



## Introduction

Section 1915(k) of the Social Security Act establishes the Community First Choice (CFC) option, providing a robust attendant services program through Medicaid state plans. Participation in CFC provides states a six percentage point increase in their Federal Medical Assistance Percentage. In Maryland, these services are available to all 1915(c) waiver participants and community Medicaid recipients who require an institutional level of care based on a uniform medical assessment.

## Objectives

- 1 Provide population and service utilization figures for the planning and implementation of CFC in Maryland
- 2 Compare point-in-time snapshots of the enrollment process across CFC-eligible populations
- 3 Compare acuity-based budget recommendations, planned services, and actual utilization for personal attendant services

## Methods

When producing enrollment snapshots, we:

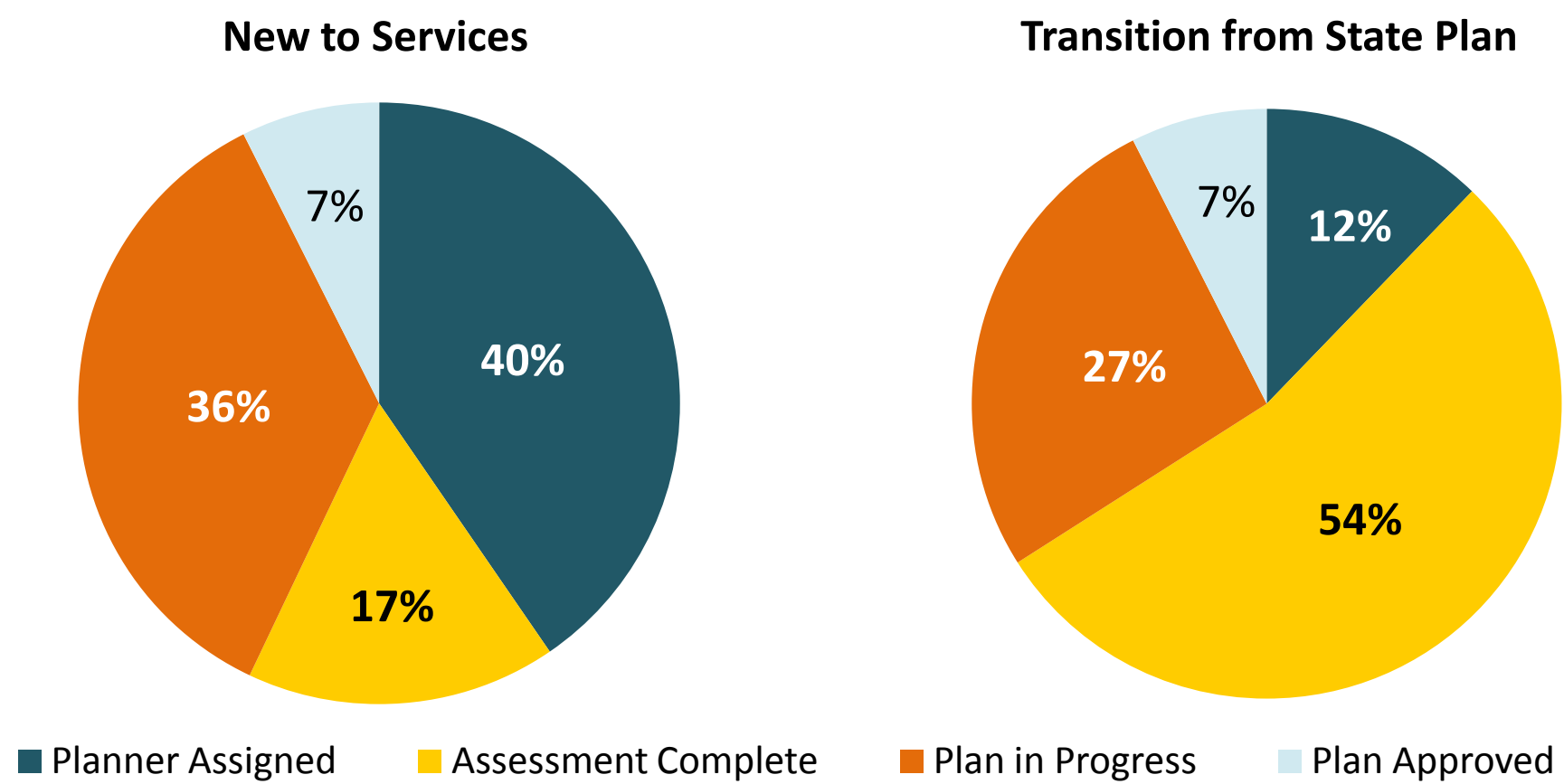
- Combined data from Maryland's web-based waiver tracking system with eligibility and claims data from its Medicaid Management Information System (MMIS)
- Mapped significant enrollment process milestones to backend data records
- Analyzed the milestones for each service or eligibility cohort

To estimate service utilization for potential CFC participants, we examined plans of care, MMIS claims records, and interRAI assessment data.

