



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

December 27, 2018

The Honorable Thomas M. Middleton
Chair
Senate Finance Committee
3 East Miller Senate Office Bldg.
Annapolis, MD 21401-1991

The Honorable Maggie McIntosh
Chair
House Appropriations Committee
121 House Office Bldg.
Annapolis, MD 21401-1991

The Honorable Joan Carter Conway
Chair
Senate Education Health and
Environmental Affairs Committee
2 West Miller Senate Office Bldg.
Annapolis, MD 21401-1991

The Honorable Shane E. Pendergrass
Chair
House Health and Government Operations
Committee
241 House Office Bldg.
Annapolis, MD 21401-1991

RE: HB 1696 (Ch. 798 of the Acts of 2018) – Task Force Report on Access to Home Health Care for Children and Adults with Medical Disabilities

Dear Chairs Middleton, Conway, McIntosh and Pendergrass:

Pursuant to language set forth in Section 1 of HB 1696 (Ch. 798 of the Acts of 2018), there is a Task Force to Study Access to Home Health Care for Children and Adults with Medical Disabilities. The Task Force reviewed the data that were specified in the bill: the total number of home health care hours at the LPN level prescribed and provided to children and adults with medical disabilities in Medicaid programs; features concerning waiver waiting lists; and specifics regarding Medicaid reimbursement rates for LPN home care in Maryland and neighboring states. The report of the Task Force is enclosed.

Thank you for your consideration of this information. If you have questions or need more information on the subjects included in this report, please contact Webster Ye, Deputy Chief of Staff at (410) 767-6480 or webster.ye@maryland.gov.

Sincerely,

Robert R. Neall
Secretary

cc: Sarah Albert, Department of Legislative Services (MSAR # 11713)

Executive Summary

Pursuant to HB 1696/SB 1071--*Task Force to Study Access to Home Health Care for Children and Adults With Medical Disabilities and Report on Home- and Community-Based Services* (Chapter 798 of the Acts of 2018), the Maryland Department of Health (MDH) respectfully submits this report. The report addresses the findings and recommendations of the Task Force required by the bill (Appendix A) which studied access to home health care for children and adults with medical disabilities.

Background

Currently more than 42,000 people receive Long-Term Services and Supports (LTSS) in the community through Maryland Medicaid, and the number of people who utilize home and community-based services (HCBS) continues to increase. In May 2018 Governor Larry Hogan announced that Medicaid participants with providers of HCBS and nursing care in the community in Maryland would receive a 3 percent rate increase for State Fiscal Year (FY) 2019. This includes providers of licensed practical nurse (LPN) services to Medicaid participants enrolled in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, Rare and Expensive Case Management (REM), and Home Care for Disabled Children Under a Model Waiver. This increase will help to ensure families have access to reliable and qualified nursing staff to care for Marylanders who depend upon home health care services to meet their care needs.

During the 2018 Legislative Session, the General Assembly of Maryland enacted HB 1696/SB 1071 to study access to home health care for children and adults with medical disabilities. This bill designated a Task Force whose members include representatives from the Governor's Office, Board of Nursing, Maryland Hospital Association, family members of clients who use HCBS, the Maryland-National Capital Homecare Association, Mt. Washington Pediatric Hospital, the Center for Health Facilities Planning and Development at the Maryland Health Care Commission, staff from Maryland Medicaid, and nursing agencies Maxim Healthcare Services, The Coordinating Center, and Parents' Place of Maryland. All meetings took place at the Maryland Department of Health. A list of Task Force members can be found in Appendix B.

The Task Force reviewed the data that were specified in the bill: the total number of home health care hours at the LPN level prescribed and provided to children and adults with medical disabilities in Medicaid programs; features concerning waiver waiting lists; and specifics regarding Medicaid reimbursement rates for LPN home care in Maryland and neighboring states. Additionally, the bill required that MDH report its findings and recommendations to the Senate Education, Health, and Environmental Affairs Committee, the Senate Finance Committee, the House Appropriations Committee, and the House Health and Government Operations Committee on or before November 30, 2018.

Meeting #1 --- August 10, 2018

Mat Palmer, Deputy Legislative Officer from the Office of the Governor was appointed to chair the Task Force. The Task Force members discussed their goals for the Task Force which included comparing Maryland Medicaid LPN reimbursement rates with Medicaid and commercial reimbursement rates in neighboring states, addressing nurse staffing issues, and opportunities for further training for LPNs who are working with individuals with highly complex medical needs. Task Force members who identified as family members of children who use home health care services also discussed the need to improve the quality of care provided by LPNs, reliability of nurses showing up for scheduled shifts especially on weekends and in the evenings, and concerns over COMAR requirements for LPNs to have pediatric experience within the last three years, in addition to one year of clinical experience to work in home health care. Department representatives on the Task Force discussed that there is not evidence or data to indicate that there is a lack of providers.

MDH agreed to present data related to the bill requirements at the Task Force's September meeting.

Meeting #2 -- September 26, 2018

MDH presented data for the tasks as required in HB 1696. The data focused on the frequency of services delivered and reimbursement rates for seven separate Healthcare Common Procedure Coding System (HCPCS) codes used to bill for home health care services by Maryland Residential Service Agency (RSA) providers for both fee-for-service and managed care organizations in Maryland Medicaid. The Department reported that on average 83% of authorized services were used in Calendar Year 2017.

