



Money Follows the Individual Accountability Act 2022 Report

Health General Article §15-135(g)

January 2023

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Health-General Article §15-135(g) requires the Maryland Department of Health (MDH) to report to the Governor and the General Assembly on:

- 1) MDH's efforts to promote home and community-based services (HCBS);
- 2) The number of nursing facility residents referred by nursing facility staff or identified on the Minimum Data Set (MDS) assessments as expressing a preference to return to the community;
- 3) The number of nursing facility residents who transitioned from nursing facilities to home and community-based waiver services;
- 4) Any obstacles MDH encountered in assisting nursing facility residents to make the transition from a nursing facility to a community-based residence; and
- 5) MDH's recommendations for removing the obstacles.

This report is intended to satisfy these reporting requirements.

I. Background

The Medicaid Program has offered HCBS as an alternative to nursing facility placement for many years. In November 2002, the MDH announced a new "Money Follows the Individual" policy. Under this policy, an individual who has been a nursing facility resident for at least 30 consecutive days, whose services are paid for by Medicaid, can apply for waiver services, even if the waiver is closed to community applicants.

The Affordable Care Act (ACA) continues to expand health insurance to people previously uncovered through the insurance exchanges and Medicaid expansion. Maryland opted to expand Medicaid under the ACA by making Medicaid available to low-income, non-elderly adults with dependents. The Money Follows the Person (MFP) Demonstration was reauthorized by Congress in mid-December 2022. This reauthorization extends MFP through September 30, 2027. Maryland will continue to receive an enhanced match on all eligible waiver services for people with disabilities residing in institutions, who meet MFP eligibility, and move to the community via the MDH's HCBS waivers.

II. A summary of efforts to promote home and community-based services.

This section presents a summary of the MDH's efforts to promote HCBS, including information

on Maryland Access Point and the MFP Demonstration.

Maryland Access Point -

Maryland's Aging and Disabilities Resource Center Program

Funded by the Administration for Community Living, the Centers for Medicare & Medicaid Services (CMS) and general funds, Maryland developed a program to streamline access to long term care (LTC) information and community-based services known as the Maryland Access Point (MAP). The MAP serves as the Aging and Disability Resource Center (ADRC) and is meant to streamline access to LTC information, address eligibility and provide access to services in order to help redirect those with LTC needs from institutions to the community.

There are 20 MAP agencies serving Maryland residents statewide, providing coordination and front-line assistance for people seeking alternatives to institutional LTC. These programs, in partnership with local Area Agencies on Aging (AAA), provide a Single-Entry Point/No Wrong Door approach to accessing benefits, programs and services aimed at diverting those with LTC needs from an institutionalized setting. This Single-Entry/No Wrong Door approach meets the requirements set by the Balancing Incentive Program (BIP) and is an integral part of the State's long term services and supports (LTSS) reform plan. The BIP spanned from October 1, 2011 to September 30, 2015. The BIP was significant for Maryland because it helped to transform the LTSS system by establishing No Wrong Door Systems for people to obtain information on Medicaid LTSS, streamlined access to LTSS and implemented conflict-free case management ensuring access to quality LTSS for all individuals seeking them.

<https://www.medicaid.gov/medicaid/long-term-services-supports/balancing-incentive-program/balancing-incentive-program/index.html>

The MAP program works in collaboration with key stakeholder agencies involved in coordinating eligibility for Medicaid services and all state-funded LTC to ensure that those with LTC needs understand their options and know how to access the services they need. This service is Options Counseling. Options Counseling is an important MAP service. Options Counselors provide program information about HCBS waivers to individuals in nursing facilities, as well as their families, guardians and other supports. They also help individuals complete their applications for the Home and Community-Based Options Waiver (HCBOW) - obtaining supporting documentation and providing a packet of support planning agencies, allowing them to make a support planning agency selection. If individuals are eligible for other HCBS waivers, Options Counselors provide that information as well. Options Counselors submit an individual's application and other documentation to MDH and upload it to the State's web-based, participant-centered, tracking system, *LTSSMaryland*. They also trigger the request for an interRAI assessment completed by the Local Health Department (LHD) to determine medical

eligibility for the HCBOW.

