



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

June 30, 2023

The Honorable Guy Guzzone  
Chair, Senate Budget and Taxation Committee  
Miller Senate Office Building, 3 West  
11 Bladen St, Annapolis, MD 21401-1991

The Honorable Ben Barnes  
Chair, House Appropriations Committee  
Lowe House Office Building, Room 121  
6 Bladen St, Annapolis, MD 21401-1991

**RE: 2023 Joint Chairmen's Report (pp. 117-118) – Report on updated MFR data related to the community services waiver program**

Dear Chairs Guzzone and Barnes:

Pursuant to the 2023 Joint Chairmen's Report (p. 117-118), the Maryland Department of Health (MDH) respectfully submits its report on updated Managing For Results (MFR) data related to the community services waiver program. Specifically, the report addresses the following:

1. The number of individuals served in the Community Services program;
2. The number of those enrolled in the DDA waiver program separately by waiver;
3. The percent of individuals served through DDA waivers;
4. The cost per individual per DDA waiver program;
5. A comparison of the fiscal 2024 Managing for Results data as submitted with the budget and any revised data showing changes to the total number of individuals served and the numbers enrolled in waivers, including explanations for the difference; and
6. A discussion of how the data is expected to be submitted going forward to ensure an accurate count.

With this submission, MDH respectfully requests the release of funds associated with this report. If you have any questions about this report, please contact Megan Peters, Acting Director, Office of Governmental Affairs, at [megan.peters@maryland.gov](mailto:megan.peters@maryland.gov).

Sincerely,

Laura Herrera Scott, M.D., M.P.H.  
Secretary

cc: Bernard Simons, Deputy Secretary, Developmental Disabilities Administration  
Megan Peters, Acting Director, Office of Governmental Affairs  
Sarah Albert, Department of Legislative Services (5 copies)

## Background

The Managing for Results (MFR) indicators are a system of performance management goals and measures used by executive agencies in the Maryland State Government. The Maryland Department of Health (MDH) Developmental Disabilities Administration (DDA) reports annual data related to several MFR goals. One such goal is “Goal 2: Matching Federal Funds (FFP) are claimed for an increasing number of Home and Community Based Services (HCBS) waiver eligible individuals.” Individuals receiving Federal Financial Participation (FFP) are those enrolled in waivers.

During the February 2023 Budget Hearings for the DDA, analysis by the Department of Legislative Services flagged an error in MDH’s FY2024 submission of DDA MFR indicators. This error manifested as a seemingly declining waiver enrollment percentage over several preceding years.

The DDA reviewed the FY2024 MFR data in question and upon further analysis, it was determined that the original FY2024 MFR submission, together with several preceding years of MFR reports, only included data from the Provider Consumer Information System (PCIS2). Instead, values for total unique individuals should have been retrieved from both PCIS2 and the LTSS*Maryland*-DDA Module (LTSS). Additionally, waiver enrollment can be retrieved directly from the Medicaid Management Information System (MMIS), which yields a more accurate count of individuals in waivers. Below, MDH presents revised data for the years covered by the FY2024 MFR submission, and provides discussion of additional improvements planned for the forthcoming FY2025 MFR updates.

**Items 1 - 3: The number of individuals served in the Community Services program; the number of those enrolled in the DDA waiver program separately by waiver; the percent of individuals served through DDA waivers.**

Utilizing corrected methodology, the DDA has retrieved revised counts of individuals in community services and individuals in waivers for each fiscal year from FY2018 to FY2022. Please see Table 1 on the next page.

**Table 1. Revised FY2024 MFR<sup>1</sup>**

Key: [Original MFR], Revised MFR, Δ = change

Performance Measures	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.
<b>M101b:</b> Number of individuals receiving community-based services	[16,700] 16,919 Δ= 219	[16,868] 17,306 Δ= 438	[17,296] 18,116 Δ= 820	[17,112] 18,839 Δ= 1,727	[19,506] 19,374 Δ= -132
<b>M201 (identical to M101b):</b> Number of individuals served in community services, excluding those receiving case management services	[16,700] 16,919 Δ= 219	[16,868] 17,306 Δ= 438	[17,296] 18,116 Δ= 820	[17,112] 18,839 Δ= 1,727	[19,506] 19,374 Δ= -132
<b>M202:</b> Number of individuals served by DDA in all DDA waivers	[14,686] 15,398 Δ= 712	[16,509] 16,538 Δ= 29	[16,164] 16,888 Δ= 724	[16,716] 17,195 Δ= 479	[17,186] 17,631 Δ= 445
<b>M203:</b> Percentage of individuals in all DDA waivers	[87.9%] 91.0% Δ= 2.1%	[97.9%] 95.6% Δ= -2.3%	[93.5%] 93.2% Δ= -0.3%	[97.7%] 91.3% Δ= -6.4%	[88.1%] 91.0% Δ= 2.9%

At the time of this report, the 2023 fiscal year had not yet ended, but it was possible to pull a partial-year count for each measure from July 1, 2022 to June 2, 2023. These present-day totals are reported in Table 3.