The data included the total number of persons currently on waitlists or registries for access to Medicaid waiver programs; changes in the number of persons on waitlists or registries; and the average length of time persons are spending on waitlists or registries. HCBS waiver programs include the Autism Waiver, Brain Injury Waiver, Home and Community-Based Options Waiver, Medical Day Care Services Waiver, Home Care for Disabled Children Under a Model Waiver, and Developmental Disabilities Administration (DDA) waiver programs (Community Pathways, Community Supports, and Family Supports waivers). Following the data presentation, Task Force members discussed topics that included reimbursement, participant satisfaction, LPN training, and recruitment of LPNs. (For further information and to view the entire presentation, please see Appendix C *HB 1696 Task Force-Service Delivery & Reimbursement Data Presentation*).

Task Force members raised concerns regarding the costs of operating a business, including insurance and workers' compensation costs which are increasing faster than nursing reimbursement rates. Task Force members also discussed the increasing acuity of patients served by home health agencies, requiring more training for their staff. Task Force members stated that

the lack of home health care training for LPNs negatively impacts quality of care and gave anecdotal examples of knowledge gaps and improper care practices. Some of the concerns were that LPNs receive insufficient training in tracheostomy care, mechanical ventilation care, and feeding tubes.

Lastly, the Task Force discussed the impact of competition affecting LPN recruitment. It was noted that there is competition not only from *neighboring* states that pay higher rates, but also from nursing facilities *within* the state that also pay higher rates and do not have additional experience requirements. LPNs in Maryland are required to have at least one year of pediatric experience to provide care in the community without supervision; whereas, in some cases, nursing facilities do not require the same level of experience for the same positions while providing higher pay. Recruitment is also impacted by the state of the economy. When the economy is doing well, there may be different jobs available with higher salaries. Those who would normally work in as an LPN in the community might choose to take other jobs in favor of a higher salary. Likewise, access to additional training may also impact recruitment. The Task Force discussed if the State could offset training costs for agencies, and if not, what impacts taking on this burden would have on home health agencies.

Mat Palmer concluded the meeting and asked for recommendations from Task Force members for consideration during the next meeting.

Summary of Meeting #3 --- October 24, 2018

The Task Force convened the final meeting to discuss the comments received from: Mt. Washington Pediatric Hospital, Maxim Healthcare Services, The CHANs Promise Foundation, The Parents' Place of Maryland, and Comprehensive Nursing Services.

The discussion centered around three core recommendation areas: reimbursement rates, LPN home care training, and LPN scope of practice:

- Multiple recommendations to increase the home health rates for LPNs, most notably raising the rates to be comparable to the rates paid in neighboring states.
- Multiple recommendations proposed ways for LPNs to get better skills and competency training, through use of training programs, simulation labs for complex care (e.g., ventilator education and tracheostomy tube changes), or through mentorship opportunities for new LPNs with experienced home care nurses to gain the required experience.
- A parent on the Task Force noted that both regular turnover in staffing and lack of availability during certain hours is very taxing on her family, requiring them to provide needed care and negatively impacting their ability to work.

Final Recommendations

After reviewing the data and the discussion from Task Force members, the Task Force developed recommendations to improve access to home health care for children and adults with medical disabilities. The Task Force recommendations apply to three main areas: reimbursement rates, education and training for LPNs, and quality of LPN services overall. This three-pronged approach will address the complex needs of the home health care population and improve quality of care.

Reimbursement Rates:

LPN services are reimbursed by Medicaid using two different billing codes, T1003 and T1031, which are tied to the number of participants receiving services. See Table 1.

Table 1. Licensed Practical Nurse (LPN) Codes.	
T1003	Licensed practical nurse / 1 participant
T1031	Licensed practical nurse / 2 or more participants

In CY17, MDH reimbursed providers for more than 3 million hours of LPN services (Table 2). Using this service utilization as a baseline, MDH assessed the fiscal impact of increasing rates under two options.

Table 2. CY17 Medicaid Service Utilization		
	Total Cost	Total Number of Services Billed (Hours)
T1003	\$ 105,853,792	3,007,210
T1031	\$ 4,034,140	172,911

The first option considers a 25% increase, consistent with a recommendation published in the Baltimore Sun article on September 13, 2018.¹ The amount of State funds required to meet this rate increase for T1003 LPNs is \$13,231,724. The second option increases the Maryland reimbursement rate by 24.32%, which would raise Maryland to the average rate of neighboring states, including Pennsylvania, Virginia, West Virginia, the District of Columbia, and Delaware. The amount of State funds required to meet this rate increase for T1003 LPNs is \$10,521,476.

¹ <https://www.baltimoresun.com/health/bs-hs-home-nurses-20180916-story.html>

Table 3. Fiscal Impact to Increase T1003 and T1031 Reimbursement Rates						
HCPCS Code	Task Force Proposed Options	Current FY19 Reimbursement Rate	Proposed New Rate	Percent Rate Change	Total Funds, Net Increase in Costs	New State Funds Required (assume 50% FMAP)
T1003	Option 1	\$35.20	\$44.00	25.00%	\$26,463,448	\$13,231,724
T1003	Option 2	\$35.20	\$42.20	24.32%	\$21,042,952	\$10,521,476
T1031	Option 1	\$24.32	\$30.40	25.00%	\$1,051,297	\$525,649
T1031	Option 2	\$24.32	\$30.23	24.31%	\$1,022,387	\$511,193

Increased reimbursement rates may allow agencies to increase hourly pay for LPN staff, provide supplemental and specialized training, and mitigate administrative costs; thus, granting agencies the ability to attract and retain better qualified LPNs. In addition, the outcomes afforded by increased reimbursement rates could incentivize more LPNs to work in the community as opposed to in private institutions and provide more financial stability for nurses who already work in home health care.

