



## **Money Follows the Individual Accountability Act Report**

**Health – General §15-135(g)**

**January 2026**

Health-General Article §15-135(g) requires the Maryland Department of Health (MDH) to report to the Governor and the General Assembly, in accordance with § 2-1257 of the State Government Article, on:

- 1) MDH's efforts to promote home and community-based services;
- 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 in the previous year;
- 3) The number of nursing facility residents who transitioned from nursing facilities to home and community-based waiver services;
- 4) Any obstacles MDH confronted in assisting nursing home 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.

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## **I. Background**

The Medicaid Program provides home and community-based services (HCBS) as an alternative to institutionalization for older adults, individuals with disabilities, and children with chronic illnesses. These services are offered through the standard Medicaid program and through Medicaid waiver programs in home and community-based settings. Waiver programs operate under Section 1915(c) of the Social Security Act, which allows states to waive certain eligibility requirements of the standard Medicaid program to offer services not otherwise available and to focus on specific populations needing long-term services and supports. Medicaid waiver programs often maintain a waitlist or registry for community-based applicants before they can be invited to apply. However, the HB 478 *Money Follows the Individual Act*, passed during the 2003 legislative session, requires the Maryland Department of Health (MDH) to bypass the waitlist and provide HCBS immediately to nursing facility residents who have stayed at least 30 consecutive days, meet Medicaid eligibility, and require Medicaid-covered services.<sup>1</sup>

To further strengthen HCBS, Maryland elected to participate in the Money Follows the Person (MFP) Demonstration, established by the Deficit Reduction Act of 2005.<sup>2</sup> The program was later extended by the Affordable Care Act (ACA) in March 2010, which increased health coverage by making insurance more affordable and allowing states to expand Medicaid while supporting

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<sup>1</sup> Maryland General Assembly. *Money Follows the Individual Act*. [mgaleg.maryland.gov](https://mgaleg.maryland.gov/2003rs/billfile/hb0478.htm), 2003. <https://mgaleg.maryland.gov/2003rs/billfile/hb0478.htm>

<sup>2</sup> United States, Congress, Senate. *Deficit Reduction Act of 2005*. <https://www.congress.gov/109/statute/STATUTE-120/STATUTE-120-Pg4.pdf>. 109th Congress, Senate Bill 1932, Introduced 27 Oct. 2005.

innovative medical care delivery systems.<sup>3</sup> This extension covered the MFP Demonstration from fiscal year (FY) 2011 to 2016. Maryland’s participation has been reauthorized several times, most recently through September 30, 2027, as part of the Consolidated Appropriations Act of 2023.<sup>4</sup> The Money Follows the Person program is currently authorized through September 30, 2027, and requires congressional action for renewal.

The federal award from July 19, 2023, originally identified 2025 as the final year for the enhanced Federal Medical Assistance Percentage (FMAP) for MFP transitions. As of 2025, Maryland has entered the federally authorized closeout period, which runs through September 30, 2027. During this time, the state will continue receiving the enhanced FMAP match for all eligible waiver services provided to individuals with disabilities who meet MFP eligibility and transition to the community through one (1) of Medicaid’s HCBS waiver programs. The Consolidated Appropriations Act of 2023 (P.L.117-328) also added \$1.8 billion to the MFP Demonstration. Remaining funds at the end of each FY carry over and may be awarded to current grantees through FY 2028. Unused FY 2028 grant funds may be used through FY 2032.<sup>5</sup> This enhanced funding incorporates stakeholder-recommended enhancements into existing Medicaid HCBS programs.

As of this report’s date, no federal statutory or regulatory changes have been enacted that alter the MFP Demonstration’s authorization, enhanced FMAP transition period, or federal expenditure requirements.

## **II. A summary of efforts to promote HCBS**

The MFP Demonstration aims to strengthen the state’s long-term care system by helping Medicaid enrollees transition from institutions to the community and promoting HCBS over institutional long term services and supports (LTSS). To achieve this goal, MFP has worked to expand program opportunities and participation for eligible individuals living in institutions. Program activities focused on establishing and strengthening initiatives to promote HCBS and removing barriers that impede transitions to community settings. In pursuit of its mission, MFP collaborated with various internal and external state agencies to advocate for and enhance HCBS.

### **HCBS Capacity Building Initiatives**

In 2021, the Centers for Medicare and Medicaid Services (CMS) announced an opportunity for MFP grantee states to request up to \$5 million in supplemental funding to support

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<sup>3</sup> United States, Congress. Public Law 111–148, Patient Protection and Affordable Care Act. Congress.gov, 2010. [www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf](http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf). Accessed 22 Nov. 2025.

<sup>4</sup> United States, Congress. Public Law 117-328, Consolidated Appropriations Act, 2023. Congress.gov, 2023. <https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf>. Accessed 24 Nov. 2025.

