The Hilltop Institute

DRAFT

Program 3 and Brain Injury Waiver Rate Methodology Study

September 19, 2018

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Suggested Citation: Henderson, M., & Stockwell, I. (2018, August 20). *DRAFT Program 3 and Brain Injury Waiver rate methodology study*. Baltimore, MD: The Hilltop Institute, UMBC.

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Table of Contents

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Introduction

The Maryland Department of Health has asked The Hilltop Institute to complete a rate methodology study of all "Program 3" waivers (Medical Day Care Waiver, Model Waiver, Community Options Waiver) and programs (REM, EPSDT Nursing, CFC, ICS, and CPAS), as well as the Brain Injury Waiver in order to compare the rate of reimbursement for these services with the actual cost to providers.

Hilltop examined the services across these waivers and programs and arrived at 50 distinct program-service combinations. Given the significant service overlap between programs—for example, Medical Day Care is offered in multiple programs—we first condensed these services to create a master list of unduplicated service descriptions and associated provider qualifications. The master list consists of 20 separate services (see Appendix A).

The cost estimate model is based on the following formula, which is a version of the model employed by reimbursement rate methodology studies in Virginia,[1] Maine,[2] and Arizona:[3]

Total Cost = Labor + Transportation + Facility + Supply + Administrative + Program Support

However, not all costs apply to each service. For example, non-facility-based services such as "Behavioral Counseling" do not incur a facility or supply cost; in this case, we set these parameters to zero. We draw our estimates of key parameters from three sources: 1) national data sets such as the Bureau of Labor Statistics' (BLS) National Compensation Survey or the Centers for Disease Control and Prevention's (CDC's) National Study of Long-Term Care Providers; 2) other states' rate reimbursement studies (in particular, Virginia, Maine, and Arizona); and 3) COMAR regulations, waiver applications, and MD provider solicitations. Where applicable, we adapted the inputs to the model to be as granular as possible in order to best approximate specific service-level costs.

Operationally, the per-participant-per-hour cost is estimated using the following formula:

[1] "My Life, My Community – Provider Rate Study" (Virginia – November 12, 2014). Retrieved from http://www.dbhds.virginia.gov/library/developmental%20services/ods-proposed%20waiver%20rate%20models%202014%20november%2012.pdf

[2] "Section 21 Rate-Setting Initiative" (Maine – February 3, 2015). Retrieved from https://www.maine.gov/dhhs/oads/docs/MEOADSRateModelsProposedFinal.pdf

[3] "RebaseBook 2014" (Arizona – June 30, 2014). Retrieved from https://des.az.gov/sites/default/files/rate_rebase_2014.pdf

$$\frac{\frac{\left(\frac{Wage}{(1-ERE\ \%)}\right) * Productivity}{Attendance\ Rate * Participants\ per\ Staff} + Transportation + Facility + Supplies}{1 - Administrative\ Cost\ \% - Program\ Support\ \%}$$

Below is a more detailed explanation of the cost centers.[4]

Labor

In order to calculate the labor cost per participant hour, it is important to account for three factors: 1) the hourly wage required for an hour of service delivery to one participant; 2) non-wage compensation costs incurred by the provider; and 3) time costs incurred in the provision of services that are legitimate—but not billable—activities. Each of these steps is explained in detail below.

Wage Estimates

Based on the qualifications of providers and the description of the services, Hilltop created a crosswalk of occupations to services, mapping BLS occupation codes (and median wages) to each service (see Appendix B).[5] Then, based on the language of the regulations, the 2014 National Study of Long-Term Care Providers,[6] and other states' HCBS rate methodology studies, we estimated the staffing ratio for each service (see Appendix C). This allows us to estimate a weighted "base hourly wage" for each service, which we used as the measure of per-worker-hour wage labor costs to providers. This is intended to capture the median wage of the "typical" worker within each service.

Employee-Related Expenditures (ERE)

Wage is only one component of labor costs incurred by employers. Firms also offer supplemental benefits such as paid leave, health insurance, dental insurance, and retirement plans, and must contribute to legally defined benefits such as Medicare, Social Security, and federal unemployment insurance. In order to account for these, we drew upon BLS data on

[4] This model differs from The Hilltop Institute's 2016 reimbursement rate methodology study for the Community Options waiver in three ways. First, it incorporates transportation, facility, and supply costs as levels, not as percentages. Second, it incorporates a program support factor to account for non-administrative costs that are not related to direct care but which are necessary for operations (rate studies for VA, ME, and AZ all include this factor). Third, we introduce an attendance rate assumption for non-residential facility-based services to account for reduced cost-spreading due to unplanned participant absences.

[5] BLS codes and median salaries from the "May 2017 State Occupational Employment and Wage Estimates – Maryland" (https://www.bls.gov/oes/current/oes_md.htm).

[6] https://www.cdc.gov/nchs/data/nsltcp/2014_nsltcp_state_tables.pdf

employer costs for employee compensation based on the National Compensation Survey. Hilltop proposes to use .301 as our employee-related cost factor, which is the percentage of total compensation provided as non-wage benefits to private industry health care and social assistance workers as of March 2018.[7]

It is important to note that this is the percentage of *total compensation* that are non-wage benefits. Therefore, in order to incorporate this percentage into our model, Hilltop first translated it to a multiplicative scaling factor for wage.[8]

This value is similar to the values used in other states' rate reimbursement methodology studies. For instance, Nebraska uses a value of .2781, and Minnesota uses .2416. Virginia and Maine use values specific to each service, ranging from .18 -.327 for Virginia and .266-.441 for Maine for services comparable to those in this study.[9]

Productivity

The productivity adjustment is intended to account for provider time that is used for legitimate, service-related purposes (such as training or record-keeping) but is not directly billable. Given that the provider incurs the cost of these services, it is necessary to include them in order to calculate the true service cost per *billable* hour. For example, suppose that the wage and benefit cost of an hour of employee time is $20, and that employees work eight hours per day. However, because of training, travel, and other activities, suppose that the employee is only able to deliver four hours of direct care services per day. This implies a productivity factor of 8/4, or 2. In order to fully recoup his or her costs, the provider would need to bill $40 ($20*2) per billable hour instead of just the $20 in hourly labor costs.

The productivity factor necessarily depends on the nature of the service. Facility-based services may require activity preparation and cleanup times and staff training to meet licensure standards. Hourly home-based services for licensed professionals require travel time, intensive record-keeping, and training time, and should receive a high productivity adjustment. Home-based services in which providers are unlicensed or un-degreed require travel time but fewer requirements for record-keeping. Daily home-based services (offered for 12 or more hours per day) require minimal transportation time because the provider does not have to travel between

[7] https://www.bls.gov/news.release/ecec.t14.htm

[8] This follows from the following algebra: Total Costs = Wage Costs + Benefit Costs.
Benefit costs = .301*Total costs (from the BLS estimates).
Therefore, Total Costs = Wage Costs + .301*Total Costs, or, equivalently, (1-.301)*Total Costs = Wage Costs.
Therefore, Total Costs = Wage Costs/(1-.301).

[9] "Developmental Disabilities Home- and Community-Based Services Rate Development" (Nebraska – October 4, 2011); "Disability Waiver Rate System" (Minnesota – January 15, 2017).

clients and should receive a low productivity factor. To that end, Hilltop proposes using the following productivity factors derived from other states' provider cost surveys (see Table 1).

Table 1. Productivity Factors from Other States' Provider Cost Surveys

Grouping	Services Included	Productivity Factor
Facility-based (residential and non-residential)	Medical day care; senior center plus; assisted living; residential habilitation; day habilitation; respite care; supported employment services	1.24[10]
Home-based (hourly), individual provider is licensed/degreed	Case management (REM and non-REM); family training; dietitian and nutritionist; behavioral consultation; private duty nursing; CNA/HHA services; initial nursing assessment; participation by physician in team meeting; nurse monitoring	1.38[11]
Home-based (hourly), individual provider is not licensed/degreed	Personal assistance (hourly); individual support services; consumer training	1.15[12]
Home-based (daily)	Personal assistance (daily)	1.05[13]

Participants per Staff and Attendance Rate

For certain services, COMAR regulations permit a single staff member to deliver services to multiple participants (for example, in Medical Day Care). This tends to lower the per-participant labor costs, as a single participant receives the hourly services of a "fraction" of a provider. These staffing ratios are from three sources: 1) the language of the COMAR regulations, 2) the National Study of Long-Term Care Providers, and 3) assisted living facility licensure data provided to Hilltop by the Department. Where applicable, Hilltop blended differing requirements for awake and non-awake staffing ratios into one value. See Table 2 below.