Implementing this type of increase within a single year would have a substantial fiscal impact. Phasing in an increase over time with adjustments to account for inflation was recognized by the Task Force as one pathway to implementing a change in reimbursement. A Task Force family member commented that needs for families are urgent.

LPN Training:

The Task Force recommended the development of additional clinical opportunities for LPNs interested in home health to get exposure in this field and meet training requirements. These initiatives fall largely within the purview of the Board of Nursing and nursing programs in community colleges and universities. The Task Force identified several potential training opportunities, including:

- Encouraging agencies and nursing programs to work together to create training programs where LPNs interested in home health care can work with experienced Registered Nurses (RN) willing to volunteer their expertise.
- Creating preceptorships by asking families who have trouble fulfilling care coverage needs to volunteer as training environments along with an RN supervising an LPN in the home environment with a Medicaid client. The RN would then determine the LPN's competency.

Guaranteeing clinical education opportunities in home health care will help establish pipelines to bring available and properly qualified LPNs more readily from nursing programs to home health care jobs.

LPN Quality:

The Task Force advocated for improving overall quality of care provided by home health LPNs through agencies reinforcing the foundational principles of nursing care and providing opportunities for specialized training for complex cases. Nursing agencies are responsible for ensuring that their staff is well prepared for all patients' potential needs before the staff is sent out on their own to provide care. Per [COMAR 10.09.53.03D\(1\)-\(4\)](#), LPN agencies should complete a skills checklist and demonstration of competency on an annual basis that is observed, documented, signed, and verified by an RN supervisor or an RN designated by the agency supervisor. Agencies should also ensure that all regulations are followed, and all training and licensure requirements are up-to-date for LPN providers. Completion of the skills checklists is among the items reviewed during periodic audits by the Office of Health Services.

The Task Force noted that home health care nursing staff need better quality specialized training to care for children with complex medical needs. However, providing this training for LPNs may place burdens on some providers. Given that larger agencies and facilities often have more resources to organize and administer training, the Task Force recommended that agencies could pool their resources to conduct trainings with the larger agencies serving in leadership roles. This way more LPNs would have access to quality training before working with home health care patients, especially those with complex medical needs.

In addition, the Task Force members recommended partnerships between private institutions such as Mt. Washington and Kennedy Krieger with nursing agencies so that agency staff providers can participate in effective training simulation labs. One course different stakeholders referred to multiple times was Mt. Washington Pediatric Hospital's parent training on mechanical ventilators and tracheostomy care prior to their children leaving the hospital. After participating in this course or one similar to it, agencies could then create similarly effective simulation lab programs outside of the hospital setting for LPN staff. Maintaining an adequate

basic skills level among LPN staff in addition to providing specialized training would positively impact quality of care.

For Further Consideration

In addition to the above recommendations, the Task Force suggested fostering better communication between parents and home care providers to encourage improved dialogue, educate parents on the types of services they can expect to receive, manage expectations, and create a better feedback loop. Stakeholders also requested more transparency about wait times for services. To that end, MDH is working towards creating greater transparency for participants and their families about waiver waiting lists and registries. MDH also plans to modify the regulatory requirement for pediatric experience; this experience will not be required for an LPN who is serving an adult participant.

Appendix A: HB1696

Appendix B: HB1996 Task Force Membership

Appendix C: MDH Data Presentation

HOUSE BILL 1696

J1

8lr3904
CF SB 1071

By: **Delegate Reznik**

Introduced and read first time: February 15, 2018

Assigned to: Rules and Executive Nominations

Re-referred to: Health and Government Operations, February 26, 2018

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 25, 2018

CHAPTER _____

1 AN ACT concerning

2 **Task Force to Study Access to Home Health Care for Children and Adults With**
3 **Medical Disabilities and Report on Home- and Community-Based Services**

4 FOR the purpose of establishing the Task Force to Study Access to Home Health Care for
5 Children and Adults with Medical Disabilities; providing for the composition, chair,
6 and staffing of the Task Force; prohibiting a member of the Task Force from receiving
7 certain compensation, but authorizing the reimbursement of certain expenses;
8 requiring the Task Force to meet monthly; requiring the Task Force to conduct
9 certain studies and make certain determinations and recommendations; requiring
10 the Task Force to report its findings and recommendations to certain committees in
11 the General Assembly on or before a certain date; requiring the Maryland
12 Department of Health to compare certain rates of reimbursement with certain costs,
13 review certain requirements, make a certain determination, and consult with certain
14 entities in making a certain determination; requiring the Department to report its
15 findings and recommendations to the General Assembly on or before a certain date;
16 providing for the termination of this Act; and generally relating to the Task Force to
17 Study Access to Home Health Care for Children and Adults with Medical Disabilities
18 and a report on home- and community-based services.

19 ~~Preamble~~

20 ~~WHEREAS, Appropriate use of home health care helps children and adults with~~
21 ~~medical disabilities be as healthy as possible for as long as possible in their communities~~
22 ~~and with their families; and~~

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



~~1 WHEREAS, Appropriate use of home health care typically results in medical
2 outcomes equal to or better than the same care provided in a hospital, a skilled nursing
3 facility, or any other health care facility; and~~

~~4 WHEREAS, Appropriate use of home health care is preferred by patients over the
5 same care provided in a hospital, a skilled nursing facility, or any other health care facility;
6 and~~

~~7 WHEREAS, Appropriate use of home health care promotes a reduced overall
8 expenditure for children and adults with medical disabilities in the Medicaid program; and~~

~~9 WHEREAS, Appropriate use of home health care supports families in living together
10 and maintaining employment outside the home, and improves mental well-being for all
11 family members of a child or an adult with medical disabilities; and~~

~~12 WHEREAS, Having an adequate number of high-quality home health care providers
13 to care for Maryland's children and adults with medical disabilities in all areas of the State
14 promotes appropriate use of home health care; now, therefore,~~

15 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,

16 That:

17 (a) There is a Task Force to Study Access to Home Health Care for Children and
18 Adults with Medical Disabilities.