In addition to Options Counseling, the MAP staff provide Level One screening. The Level One Screen assesses activities of daily living to determine the LTC needs of each individual. The MAP staff will enter the individual's responses into the statewide LTSSMaryland tracking system. Responses are used to generate discussion and referrals to a variety of LTC programs such as Community First Choice, Community Personal Assistance Services, Medical Adult Day Care Services Waiver, and HCBOW.

Individuals living in the community are referred to the MAP for a wide range of supportive services. The service needs most commonly referred to MAP include assistance with activities of daily living, financial support, access to affordable healthcare, nutrition, housing and transportation. At the state level, MAP works with state agencies and MFP stakeholders to address structural and operational systems to improve access to LTSS.

MAP has partnered with Maryland 211 to develop a statewide single resource database where community members and staff can go to find information on programs, benefits and services to support the LTC needs of Marylanders. This database is accessible through the MAP website and through a toll-free number (Dial 2-1-1).

The MDH worked with the Maryland Department of Aging (MDoA) to develop a plan for federal Medicaid reimbursement on the State and local dollars that support those administrative activities for Medicaid-eligible individuals. As more individuals seek LTSS, the federal match is an important sustainable source of revenue to maintain and grow the MAP program to adequately meet the needs of Marylanders seeking assistance. The MDH continues to support the MAP sites in their training related to the requirements to draw down federal matching funds. In 2020, this federal financial participation (FFP) agreement between the MDH and the MDoA was renewed.

MAPs excel at educating individuals on both publicly and privately funded services, making referrals to available programs, developing action plans for immediate needs and helping individuals plan for future needs. The Level One Screen and Options Counseling are essential first steps to help the applicant understand and ultimately receive appropriate services in the community. The Level One Screen can be accessed in person or over the phone, and is used to help determine service needs, prioritize individuals based on risk of institutionalization, and make referral recommendations.

In 2020, the MFP Demonstration partnered with the MDoA to provide ongoing support regarding changes to LTSSMaryland. The MDoA developed and conducted Level One Screenings in 2022. These training sessions were provided on 1/14/22, 6/17/22, 8/24/22, and 9/20/22. The goal was to increase staff knowledge of the screening process, increase accuracy and ensure that all clients seeking long term care services are screened accurately and completely

for all home and community-based services.

MAP Options Counseling training was updated and re-launched in 2022. This training was person-centered counseling aimed at ensuring clients understood the complex network of LTSS available in Maryland so that they can make more informed decisions based on their needs that consider their own strengths, resources, and personal goals. These training sessions were conducted on 9/1/22, 9/7/22, 9/22/22, 10/4/22, and 10/19/22.

Monthly MAP staff training sessions were also held in 2022 to increase staff knowledge of services and supports available to assist clients seeking long term care services. Topics included Advanced Care Planning, Alzheimer's & Dementia, Traumatic Brain Injury (TBI) Waiver Services and TBI Awareness, Developmental Disabilities Agency (DDA) Waiver Services and Supports, Maryland Insurance Agency Overview, Office of Heating and Energy Assistance - Critical Medicare Needs Program, Senior Call Check Program, Community for Life, Durable Medical Equipment Re-Use Program, National Council on Aging's Benefits Check Up, and Financial Benefits for Seniors.