[10] This is the average of the following services: ME's "Community Supports-Facility-Based," Tier 1 (1.22), Tier 2 (1.22), and Tier 3 (1.19) and VA's "Day Supports – Facility Services," Tier 1 (1.29), Tier 2 (1.26), Tier 3 (1.25), and Tier 4 (1.23).

[11] This is the average of the following services for VA - "Nursing-Registered Nurse" (1.36), "Nursing-Licensed Practical Nurse" (1.41), "Therapeutic Consultation-Therapists" (1.53), "Therapeutic Consultation-Psychologist/Psychiatrist" (1.53), "Therapeutic Consultation-Other Professionals" (1.53) – and the following services for Maine – "Therapies (Maintenance and Consultative)" (1.30), "Certified Occupational Therapist Assistant" (1.30), "Consultative Services – Behavioral" (1.30), "Consultative Services – Psychological"(1.30), "Skilled Nursing – RN" (1.30), "Skilled Nursing, LPN" (1.30).

[12] This is the average of ME's "Home Support – Short Term" (1.13), ME's "Respite" (1.10) and VA's "In-Home Residential Support, Intermittent" (1.22).

[13] Drawn from ME "Home Support – Long Term" (1.05).

Table 2. Proposed Staffing Ratios

Service	Staffing Ratio	Source
Medical Day Care	1 to 4.52[14]	See footnote 14
Senior Center Plus	1 to 8	10.09.54.07.E
Assisted Living (all levels)	1 to 7.4[15]	See footnote 15
Respite	1 to 7.4	Same as assisted living
Residential Habilitation Level 1	1 to 4.67[16]	10.09.46.07.D
Residential Habilitation Level 2	1 to 4	10.09.46.07.D
Residential Habilitation Level 3	1 to 2.67	10.09.46.07.D
Day Habilitation Level 1	1 to 6	10.09.46.08.D
Day Habilitation Level 2	1 to 4	10.09.46.08.D
Day Habilitation Level 3	1 to 1	10.09.46.08.D

In order not to over-estimate the reduction of per-participant labor costs due to staffing ratios, we also incorporated an attendance factor to account for random non-attendance of scheduled participants in non-residential facility-based services. We propose using 90 percent for this, which is used in the 2014 Virginia rate methodology study.

Transportation

It is important to account for transportation costs for two reasons. First, certain facility-based services cover transportation for participants to and from the facility in the case of non-residential services, or in order to facilitate necessary medical care in the case of residential services.[17] Second, home-based services generally require the site of delivery to be the

[14] We estimate this using Maryland-specific data from the 2013-2014 National Study of Long-Term Care Providers. Details available upon request.

[15] We estimate this using Assisted Living Facility licensure data provided by the Department. Details available upon request.

[16] Per COMAR 10.09.46.07 - level 1 residential habilitation "requires a minimum of 1:3 staff to participant ratio during the day and evening shifts and non-awake supervision during overnight shift or an awake staff person covering more than one site during the overnight shift." Assume that for the 8 hours of the overnight shift, participants have a 1:8 staff to patient ratio. This averages to a per-hour ratio of (16/24)*3 + (8/24)*8 = 4.67. Staff ratios for levels 2 and 3 are calculated similarly using a 1:6 staff to patient ratio for the overnight shift.

[17] Medical Day Care provides transportation "to enable participants to attend the center and to participate in activity outings, medical appointments, or other participant required services" (COMAR 10.12.04.27.A); Senior Center Plus does not cover transportation (COMAR 10.09.54.15.E.1); Assisted Living must "facilitate access to any appropriate health care and social services" and "provide or arrange transportation" to social and recreational activities, per the resident's service plan (COMAR 10.07.14.28.F,G); transportation requirements for Respite services are assumed to mirror those for Assisted Living; transportation requirements for Residential Habilitation are assumed to mirror those of Assisted Living; Day Habilitation services provide "transportation between a participant's residence and the provider's site, or between habilitation sites if the participant receives habilitation services in more than one place"

participant's residence, implying that providers seeing multiple participants per day incur travel costs between appointments. While the time component of this is accounted for in the productivity factor, costs to vehicles are not.

Based on Virginia's rate reimbursement study, we propose using the per-participant-per-hour transportation costs presented in Table 3.

Table 3. Proposed Transportation Costs

Grouping	Services Included	Transportation Cost per Participant per Hour
Facility-based (residential)	Assisted living; residential habilitation; respite care	$0.18[18]
Facility-based (non-residential)	Medical day care; day habilitation; supported employment services	$0.87[19]
Home-based (hourly)	Case management (non-REM); case management (REM); family training; dietitian and nutritionist; behavioral consultation; private duty nursing; CNA/HHA services; initial nursing assessment; nurse monitoring; personal care; individual support services; consumer training	$4.33[20]
Home-based (daily)	Personal Care (daily)	0

Hilltop estimated that home-based daily personal care has a mileage cost of zero because of the nature of the service; that is, participants must receive at least 12 hours of personal care each day

(COMAR 10.09.46.08.B.4); Supported Employment Services "include transportation or the coordination of transportation between a participant's residence that the supported employment job site" (COMAR 10.09.46.09.B.5).

[18] Drawn from VA's "Congregate Residential Support – Group Home w/ Twelve Beds." This estimates weekly mileage cost per participant at $29.50; assuming 24 hour care, this implies an hourly cost of $29.50/(7 * 24) = $0.176, rounded up to $0.18. To the extent that the daily rate for Assisted Living facilities reflects fewer than 24 hours per day of services, we adjust this hourly transportation cost up proportionally (for example, an 18 hour day in assisted living would imply an hourly transport cost of $.18 * (24/18) = $0.24).

[19] Drawn from VA's "Day Supports – Facility Services" ($0.87). We only use mileage estimates from Virginia, and not both Virginia and Maine, because Virginia's geography and density better approximate that of Maryland than Maine's.

[20] This is the average of the following services for VA – "In-Home Residential Support, Intermittent" ($2.13), "Nursing-Registered Nurse" ($3.81), "Nursing-Licensed Practical Nurse" ($3.95), "Therapeutic Consultation-Therapists" ($5.36), "Therapeutic Consultation-Psychologist/Psychiatrist" ($5.36), "Therapeutic Consultation-Other Professionals" ($5.36).

in order to qualify for this reimbursement, and we assume that this care is delivered by the same individual provider who does not provide care to other participants on any given day. Additionally, given that Senior Center Plus explicitly does not cover transportation costs (COMAR 10.09.54.15), we set these as zero. Hilltop also assumes that the principal physician participates in team meetings in her office or over the telephone, thus incurring 0 transportation costs. Finally, note that hourly services delivered to the same participant consecutively implies a cost-spreading of the transportation cost center by reducing the likelihood of daily inter-participant travel. Where justified by the language of the regulations or observed shift lengths, we have attempted to incorporate this factor into our models. See the "Other Adjustments" section for more details.

Facility

Facility-based services incur costs to rent or lease the facility or, if the facility is owned, incur depreciation costs. Hilltop proposes using $1.17 as a per-participant-per-hour value of facility costs for non-residential facilities.[21] For respite care in residential facilities, which entail 24-hour care, we propose using $0.18.[22] While assisted living and residential habilitation are residential facilities, they explicitly do not cover room and board; therefore, we do not include this cost center in the cost estimate for these services.

Supply

Facility-based services incur supply costs in the course of direct care (for example, food, materials for activities, and light medical supplies). Hilltop proposes using $0.33 per participant per hour, the value used in Virginia's "Day Supports – Facility Services" rate model. As above, this cost center is not included for assisted living and residential habilitation, which do not cover room and board for participants.

Administrative Cost and Program Support

Administrative costs are the expenses associated with the operation of the organization and includes insurance costs, administrative salaries, financial and accounting expenses, and office supplies and equipment. Program support costs are those costs that are neither direct care nor administrative: for example, program development, training, quality assurance, and service

[21] This is the average of per-participant-per-hour facility costs used in Virginia's rate reimbursement study for "Day Supports – Facility Services": $1.33 per participant per hour for Northern Virginia, and $1.00 per participant per hour for the rest of the state.