19 (b) The Task Force consists of the following members:

20 (1) one representative from the Office of the Governor with experience with
21 health care legislation, appointed by the Governor;

22 (2) the Director of the Center for Health Care Facilities Planning and
23 Development within the Maryland Health Care Commission, or the Director's designee;

24 (3) the President of the Maryland Board of Nursing, or the President's
25 designee;

26 (4) one representative of the Maryland Department of Health with
27 experience with Medicaid Long Term Services and Supports, appointed by the Secretary of
28 Health;

29 (5) the Director of the HealthChoice Program within the Maryland
30 Department of Health, or the Director's designee;

31 (6) the President of the Maryland Hospital Association, or the President's
32 designee;

1 (7) the President of the Maryland–National Capital Homecare Association,
2 or the President’s designee;

3 (8) the Executive Director of the Parents’ Place of Maryland, or the
4 Executive Director’s designee;

5 (9) the President of the Coordinating Center, or the President’s designee;

6 (10) two family members of children or adults with disabilities or advocates
7 with disabilities, appointed by the Governor;

8 (11) one representative from a specialized children’s hospital in the State,
9 appointed by the Governor; and

10 (12) one representative from a home health care provider in the State,
11 appointed by the Governor.

12 (c) The Governor shall designate the chair of the Task Force.

13 (d) The Maryland Department of Health shall provide staff for the Task Force.

14 (e) A member of the Task Force:

15 (1) may not receive compensation as a member of the Task Force; but

16 (2) is entitled to reimbursement for expenses under the Standard State
17 Travel Regulations, as provided in the State budget.

18 (f) The Task Force shall meet at least monthly.

19 (g) The Task Force shall, to the extent information is publicly available:

20 (1) determine the total number of home health care hours at the licensed
21 practical nurse (LPN) level prescribed to children and adults with medical disabilities in
22 Medicaid or managed Medicaid programs, including any waiver programs, in 2017 and how
23 many of those home health care hours were not administered, both statewide and at the
24 county level;

25 (2) determine how many children and adults with medical disabilities in
26 Medicaid or managed Medicaid programs, including any waiver programs, have previously
27 been authorized home health care services at the LPN level and are currently authorized
28 for certified nursing assistant care;

29 (3) determine:

1 (i) how many children and adults are currently on waiting lists or
 2 registries for home health care in Medicaid or managed Medicaid programs, including any
 3 waiver programs;

4 (ii) whether any of the waiting lists or registries have become longer
 5 or shorter over the previous year; and

6 (iii) the extent of change in the length of any of the waiting lists or
 7 registries;

8 (4) study the history of the Medicaid–provided LPN–level home health care
 9 reimbursement rates for any Medicaid or managed Medicaid programs, including any
 10 waiver programs that have served children or adults with medical disabilities over the last
 11 10 years;

12 (5) study the history of the average wages for LPNs in the State over the
 13 last 10 years;

14 (6) study Medicaid–provided reimbursement rates for LPN–level home
 15 health care in neighboring states; and

16 (7) make recommendations for improving access to home health care in all
 17 areas of the State, including a recommendation relating to reimbursement rates.

18 (h) On or before November 30, 2018, the Task Force shall report its findings and
 19 recommendations to the Senate Education, Health, and Environmental Affairs Committee,
 20 the Senate Finance Committee, the House Appropriations Committee, and the House
 21 Health and Government Operations Committee in accordance with § 2–1246 of the State
 22 Government Article.

23 SECTION 2. AND BE IT FURTHER ENACTED, That:

24 (a) The Maryland Department of Health shall:

25 (1) for home– and community–based services provided under Program
 26 M00Q01.03 Medical Care Provider Reimbursements – Medical Care Programs
 27 Administration or the Rare and Expensive Case Management Program:

28 (i) compare the rate of reimbursement with the actual cost to
 29 providers, to the extent information is publicly available, for:

30 1. providing care to individuals approved for direct care
 31 services;

32 2. coordinating care services; and

33 3. providing any other services; and

1 (ii) review:

2 1. specific services required to be provided;

3 2. any licensure requirements imposed on entities that
4 provide the home- and community- based services;

5 3. any requirements imposed by a health occupations board
6 that are specific to individuals providing home- and community-based services; and

7 4. any other State or local requirements associated with the
8 cost of providing the services in the State;

9 (2) determine, to the extent information is publicly available, the costs
10 associated with providing service and care under other home- and community-based
11 programs; and

12 (3) in making the determination under item (2) of this subsection, consult
13 with persons providing the services required under each home- and community-based
14 program, including:

15 (i) entities providing adult medical day care;

16 (ii) private duty nurses;

17 (iii) assisted living providers; and

18 (iv) personal care assistance providers.

19 (b) On or before November 30, 2018, the Maryland Department of Health shall
20 report its findings and recommendations to the General Assembly in accordance with §
21 2-1246 of the State Government Article.

22 SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
23 July 1, 2018. It shall remain effective for a period of 1 year and, at the end of June 30, 2019,
24 this Act, with no further action required by the General Assembly, shall be abrogated and
25 of no further force and effect.