In 2022, MDoA developed the following marketing and educational materials:

- MFP Options Counseling Booklet - These booklets are used when conducting MFP options counseling sessions in a nursing facility. These booklets were designed to be used as a walk-through of an Options Counseling session. It includes a session summary page, a checklist for participants to use while talking with their supports planner or with MAP after discharge, and a notes section for MFP Options Counselors to record any additional information that is helpful to participants.
- MAP Brochure - Used at health fairs and outreach events to promote the services offered by MAP. They are also shared with community partners who make referrals to MAP. This brochure is aimed at increasing the capacity of our local MAP office by promoting the MAP Link number and the website as the first point of contact. Both resources will effectively route those needing MAP services to their local MAP office and eliminate the need for general information calls for those who are able to get the assistance needed from 2-1-1 or on the website. The belief is that this will free up the local MAP offices to complete more MAP Options Counseling, Level One screens, or other in-depth assessments/assistance.
- MFP Flyer for nursing facility outreach - This flyer is provided to nursing facility staff to aid in promoting the program. It also contains a brief overview of the program and information on how to make a referral for this service.

MAP Services Provided FY22 (July 1, 2021 - June 30, 2022)

- Unduplicated persons receiving MAP Assistance: 44,815 individuals served

- Number of MAP Options Counseling Sessions conducted: 12,101 MAP Options Counseling sessions
- Number of Level One screens conducted to add individuals to the HCBS Waiver registry: 7,663 Level One screens

Money Follows the Person

The goal of the MFP Demonstration is to offer additional resources to individuals in institutions by increasing outreach efforts and decreasing barriers to transition. In December 2022, the MFP Demonstration was reauthorized for an additional five-year period. Since 2008, 3,770 individuals have transitioned to the community from institutions (see transition breakdown below by HCBS waiver through 11/23/2022).

Maryland receives enhanced Federal Medical Assistance Percentage (FMAP) funds for services provided under the MFP Demonstration. To date, the increased funds associated with the MFP Demonstration have been used to enhance community-based services available through the existing HCBS programs by adding additional services and supports that were recommended by stakeholders.

Stakeholder involvement has always been important to the MFP Demonstration. The MFP Demonstration continues to seek input and guidance from stakeholders. Currently, the Stakeholder Advisory Group (SAG) meets every other month to discuss ongoing implementation, hear presentations on topics of interest and provide input for future planning. The MFP SAG also helps to identify barriers to MFP transitions. The SAG is composed of MFP participants, community providers, professional organizations, institutional providers, MDH staff and representatives from various advocacy organizations. All SAG meetings are two hours in length and held virtually or in person. In addition to the SAG meetings, the MFP Demonstration participates in and endorses professional training for providers and stakeholders. The MFP Demonstration works with Maryland Partnership for Affordable Housing (MPAH) to facilitate training, which addresses fair housing, how to identify and report discrimination and provides education on reasonable accommodations.

The MFP Demonstration's revised benchmark for transitions from January 1, 2020 through December 31, 2022 is 112. The ongoing Public Health Emergency (PHE) and COVID-19 pandemic continues to impact MFP transitions. The MDH continues to follow the guidance from the Centers for Disease Control and Prevention (CDC) with respect to nursing facility visitation and access for case managers, family members and partnering state contractors. Although the MDH has implemented flexibilities with regard to telehealth, the limitations resulting from a lack of equipment to engage in telehealth continue to impact transitions from institutions to the community. Despite these limitations, the MDH has continued to provide outreach to individuals in nursing facilities through peer outreach and support and MFP Options Counseling via the state contractors. These activities were completed primarily by telephone or a two-way, audio-visual

connection. The MDH continues to partner with other state agencies, MFP stakeholders and advocates to brainstorm solutions to increase access to individuals in nursing facilities by utilizing technology to improve communication. Due to the continuation of the PHE, MFP continues to allow verbal consents in lieu of the traditional written consent. This policy has helped to mitigate and reduce barriers related to restrictions on nursing facility visitation.