<sup>5</sup> Money Follows the Person Rebalancing Demonstration. SAM.gov, 2025. <https://sam.gov/fal/11fe7034659046d6ae871a05ce2eff2b/view>

capacity-building activities. In response, Maryland's MFP program developed four (4) proposals based on stakeholder feedback and submitted them to CMS in June 2021 for review and approval. All four (4) proposals were approved, and CMS awarded Maryland a total of \$4,999,738 to support HCBS capacity-building initiatives.

Of the four (4) awardees, three (3) were fully operational and utilized MFP capacity-building funds to support their respective programs. These awardees included the Community for Life (CFL) Demonstration, the Maryland Access Point Hospital Transition Program, and the Maryland Inclusive Housing (MIH) Transformation Grant. The fourth initiative, Improved Home and Community-Based Services Options for Marylanders with Serious Mental Illness, was awarded to the Behavioral Health Administration (BHA) to provide HCBS technical assistance related to waiver and State Plan authority. This initiative required an in-kind contribution of MFP staff time but did not require funding, as the technical assistance was provided to the state at no cost. As a result, the funds originally allocated to this initiative were redistributed among the remaining approved capacity-building initiatives.

The awardees provided updates during the bimonthly Stakeholder Advisory Group meetings to MFP participants, community and institutional providers, professional organizations, MDH staff, and representatives from various advocacy groups. The MFP team also met regularly with awardees to review progress and ensure compliance with contract monitoring requirements.

While funding for these activities expired on September 30, 2025, each project was implemented as approved and supported its intended target population. The summary below outlines the activities and outcomes of the initiatives supported through this award. Of the one-time capacity-building grant funds awarded, \$160,000 remained unexpended at the close of the grant period. An extension to expend the remaining funds has been requested, and Maryland's MFP program is awaiting receipt of an updated Notice of Award from CMS.

### Community for Life (CFL) Demonstration

CFL Demonstration was an innovative program developed by the Maryland Department of Aging (MDoA) to help individuals aged 60 and older remain safely and comfortably in their homes.<sup>6</sup> CFL grew from 232 participants in FY 2021 to 498 participants in FY 2025. Program participants received three (3) core subscription-based services: service navigation, transportation, and home maintenance support.

Transportation was the most frequently used service, with a total of 17,192 trips over the life of the program. Service navigation, which assists participants in identifying and accessing services and programs that best meet their care needs, was the second most utilized service, with 12,181 contacts. The service navigators received specialized training specific to the CFL program.

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<sup>6</sup> Maryland Department of Aging. *Maryland Community for Life<sup>SM</sup> Overview*. <https://aging.maryland.gov/Pages/community-for-life.aspx>. Accessed 21 Nov. 2025.

Home maintenance support, designed to reduce injury risk, prevent fraud, and protect home value, was used less frequently than the other core services, with a total of 40 hours of major repair services. These supports included home assessments, home repairs, and access to lists of vetted contractors.

Following CFL's sunset, the program transitioned to a Village Model to continue offering services to its members.<sup>7</sup> Participants consistently reported high satisfaction with CFL, with the majority indicating that the program provided good value and helped reduce feelings of isolation. Although MFP no longer funds the program, CFL is currently funded through Aging in Place state funding and other programs within MDoA.

### Maryland Access Point Hospital Transition Program

The Maryland Access Point Hospital Transition Program Grant, which concluded in September 2025, provided care coordination services to bridge transitions from the hospital into the community.<sup>8</sup> Between March 2023 and June 2025, the Hospital Transition Program enrolled 224 individuals. The program conducted person-centered assessments, streamlined access to community services, and followed up with participants for 120 days post-discharge to ensure successful transitions. By understanding participants' needs and creating individualized action plans, the program helped divert individuals at risk of institutionalization.

A summary of Chesapeake Regional Information System for our Patients (CRISP) hospital utilization data for 100 members was analyzed to measure program impact. The program demonstrated significant reductions in hospital visits and healthcare costs based on pre- and post-enrollment data for this sample group. Prior to enrollment, total hospitalizations for this sample group were 228, with \$2.19 million in healthcare costs. Following enrollment, hospitalizations decreased to 146 visits with costs totaling \$905,000.<sup>9</sup>

While MFP funding for the initiative expired on September 30, 2025, the Living Well Center for Excellence will continue operating the Hospital Transitions Program without dedicated funding and is working toward becoming a Medicare-billing provider for these services in the future.

### Maryland Inclusive Housing (MIH) Transformation Grant

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<sup>7</sup> Maryland Department of Aging, *Maryland Community for Life Cumulative Report September 30, 2025* internal reports, submitted to Money Follows the Person 2025.

<sup>8</sup> Maryland Access Point. *MAP- Hospital Transition Program*. <https://marylandaccesspoint.211md.org/information-for-providers/map-hospital-transition-program/#:~:text=What%20Are%20Maryland%20Access%20Point,their%20long%2Dterm%20care%20needs>. Accessed 20 Nov. 2025.