Appendix B: HB 1696 Task Force Member List

Chair

Mathew J. Palmer

Deputy Legislative Officer, Governor's Office

Members

Cathy Weiss

Home Health Planning and CON for MHCC
Health Facilities and Planning

Keva Jackson-McCoy

Deputy Director, Maryland Board of Nursing

Dawnn Williams

Chief, Division of Nursing Services, Maryland
Department of Health

Jill Spector

Director, HealthChoice and Acute Care
Administration, Maryland Department of Health

Maansi K. Raswant

Vice President, Policy and Data Analytics,
Maryland Hospital Association

Dawn Seek

Executive Director, Maryland—National Capital
Homecare Association

Rene Averitt-Sanzone

Executive Director, Parents' Place of Maryland

Nancy Bond, M.Ed

Chief Operating Officer and Senior Vice
President, Programs and Services, The
Coordinating Center

Ellen Moore

Parent

Kathleen Dartez, Esq.

Parent

Jennifer Freeman, RN

Nurse Care Manager and Team Lead, Mt.
Washington Pediatric Hospital (Specialized
Children's Hospital)

Natalie Miller, RN

Area Vice President, Clinical Operations, Maxim
Health Care (Home Health Care Provider)

MARYLAND DEPARTMENT OF HEALTH

HB1696 Task Force— Service Delivery & Reimbursement Data

Alyssa Brown, Deputy Director, Planning Administration
Office of Health Care Financing
September 26, 2018

HB 1696 Analysis Background

- Home Health Care Codes for services reimbursed by Fee for Service (FFS) and/or Managed Care Organizations (MCOs) were identified.

Licensed Practical Nurse (LPN) Codes	
T1003	Licensed practical nurse/ 1 participant
T1031	Licensed practical nurse/2 or more participants
S9124	Nursing care, in the home; by licensed practical nurse, per hour
Certified Nursing Assistant (CNA) Codes	
W1000	Certified nursing assistant or Home health aide/ 1 participant (EPSDT: must also be a Certified Medication Technician)
T1004	Certified nursing assistant or Home health aide/ 1 participant
T1021	Certified nursing assistant or Home health aide/ 2 or more participants (EPSDT: must also be a Certified Medication Technician)
Registered Nurse (RN) Codes	
T1002	RN services up to 15 minutes

- FFS codes: (LPN) T1003, T1031; (CNA) T1004, T1021, and W1000; (RN) T1002
- MCO codes: (LPN) T1003, S9124; (CNA) T1021
- Claims analysis included evaluation of service frequency, distribution, prior authorization span utilization, as well as change in provider type, reimbursement rate, and associated provider salary.

HB 1696 Analysis – Waivers

Total number of persons on waitlists, change in number of persons on waitlists, as well as average length of time on waitlists were quantified for the following waiver programs:

- Autism Waiver
- Traumatic Brain Injury Waiver
- Community Options Waiver
- Medical Day Care Waiver
- Model Waiver
- Developmental Disabilities Waivers:
 - Community Pathways
 - Community Support
 - Family Support

Task 1

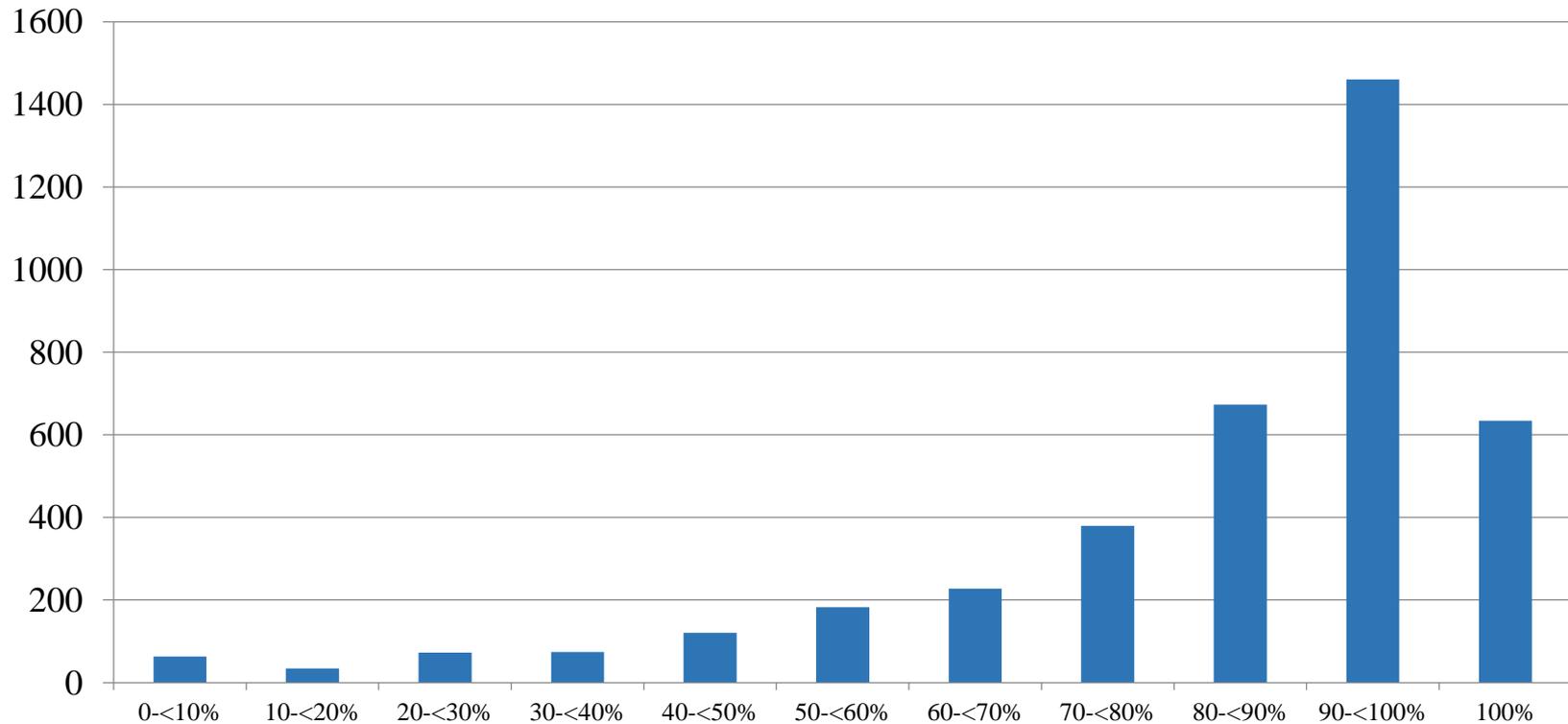
Bill Language: Determine the total number of home health care hours at the licensed practical nurse (LPN) level prescribed to children and adults with medical disabilities in Medicaid or managed Medicaid programs, including any waiver programs, in 2017 and how many of those home health care hours were not administered, both statewide and at the county level.