The Department is committed to providing participants with the supports and services they require to successfully transition to the community. MFP Flex Funds are supplemental services and goods that are funded through MFP that address barriers to transitions. CMS recently announced changes to the supplemental services guidelines that allow for MFP grantee states to provide a broader and more expansive array of services and goods. The Maryland MFP team is currently working with CMS and MDH to develop a comprehensive supplemental services plan that would substantially increase the amount of Flex Funds that Maryland MFP participants may access. Upon CMS approval, this would also include a wider array of goods and services.

Total MFP Transitions from March 18, 2008 – November 23, 2022

Elderly – 1,677

Physical Disabilities – 1,625

Brain Injury – 119

Intellectual/Developmental Disabilities – 341

Calendar Year 2022 MFP Transitions, as of November 23, 2022

Elderly – 16

Physical Disabilities – 27

Brain Injury – 3

Intellectual/Developmental Disabilities – 0

Capacity Building

In 2021, the CMS announced the opportunity for MFP grantee states to claim up to \$5 million in supplemental funding for Capacity Building activities. In June 2021, four written Capacity Building proposals were sent to the CMS for approval based on stakeholder feedback. Shortly

thereafter, all four proposals were accepted by the CMS, and \$4,999,738 was awarded by the CMS to fund these projects.

Currently, three out of the four awardees are operational and are utilizing MFP Capacity Building funds for their respective programs. One awardee was able to access funding from an alternative source of funding and discussions are being held with CMS to reallocate these funds to ensure that the entirety of the Capacity Building award is utilized. Awardees have presented updates to the stakeholders during SAG meetings and through general stakeholder informational email send outs. The MFP team meets regularly with all of the awardees and continues to fulfill all obligations related to contract monitoring.

PASRR

When an individual enters a nursing facility, a Preadmission Screening and Resident Review (PASRR) must be performed to ensure that an individual with an intellectual or developmental disability (I/DD) or a serious mental illness (SMI) is receiving the appropriate services within the facility. The PASRR is an essential tool for the MFP team because it identifies if an individual has an intellectual or developmental disability or serious mental illness and will determine his/her predicted length of stay within the facility. The predicted length of stay is important to ensure that MFP staff communicate effectively and consistently with nursing facility residents, their families and all affiliated staff.

The PASRR also captures vital information that is used to identify, target, and track current nursing facility residents with I/DD and SMI. The MFP team currently has two dedicated staff who monitor completed PASRR with emphasis on nursing facility residents expressing a desire to return to their home or another community setting of their choice. The MFP team also tracks the resident's progress through State systems and internal mechanisms. Currently, the MFP team is monitoring 150-200 individuals with completed PASRR who are residing in a nursing facility. This is done through internal trackers and spreadsheets that are updated on a weekly basis, or as new PASRRs are reviewed and submitted to the MFP team.

In 2022, The MFP team strengthened existing relationships with the MDH Developmental Disabilities Administration (DDA) Regional Nurses to ensure that findings from PASRR screens are discussed routinely on an individual basis. This reinforces all of the staff involved to consistently monitor nursing facility residents with developmental disabilities so that they are not institutionalized for an inordinate or unnecessary amount of time.

The PASRR and Level One Screen are only a few of the tools currently being utilized to help identify and support individuals in accessing HCBS in the community. Given the reauthorization of the MFP Demonstration in January 2021, Maryland continues to identify and incorporate practices from the Demonstration into the structure of the Medicaid-funded services and supports more broadly. To this end, the MFP Demonstration will work with stakeholders in 2023 to revise

the sustainability plans currently in place.