<sup>9</sup> Maryland Department of Aging, *Maryland Access Point Hospital Transition Program: Summary Report*, internal reports, submitted to Money Follows the Person October 2025

MIH assisted individuals with intellectual and developmental disabilities in accessing Housing Support Services (HSS) through the MIH Transformation Grant (“MIH grant”). The grant supported 145 individuals in FY 2024, increasing to 238 in FY 2025. The Director of Housing provided overall management, while the Community Living Coordinator participated in regional housing committees and led task groups.

Certain staffing costs were funded through this capacity-building initiative. Over 120 staff from 40 Maryland agencies have been trained to provide housing support services, and two (2) additional housing committees were established in Prince George’s County and the Eastern Shore to support community transitions. MIH also implemented a new software application, iCare Manager, to support housing activities and improve accountability and billing efficiency.

With the conclusion of MFP capacity-building funding, the Developmental Disabilities Administration (DDA) will continue to support MIH activities, including initiatives and associated staffing costs.

### **Housing Initiatives and Programs**

MFP provided direct housing technical assistance to Supports Planning Agencies (SPA), community case managers, and other stakeholders. The Maryland Department of Disabilities (MDOD) and the Maryland Department of Housing and Community Development (DHCD) focused efforts on affordable housing policy and expanding Maryland’s housing stock as members of the Maryland Partnership for Affordable Housing (MPAH).

The following outlines the FY 2025 updates for the five (5) housing programs administered by the MPAH.

- 1) U.S. Department of Housing and Urban Development (HUD) 811 Project Rental Assistance (PRA)

For the HUD 811 PRA, Maryland was awarded three (3) grants totaling \$27.9 million, providing approximately 400 permanent supportive housing units. As of October 2025, 316 of the 363 identified units are occupied, with leasing in progress for 19 additional units. Nine (9) properties are expected to close and begin construction within the next year, adding 38 units to the program. Between September 2024 and September 2025, 48 new families were housed. Since its inception, the Section 811 program has housed a total of 491 households.

- 2) Affordable Apartments Program (formerly the Weinberg Foundation’s Affordable Rental Housing Opportunities Initiative for Persons with Disabilities)

For the Affordable Apartments Program, Maryland was awarded three (3) grants totaling \$7 million to support construction and financial assistance. All units created through the first and second awards are fully occupied. The third award will add 22 units to the program. As of October 2025, 41 participants were housed, and a total of 55 households have benefited from the program. Four (4) units are currently in the leasing process, and 10 units are under construction.

### 3) Community Choice Homes

Community Choice Homes operates in Montgomery County through a collaboration between the Housing Opportunities Commission and MDOD. The program has 40 dedicated units, with 38 households currently leased. MDOD is actively working to lease the two (2) turnover units. Since its inception, the program has housed a total of 55 households.

### 4) MFP Bridge Subsidy

Since its inception in 2016, the MFP Bridge Subsidy has helped house 82 participants. As of October 2025, six (6) participants are currently housed through the program and are expected to transition to vouchers by 2026. MFP is working with DHCD to relaunch the program to house an additional 20 individuals.

### 5) DDA Rent Subsidy Program

DDA Rent Subsidy Program is managed collaboratively by DDA, MDOD, and DHCD to offer a rent subsidy for people with intellectual and developmental disabilities. To date, the program has successfully housed 20 households, with 14 actively seeking units and three (3) in the beginning stages of the application process.

In addition to the MPAH program activities, MFP housing staff have also collaborated with housing authorities in Baltimore City and Baltimore County to make referrals for Non-Elderly Disabled (NED) Category II vouchers, as required by HUD. These vouchers support individuals aged 18–61 transitioning from nursing facilities or other healthcare institutions into the community. Between September 2024 and September 2025, 29 referrals were made.

### **Follow the Person Initiative**

In FY 2025, the MFP Demonstration launched the Follow the Person Initiative, a data-informed effort to strengthen Maryland’s ability to identify and support individuals eligible to transition from institutional settings to the community. The initiative leverages referral-tracking systems,

waiver waitlists, and other program data to identify potential MFP participants and reinforces the Demonstration’s core principle of following individuals’ needs and preferences.

The first phase focused on strengthening coordination between MDoA and the Home and Community-Based Options Waiver program. Institutionalized individuals on the waiver registry who met long-term care eligibility criteria were prioritized to ensure timely follow-up and referrals for Options Counseling. Options Counselors from the State’s Maryland Access Point (MAP) sites provided information on available community-based resources and services and assisted individuals with the waiver services application. To date, this initiative has generated 698 Options Counseling referrals. This expanded referral activity has directly supported MFP transitions by enabling earlier identification of institutionalized individuals who may qualify for the Demonstration, including waiver registrants, and by ensuring timely Options Counseling as a pathway to appropriate community-based programs and services.