Task 1 Results

- 3,924 spans were identified as pre-authorized for home health services in CY2017. The vast majority were for HCPCS code T1003.
- On average, 83% of authorized services were used (median 91%).
- Individuals with less than 6 months prior private duty nursing service experience used approximately *10 % less* than individuals with six months or more experience.

Task 1 Results

Figure 1. Number of CY 2017 Private Duty Nursing Prior Authorization Records for FFS, by the Percentage of Authorized Services Used (n=3,924 Prior Authorized Spans).



Task 1 Results

Table 1. The Percentage of FFS Private Duty Nursing Services that were Authorized Compared to the Percentage that were Used in CY2017, by Procedure Code (n=658 de-duplicated beneficiaries)

Procedure Code	# Beneficiaries	Frequency	Mean	Median	Std Dev
T1002	*	53	62%	69%	0.328061
T1003	618	3433	83%	91%	0.211751
T1004	43	216	77%	88%	0.26599
T1031	30	204	90%	96%	0.145649
W1000	*	18	71%	83%	0.332006

*Cells sizes of 10 or less are suppressed

Table 2. The Percentage of FFS Private Duty Nursing Services that were Authorized Compared to the Percentage that were used in CY2017, by the Length of Prior Service Use

Length of Prior Service Use	Frequency	Mean	Median	Std Dev
Less than six months	253	71%	82%	0.300418
Six months or more	3671	84%	92%	0.207954

Analysis included HCPCS codes T1002, T1003, T1004, T1031 and W1000

Task 1 Results

Table 3. The Percentage of FFS Private Duty Nursing Services that were Authorized Compared to the Percentage that were Used in CY2017, by County (*Cells sizes of 10 or less are suppressed)

County	Frequency	Mean	Median	Std Dev
Allegany	13	85%	85%	0.066941
Anne Arundel	262	83%	93%	0.237229
Baltimore County	528	83%	90%	0.205346
Calvert	28	78%	79%	0.162814
Caroline	12	87%	99%	0.219988
Carroll	133	73%	80%	0.23615
Cecil	48	81%	89%	0.189389
Charles	102	79%	91%	0.274093
Dorchester	*	*	*	*
Frederick	159	76%	85%	0.254432
Garrett	31	93%	96%	0.091551
Harford	105	78%	89%	0.24536
Howard	243	81%	88%	0.219239
Kent	41	79%	87%	0.196821
Montgomery	553	85%	93%	0.203397
Prince George's	962	86%	95%	0.200347
Queen Anne's	28	74%	70%	0.206225
St. Mary's	36	75%	88%	0.254334
Somerset	*	63%	61%	0.121487
Talbot	*	87%	98%	0.207132
Washington	76	79%	85%	0.217441
Wicomico	43	86%	92%	0.196733
Worcester	49	66%	74%	0.261098
Baltimore City	456	84%	93%	0.206744

Task 2

Bill Language: Determine how many children and adults with medical disabilities in Medicaid or managed Medicaid programs, including any waiver programs, have previously been authorized home health care services at the LPN level and are currently authorized for certified nursing assistant care (CNA).

Task 2 Results

- Of the 1,111 individuals who had at least one LPN or CNA claim with dates of service between January 1, 2015, and December 31, 2017, 97% maintained the same provider type (LPN vs. CNA) for the duration of their utilization.
- Of the 3% who changed provider type:
 - 16 shifted from LPN → CNA
 - 19 shifted from CNA ⇄ LPN
- More individuals under 21 shifted from LPN to CNA, while more individuals 21 or older shifted from CNA to LPN.

Task 3

Bill Language: Determine how many children and adults are:

- Currently on waiting lists or registries for home health care in Medicaid or managed Medicaid programs, including any waiver programs;
- Whether any of the waiting lists or registries have become longer or shorter over the previous year; and
- The extent of change in the length of any of the waiting lists or registries.

Task 3 Results

- **Autism Waiver—approved to serve 1,200**
 - 5,330 people on the wait list.
 - Approximately 8 year wait time.
 - Wait list has become longer over the previous year.
 - 100 spots were added over the past year to mitigate the wait time.
- **Traumatic Brain Injury Waiver—approved to serve 120**
 - No wait list.
- **Medical Day Care Waiver—approved to serve up to 6,918**
 - No wait list.
- **Community Options Waiver—approved to serve up to 5,659**
 - 21,870 people on the wait list.
 - Average wait time of approximately 7.5 years.
 - Wait list timeframes remained consistent from CY16 to CY17.