[22] Virginia's non-residential facility rates are based on assumptions of 6 hours of participant attendance per day, 225 days per year. We translate this into a residential facility rate by assuming 24 hours of attendance per day, 365 days per year. Total annual cost is $1.17*6*225 = $1579.5. Adjusted for residential attendance, this is $1579.5/(24*365) = $.18 per hour.

coordination. Hilltop proposes using values of 10.33 percent of total costs for administrative cost, and 6 percent of total costs for program support.[23]

Other Adjustments

- The Model Waiver (COMAR 10.09.27.04.A.4.f.i, 10.09.27.04.A.5.b) and EPSDT-Nursing (COMAR 10.09.53.04.D.1) cover CNA/HHA services for shifts of four or more hours (Model Waiver) or two or more hours (EPSDT-Nursing). Hilltop calculated using MMIS claims that in FY2018, the median units per daily claim for non-shared CNA/HHA services was 32 units (8 hours). In order to account for the transportation cost-spreading due to long shifts, Hilltop lowered the travel costs per hour to $4.33/8 =$0.54 and used the lower productivity factor of 1.15. The adjustments were also applied to shared CNA/HHA services.
- The Model Waiver (COMAR 10.09.27.04.A.1.a) only covers shift nursing (both RN and LPN) when "the complexity of the service or the condition of a participant requires the judgment, knowledge, and skills of a licensed nurse for a shift of 4 or more continuous hours." Hilltop calculated using MMIS claims that in FY2018, the median units per daily claim for LPN services was 48 units (12 hours) for non-shared services and 64 units (16 hours) for shared services. Hilltop assumed this implied no daily inter-participant travel, and thus lowered the hourly travel cost to 0. Analogously, Hilltop calculated using MMIS claims that in FY2018 the median units per daily claim for non-shared RN services was 40 units (10 hours). Again, Hilltop assumed that inter-participant daily travel is 0 and lowered the hourly travel cost to 0. This adjustment was also applied to shared RN services. For both set of services – shared and non-shared LPN and RN – Hilltop applied the lower productivity factor of 1.15 to account for the reduced hourly travel requirements.
- The initial nursing assessment (EPDST-Nursing) is covered provided that it lasts for three hours or less. Hilltop presents estimates for both two and three hours, and adjusts hourly transportation costs downward accordingly to $4.33/2 = $2.17 or $4.33/3 = $1.44,

[23] We estimate 10.33% as the average of the administrative cost percentages for Arizona (10%), Virginia (11%), and Maine (10%). While Maine and Virginia used a fixed estimate for program support costs per participant per hour, we believe that it is reasonable to assume that more costly services incur more support costs: therefore, we follow Arizona and use the mid-point of its two values for program support costs (8% and 4%, for an average of 6%). It is important to note that these are estimated as a fraction of total costs, and not labor costs. Therefore, as with the ERE correction to wages, we use the following algebra: Total Costs = Labor + Transportation + Facility + Supplies + Admin + Program Support;
Admin = .1033*Total and Program Support = .06*Total;
Total Costs = Labor + Transportation + Facility + Supplies + .1033*Total + .06*Total;
Total Costs = Labor + Transportation + Facility + Supplies + .1633*Total;
(1-.1633)*Total Costs = Labor + Transportation + Facility + Supplies;
Total costs = (Labor + Transportation + Facility + Supplies)/.8367

respectively. Due to the reduced hourly travel requirements, we apply the lower productivity factor 1.15.

- Based on FY18 MMIS claims data, Hilltop estimated that the median shift length for behavioral consultation services is 2 hours. Accordingly, Hilltop adjusted the hourly travel costs to be $4.33/2 = $2.17 and applied the lower productivity factor 1.15 to account for reduced hourly travel time.
- Based on ISAS data provided by the Department, the average personal assistance services provider works 6.52 hours per day and sees 1.18 clients per week. This scales to an average per-client shift length of 6.52/1.18 = 5.53 hours. Accordingly, for both shared and non-shared personal assistance services, we scale down the hourly travel costs to $4.33/5.53 = $0.78 and apply the lower productivity factor 1.05 to account for the reduced hourly travel time.

Table 4. Draft Cost Estimates and MDH Reimbursements

Service	FY 19 Reimbursement	Estimated Cost	Difference
Medical Day Care (6 hour day)	$79.84	$81.88	$2.04
Respite Services (provided in an assisted living facility) (24 hours)	$78.43	$128.93	$50.50
Senior Center Plus (8 hours)	$49.45	$51.35	$1.90
Assisted Living II with MDC (18 hours)	$46.63	$83.31	$36.68
Assisted Living III with MDC (18 hours)	$58.80	$87.02	$28.22
Assisted Living II no MDC (24 hours)	$62.15	$109.36	$47.21
Assisted Living III no MDC (24 hours)	$78.43	$114.30	$35.87
Residential Habilitation Level 1 (24 hours)	$211.72	$261.02	$49.30
Residential Habilitation Level 2 (24 hours)	$280.34	$303.87	$23.53
Residential Habilitation Level 3 (24 hours)	$387.84	$452.67	$64.83
Day Habilitation Level 1 (5 hours)	$54.67	$67.55	$12.88
Day Habilitation Level 2 (5 hours)	$95.35	$94.25	-$1.10
Day Habilitation Level 3 (5 hours)	$134.15	$334.51	$200.36
Supported Employment Level 1 (.75 hour)	$32.43	$33.59	$1.16
Supported Employment Level 2 (1.5 hours)	$54.67	$67.18	$12.51
Supported Employment Level 3 (4 hours)	$134.15	$179.14	$44.99
Dietitian/Nutritionist Services	$67.97	$80.85	$12.88
Case Management (non-REM)	$63.75	$60.97	-$2.78
Behavior Consultation	$67.97	$68.73	$0.76
Family Training	$67.97	$92.30	$24.33
Personal Assistance Services (non-shared) (Hourly)	$17.50	$24.25	$6.75
Personal Assistance Services (non-shared) (Daily) (12 hours)	$225.88	$279.80	$53.92
Personal Assistance Services (shared) (Hourly)	$11.67	$12.59	$0.92
Personal Assistance Services (shared) (Daily) (12 hours)	$150.59	$139.90	-$10.69
Nurse Monitoring	$86.39	$89.25	$2.86
Consumer Training	$44.08	$57.96	$13.88
Individual Support Services	$26.51	$31.59	$5.08
Private Duty RN (1 participant) - per 15 minutes	$13.57	$17.51	$3.94
Private Duty RN (2+ participants) - per 15 minutes	$9.36	$8.76	-$0.60
Private Duty LPN (1 participant) - per 15 minutes	$8.80	$12.58	$3.78
Private Duty LPN (2+ participants) - per 15 minutes	$6.08	$6.29	$0.21
CNA or HHA (1 participant) - non-CMT – per 15 minutes	$3.85	$6.83	$2.98
CNA or HHA (2+ participants) - non-CMT – per 15 minutes	$2.68	$3.50	$0.82
CNA or HHA (1 participant) – CMT – per 15 minutes	$4.65	$6.87	$2.22
CNA or HHA (2+ participants) – CMT – per 15 minutes	$3.20	$3.51	$0.31

Service	FY 19 Reimbursement	Estimated Cost	Difference
Initial Nursing Assessment (2 hours)	$150.00	$145.29	-$4.71
Initial Nursing Assessment (3 hours)	$150.00	$215.35	$65.35
Coordinated Care Fee, Initial Rate (5 hours)	$400.21	$395.74	-$4.47
Coordinated Care Fee, Risk Adjusted High Initial (4 hours)	$295.51	$316.59	$21.08
Coordinated Care Fee, Risk Adjusted Low (3 hours)	$176.13	$237.44	$61.31
Coordinated Care Fee, Risk Adjusted Maintenance Level 3 (1.5 hours)	$92.96	$118.72	$25.76
Participation by physician in plan of care meeting (15 minutes)	$40.50	$55.41	$14.91

Appendix A. Program 3 and Brain Injury Waiver Service Definitions and Provider Qualifications*

Waiver Service	Service Definition	Provider Qualifications
Medical Day Care **(ICS, TBI Waiver, CO Waiver, MDC Waiver, Model Waiver)** **79.84/day**	Medical Day Care (MDC) is a program of medically supervised, health-related services provided in an ambulatory setting to medically disabled adults, due to their degree of impairment, need for health maintenance, and restorative services supportive to their community living in accordance with COMAR 10.09.07. MDC includes the following covered services per COMAR 10.09.07.05: (1) Health care services which emphasize primary prevention, early diagnosis and treatment, rehabilitation, and continuity of care (2) Nursing services (3) Physical therapy services (4) Occupational therapy services (5) Assistance with activities of daily living such as walking, eating, toileting, grooming, and supervision of personal hygiene (6) Nutrition services (7) Social work services (8) Activity Programs (9) Transportation Services. According to COMAR 10.09.07.03 (Medical Day Services, Conditions for Participation) MDC's must be open for at least six hours a day, five days a week.	Must be licensed by the Office of Health Care Quality (OHCQ) under COMAR 10.12.04 (Day Care for the Elderly and Adults with a Medical Disability). In accordance with COMAR 10.09.07.04 (Medical Day Services, Staffing Requirements) and 10.12.04.14 (Medical Day Licensure, Staff) staff must consist of: (1) A director: (full or part-time) who must hold a bachelor's degree in the health and human services field or be an RN (2) A licensed social worker (full or part-time) (3) A medical director who is a licensed physician and who has one year of experience in the care of impaired adults (full-time, part-time, or contractual) (4) An RN with at least three years of experience (5) An LPN: who works with the RN and shall meet the nursing service needs when the RN is not on-site (6) A certified nursing assistant (CNA): who is present when an RN or LPN are not on-site (7) An activities coordinator: who possesses a high school diploma or general equivalency diploma (GED) and has at least three years of experience (8) Program assistants: who possess or are enrolled in a program leading to a high school diploma or GED. COMAR 10.12.04.16 (Medical Day Licensure, Program Components) states that the MDC may use specialists on a part-time or consultant basis in: (1) Psychiatry (2) Physiatrics (3) Orthopedics (4) Other specialties according to the needs of the participants.