Housing

The MFP Demonstration provides direct housing technical assistance to supports planning agencies, community case managers, and other MFP stakeholders. The MFP Demonstration has expanded its focus to affordable housing policy, including partnering with the Maryland Department of Disabilities (MDoD) and the Maryland Department of Housing and Community Development (DHCD) to form the Maryland Partnership for Affordable Housing which works to develop strategies to expand available housing stock over a period of several years. The MPAH administers four housing programs: The U.S. Department of Housing and Urban Development (HUD) 811 Project Rental Assistance (PRA), the Harry and Jeanette Weinberg Foundation's Affordable Rental Housing Opportunities Initiative for Persons with Disabilities (Weinberg Affordable Apartments), Community Choice Homes (CCH), and the MFP Bridge Subsidy. CCH is a collaboration between the Housing Opportunities Commission of Montgomery County and the Maryland Department of Disabilities and operates only in Montgomery County. In May 2022, DDA, MdoD, and DHCD, announced the start of a new Rent Subsidy Program for people with intellectual and developmental disabilities. This program will target adults 18 and over who receive at least one DDA service or are on the waitlist for services in the Crisis Resolution category and are not currently housed with a rent subsidy from another public source or residing in public housing.

The housing training completed by MFP staff is presented quarterly and prepares Supports Planners to provide direct housing assistance, including obtaining the documentation needed to secure housing, assessing an individual's housing needs, preparing for an individual's transition and providing information on how an individual can be a successful tenant once he/she has moved to the community. The housing training is provided to supports planning agencies within the Baltimore/Washington Metropolitan Statistical Area (MSA) in order to ensure that housing assistance will be available to individuals applying for (HUD 811 Project Rental Assistance, Harry and Jeanette Weinberg Foundation's Affordable Rental Housing Opportunities Initiative for Persons with Disabilities (Weinberg Affordable Apartments) and the MFP Bridge Subsidy. MFP housing staff provide tenant training directly to individuals enrolled in the HCBS programs who have transitioned into these housing programs from institutions, along with their supports planners, to ensure that they understand their rights and responsibilities and are connected to community resources, such as the Maryland Energy Assistance Program (MEAP) and the Supplemental Nutrition Assistance Program (SNAP).

The Maryland Partnership for Affordable Housing has also held statewide training for supports planning agencies, housing providers, Centers for Independent Living (CIL) staff and other case

management providers. These trainings provide information related to the PRA, Weinberg and Bridge Subsidy eligibility requirements, use of the MPAH web-based referral and registry system, strategies for assisting individuals to transition to permanent supportive housing and approaches to support individuals with maintaining successful tenancy.

A summary of all affordable and accessible housing programs:

For the HUD 811 PRA Maryland was awarded three grants totaling \$27.9 million, which equates to approximately 400 permanent supportive housing units. In FY12 and FY13 respectively, 150 units were awarded. In FY19, 100 units were awarded. As of November 2022, for the FY12 and FY13 HUD 811 grants, of the available 325 units, 273 units are occupied, leasing is in process for 3 units; 14 more units are in construction. The first two awards in FY12 and FY13 consisted of one- and two-bedroom units, and the third award in FY19 also included three-bedroom units. The funding for the FY19 HUD 811 grant has been received and DHCD, along with their partners at MDoD and MFP have identified potential properties to place HUD 811 units and are in the process of contacting those property developers to offer them funding.

For the Weinberg Affordable Apartments, Maryland was awarded three grants, totaling \$7 million, for construction and financial assistance. New criteria were developed for the latest round of funding granted, focusing on youth transitioning from foster care and young adults living with an aging caregiver. MDoD staff are conducting outreach to agencies and organizations that work with this population to inform them of the new housing opportunity. As of November 2022, there were 32 participants housed in Weinberg Affordable Apartments and one unit to be leased, as a participant transitioned out of the program into the Housing Choice Voucher program. MFP staff will continue to work with DCHD, MDoD, and property developers to identify and build units for this program.

MDoD and Housing Opportunities Commission's CCH program has successfully leased 22 units since its inception. MDoD is waiting to identify the remaining units in the program - 8 remain.