Task 3 Results

- **Developmental Disabilities Administration Waivers.** Overall, the average time spent on the DDA waiver wait list in any category decreased from 38.23 months to 36.4 months.
 - Community Pathways: Approved to serve up to 15,411
 - Community Support: Approved to serve up to 850
 - Family Support: Approved to serve up to 400

Table 4. Developmental Disabilities Administration Waiver Wait lists

Category	July 2017		July 2018		Change in Average Months
	Individuals	Average No. Months On Waitlist	Individuals	Average No. Months On Waitlist	
Crisis Resolution [‡]	46	3.7	57	10.2	+ 6.5
Crisis Prevention [*]	678	54.0	313	43.9	-10.1
Current Request [◇]	4,554	57.0	4,521	55.1	-1.9
Total	5,278		4,891		

[‡] Applicant currently in a crisis or emergency situation (for example - abuse, neglect, homeless).

^{*} Applicant is currently or will be in a health or safety crisis within the next year.

[◇] Applicant needs or wants services though health and safety but they are not the immediate issues.

Task 3 Results

- **Model Waiver—approved to serve 200 at any one time during year**
 - 137 people currently on the FY19 wait list across six different categories.
 - Majority of applicants in three categories: Category 2: Imminent Loss; Category 3: Technically Dependent; and Category 6: Inadequate Insurance.

Table 5. Model Waiver Wait list

Category	FY17 (Total: 149)		FY18 (Total 158)		Change in Average Months
	# of People	Average No. Months On Waitlist	# of People	Average No. Months On Waitlist	
2: Imminent Loss [§]	*	3	*	3	0
3: Technically Dependent [*]	26	4	23	8	- 4
6: Inadequate Insurance [°]	118	7.5 Years	128	8 Years+	6+

[§] **Category 2:** Imminent loss (i.e., within 30 days) of Medical Assistance financial eligibility or Rare and Expensive Case Management (REM) technical eligibility, does not have private insurance, and has been receiving private duty nursing (PDN), shift home health aide (SHHA)/certified nursing assistant (CNA), durable medical supplies (DMS)/durable medical equipment (DME), or pharmacy (Rx) services essential to stay in the community.

^{*} **Category 3:** Technology dependent, requires 1:1 nursing care on a 24-hour basis and the individual either has no private insurance or the individual's private insurance does not meet essential medical needs in the community.

[°] **Category 6:** Inadequate insurance to maintain the individual in the community: Seeking nursing - PDN insurance benefit insufficient to meet documented need. Limited Rx or DMS/DME benefit to sustain community placement.

Task 4

Bill Language: Study the history of the Medicaid-provided LPN-level home health care reimbursement rates for any Medicaid or managed Medicaid programs, including any waiver programs that have served children or adults with medical disabilities over the last 10 years.

Task 4 Results

Table 6. Average Medicaid FFS T1003 Reimbursement Rate per Fiscal Year (2009 – 2019) for LPN Home Health Services

FY Year	Reimbursement Code	Rate per 15 min	Rate Per Hour	Increase Over Prior Year's Rate
FY09	T1003	\$7.91	\$31.64	
FY10	T1003	\$7.91	\$31.64	
FY11	T1003	\$7.91	\$31.64	
FY12	T1003	\$7.83	\$31.32	1% decrease
FY13	T1003	\$7.91	\$31.64	1% increase
FY14a	T1003	\$8.11	\$32.44	2.5% increase
FY14b ¹	T1003	\$8.11	\$32.44	Did not impact rate
FY15 ²	T1003	\$8.21	\$32.84	Adjusted increase
FY16	T1003	\$8.21	\$32.84	
FY17	T1003	\$8.37	\$33.48	2% increase
FY18	T1003	\$8.54	\$34.16	2% increase
FY19	T1003	\$8.80	\$35.20	3%
Rate Increase FY09-FY19		11.3%	11.3%	

- There was a parallel increase in MCO-based reimbursement rates for T1003 over this same period of time (10.5% increase).

Task 5

- **Bill Language:** Study the history of the average wages for LPNs in the State over the last 10 years.

Year¹	LPN Mean Salary (\$)
2008 ²	48,030
2009 ³	49,310
2010 ⁴	49,330
2011 ⁵	50,210
2012 ⁶	49,900
2013 ⁷	50,880
2014 ⁸	50,440
2015 ⁹	51,140
2016 ¹⁰	51,980
2017 ¹¹	53,280
Salary Increase 2008-2017	10.9%

Task 6

- **Bill Language:** Study Medicaid-provided reimbursement rates for LPN-level home health care in neighboring states.

Table 8. LPN Home Health Reimbursement Fee Comparison Between Neighboring States

HCPCS Codes	Description of Service	Unit of Reimbursement	MD	DE	D.C.	PA	VA	WV
S9124	Nursing Care in Home (EPSDT) or adult by LPN	15 min	\$10.33 ¹	\$11.53*	-	-	\$6.59*	-
		Hour	\$43.07*	\$46.14 ²	-	-	\$26.37 ³	-
		Visit	-	-	-	\$45.00 ⁴	-	-
T1003 ⁵	Private Duty/Home Health Nursing LPN	15 min	\$8.80 ⁶	-	\$12.50 ⁷	\$11.02 ⁸	\$6.59*	\$11.02 ⁹
		Hour	\$35.20*	-	\$50.00 ¹⁰	\$44.08*	\$26.37 ¹¹	\$44.08*
G0300	LPN in the home health or Hospice setting	Visit	-	-	-	\$88.00 ¹²	-	\$95.79 - \$132.58 ¹³

MCO Data

- MCOs reimburse for both T1003 and S9124 for their LPN home health services.
 - Jai, Priority Partners, and MedStar used the S9124 code almost exclusively.
 - Amerigroup and MPC primarily use T1003.
 - MCOs reimbursed a total of 4,304 home health services during CY2017 for 71 individuals.