Waiver Service	Service Definition	Provider Qualifications
Senior Center Plus **(ICS, CO Waiver)** **49.45/day**	Senior Center Plus is a program of structured group activities and enhanced socialization provided on a regularly scheduled basis. The program is designed to facilitate the participant's optimal functioning and to have a positive impact on the participant's orientation and cognitive ability. Senior Center Plus is provided for one or more days per week, at least four hours a day, in an outpatient setting, most often within a senior center. Services available in a Senior Center Plus program include social and recreational activities designed for elderly/disabled individuals, supervised care, assistance with activities of daily living and instrumental activities of daily living and enhanced socialization, as well as one nutritional meal. Health services are not included; therefore, Senior Center Plus is an intermediate option between senior centers and medical day care that is available as a waiver service. Some providers of Senior Center Plus elect to provide transportation even though it is not required (and is not covered in the rate, COMAR 10.09.54.15, Home and Community-Options Waiver, Covered Services, Senior Center Plus). If a Senior Center Plus program does not offer transportation, the waiver participant can request transportation through the transportation program.	Must be certified as a Senior Center Plus provider by the Maryland Department of Aging (MDoA) and also be approved as a nutrition service provider. In accordance with COMAR 10.09.54.07 (Home and Community-Based Options Waiver, Specific conditions for Provider Participation, Senior Center Plus), the provider must employ as the center's manager or in another position an individual who: (1) Is a licensed health professional or a licensed social worker; (2) Has at least 3 years of experience in direct patient care at an adult day care, nursing facility, or health-related facility; and (3) Participates in training specified and approved by the MDoA.

Waiver Service	Service Definition	Provider Qualifications
Respite **(CO Waiver)** **78.43/day**	Respite may be provided on a short-term basis to relieve those family caregivers who normally provide the participant's care. Respite care may be provided in a Medicaid-certified nursing facility or other assisted living facility approved by the state. Respite care that entails performing delegated nursing functions such as assistance with self-administration of medications or administration of medications by the aide are covered if the service is provided by an appropriately trained aide under the supervision of a licensed RN, in accordance with Maryland's Nurse Practice Act, COMAR 10.27.11 Delegation of Nursing Functions. According to COMAR 10.09.54.18-1 (Home and Community-Based Options, Covered Service, Respite Care) respite care services include room and board and overnight care.	Must be licensed by OHCQ (nursing facilities or assisted living facilities for levels two or three) and have appropriate facilities for overnight care. In accordance with COMAR 10.09.54.10-1 (Home and Community-Based Options Waiver, Specific Conditions for Participation, Respite Care) and 10.09.54.05 (Home and Community-Based Options Waiver, Specific Conditions for Provider Participation, Assisted Living) and 10.07.14.14-15,18-20 (Assisted Living Programs) staff must consist of: (1) A manager: who must be a licensed physician, licensed RN, licensed LPN, or have at least 3 years of experience in direct patient care (2) An alternative manager: who has at least two years of experience in a health-related field (3) Additional staff: who must be 18 years or older, unless licensed as a nurse (4) A delegating nurse: who must be an RN.

Waiver Service	Service Definition	Provider Qualifications
Case Management **(ICS, CO Waiver, Model Waiver, CFC, CPAS)** **63.75/hour** **15.9375 per 15-minute unit**	Case management (also called "supports planning" in CFC and CPAS), has two components: transitional comprehensive and ongoing case management. Transitional comprehensive case management is the case management that is provided to the applicants who are applying for enrollment in the waiver or program. The scope of transitional comprehensive case management activities includes: (1) Assisting applicants with obtaining the necessary eligibility determinations (2) Developing a comprehensive plan of service (POS) that identifies services and providers and includes both state and local community resources (3) Coordinating the transition from an institution to the community (4) Ensuring service providers are ready to begin services upon enrollment. Ongoing case management focuses on the ongoing monitoring of the participant's health and welfare, through oversight of the services received by the participant as approved in the participant's POS. The case manager is responsible for initiating the process for determining the participant's level of care, both the initial determination and the annual re-determination. A case manager's caseload may vary from 20 to 45 participants.	In accordance with COMAR 10.09.54.11 (Home and Community-Based Options Waiver, Specific Conditions for Provider Participation, Case Management Services), a provider of case management services under the Community Options waiver must be an area agency or other entity designated by the MDH through a process approved by CMS. Case managers for participants in the Model Waiver (COMAR 10.09.27.03: Home Care for Disabled Children Under a Model Waiver, Conditions for Participation) cannot also be a provider of medical supplies and equipment or nursing services. In accordance with COMAR regulations 10.09.84.07 (Community First Choice, Specific Conditions for Provider Participation, Supports Planning) and 10.09.20.06 (Community Personal Assistance Services, Specific Conditions for Provider Participation, Supports Planning), providers shall either be identified by the department through a solicitation process, or be the area agency on aging that is enrolled to provide case management services under COMAR 10.09.54 (Home and Community-Based Options Waiver).

Waiver Service	Service Definition	Provider Qualifications
Case Management **(REM)** **400.21 (Initial Rate)** **295.51 (Risk Adjusted High Initial)** **176.13 (Risk Adjusted Low)** **92.96 (Risk Adjusted Maintenance Level 3)**	REM participants receive an initial case management assessment, performed by a REM case manager, in which the case manager: 1) Gathers all relevant information needed to determine the participant's condition and needs 2) Consults with the participant's current service providers 3) Evaluates the relevant information and completes a needs analysis. Other case management services include: 1) Assisting the participant with selecting a PCP when necessary 2) Developing a plan of care in conjunction with the participant, the participant's family, and the PCP 3) Implementing the plan of care and assist the participant in gaining access to medically necessary services 4) Monitoring service delivery and performing record reviews 5) As necessary, initiating and implementing modifications to the plan of care 6) Monitoring a recipient's receipt of EPSDT services as specified in COMAR 10.09.67 7) Assisting the participant with the coordination of school health-related services.	In accordance with COMAR 10.09.69.06 (Maryland Medicaid Managed Care Program: Rare and Expensive Case Management, Requirements for Provider Qualifications) case managers for participants in the Rare and Expensive Case Management Program must be: 1) An RN or social worker AND 2) Licensed.

Waiver Service	Service Definition	Provider Qualifications
Behavior Consultation **(ICS, CO Waiver)** **67.97/hour**	Behavior consultation services are provided in a participant's home or the assisted living facility to assist the caregiver(s) in understanding and managing a participant's problematic behavior. The provider performs an assessment of the situation, determines the contributing factors, and recommends interventions and possible treatments. The provider prepares a written report which includes the assessment and the provider's recommendations which are discussed with the waiver case manager, the assisted living providers, or family. The appropriate course of action is determined and the provider may also recommend resources such as medical services available to the participant under the State Plan. Time spent in related activities before or after the home visit are not compensable.	If services are provided by a residential services agency, the agency must be certified in accordance with COMAR 10.07.05. In accordance with COMAR 10.09.54.06 (Home and Community-Based Options Waiver, Specific Conditions for Provider Participation, Behavior Consultation), the individual rendering the services must: (1) Be an RN, a psychologist, a psychiatrist, or a clinical social worker AND (2) Be licensed AND (3) Have direct experience working with adults with behavioral problems.
Family Training **(ICS, CO Waiver)** **67.97/hour**	Training and counseling services are available as needed for family members. For this service, "family" is defined as the person/s that lives with or provides care to a waiver participant, and may include a parent, spouse, children, relatives, foster family, in-laws, or other unpaid "informal" caregivers. Family does not include individuals who are employed to care for the participant. Training may include such topics as how to work with the participant's self-employed personal care aides and other waiver providers. Instruction may also be provided about treatment regimens, dementia, and use of equipment specified in the participant's POS. This service is provided on a one-on-one basis during a home or office visit with the family member. The unit of service is one hour and providers may only bill for the length of the visit, not for related activities performed before or after the visit.	If family training services for Community Options waiver participants are provided by an agency, the agency must be licensed by OHCQ (assisted living, home health agencies, and residential service agencies). A personal care nurse case monitoring agency, such as a local health department, may also provide the service. In accordance with COMAR 10.09.54.08 (Home and Community-Based Options Waiver, Specific Conditions of Provider Participation, Family Training) the individual rendering the services must: (1) Be an RN, OT, PT, or social worker AND (2) Be licensed AND (3) Have experience.