This initiative also expanded coordination with other HCBS programs, including the Program of All-Inclusive Care for the Elderly (PACE), which recently expanded from one (1) to four (4) providers. In November 2025, the MFP team provided an informational overview to PACE providers to increase awareness of the MFP program. As the initiative expands, the team will continue to strengthen cross-program communication and provider engagement and refine data strategies to improve access to HCBS and support successful transitions from institutional care to community living.

### **Expanding supplemental services**

Under the MFP Demonstration, supplemental services are one-time supports designed to help participants transition successfully to community living. These services are generally not covered by Medicaid. In March 2022, CMS updated supplemental services guidelines, granting MFP grantee states greater flexibility to offer a broader range of services and goods. By increasing reimbursement rates and clarifying allowable services— such as housing assistance and food security— CMS sought to address common transition barriers, increase transition rates among eligible institutional residents, and strengthen the overall effectiveness of the MFP Demonstration.<sup>10</sup>

In September 2025, CMS approved Maryland’s Supplemental Services Plan to expand supplemental services for greater flexibility and to support individuals’ long-term success in community-based living. The plan increased the funding amount for Food Security and added funding for Activities to Secure Community-Based Housing, which provides pre-tenancy supports to individuals facing financial and structural barriers.

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<sup>10</sup> Centers for Medicare & Medicaid Services (CMS). *Note to MFP Recipients: Announcement of Certain Changes to Supplemental Services under the MFP Demonstration*. CMS, 2021.  
<https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/mfp-supplemental-services-notice.pdf>

Specifically, Maryland's plan introduced new support for pre-transition housing costs, such as rent, to address housing instability before transition and ensure participants have a stable and sustainable environment upon discharge. In addition, the approved plan expanded the scope of support to include essential services that have historically impeded transitions, such as security deposits, moving expenses, groceries, and assistive technology. By addressing these unmet needs, MDH aimed to reduce delays, eliminate financial barriers, and provide the flexibility necessary for participants to transition successfully.

The following are the three (3) supplemental service categories approved by CMS:

### Food Security

Up to \$1,000 may be authorized for a 30-day period to support nutritional needs immediately prior to and after transition. This includes up to \$300 for fresh food items such as bread, milk, eggs, meat, frozen foods, beverages, and spices, and up to \$700 for pantry stocking and essential over-the-counter medications such as pain relievers, eye drops, antihistamines, topical medications, and nutritional supplements (e.g., multivitamins, fish oil, calcium, probiotics). These supports help ensure individuals have adequate nutrition and essential supplies during the initial adjustment period in the community.

### Payment for Activities Prior to Transition

Up to \$300 may be authorized to cover activities necessary to prepare for a safe and timely transition. This may include fees for obtaining a driver's license renewal, state identification card, or birth certificate, as well as non-medical transportation for housing-related tasks such as touring a housing community or submitting an application. These services may be authorized more than 180 days prior to transition, making them valuable for individuals who need additional time to address identification, documentation, or transportation barriers.

### Payment for Securing a Community-Based Home

Up to \$100 may be authorized within the three (3) months prior to transition to cover application fees required to secure a community-based home. This funding supports individuals in overcoming initial financial barriers that often prevent timely access to housing.

Maryland MFP is currently implementing these expanded supplemental services through a phased rollout as new workflows, processes, and operational supports are put into place.

### **Advertising Campaign**

Building on these ongoing efforts, the MFP team launched a comprehensive advertising campaign in 2025 to enhance public understanding of the program and increase its visibility among Maryland residents. To support this initiative, MFP partnered with the Office of

Communications to develop three (3) targeted informational videos, each aimed at a specific audience: consumers considering a transition to community-based care, advocates assisting individuals navigating long-term services and supports, and skilled professionals involved in the institutional-to-community transition process. The videos were posted on the MDH MFP landing page for easy access and are being promoted across MDH social media platforms, including Facebook and LinkedIn, as part of a campaign continuing into 2026. As part of a marketing rebrand, the MFP team also maintained biweekly posts on Medicaid's LinkedIn page and monthly posts on MDH's main social media accounts.

### **Workforce Shortage**

Throughout 2025, the MFP team advanced several initiatives to help mitigate the effects of workforce shortages on transition outcomes. The MFP team continued quarterly virtual training for new support planners, covering job role orientation, crisis management, self-care, and responsibilities related to HCBS. These sessions, which typically engage 80–100 support planners, AAAs, and Centers for Independent Living (CIL) staff, also include cross-training to enhance coordination across service systems and improve continuity of care for transitioning participants.

As noted earlier in this report, MFP also resumed its targeted outreach initiative with nursing facilities in 2025. This effort, which aims to engage all 223 nursing facilities statewide, supports workforce development by ensuring social workers and facility staff have accurate, up-to-date information on MFP eligibility criteria, processes, and transition supports. To date, the team has completed in-person outreach at 42 facilities.

