving CFC Ongoing Supports Planning, FY 2017 (Qtrs. 2-4)–FY 2020

Fiscal Year	CO Waiver Participants	Receiving CFC Ongoing Supports Planning	CFC Ongoing Supports Planning Units	CFC Ongoing Supports Planning Average Units	CFC Ongoing Supports Planning Expenditures
2017, Qtrs. 2-4	4,299	2,854	240,619	84	$3,650,190
2018	4,528	3,089	330,636	107	$5,115,827
2019	5,013	3,548	357,768	101	$5,702,221
2020	5,016	3,658	417,742	114	$6,857,249

Table 13 shows annual expenditures for supports planning services for CO Waiver participants, including CFC supports planning. Additionally, the table includes the projected §1915(b)(4) project waiver costs in the approved application. Total expenditures for supports planning, including CFC supports planning, increased 65.5% during the study period. CFC ongoing supports planning services account for the largest proportion of expenditures across all years, ranging from 63.1% in FY 2017 (quarters 2-4) to 71.6% in FY 2021. Including the expenditures for CFC ongoing supports planning services, the annual expenditures come closer to the predicted waiver costs. In FY 2017, actual costs—$5,785,717—come closest to the projected waiver costs—$6,945,850—with a 18.2% variance.

Table 13. Actual Supports Planning Expenditures for CO Waiver and CFC Program Participants, FY 2017 (Qtrs. 2-4)–FY 2020

Supports Planning Type	FY 2017, Qtrs. 2-4	FY 2018	FY 2019	FY 2020
Administrative	$446,878	$543,290	$680,897	$457,707
Comprehensive	$0	$0	$0	$0
CO Waiver Ongoing	$1,688,649	$2,304,100	$2,144,468	$2,260,729
CFC Ongoing	$3,650,190	$5,115,827	$5,702,221	$6,857,249
Total Actual Expenditures	**$5,785,717**	**$7,963,217**	**$8,527,586**	**$9,575,685**
Projected Waiver Costs	**$6,945,850**	**$10,636,568**	**$12,216,278**	**$14,030,602**

Table 14 displays the utilization and expenditures for CO Waiver ongoing supports planning and CFC ongoing supports planning for CO Waiver participants during the study period. On average, 5% of participants received CO Waiver ongoing supports planning, while 69.6% received CFC ongoing supports planning. CO Waiver participants received more than twice as many units of CFC ongoing supports planning than CO Waiver ongoing supports planning. Expenditures for CFC ongoing supports planning reflect the higher utilization. In FY 2020, CFC ongoing supports planning expenditures ($6,857,249) were 203.3% higher than CO Waiver ongoing supports planning expenditures ($2,260,729).

Table 14. CO Waiver Participant Ongoing Supports Planning Services by Program, FY 2017 (Qtrs. 2-4)–FY 2020

Fiscal Year	CO Waiver Participants	CO Waiver Ongoing Supports Planning				CFC Ongoing Supports Planning			
		Users	Units	Average Units	Expenditures	Users	Units	Average Units	Expenditures
2017, Qtrs. 2-4	4,299	2,848	111,320	39	$1,688,649	2,854	240,619	84	$3,650,190
2018	4,528	2,859	148,997	52	$2,304,100	3,089	330,636	107	$5,115,827
2019	5,013	2,728	134,589	49	$2,144,468	3,548	357,768	101	$5,702,221
2020	5,016	2,611	137,724	53	$2,260,729	3,658	417,742	114	$6,857,249

Summary of Cost Effectiveness

To examine the impact of selective contracting on the cost effectiveness of supports planning services, Hilltop reviewed claims and expenditures for the three procedure codes (W0199, W5524, and W5525) billed to reimburse CO Waiver supports planning services between October 1, 2016, and June 30, 2020. Hilltop examined established pre-waiver expenditures (based on historical PMPM as reported in the §1915(b)(4) application), projected waiver expenditures, and actual service costs. These analyses focused on the effect of selective contracting on supports planning service costs for CO Waiver participants—specifically, whether the continued implementation of selective contracting incurred a greater cost to the state than providing services without the waiver. While actual waiver costs differed significantly from the projected waiver costs in each year of the study period, waiver costs never exceeded the projected pre-waiver costs. Because many CO Waiver participants received their supports planning services through CFC and this was not planned for in the original cost effectiveness projections, actual costs of the CO Waiver were way below projected costs. However, when examining the CO Waiver and CFC together, actual costs in FY 2020 were $9,575,685, which is still 37.7% below projections. The difference is due to fewer enrolled participants than projected. Based on the results of this independent assessment, Hilltop makes the following recommendation.

Recommendation to the Department

1. The Department should conduct further analysis of supports planning expenditures for the CO Waiver population to ensure that service expenditures are being captured in the correct §1915(b)(4) application. Based on updated actual utilization and expenditures, projected waiver costs may need to account for most services being received through the CFC program. The Department should revise the cost effectiveness projections during the renewal process.