Waiver Service	Service Definition	Provider Qualifications
Dietitian/Nutritionist **(ICS, CO Waiver)** **67.97/hour**	Nutritionist and dietitian services are rendered one-on-one in a participant's home or the provider's office. Services include individualized nutrition care planning, nutrition assessment, and dietetic instruction. The service is provided when the participant's condition requires the judgment, knowledge, and skills of a licensed nutritionist or licensed dietitian to assess participants and assist them and their caregivers with a plan to optimize nutritional outcomes.	In accordance COMAR 10.56.54.09 (Home and Community-Based Options Wavier, Specific Conditions for Provider Participation, Dietitian and Nutritionist Services), the individual rendering the services must be licensed in accordance with the Board of Dietetic Practice (COMAR 10.56.01) and Health Occupations Article, Title 5, Annotated Code of Maryland.

Waiver Service	Service Definition	Provider Qualifications
Assisted Living (all levels) **(ICS, CO Waiver)** **46.63/day – Level II with MDC** **58.80/day – Level III with MDC** **62.15/day – Level II no MDC** **78.43/day – Level III no MDC**	These services are available to all participants regardless of level of care: (1) Three meals per day and snacks ▪ Provision of or arrangement for special diets ▪ Four- week menu cycle approved by a licensed dietitian or nutritionist at the time of licensure approval and licensure renewal (2) Daily monitoring of resident & resident's assisted living service plan ▪ 24-hour supervision (3) Personal care and chore services including: ▪ Assisting with activities of daily living, including instrumental activities of daily living ▪ Routine housekeeping, laundry, and chore services (4) Medication management including administration of medications or regular assessment of a participant's ability to self-medicate, regular oversight by the facility's delegating nurse, and on-site pharmacy review for residents with 9 or more medications (5) Facilitating access to health care, social, and spiritual services (6) Nursing supervision and delegation of nursing tasks by an RN (7) Basic personal hygiene supplies (8) Assistance with transportation to Medicaid covered services. Only level two or three assisted living services are reimbursed, as these levels of service are consistent with the needs of individuals with a nursing facility level of care (NF LOC). Additionally, room and board will not be reimbursed. The provider bills Medicaid for level two without medical day care, level two with medical day care, level three without medical day care, or level three with medical day care assisted living services according to the participant's assessed level of assisted living care and medical day care participation. There is a daily rate reduction in the AL rate when a participant attends MDC. The Medicaid assisted living service daily waiver reimbursement rates for level two with/without medical day care and level three with/without medical day care cover all of the required services listed above including the referral to medical and social services.	Must be licensed by OHCQ (for level two or three) and have appropriate facilities for overnight care. In accordance with COMAR regulations 10.09.54.05 (Home and Community-Based Options Waiver, Specific Conditions for Provider Participation, Assisted Living) and 10.07.14.14-15,18-20 (Assisted Living Programs) staff must consist of: (1) A manager: who must be a licensed physician, licensed RN, licensed LPN, or have at least 3 years of experience in direct patient care (2) An alternative manager: who has at least two years of experience in a health-related field (3) Additional staff: who must be 18 years or older, unless licensed as a nurse (4) A delegating nurse: must be an RN with a current license. Additionally, the aides should have first aid certificates and the facility must always have enough aides with CPR certificates on duty. The facility must have a CMT on duty if medications are to be administered. A CMT works under the supervision of a delegating nurse hired by the ALF.

Waiver Service	Service Definition	Provider Qualifications
Personal Assistance **(CFC, CPAS, ICS)** **11.67/hour – Shared** **17.50/hour – Non-Shared** **150.59/day - Shared** **225.88/day – Non-Shared**	Personal assistance services (also called "attendant care services" in ICS) are intended to assist participants with activities of daily living (e.g., bathing, eating, toileting, dressing, and mobility) and instrumental activities of daily living (e.g., preparing a light meal, performing light chores, or shopping for groceries) and are rendered in a participant's home or in a community setting. Personal assistance also includes delegated nursing functions, such as assistance with the participant's administration of medications or other remedies in the participant's plan of service. This service does not include the cost of food or meals prepared in, or delivered to, the home or otherwise received in the community.	In accordance with COMAR regulations 10.09.84.06 (Community First Choice, Specific Conditions for Provider Participation, Personal Assistance) and 10.09.20.05 (Community Personal Assistance Services, Specific Conditions for Provider Participation, Personal Assistance), providers of personal assistance services must be licensed as residential service agencies under COMAR 10.07.05. Staff must consist of: 1) An RN who shall delegate nursing tasks, as appropriate, to a CNA or CMT 2) Workers who will accept instruction on the personal assistance services required in the plan of care. Pursuant to 10.05.07.05.11.C(5), RSA workers must be trained in CPR. Workers who perform delegated nursing services shall, if required to administer medications, be a CMT. If performing other delegated nursing functions, workers shall also be CNAs.
Consumer Training **(CFC, ICS)** **44.08/hour**	Consumer training services (also called "participant training" in ICS) includes instruction and skill-building in areas such as money-management, budgeting, independent living, meal planning, and other skills necessary for the participant to accomplish ADLs and IADLs. The unit of service is one hour, and is provided on a one-on-one basis at the participant's home. Providers may not bill for related activities performed before or after the visit (including preparation for the training, follow-up, and travel to and from the training).	In accordance with COMAR regulations 10.09.84.08 (Community First Choice, Specific Conditions for Provider Participation, Consumer Training) and 10.09.81.05 (Increased Community Services (ICS) Program, Specific Conditions for Provider Participation, Participant Training), providers may either be self-employed or agency-based trainers. Providers shall demonstrate experience in the skill being taught.
Nurse Monitoring **(CFC, CPAS, ICS)** **86.39/hour**	Nurse monitoring services (also called "nursing supervision of attendants" in ICS) are intended to assess the quality of personal assistance services received by participants. Nurse monitors periodically contact or visit participants in order to assess the participant's condition and observe the performance of the worker. Furthermore, nurse monitors review documentation related to the provision of personal assistance services and maintain an up-to-date client profile in an electronic database designated by the department.	In accordance with COMAR regulations 10.09.84.12 (Community First Choice, Specific Conditions for Provider Participation, Nurse Monitoring) and 10.09.20.07 (Community Personal Assistance Services, Specific Conditions for Provider Participation, Nurse Monitoring), providers shall employ or contract with RNs who hold a current professional license to practice in Maryland.

Waiver Service	Service Definition	Provider Qualifications
Residential Habilitation **(TBI Waiver)** **211.72/day – Level I** **280.34/day – Level II** **387.84/day – Level III**	Residential habilitation services are provided in a community-based facility and assist participants in acquiring, regaining, retaining, or improving self-help skills related to activities of daily living and the socialization and adaptive skills which are necessary to reside successfully in home and community-based settings. This includes: 1) Supervision and support up to 24 hours a day in a residence 2) Nursing supervision for any medication administration or other delegated nursing functions 3) Behavior intervention services 4) Daily coordination of the participant's clinical treatment, rehabilitation, health, and medical services with the other providers of BI waiver services. Level 1 care requires a minimum 1:3 staff to participant ratio during day and evening shifts and non-awake supervision during overnight shift or an awake staff person covering more than one site during the overnight shift. Level 2 care requires a minimum 1:3 staff to participant ratio during day and evening shifts and awake, on-site supervision during the overnight shift. Level 3 care requires a 1:1 staff to participant ratio during day and evening shifts and awake, on-site supervision during the overnight shift. Room and board are not reimbursed by the department.	Provider agencies must be licensed by OHCQ as Community Residential Services Programs (COMAR 10.22.08). Additionally, providers must demonstrate experience in the provision of services to individuals with BI by having: 1) A history of serving individuals with brain injury for 2 years 2) A program of specialized services appropriate for the needs of individuals with brain injuries 3) Availability of licensed healthcare professionals with experience in the provision of services to individuals with BI to supervise, train, or consult with program staff 4) Accreditation by CARF for the provision of brain injury services. Additionally, providers must provide an annual continuing education program for all staff working with waiver participants on the needs of individuals with BI that may include: 1) Types of brain injuries 2) Behavioral, emotional, cognitive, and physical changes after brain injury 3) Strategies for compensation and remediation of deficits caused by a brain injury.