To build provider capacity and strengthen discharge planning practices, MFP also developed and received approval for a Continuing Education course for nursing facility social workers. The one (1)-hour virtual course focuses on effective discharge practices and community living options and includes an overview of the Home and Community-Based Options Waiver and MFP, along with guidance on application processes for both programs. MFP is currently marketing the Continuing Education course, with delivery scheduled for December 2025. Expected outcomes include increased awareness of MFP among nursing facility social workers and a strengthened referral and application pipeline for institutionalized individuals interested in transitioning to the community.

### **Reducing Administrative Complexities**

To improve the burdensome eligibility determination process, the MFP team addressed several administrative and operational inefficiencies by modernizing its application and transition processes. Maryland implemented a change by converting the MFP consent form into an electronic auto-fill format to eliminate redundant submissions, improve documentation accuracy,

and support more efficient transition planning. This has streamlined the submission process for individuals interested in transitioning from an institution to a community-based setting.

The team also strengthened coordination among service providers, case managers, and housing partners by adding a dedicated Housing Director position. This change enhanced communication among stakeholders and supports timely, coordinated transition planning. In addition, operational practices were streamlined to ensure consistent access to services and reduce variability in transition processes.

## **Stakeholder Engagement**

MFP promoted and enhanced HCBS through direct engagement with community stakeholders. Through the bimonthly Stakeholder Advisory Group meetings, the team shared program updates and presentations on relevant topics, received stakeholder feedback on current HCBS practices, and led discussions on program development. Feedback from the stakeholders helped identify obstacles to MFP transitions.

The MFP program also partnered with the MAP program within the local AAAs. Located across Maryland, the MAP sites serve as a single entry point for accessing community benefits, resources, and services. The MFP program continued partnering with MAP sites to support their role in the No Wrong Door System, streamlining access to LTSS. Through this partnership, MAP sites promoted HCBS, reviewed program requirements, and referred individuals to community resources that offer alternatives to institutional care, such as assistance with activities of daily living (e.g., bathing, dressing, mobility), financial supports, affordable healthcare, nutrition, housing, and transportation. Currently, there are 20 MAP sites serving Maryland, and they are funded by the Administration for Community Living, CMS, and Maryland general funds.

MAP sites facilitated referrals to available programs and crafted person-centered action plans to address both immediate and anticipated care needs.<sup>11</sup> Through bimonthly stakeholder meetings, monthly check-ins, and ongoing communication, the MFP team supported the MAP sites to provide accurate, up-to-date information on MFP processes to their clients, while also helping MFP staff better understand the evolving access challenges and needs of potential participants.

The MFP program also continued to assist the Options Counselors in the MAP sites by communicating program updates through the monthly meetings with the AAA network and the CIL network. MFP staff also provided technical assistance to Options Counselors seeking guidance on issues such as eligibility and accessing housing and supplemental services. Options Counselors helped address HCBS access challenges for institutionalized individuals by sharing information about the Medicaid waiver programs with their families, guardians, and other

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<sup>11</sup> Maryland Department of Aging. Maryland Access Point (MAP). <https://aging.maryland.gov/Pages/maryland-access-point.aspx>. Accessed 22 Nov. 2025.

supports. Through this effort, a total of 1,573 referrals were made to receive Options Counseling in FY 2025, and 927 were completed.<sup>12</sup>

The MFP program also assisted the MAP sites in administering Level One Screening, which evaluates activities of daily living to determine the long-term care needs of each individual who is interested in receiving services.<sup>13</sup> The MFP team held biweekly meetings with its MAP oversight partner, MDoA, to review screening issues and collaboratively develop solutions. MFP staff also continued to communicate directly with screeners to troubleshoot screening issues, advocate for potential MFP participants, and streamline access to HCBS programs.

Additionally, the MFP team collaborated with MAP sites and Maryland 211 to implement systemic improvements for LTSS access. They assisted MDoA and Maryland 211 in maintaining a database that provides information on programs, benefits, and services supporting Marylanders' long-term care needs. This information is available online via the MAP website or by calling the toll-free 211 number.

### **Stakeholder Training**

In addition to the bimonthly meetings, MFP staff actively facilitated and participated in ongoing training sessions for providers and stakeholders. MFP also collaborated with MPAH to organize training on topics such as fair housing, recognizing and reporting housing discrimination, and understanding reasonable accommodations.

Specifically, MFP staff and agency partners provided tenancy training to participants who have moved into HUD 811 PRA, Affordable Apartments, or MFP Bridge Subsidy housing. Training was delivered remotely or in person. In FY 2025, 30 training sessions were conducted to support individuals with disabilities in housing and enhance their success in the community.