**Table 2. Individuals in the Community Services Program, July 1, 2022 - June 2, 2023<sup>2</sup>**

<b>M101b:</b> Number of individuals receiving community-based services	19,895
<b>M201 (identical to M101b):</b> Number of individuals served in community services, excluding those receiving case management services	19,895
<b>M202:</b> Number of individuals served by DDA in all DDA waivers	18,320
<i>Community Pathways Waiver</i>	15,738
<i>Community Supports Waiver</i>	2,236
<i>Family Supports Waiver</i>	346
<b>M203:</b> Percentage of individuals in all DDA waivers	92.1%

<sup>1</sup> Source: DDA Office of Data Analytics Management, from LTSS, PCIS2, and MMIS, retrieved June 2, 2023.

<sup>2</sup> Source: DDA Office of Data Analytics Management, from LTSS, PCIS2, and MMIS, retrieved June 2, 2023.

**Item 4: The cost per individual per DDA waiver program.**

Similar to Table 2, a present-day count was also retrieved for cost per individual per waiver. The most recent data for cost per individual was retrieved by annualizing the three most recent complete months of claims for waiver services (December 2022 - February 2023) and dividing by total unique individuals submitting claims. These totals are available in Table 4.

Note that the total persons in waivers given in Table 2 are not comparable with the total persons in waivers in Table 3, as the total in Table 2 is derived from waiver slots used, as reported by MMIS, and includes:

- Individuals not yet in service,
- Individuals who submit claims only rarely, and
- Individuals maintained despite a period of inactivity, due to Maintenance of Effort (MOE) requirements.

Meanwhile, the total persons in Table 3 are based on actual claims during a three month period, and therefore this table necessarily captures fewer persons.

**Table 3. Individuals and Costs in Waivers, Annualized December 2022 - February 2023<sup>3</sup>**

Waiver	# of people	Claims Dec 2022 - Feb 2023	Annualized Claims	Annualized Claims Per Person
Community Pathways	14,047	\$407,354,764.00	\$1,629,419,056.04	\$115,997.65
Community Supports	1,544	\$17,455,216.41	\$69,820,865.64	\$45,229.77
Family Supports	162	\$1,736,801.12	\$6,947,204.48	\$42,883.98

**Item 5: A comparison of the fiscal 2024 Managing for Results data as submitted with the budget and any revised data showing changes to the total number of individuals served and the numbers enrolled in waivers, including explanations for the difference.**

As given in Table 1 above, changes were observed in both the total unique individuals in service (M101b/M202) and the total individuals in waivers (M202) for each fiscal year. Updates to these measures therefore changed the percentage of waiver participation reported in M203. Rather than the previously observed decline in waiver participation, the revised values demonstrate stable participation over recent years.

The changes observed in total individuals, as well as waiver participation, resulted from updates to the data source for each measure. In particular, including unique participants from LTSS and PCIS2 improved data quality. Additionally, by standardizing certain definitions, each year’s data presented in Table 1 is now known to be fully comparable with the other years presented. This standardization will continue into the future, as discussed below.

<sup>3</sup> Source: DDA Office of Data Analytics Management, from claims data December 2022 - January 2023, retrieved May 26, 2023.

**Item 6: A discussion of how the data is expected to be submitted going forward to ensure an accurate count.**

The DDA last updated its MFR language, goals, objectives, measures, and data control procedures in 2017. Since that time, there have been significant changes to the way the DDA conducts its business, including the expansion of the LTSS system, an increase in focus on self-directed services and new service flexibilities, and the introduction of new data retrieval processes.

The DDA regards the standardization of its public data products, including MFRs, as an important matter, and is presently taking steps to standardize and universalize data definitions, terms, controls, and procedures for the FY2025 MFR submission, which is to contain actual data up to FY2023. This step is an important priority for MDH, given the high level of complexity involved in pulling data from both PCIS2 and LTSS simultaneously, which was the primary cause of the error in the FY2024 MFRs. This complexity further underscores the benefits which will be realized by completing the LTSS transition process and ending the use of two separate software systems.

With particular reference to the DDA's present MFR Goal 2, the subject of this report, the DDA is working alongside the Maryland Department of Budget and Management to make a direct distinction between individuals in service who are waiver-eligible and those who are waiver-ineligible. This would lend greater clarity to references to Federal Financial Participation (FFP) in future MFR submissions.