For the MFP Bridge Subsidy, 63 participants have been housed since its inception in 2016. As of November 2022, 38 participants are being housed through this program and 21 are searching for housing. While the commitments from the Baltimore-Washington area (Montgomery, Prince George's, Howard, Baltimore County, and Baltimore City) have been fully or nearly fulfilled, the commitments in the western and eastern parts of Maryland are still available, which is likely a result of greater demand in the urban areas with less available supply and greater supply than demand in the more rural areas of the state. A lack of transportation in rural areas is also significantly impacting the percentage of commitments fulfilled in the western

and eastern parts of the state. MFP staff and the MPAH are strategizing with stakeholders to find ways to increase utilization of the Bridge Subsidy and address transportation issues in these areas.

A summary of current MFP housing activities and the impact of the COVID-19 pandemic:

During the PHE as a result of the COVID-19 pandemic, MFP staff continue to provide virtual tenancy training to MFP participants who recently moved into HUD 811 PRA, Weinberg or MFP Bridge Subsidy housing. Staff conducts person-centered training by telephone or webinar according to the participant's needs and access to equipment. MFP staff continue to monitor the status of community spread and as the public health emergency may expire in the near future, will assess how and when to resume in-person tenant training.

The MPAH continuously surveys stakeholders about their training needs and develops training to address those needs. In 2022, the MPAH again provided the tenant training competency curriculum to teach support planners and other case managers how to conduct tenant training to enhance participants' success in the community. In FY 22, the MFP staff conducted 26 training sessions related to supporting individuals with disabilities with housing and MPAH provided.

III. The number of individuals referred by nursing facilities or identified by the Minimum Data Set

The Minimum Data Set is a federal assessment of all nursing facility residents, regardless of payer. The MDS assessment, conducted upon admission and annually thereafter, ascertains whether the resident has expressed a preference to return to the community. A resident is defined as any person staying within the nursing facility, regardless of his or her expected duration of stay whether he or she maintains an official residence elsewhere.

The CMS implemented a new version of the MDS assessment on October 1, 2010. The revisions included a requirement for states to create a Local Contact Agency (LCA) responsible for responding to requests for information about community living. The MFP Demonstration was designated as the LCA for Maryland and must respond to MDS referrals by providing Options Counseling to all interested nursing facility residents, regardless of Medicaid eligibility or payment source. In November 2013, a daily electronic feed was implemented into *LTSSMaryland* to automate the referral process. In June 2021, the Department discovered a defect in the MDS automatic referral process, which resulted in an investigation by the Hilltop Institute at the University of Maryland, Baltimore County (Hilltop). Hilltop provided reports of all MDS referrals from January 2021 to October 2021. The MFP team was able to enter MDS referrals and inform the network of the pending Options Counseling referrals. The MFP Demonstration received 339 MDS referrals from January 1, 2021 to November 23, 2022 and

worked with its partners to process the referrals.

IV. The number of individuals who have transitioned from nursing facilities to home and community-based waiver services.

From March 2008 to November 23, 2022, 3,762 individuals transitioned from nursing facilities to the community through home and community-based waiver services.

V. Obstacles confronted in assisting individuals in transitioning from a nursing facility to a community-based residence.

The primary obstacle for individuals that wish to transition from a nursing facility to a community-based residence continues to be the lack of affordable and accessible housing. In 2022, the National Low Income Housing Coalition (NLIHC) reports that 26% of renter households in Maryland have extremely low income. Eighteen percent of those extremely low income renter households have a disability and 31% are seniors. Of the 72% of those extremely low income renter households, housing causes a severe burden. And finally, there is a shortage of 125,483 rental homes affordable and available for extremely low income renters.

(NLIHC, <https://nlihc.org/housing-needs-by-state/maryland>).

Lack of reliable transportation has also been cited by potential residents in rural areas as a barrier to accepting housing. Often there is not sufficient affordable housing that is located near their current social and medical support networks, making it harder for their tenancy to be successful.