In FY 2025, MFP staff conducted quarterly housing training for new and existing support planners, providing guidance on securing documentation for housing, assessing individual housing needs, preparing for transitions, and supporting successful tenancy in the community. Trainings were offered to Supports Planning Agencies (SPAs) within the Baltimore and Washington Metropolitan Statistical Area to ensure access to HUD 811 PRA, the Affordable Apartments Program, and the MFP Bridge Subsidy.

The MFP housing team also provided tenant training directly to individuals and their support planners, focusing on rights and responsibilities as new leaseholders. The staff connected these

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<sup>12</sup> Maryland Department of Health, *Nursing Facility Program Education Quarterly Reports Fiscal Year 2025 1-4*, internal reports, submitted to Money Follows the Person, 2025.

<sup>13</sup> When MAP specialists enter an individual's Level One Screening responses into the State's LTSS *Maryland* data system, the results identify appropriate referrals to LTSS programs, such as placement on an HCBS waiver registry. Screenings may be completed in person or by phone, and individuals are prioritized based on their risk of institutionalization.

individuals who transitioned into housing programs to additional community resources, including the Maryland Energy Assistance Program (MEAP), local food banks, and the Supplemental Nutrition Assistance Program (SNAP).

In early 2025, the MFP housing team developed a comprehensive two (2)-hour housing support training for SPAs, advocates, and case managers. The training covered types of affordable housing, application processes, Maryland's Section 202 Senior Housing program, housing assessments, barriers related to criminal or credit history, reasonable accommodations and modifications, and essential housing documentation. This training has been provided to six (6) AAAs and one (1) SPA.

The MPAH also conducted statewide training for SPAs, housing providers, CIL staff, advocates, and other case management providers. These sessions covered eligibility requirements for housing programs, the use of the web-based referral and registry system, strategies for supporting transitions to permanent housing, requesting accommodations, and approaches for helping individuals maintain successful tenancy.

### **III. The number of individuals referred by nursing facilities or identified by the Minimum Data Set (MDS)**

The Minimum Data Set (MDS) is a federally required clinical assessment for all nursing facility residents in Medicare- or Medicaid-participating facilities. As Maryland's Local Contact Agency, the MFP team uses Section Q of the MDS— which identifies a resident's discharge potential and preference— to guide referrals for community transitions. Residents who can and wish to transition are referred to Options Counseling, regardless of Medicaid eligibility or payment source. MDS assessments occur at admission, quarterly, annually, following significant changes in status, and at discharge.

In 2025, a systems issue within *LTSSMaryland* impacted the transmission of Section Q responses, resulting in a decrease in Options Counseling referrals. Stakeholders collaborated to develop a system fix within *LTSSMaryland*, which went live in December 2025. Because the system defect blocked referrals from being generated and routed, the State did not have a complete or accurate count of MDS referrals for the affected period. The system is expected to generate approximately 600 MDS Section Q referrals per quarter, based on the number of Options Counseling referral requests reported in CMS quarterly data. In partnership with MDoA, the MFP team has provided outreach and support to Options Counselors statewide in preparation for the anticipated increase in referrals. This increase is expected to result in a corresponding rise in MFP applications.

In September 2025, the MFP team presented at the Lifespan Annual Conference, a statewide gathering of nursing and assisted living facility administrators. This presentation strengthened

MFP’s connections with nursing facilities and supported efforts to increase referral activity. Following the conference, dedicated MFP outreach staff began visiting all 223 nursing facilities across Maryland to sustain these connections. To date, 43 nursing facilities have been visited.

The MFP team will continue to review quarterly MDS responses for Section Q for each Maryland Medicaid-participating nursing facility to ensure residents who have indicated a preference to live in the community are informed of their options and receive Options Counseling upon request.

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

Since 2008, a total of 3,899 Maryland residents have transitioned from institutions to community settings through the MFP program. For calendar year (CY) 2025, MFP set a target of 124 transitions. According to internal reports, 40 individuals transitioned from nursing facilities to the community through Medicaid’s HCBS waiver programs (Table 1).

Table 1. Total and Cumulative Transitions by Populations

Year	Adults, Aged 65 and Older	Individuals with Intellectual or Developmental Disability	Individuals with Disabilities	Brain Injury	Total
Total Transitions for CY 2025	*	*	28	*	40
Cumulative transitions (CY 2008-2025)	1,727	344	1,695	133	3,899

\*Cell sizes less than 10 have been suppressed.

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

In early 2025, Maryland’s MFP Demonstration conducted a comprehensive gap analysis through Media Share Solutions to assess the program’s effectiveness in supporting transitions from institutional settings to HCBS. The analysis identified key barriers– housing shortages, regional disparities in service access, systemic inefficiencies, and workforce shortages– that collectively affect program outcomes and transition numbers. These findings informed targeted policy, administrative, and service delivery improvements. The following paragraphs outline the key barriers identified in the gap analysis.