MCO Data

Table 9: MCO Utilization CY2017 for S9124, T1003 and T1021

Procedure Code		Amerigroup	Jai	Kaiser Permanente	Maryland Physicians Care	Medstar Family Choice	Priority Partners	UM Health Partners	United Health Care	Total
S9124	# of Service Units Billed	*	*	21	*	959	2,300	*	34	3316
	# of People Receiving Services	*	*	*	*	*	14	*	14	36
	Average # Services per Person	*	*	11	*	192	164	*	*	74.2
T1003	# of Service Units Billed	764	*	46	46	*	31	*	11	898
	# of People Receiving Services	*	*	*	*	*	*	*	*	15
	Average # Services per Person	109	*	23	23	*	16	*	*	35.4
T1021	# of Service Units Billed	*	*	*	*	*	90	*	*	90
	# of People Receiving Services	*	*	*	*	*	20	*	*	20
	Average # Services per Person	*	*	*	*	*	*	*	*	*

**Cells sizes of 10 or less are suppressed*

Conclusions

- The vast majority of LPN home health services billed were for the FFS population.
- The most commonly billed code was T1003.
- The vast majority of authorized services were used.
- An overwhelming majority of recipients consistently received the home health services from the same professional category over the course of their services.

Conclusions

- Maryland reimbursed for home health services at levels that were lower than three neighboring states and higher than one neighboring state.
- Between 2009 – 2019 the reimbursement rate for the most common type of service billed (T1003) has increased by 11.3% from \$31.64 to \$35.20.
- Average LPN salary between 2008 – 2017 increased at the same rate (10.9%) from \$48,030 to \$53,280.
- The number of people on waiting lists for waiver programs has increased recently; despite this fact, the number of months that people spend on the waiting list has declined overall.

End Notes

- Table 6

1. Update to rates for remainder of FY14 EPSDT Service Regulation Changes and Rates Effective 1, 2014.
2. Came into effect January 2015 not whole FY15, was altered again on Jan 7th. See final fee in column.

- Table 7

1. Average salaries calculated in May of each year.
2. <https://www.bls.gov/oes/tables.htm>
3. <https://www.bls.gov/oes/tables.htm>
4. <https://www.bls.gov/oes/tables.htm>
5. <https://www.bls.gov/oes/tables.htm>
6. <https://www.bls.gov/oes/tables.htm>
7. <https://www.bls.gov/oes/tables.htm>. In the years prior to 2014, the annual salary information was only kept on an excel spreadsheet. This source is the website where the excel connection is stored.
8. <https://www.bls.gov/oes/2014/may/oes292061.htm>
9. <https://www.bls.gov/oes/2015/may/oes292061.htm>
10. <https://www.bls.gov/oes/2016/may/oes292061.htm>
10. <https://www.bls.gov/oes/2016/may/oes292061.htm>
11. <https://www.bls.gov/oes/current/oes292061.htm>

End Notes

- Table 8

1. Based on MCO provided data.

2. <https://www.medicaid.gov/medicaid/access-to-care/downloads/review-plans/de-amrp-16.pdf>

3. http://www.vaaccses.org/vendorimages/vaaccses/MEDICAID_MEMO_RateIncrease_PersCareRespiteCompanion_Effect070116_062116.pdf

4. http://dhs-sat.dhs.state.pa.us/cs/groups/webcontent/documents/bulletin_admin/c_239591.pdf

5. <https://mmcp.health.maryland.gov/Documents/nursing-services/nursing-services-provider-manual-2017.pdf>

6. <http://mdrules.elaws.us/comar/10.09.53.07> Updated July 1, 2018 to 8.80/15 minutes

7. <https://dds.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/IDD%20Waiver%20Rates%20Table%20History%20Review%20and%20WY1%20Rates.pdf>

8. http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_220889.pdf

9. <https://dhhr.wv.gov/bms/Programs/WaiverPrograms/IDDW/Documents/IDD%20Policy%20Limits%205.1.17.pdf>

10. <https://dds.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/IDD%20Waiver%20Rates%20Table%20History%20Review%20and%20WY1%20Rates.pdf>

11. Based on 2016 data

- http://www.vaaccses.org/vendorimages/vaaccses/MEDICAID_MEMO_RateIncrease_PersCareRespiteCompanion_Effect070116_062116.pdf

12. http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_220889.pdf

13. [https://dhhr.wv.gov/bms/FEES/Documents/Home%20Health%20Agency%20\(HHA\)%20Rates/PDF/Copy%20of%20HHA%20CY%202018%20Fees%20-%20Website%20Rev%205-9-18%20\(002\).pdf](https://dhhr.wv.gov/bms/FEES/Documents/Home%20Health%20Agency%20(HHA)%20Rates/PDF/Copy%20of%20HHA%20CY%202018%20Fees%20-%20Website%20Rev%205-9-18%20(002).pdf)

* Indicates that comparable unit rate has been calculated off of the listed rate in publicly available resources for comparison purposes