According to the 2022 Overview of Services for Older Adults, as of July 1, 2020, there were 987,352 Maryland residents age 65 or older, comprising 16.3% of the State population. It is estimated that this population is expected to increase to just under 1.3 million by 2030 (20.2% of the population) and 1.4 million by 2040 (21.4% of the population). Per the U.S. Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System, as of 2019, 22.4% of Maryland adults age 18 or older indicated that they had a disability.

(<https://dls.maryland.gov/pubs/prod/HHS/2022-OverviewofServicesforOlderAdults.pdf>)

For many years, it was forecasted that the United States would experience a labor shortage due to the aforementioned growing aging population. Given the onset of the COVID-19 pandemic and a shift to remote work, Maryland is experiencing shortages in direct care staff, case managers, and agency personnel. Staff vacancies across all three environments continue to grow, outpacing hiring. The end result is scattered delays across the institution to home and community-based waiver system. MDH also experienced a cyber security incident in December of 2020. This impacted workflows as many staff were prevented from using their equipment and subsequent new equipment was purchased and distributed to all employees. The transition likely led to

increased workloads and altered efficiency work processes with the creation of workarounds.

VI. Recommendations for removing the obstacles confronted in assisting individuals in transitioning from a nursing facility to a community-based residence.

Housing

The rural/urban divide has affected affordable housing in that there is more demand for affordable housing in urban areas, but fewer affordable housing stock. This has been seen in the MFP Bridge Subsidy program, as well as the U.S. HUD Mainstream Voucher program, which are both available in the rural areas of Maryland (the Eastern shore and western region), but have a number of openings that have not been filled over the life of the programs. Education and information is being shared with various networks to increase the number of referrals to these programs. Outreach is underway to public housing authorities in metro areas (Baltimore City, Baltimore County, Howard County, Montgomery County, and Prince George's County) to explore if they might be willing to provide new commitments if the MFP Bridge Subsidy is renewed, since those are the areas with the greatest demand. Once it is fully operational, the DDA Rent Subsidy Program will expand the options for affordable housing and therefore, choices for DDA waiver participants.

Transportation

According to the Rural Maryland Council website, "Non-emergency medical transportation (NEMT) remains one of the largest obstacles patients face in accessing health care service. According to the U.S. Department of Health and Human Services, annual studies show that transportation disadvantaged populations suffer a higher prevalence of single or multiple health conditions when compared to the general population and higher and costly hospital readmission rates. Meanwhile funding from the State of Maryland for transit services has been flat, demand for services has increased and there is little program coordination outside of a county or region." The Rural Maryland Council, along with the Tri-County Council of Southern Maryland, have been conducting roundtables in the community to collect information on existing programs, identify gaps in services and make recommendations on policy changes and will compile a report based on the feedback received to present to Maryland State administration officials and Maryland General Assembly legislative leaders.

[\(https://rural.maryland.gov/2022/09/19/rural-maryland-council-and-tri-county-council-for-the-southern-maryland-to-host-roundtable-discussions-to-improve-non-emergency-health-transportation-services/\)](https://rural.maryland.gov/2022/09/19/rural-maryland-council-and-tri-county-council-for-the-southern-maryland-to-host-roundtable-discussions-to-improve-non-emergency-health-transportation-services/)

Workforce Issues

According to the Department of Budget and Management's website, approximately 30,000 Maryland State employees have collective bargaining rights. These employees are represented by bargaining representatives and negotiate with the Governor or his designee(s) regarding wages, hours, and working conditions on behalf of bargaining unit employees. Medicaid leadership continues to work collaboratively with the federal government and others to identify solutions to workforce issues. MDH has several initiatives focused on improving workforce issues. MDH launched the MDH Public Health Workforce Development Internship Program. This program is open to students enrolled in an undergraduate or graduate program who are in good academic standing and have a special interest in Public Health. Students are paid throughout the internship. Additionally, MDH has many workgroups and programs to improve accessibility and quality of care and increase health care providers across the state, especially in rural areas of the State considered to have health professional shortages and/or medically underserved areas/populations.