The primary barrier for individuals transitioning from nursing facilities to community-based settings is the limited availability of affordable and accessible housing. According to the National Low Income Housing Coalition, in 2025, only 35 affordable and available rental homes existed for every 100 extremely low-income households.<sup>14</sup> In Maryland, 26 percent of renter households were classified as extremely low income, defined as having incomes below the federal poverty guideline or 30 percent of the area median income. Among these households, 73 percent experienced severe housing cost burdens. Additionally, 18 percent of individuals in extremely low-income renter households had a disability, and 34 percent were age 65 or older. Overall, Maryland faces a shortage of 128,675 affordable and available rental homes for extremely low-income renters.<sup>15</sup> This gap complicates efforts to transition individuals from nursing facilities, as many encounter substantial challenges securing suitable and affordable housing in the community.

There are regional disparities in access to transition services, which contribute to low overall transition numbers. Transitions are clearly skewed toward more populous areas. Baltimore City and County, for example, account for a large share of MFP transitions— together representing well over 40 percent of recent participants— while many rural counties on the Eastern Shore and in Western Maryland have very few transitions. This discrepancy can be attributed to several factors, including the concentration of nursing facilities in urban areas, the location of most large SPAs in central Maryland, and potentially lower awareness of MFP in rural communities.

The gap analysis also highlights the federally-required administrative process that may delay transitions or limit access to services. To transition under MFP, an individual must be found eligible for Medicaid community services, which requires submitting a detailed application for review by MDH. High application volumes and staffing challenges can impact the timeliness of the application process. Approval of the transition plan of service— which outlines the supports the individual will receive in the community— also takes time to ensure adherence to all appropriate federal requirements. These delays may keep participants in institutional settings longer and can lead to loss of community housing or discourage individuals from continuing the transition process, particularly if their health changes during the wait.

Another barrier to transition is the workforce shortage, particularly among direct care workers who provide home-based personal care. Even when a participant is approved to transition to the community, a lack of available staff to deliver required services can force them back into an institutional setting if family members cannot fill the gap. Consequently, the capacity of community service providers limits the number of individuals who can feasibly transition at any

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<sup>14</sup> National Low Income Housing Coalition. *2025 Maryland Housing Profile*. [https://nlihc.org/sites/default/files/SHP\\_MD.pdf](https://nlihc.org/sites/default/files/SHP_MD.pdf). Accessed 20 Nov. 2025

<sup>15</sup> National Low Income Housing Coalition. *Housing Needs by State/Maryland*. <https://nlihc.org/housing-needs-by-state/maryland>. Accessed 20 Nov. 2025.

given time. While this barrier is outside the MFP team’s purview, it is important to note that this systemic issue contributes to declining transitions into the community.

Ensuring that Maryland’s aging and disabled population can access essential services and supports is imperative, particularly as a substantial proportion of older adults experience difficulty with independent living and the population is projected to grow rapidly, outpacing other age groups. According to the U.S. Census Bureau’s American Community Survey (September 2025), there were 1,099,752 Maryland residents aged 65 or older as of December 31, 2024, representing 17.6 percent of the state’s population.<sup>16</sup> Among this group, 252,980 individuals (23.0 percent) reported difficulty with independent living.<sup>17</sup> This number is likely to increase as the older adult population is expected to reach 1.3 million (20.2 percent) by 2030 and 1.4 million (21.4 percent) by 2040.<sup>18</sup> The significant proportion of older adults facing challenges with independent living underscores the need to identify and monitor barriers to community-based care and support. To address barriers to nursing facility transitions, the MFP team maintained regular communication with SPAs and partnering state agencies, including MDOD and MDoA. MDH remains committed to collaborating with other state agencies, MFP stakeholders, and advocates to explore solutions that enhance access for nursing facility residents seeking Options Counseling and HCBS upon discharge.

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

Based on the 2025 gap analysis and ongoing monitoring of transition challenges, Maryland will continue investing in strategies to strengthen the LTSS system’s capacity to support successful transitions from nursing facilities to community-based settings. Persistent obstacles– including housing shortages, regional disparities in service access, administrative complexities, and workforce limitations– continue to affect transition outcomes. The following priorities reflect the State’s efforts to address these barriers and promote equitable access to HCBS.

### **Housing Shortage**

Supported by recent data from the National Low Income Housing Coalition, Maryland continues to face a significant shortage of affordable and accessible housing. Limited availability of

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<sup>16</sup> U.S. Census Bureau. "Age and Sex." *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S0101*, <https://data.census.gov/table/ACSST1Y2024.S0101?q=Maryland&t=Age+and+Sex>. Accessed on 20 Nov 2025

<sup>17</sup> U.S. Census Bureau. "Disability Characteristics." *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1810*, <https://data.census.gov/table/ACSST1Y2024.S1810?q=Maryland&t=Disability>. Accessed on 20 Nov 2025

<sup>18</sup> Department of Legislative Services. *Overview of Services for Older Adults. Department of Legislative Services, 2022*. <https://dls.maryland.gov/pubs/prod/HHS/2022-OverviewofServicesforOlderAdults.pdf>. Accessed 20 Nov. 2025.

affordable units delays discharge planning, restricts safe and sustainable housing options, and contributes to prolonged institutional stays.