Waiver Service	Service Definition	Provider Qualifications
Day Habilitation **(TBI Waiver)** **54.67/day – Level I** **95.35/day – Level II** **134.15/day – Level III**	Day habilitation services are provided in a non-residential setting, separate from the home or facility in which the individual resides, and are intended to enable the participant to regain, attain, or maintain the participant's maximum functional level. Specific services include: 1) Habilitative or rehabilitative services to assist a participant in acquiring, regaining, retaining, or improving the self-help skills related to activities of daily living and social and adaptive skills, which are necessary to reside successfully in home and community based settings 2) Meals 3) Nursing supervision for any medication administration or other delegated nursing functions 4) Behavior intervention services 5) Transportation between a participant's resident and the provider's site, or between habilitation sites if the participant receives habilitation services in more than one place. The minimum staff to participant ratios by acuity level are: 1) 1:6 staff to participant for level 1 care 2) 1:4 staff to participant for level 2 care 3) 1:1 staff to participant for level 3 care. Services shall regularly be provided for 4 or more hours per day.	Provider agencies must be licensed by OHCQ as Vocational and Day Services Programs (COMAR 10.22.07). Additionally, providers must demonstrate experience in the provision of services to individuals with BI by having: 1) A history of serving individuals with brain injury for 2 years 2) A program of specialized services appropriate for the needs of individuals with brain injuries 3) Availability of licensed healthcare professionals with experience in the provision of services to individuals with BI to supervise, train, or consult with program staff 4) Accreditation by CARF for the provision of brain injury services. Additionally, providers must provide an annual continuing education program for all staff working with waiver participants on the needs of individuals with BI that may include: 1) Types of brain injuries 2) Behavioral, emotional, cognitive, and physical changes after brain injury 3) Strategies for compensation and remediation of deficits caused by a brain injury.
Supported Employment Services **(TBI Waiver)** **32.43/day – Level I** **54.67/day – Level II** **134.15/day – Level III**	Supported employment services are provided in a nonresidential community setting, separate from the home or facility in which the participant resides, and are intended to help individuals obtain and maintain paid work in integrated community settings. The covered services include: 1) A work program that includes support necessary for the participant to achieve desired outcomes 2) Rehabilitation activities needed to sustain the participant's job including support and training 3) Training, skill development, and paid employment for participants for whom competitive employment at or above minimum wage is unlikely and who, because of disabilities, need intensive ongoing support to perform in a work setting	Provider agencies must either be licensed by OHCQ as Vocational and Day Services Programs (COMAR 10.22.07), or approved by OHCQ as Mental Health Vocational Programs (COMAR 10.21.28). In accordance with COMAR 10.21.28.12 (Community Mental Health Programs-Mental Health Vocational Programs (MHVP), Program Staff) Mental Health Vocational Program (MHVP) staff must consist of: 1) A program director 2) Employment specialists 3) Program staff. A provider of MHVP services shall maintain a maximum ratio of one employment

Waiver Service	Service Definition	Provider Qualifications
	4) Transportation or the coordination of transportation between a participant's residence and the supported employment job site. The levels of service are as follows: 1) Level 1 requires that staff members provide daily contact to the participant. 2) Level 2 requires that staff members provide a minimum of 1 hour of direct support per day 3) Level 3 requires that staff members provide continuous support for a minimum of 4 hours of service per day.	specialist serving each 15 individuals receiving MHVP services. Additionally, providers must demonstrate experience in the provision of services to individuals with BI by having: 1) A history of serving individuals with brain injury for 2 years 2) A program of specialized services appropriate for the needs of individuals with brain injuries 3) Availability of licensed healthcare professionals with experience in the provision of services to individuals with BI to supervise, train, or consult with program staff 4) Accreditation by CARF for the provision of brain injury services. Additionally, providers must provide an annual continuing education program for all staff working with waiver participants on the needs of individuals with BI that may include: 1) Types of brain injuries 2) Behavioral, emotional, cognitive, and physical changes after brain injury 3) Strategies for compensation and remediation of deficits caused by a brain injury.
Individual Support Services **(TBI Waiver)** **26.51/hour**	Individual Support Services shall, in 1-hour units and in a community setting (including the participant's home), assist participants to live as independently as possible in their own homes. Specific assistance may include, but not be limited to: 1) Budgeting 2) Medication administration 3) Helping an individual to access and complete the individual's education 4) Participating in recreational and social activities 5) Accessing community services 6) Grocery shopping 7) Behavioral and other services and supports needed by the family of the individual 8) Developing relationships.	Provider agencies must be licensed by OHCQ as Family and Individual Support Services Programs (COMAR 10.22.06). Additionally, providers must demonstrate experience in the provision of services to individuals with BI by having: 1) A history of serving individuals with brain injury for 2 years 2) A program of specialized services appropriate for the needs of individuals with brain injuries 3) Availability of licensed healthcare professionals with experience in the provision of services to individuals with BI to supervise, train, or consult with program staff 4) Accreditation by CARF for the provision of brain injury services. Additionally, providers must provide an annual continuing education program for all staff working with waiver participants on the needs of individuals with BI that may include: 1) Types of brain injuries

Waiver Service	Service Definition	Provider Qualifications
		2) Behavioral, emotional, cognitive, and physical changes after brain injury 3) Strategies for compensation and remediation of deficits caused by a brain injury.
Private Duty Nursing Services **(Model Waiver, EPSDT – Nursing)** **6.08/unit (LPN, 2+ participants)** **8.80/unit (LPN, 1 participant)** **9.36/unit (RN, 2+ participants)** **13.57/unit (RN, 1 participant)**	Private nursing services (RN or LPN) are provided if the complexity of the service or the condition of a participant requires the judgment, knowledge, and skills of a licensed nurse. These services are delivered to the participant in the participant's home or other setting when normal life activities take the participant outside of the house.	Must be licensed by OHCQ as a residential service agency (COMAR 10.07.05) or home health agency (COMAR 10.07.10). In accordance with COMAR 10.09.27.04 (Home Care for Disabled Children Under a Model Waiver, Covered Services) and COMAR 10.05.53.03-04 (EPSDT – Nursing, Conditions for Participation and Covered Services), individuals rendering private duty nursing service shall be licensed RNs or LPNs. Additionally, in accordance with COMAR 10.09.53.03 (EPSDT – Nursing, Conditions for Participation), providers of nursing services shall have on staff at least one registered nurse supervisor.
CNA/HHA Services **(Model Waiver, EPSDT – Nursing)**	Delegated nursing services will be provided by a CNA or HHA when the complexity of the service or the condition of the participant does not require an RN or an LPN. These services include assistance with activities of daily living when performed in conjunction with other delegated nursing services.	Must be licensed by OHCQ as a residential service agency (COMAR 10.07.05) or home health agency (COMAR 10.07.10). In accordance with COMAR 10.09.27.03 (Home Care for Disabled Children Under a Model Waiver, Conditions for Participation) and COMAR 10.09.53.03 (EPSDT –

Waiver Service	Service Definition	Provider Qualifications
2.68/unit – Model (2+ participants) **3.85/unit – Model (1 participant)** **3.20/unit – EPDST (2+ participants)** **4.65/unit – EPSDT (1 participant)**		Nursing, Conditions for Participation), each CNA or HHA rendering services to a participant must: 1) Have a valid, non-temporary certification to provide CNA or HHA services. 2) Be certified in CPR 3) Under EPSDT – Nursing, must also be certified as a CMT. Additionally, providers of CNA/HHA services shall have on staff at least one registered nurse supervisor.
Participation by Principal Physician in Plan of Care Meetings **(Model Waiver)** **40.50**	The principal physician of the participant shall participate in plan of care meetings, including prescribing home care services and approving and signing the plan of care.	The principal physician is a licensed specialty physician who is part of the multidisciplinary team of the participant. The physician must be declared board-certified or eligible by a member board of the American Board of Medical Specialties or has been declared board-certified or eligible, by a specialty board approved by the Advisory Board of Osteopathic Specialists and the Board of Trustees of the American Osteopathic Association.
Initial Nursing Assessment **(EPSDT – Nursing)** **150**	Participants will undergo an initial assessment consisting of: 1) A comprehensive assessment of health status 2) An assessment of the need for services 3) An assessment of the scope and duration of services to be provided 4) An assessment of the recipient's residence 5) Consultation with the primary medical provider to confirm the need for services and to develop a plan of care. The assessment must be 3 hours or less, and does not require pre-authorization.	In accordance with COMAR 10.09.53.04 (EPSDT – Nursing, Covered Services), the initial assessment must be conducted by a licensed RN.