References

Centers for Medicare & Medicaid Services. (2014). *CMCS informational bulletin*. https://www.medicaid.gov/federal-policy-guidance/downloads/cib-01-10-14.pdf

Maryland Department of Health. (n.d.). *Community Options Waiver*. https://aging.maryland.gov/accesspoint/Pages/Community-Options-Waiver.aspx

State of Maryland. (2019). *Maryland procurement manual*. https://procurement.maryland.gov/wp-content/uploads/sites/12/2019/07/MarylandProcurementManual.pdf

U.S. Department of Health and Human Services. (1998). *Independent assessment guidelines for section 1915(b) waivers*. https://www.hhs.gov/guidance/document/independent-assessment-guidelines-section-1915b-waivers

Appendix A. Documentation, Data, and Sources Reviewed for Analyses

Documentation and Data	Source
Application for §1915(b)(4) Waiver Fee-for-Service Selective Contracting Program	https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/MD_Older-Adult-Waiver_MD-02.pdf
Application for a §1915(c) CO Waiver	https://health.maryland.gov/mmcp/waiverprograms/SiteAssets/Pages/Home/Community%20Options%20Waiver%20renewal%202021%2001.28.21%20CLEAN.pdf
Solicitation for Comprehensive Case Management and Supports Planning Services for Medicaid Long-Term Services and Supports	https://health.maryland.gov/mmcp/waiverprograms/Documents/2017%20Supports%20Planning%20Solicitation.pdf https://health.maryland.gov/mmcp/longtermcare/SiteAssets/Pages/CFC-Provider-Information/Amended%202020%20-%20Comprehensive%20Case%20Management%20and%20Supports%20Planning%20Services.pdf
Established Reports SPA Capacity SPA Clients Remaining Pending Beyond Effective Date Participant auto assignments	*LTSSMaryland*
CO Waiver enrollment and demographics, FYs 17, Qtrs. 2-4 – 2021 Claims and expenditures	Maryland Medicaid Management Information System (MMIS2)
CO Waiver Evidentiary Report, FYs 2017- 2021, Qtrs. 1-3 Supports Planning Agency Annual Audit schedule and scores, FYs 2017- 2019 Washington County Area Agency on Aging- Notice of Termination Washington County Area Agency on Aging- Client Reassignment Tracker	Department's Office of Long-Term Services and Supports

Note: The following documentation was requested by Hilltop but not provided by the Department's Office of Long-Term Services and Supports for the period between FYs 2017 and 2020: Staffing ratio monitoring, access monitoring documentation, requests for provider capacity expansion, and approved capacity for agencies with a corrective action plan.

Appendix B. Maximum Approved Client Capacity for Providers by Service Region and Agency, June 2021

Supports Planning Agency Region	Supports Planning Agency	Approved Capacity	
		n	% of Region
Western Region	Area Agencies on Aging	693	36.2%
	Beatrice Loving Heart	*	*
	Medical Management and Rehabilitation Services	503	26.3%
	The Coordinating Center	297	15.5%
	Service Coordination Inc	422	22.0%
Region Total		**1,915**	**100.0%**
Northern Region	Area Agency on Aging	35	7.5%
	Beatrice Loving Heart	*	*
	Medical Management and Rehabilitation Services	199	42.5%
	The Coordinating Center	109	23.3%
	Service Coordination Inc	125	26.7%
Region Total		**468**	**100.0%**
Eastern Region	Area Agencies on Aging	600	36.5%
	Bay Area Center for Independent Living	555	33.7%
	Medical Management and Rehabilitation Services	285	17.3%
	The Coordinating Center	205	12.5%
Region Total		**1,645**	**100.0%**
Southern Region	Area Agencies on Aging	599	41.1%
	Beatrice Loving Heart	*	*
	Medical Management and Rehabilitation Services	353	24.2%
	The Coordinating Center	298	20.4%
	Service Coordination Inc	209	14.3%
Region Total		**1,459**	**100.0%**
Baltimore City	Area Agency on Aging	530	14.4%
	Beatrice Loving Heart	*	*
	Medical Management and Rehabilitation Services	1,538	41.7%
	The Coordinating Center	1,035	28.1%
	Service Coordination Inc	582	15.8%
Region Total		**3,685**	**100.0%**
Baltimore County	Area Agency on Aging	250	10.2%
	Beatrice Loving Heart	*	*
	Medical Management and Rehabilitation Services	897	36.6%
	The Coordinating Center	885	36.1%
	Service Coordination Inc	421	17.2%
Region Total		**2,453**	**100.0%**
Montgomery County	Area Agency on Aging	325	13.4%
	Beatrice Loving Heart	*	*
	Independence Now	159	6.6%
	Medical Management and Rehabilitation Services	1,211	50.0%
	The Coordinating Center	235	9.7%
	Service Coordination Inc	490	20.2%
Region Total		**2,420**	**100.0%**
Prince George's County	Area Agency on Aging	500	27.0%
	Beatrice Loving Heart	*	*
	Medical Management and Rehabilitation Services	521	28.1%
	The Coordinating Center	386	20.8%
	Service Coordination Inc	447	24.1%
Region Total		**1,854**	**100.0%**

*Data not available

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