To address the shortage, the Department recommends continuing to expand access to affordable and accessible housing by strengthening partnerships with MDOD, DHCD, local housing authorities, and MPAH. Increasing the availability of community-based housing options, expanding rental subsidy opportunities, and supporting pre-transition housing costs to reduce delays in discharge planning will remove one of the most substantial barriers to transitioning nursing facility residents to community-based living.

MFP continues to operate the Housing Forum, which provides support planners with a structured platform for accessing housing resources, addressing barriers, and navigating reasonable accommodations. This resource enhances the capacity of support planners to assist individuals seeking to transition from institutional settings to the community.

Building on the success of the DDA–DHCD Rent Subsidy Program, which has expanded affordable housing options for individuals in DDA waiver programs, MFP continues to strengthen partnerships with public housing authorities and other stakeholders. These ongoing efforts underscore Maryland’s commitment to addressing the affordable housing shortage and improving outcomes for individuals transitioning from nursing facilities.

### **Regional Disparities in Service Access**

To address regional disparities in service access, the Department recommends continuing to expand outreach, technical assistance, and education to ensure nursing facility residents, their families, and facility staff are aware of community-based options. By strengthening its outreach and engagement strategies, the MFP team will ensure eligible individuals across all regions—including rural areas and areas with historically lower transition rates—are informed about MFP opportunities. Moreover, the team will strengthen provider communication with updated trainings and plain-language materials, ensuring residents receive timely Options Counseling and understand available services and transition pathways.

### **Reducing Administrative Complexities**

To further reduce administrative complexities, MDH recommends continuing to modernize workflows. Enhancing LTSS *Maryland*, streamlining eligibility and transition processes, and improving data quality and processing times will help reduce administrative burdens for residents, providers, and case managers, ultimately supporting more timely access to HCBS.

To support this effort, MDH recommends leveraging the Quality Measure Set provision from the Ensuring Access to Medicaid Services Final Rule (CMS-2442-F) (“Access Rule”).<sup>19</sup> This provision requires MDH to report on a subset of nationally standardized measures for Medicaid-funded HCBS, designed to support comparative quality evaluation across states. The Access Rule mandates reporting on six (6) measures by September 2026, based on customer experience surveys and quality evaluations of case management, comprehensive assessments, and claims/encounter data. Among these, the measures assessing the proportion of facility admissions that result in successful discharge to the community within 100 days of admission, as well as the proportion of long-term facility stays that lead to successful transitions, will help the MFP team monitor transition trends and identify disparities in access to transition services.

Another measure required by the Final Rule involves administering the National Core Indicators – Aged and Disabled (NCI-AD) customer experience survey. MDH has procured the survey tool and a vendor, with data collection scheduled from December 2025 through June 2026. By capturing beneficiaries’ overall experiences with HCBS programs, including the percentage of individuals who received adequate follow-up after discharge, the survey will support ongoing efforts to streamline administrative processes before, during, and after transition, as well as to improve service quality and outcomes.

### **Workforce Shortage**

Ongoing shortages of direct care workers, SPAs, and clinical professionals limit service availability and timeliness. To address this, the Department recommends continuing to prioritize strategies that strengthen the HCBS and LTSS workforce. By improving recruitment and retention, expanding training, and supporting workforce stabilization initiatives, the Department aims to maintain adequate statewide service capacity.

To further support workforce capacity, MFP is developing a comprehensive resource guide to help support planners and participants navigate community resources after transition, including food assistance, utility supports, housing navigation, and transportation programs. The resource guide is scheduled for completion in spring 2026. The team is also developing webinars for social workers to support broader and more effective engagement without overwhelming the audience.

## **VII. Conclusion**

Maryland’s MFP program remains central to transitioning individuals from institutional care to HCBS, supporting state and federal priorities to promote independence and improve quality of

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<sup>19</sup> Medicare and Medicaid Programs: Ensuring Access to Medicaid Services Final Rule (CMS-2442-F). (2024). Centers for Medicare & Medicaid Services (CMS).

life. Despite challenges such as housing shortages and workforce limitations, MDH has addressed these through targeted initiatives, expanded services, and partnerships with stakeholders. The State continues to monitor transition trends, service utilization, and regional disparities to guide data-driven planning and improve outcomes. By emphasizing housing supports, evidence-based quality measures, and workforce sustainability, MFP fosters more equitable and successful transitions. Leveraging innovative strategies and stakeholder engagement, the program remains a cornerstone of Maryland's efforts to provide person-centered, sustainable community living.