*Waiver service definitions and provider qualifications were taken from waiver applications and COMAR regulations; both were shortened when possible.
Note: Hilltop used COMAR regulations, waiver applications, provider solicitations, national surveys, and other states' reimbursement methodology studies as source materials for all appendix tables.

Appendix B. Program 3 and Brain Injury Waiver Services with Probable Scheme of Bureau of Labor and Statistics Job Classifications*

Waiver Service	Comparable BLS Job Classifications
Medical Day Care **(ICS, TBI Waiver, CO Waiver, MDC Waiver, Model Waiver)** **79.84/day**	**Registered nurses (29-1141):** Assess patient health problems and needs, develop and implement nursing care plans, and maintain medical records. Administer nursing care to ill, injured, convalescent, or disabled patients. May advise patients on health maintenance and disease prevention or provide case management. Licensing or registration required. **Licensed practical and licensed vocational nurses (29-2061):** Care for ill, injured, or convalescing patients or persons with disabilities in hospitals, nursing homes, clinics, private homes, group homes, and similar institutions. May work under the supervision of a registered nurse. Licensing required. **Nursing assistants (31-1014):** Provide basic patient care under direction of nursing staff. Perform duties such as feed, bathe, dress, groom, or move patients, or change linens. May transfer or transport patients. Includes nursing care attendants, nursing aides, and nursing attendants. **Occupational therapists (29-1122):** Assess, plan, organize, and participate in rehabilitative programs that help build or restore vocational, homemaking, and daily living skills, as well as general independence, to persons with disabilities or developmental delays. **Physical therapists (29-1123):** Assess, plan, organize, and participate in rehabilitative programs that improve mobility, relieve pain, increase strength, and improve or correct disabling conditions resulting from disease or injury. **Family and General Practitioners (29-1062):** Physicians who diagnose, treat, and help prevent diseases and injuries that commonly occur in the general population. May refer patients to specialists when needed for further diagnosis or treatment. **Healthcare Social Workers (21-1022):** Provide individuals, families, and groups with the psychosocial support needed to cope with chronic, acute, or terminal illnesses. Services include advising family care givers, providing patient education and counseling, and making referrals for other services. May also provide care and case management or interventions designed to promote health, prevent disease, and address barriers to access to healthcare. **Social and human service assistants (21-1093):** Assist in providing client services in a wide variety of fields, such as psychology, rehabilitation, or social work, including support for families. May assist clients in identifying and obtaining available benefits and social and community services. May assist social workers with developing, organizing, and conducting programs to prevent and resolve problems relevant to substance abuse, human relationships, rehabilitation, or dependent care. **Personal care aides (39-9021):** Assist the elderly, convalescents, or persons with disabilities with daily living activities at the person's home or in a care facility. Duties performed at a place of residence may include keeping house (making beds, doing laundry, washing dishes) and preparing meals. May provide assistance at non-residential care facilities. May advise families, the elderly, convalescents, and persons with disabilities regarding such things as nutrition, cleanliness, and household

Waiver Service	Comparable BLS Job Classifications
	activities. **Dietitians and nutritionists (29-1031):** Plan and conduct food service or nutritional programs to assist in the promotion of health and control of disease. May supervise activities of a department providing quantity food services, counsel individuals, or conduct nutritional research. **Recreational therapists (29-1125):** Plan, direct, or coordinate medically approved recreation programs for patients in hospitals, nursing homes, or other institutions. Activities include sports, trips, dramatics, social activities, and arts and crafts. May assess a patient condition and recommend appropriate recreational activity. **Recreation workers (39-9032):** Conduct recreation activities with groups in public, private, or volunteer agencies or recreation facilities. Organize and promote activities, such as arts and crafts, sports, games, music, dramatics, social recreation, camping, and hobbies, taking into account the needs and interests of individual members.
Senior Center Plus **(ICS, CO Waiver)** **49.45/day**	**Personal care aides (39-9021):** See above. **Dietician and nutritionists (29-1031):** See above. **All other social workers (21-1029):** All social workers not listed separately. **Social and human service assistants (21-1093):** See above. **Recreational therapists (29-1125):** See above. **Recreation workers (39-9032):** See above.

Waiver Service	Comparable BLS Job Classifications
Respite **(CO Waiver)** **78.43/day**	**Family and General Practitioners (29-1062):** See above. **Registered nurses (29-1141):** See above. **Licensed practical and licensed vocational nurses (29-2061):** See above. **Nursing assistants (31-1014):** See above. **Personal care aides (39-9021):** See above. **Dietician and nutritionists (29-1031):** See above. **All other social workers (21-1029):** See above. **Social and human service assistants (21-1093):** See above. **Recreation workers (39-9032):** See above.
Case Management **(ICS, CO Waiver, Model Waiver, CFC, CPAS)** **63.75/hour** **15.9375 per 15-minute unit**	**Healthcare social workers (21-1022):** See above. **Social and human service assistants (21-1093):** See above. **Social and community service managers (11-9151):** Plan, direct, or coordinate the activities of a social service program or community outreach organization. Oversee the program or organization's budget and policies regarding participant involvement, program requirements, and benefits. Work may involve directing social workers, counselors, or probation officers. **Registered nurses (29-1141):** See above.

Waiver Service	Comparable BLS Job Classifications
Case Management **(REM)** **400.21 (Initial Rate)** **295.51 (Risk Adjusted High Initial)** **176.13 (Risk Adjusted Low)** **92.96 (Risk Adjusted Maintenance Level 3)**	**Registered nurses (29-1141):** See above. **Healthcare social workers (21-1022):** See above.
Behavior Consultation **(ICS, CO Waiver)** **67.97/hour**	**Registered nurses (29-1141):** See above. **Mental health and substance abuse social workers (21-1023):** Assess and treat individuals with mental, emotional, or substance abuse problems, including abuse of alcohol, tobacco, and/or other drugs. Activities may include individual and group therapy, crisis intervention, case management, client advocacy, prevention, and education. **Clinical, counseling, and school psychologists (19-3031):** Diagnose and treat mental disorders; learning disabilities; and cognitive, behavioral, and emotional problems, using individual, child, family, and group therapies. May design and implement behavior modification programs. **Psychiatrists (29-1066):** Physicians who diagnose, treat, and help prevent disorders of the mind.

Waiver Service	Comparable BLS Job Classifications
Family Training **(ICS, CO Waiver)** **67.97/hour**	**Registered nurses (29-1141):** See above. **Occupational therapists (29-1122):** See above. **Physical therapists (29-1123):** See above. **All other social workers (21-1029):** See above.
Dietitian/Nutritionist **(ICS, CO Waiver)** **67.97/hour**	**Dietician and nutritionists (29-1031):** See above.
Assisted Living (all levels) **(ICS, CO Waiver)** **46.63/day – Level II with MDC** **58.80/day – Level III with MDC** **62.15/day – Level II no MDC** **78.43/day – Level III no MDC**	**Family and General Practitioners (29-1062):** See above. **Registered nurses (29-1141):** See above. **Licensed practical and licensed vocational nurses (29-2061):** See above. **Nursing assistants (31-1014):** See above. **Personal care aides (39-9021):** See above. **Dietitian and nutritionists (29-1031):** See above. **All other social workers (21-1029):** See above. **Social and human service assistants (21-1093):** See above. **Recreation workers (39-9032):** See above.

Waiver Service	Comparable BLS Job Classifications
Personal Assistance **(CFC, CPAS, ICS)** **11.67/hour – Shared** **17.50/hour – Non-Shared** **150.59/day - Shared** **225.88/day – Non-Shared**	**Registered nurses (29-1141):** See above. **Personal care aides (39-9021):** See above. **Nursing assistants (31-1014):** See above.
Consumer Training **(CFC, ICS)** **44.08/hour**	**Occupational therapists (29-1122):** See above. **Occupational therapy assistants (31-2011):** Assist occupational therapists in providing occupational therapy treatments and procedures. May, in accordance with State laws, assist in development of treatment plans, carry out routine functions, direct activity programs, and document the progress of treatments. Generally requires formal training. **Community and Social Service Specialists, All Other (21-1099):** All community and social service specialists not listed separately.
Nurse Monitoring **(CFC, CPAS, ICS)** **86.39/hour**	**Registered nurses (29-1141):** See above.

Waiver Service	Comparable BLS Job Classifications
Residential Habilitation **(TBI Waiver)** **211.72/day – Level I** **280.34/day – Level II** **387.84/day – Level III**	**Rehabilitation counselors (21-1015):** Counsel individuals to maximize the independence and employability of persons coping with personal, social, and vocational difficulties that result from birth defects, illness, disease, accidents, or the stress of daily life. Coordinate activities for residents of care and treatment facilities. Assess client needs and design and implement rehabilitation programs that may include personal and vocational counseling, training, and job placement. **Occupational therapists (29-1122):** See above. **Registered nurses (29-1141):** See above. **Nursing assistants (31-1014):** See above. **Personal care aides (39-9021):** See above. **Mental health and substance abuse social workers (21-1023):** See above.
Day Habilitation **(TBI Waiver)** **54.67/day – Level I** **95.35/day – Level II** **134.15/day – Level III**	**Rehabilitation counselors (21-1015):** See above. **Occupational therapists (29-1122):** See above. **Registered nurses (29-1141):** See above. **Nursing assistants (31-1014):** See above. **Mental health and substance abuse social workers (21-1023):** See above.

Waiver Service	Comparable BLS Job Classifications
Supported Employment Services **(TBI Waiver)** **32.43/day – Level I** **54.67/day – Level II** **134.15/day – Level III**	**Educational, guidance, school, and vocational counselors (21-1012):** Counsel individuals and provide group educational and vocational guidance services. **Rehabilitation counselors (21-1015):** See above. **Social and human service assistants (21-1093):** See above.
Individual Support Services **(TBI Waiver)** **26.51/hour**	**Rehabilitation counselors (21-1015):** See above. **Social and human service assistants (21-1093):** See above. **Personal care aides (39-9021):** See above.
Private Duty Nursing Services **(Model Waiver, EPSDT – Nursing)** **6.08/unit (LPN, 2+ participants)** **8.80/unit (LPN, 1 participant)** **9.36/unit (RN, 2+ participants)** **13.57/unit (RN, 1 participant)**	**Registered nurses (29-1141):** See above. **Licensed practical and licensed vocational nurses (29-2061):** See above.

Waiver Service	Comparable BLS Job Classifications
CNA/HHA Services **(Model Waiver, EPSDT – Nursing)** **2.68/unit – Model (2+ participants)** **3.85/unit – Model (1 participant)** **3.20/unit – EPDST (2+ participants)** **4.65/unit – EPSDT (1 participant)**	**Registered nurses (29-1141):** See above. **Nursing assistants (31-1014):** See above. **Home health aides (31-1011):** Provide routine individualized healthcare such as changing bandages and dressing wounds, and applying topical medications to the elderly, convalescents, or persons with disabilities at the patient's home or in a care facility. Monitor or report changes in health status. May also provide personal care such as bathing, dressing, and grooming of patient.
Participation by Principal Physician in Plan of Care Meetings **(Model Waiver)** **40.50**	**Family and General Practitioners (29-1062):** See above.
Initial Nursing Assessment **(EPSDT – Nursing)** **150**	**Registered nurses (29-1141):** See above.

* Bureau of Labor and Statistics (BLS) associated job classification and definition retrieved from May 2017 State Occupational Employment and Wage Estimates – Maryland (http://www.bls.gov/oes/current/oes_md.htm)

Note: Hilltop used COMAR regulations, waiver applications, provider solicitations, national surveys, and other states' reimbursement methodology studies as source materials for all appendix tables.

Appendix C. Program 3 and Brain Injury Waiver Services Wage Assumptions*

		Medical Day	Senior Center Plus	Respite	Case Management (non-REM)	Case Management (REM)	Behavior Consultation	Family Training	Dietitian/Nutritionist	Assisted Living II no medical day care	Assisted living III no medical day care	Assisted living II with medical day care	Assisted living III with medical day care
Bureau of Labor and Statistics Title and Code	**Median Wage**												
29-1062 Family and general practitioners	93.93	1%		1%						1%	1%	1%	1%
29-1141 Registered nurse	35.63	15%		9%	5%	50%	32%	33%		6%	9%	6%	9%
29-2061 Licensed practical nurse	25.59	5%		3%						3%	3%	3%	3%
31-1014 Nursing assistants	14.25	5%		5%						5%	5%	5%	5%
29-1066 Psychiatrists	94.16						4%						
29-1031 Dietitian and nutritionists	32.07	2%	2%	3%					100%	3%	3%	3%	3%
29-1122 Occupational therapists	42.19	2%						16%					
31-2011 Occupational therapy assistants	30.78												
29-1123 Physical therapist	42.79	5%						16%					
29-1125 Recreational therapist	23.46	5%	14%										
21-1015 Rehabilitation counselors	18.26												
21-1022 Health care social worker	27.07	5%			45%	50%							
21-1023 Mental health and subs. abuse social workers	21.20						32%						

		Medical Day	Senior Center Plus	Respite	Case Management (non-REM)	Case Management (REM)	Behavior Consultation	Family Training	Dietitian/Nutritionist	Assisted Living II no medical day care	Assisted living III no medical day care	Assisted living II with medical day care	Assisted living III with medical day care
Bureau of Labor and Statistics Title and Code	**Median Wage**												
21-1029 All other social workers	33.05		10%	1%				35%		1%	1%	1%	1%
19-3031 Clinical, counseling, and school psychologists	36.51						32%						
21-1012 Educ., guidance, school, and voc. counselors	29.35												
11-9151 Social and community service managers	33.76				10%								
21-1093 Social and human service assistants	15.77	5%	5%	1%	40%					1%	1%	1%	1%
21-1099 Comm. and social service specialists, all other	22.32												
39-9021 Personal care aides	11.65	30%	45%	65%						68%	65%	68%	65%
31-1011 Home health aides	11.99												
39-9032 Recreation workers	10.19	20%	24%	12%						12%	12%	12%	12%
Base Hourly Wage		**20.75**	**15.71**	**15.87**	**23.65**	**31.35**	**33.64**	**36.92**	**32.07**	**15.15**	**15.87**	**15.15**	**15.87**

Bureau of Labor and Statistics Title and Code	Median Wage	Personal Assistance	Consumer Training	Nurse Monitoring	Residential Habilitation	Day Habilitation	Supported Employment Services	Individual Support Services	Private Duty Nursing - RN	Private Duty Nursing - LPN	CNA/HHA Services	Participation by principal physician in team conference	Initial Nursing Assessment
29-1062 Family and general practitioners	93.93											100%	
29-1141 Registered nurse	35.63	2%		100%	5%	5%			100%		2%		100%
29-2061 Licensed practical nurse	25.59									100%			
31-1014 Nursing assistants	14.25	33%			15%	15%					49%		
29-1066 Psychiatrists	94.16												
29-1031 Dietitian and nutritionists	32.07												
29-1122 Occupational therapists	42.19		10%		25%	35%							
31-2011 Occupational therapy assistants	30.78		30%										
29-1123 Physical therapist	42.79												
29-1125 Recreational therapist	23.46												
21-1015 Rehabilitation counselors	18.26				25%	35%	25%	17%					
21-1022 Health care social worker	27.07												
21-1023 Mental health and subs. abuse social workers	21.20				10%	10%							
21-1029 All other social workers	33.05												
19-3031 Clinical, counseling, and school psychologists	36.51												
21-1012 Educ., guidance, school, and voc. counselors	29.35						25%						
11-9151 Social and community service managers	33.76												
21-1093 Social and human service assistants	15.77						50%	16%					

		Personal Assistance	Consumer Training	Nurse Monitoring	Residential Habilitation	Day Habilitation	Supported Employment Services	Individual Support Services	Private Duty Nursing - RN	Private Duty Nursing - LPN	CNA/HHA Services	Participation by principal physician in team conference	Initial Nursing Assessment
Bureau of Labor and Statistics Title and Code	**Median Wage**												
21-1099 Comm. and social service specialists, all other	22.32		60%										
39-9021 Personal care aides	11.65	65%			20%			67%					
31-1011 Home health aides	11.99										49%		
39-9032 Recreation workers	10.19												
Base Hourly Wage		**12.99**	**26.85**	**35.63**	**23.48**	**27.20**	**19.79**	**13.43**	**35.63**	**25.59**	**13.57**	**93.93**	**35.63**

*Wages are based on median hourly wage from the BLS May 2017 State Occupational Employment and Wage Estimates – Maryland, retrieved from http://www.bls.gov/oes/current/oes_md.htm. Percentages represent the proportion of that job's wage that makes up the base hourly wage.

Note: Hilltop used COMAR regulations, waiver applications, provider solicitations, national surveys, and other states' reimbursement methodology studies as source materials for all appendix tables.

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