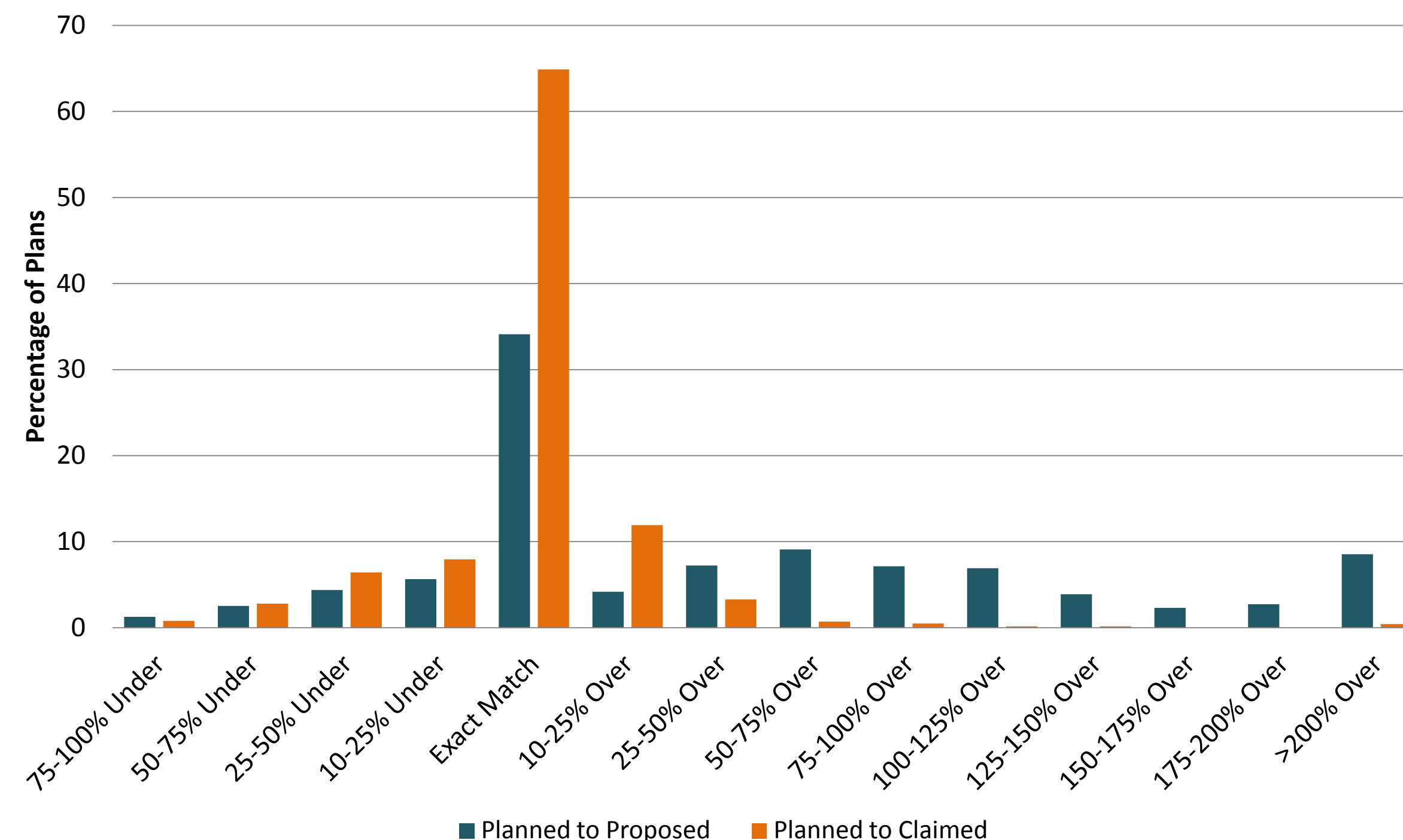
- The first comparison was between service utilization listed on the service plan and what was proposed by the assessment.
- The second comparison was between the service quantity on the plan and actual claims found in MMIS.

## Findings

### Status of CFC Enrollment, February 2015



### Comparison of Planned to Proposed, and Planned to Claimed Attendant Care Use



## Conclusion

Implementing CFC can be quite intricate, given the diversity of the population that may be able to participate. In Maryland, that population consists of individuals who meet at least one of the following criteria:

- Currently use personal care under a 1915(c) Medicaid waiver
- Meet nursing facility level of care (NFLOC) in the state plan Medical Assistance Personal Care (MAPC) program
- Are Medicaid-eligible, likely meet NFLOC, and are on the waiting list for a waiver
- Are expected to have severe disabilities and be included in the Medicaid Expansion population

Examining these individuals' enrollment trajectory shows that some groups (e.g., individuals already in a 1915(c) waiver) are able to begin receiving services sooner than others. This fact highlights the **importance of tracking individuals throughout the enrollment process and following up on individuals who appear "stuck."**

**On average, CFC recipients used 96% of personal or attendant care hours allocated on their plan of care.** This finding varied by acuity level; there was larger variation between allocated and used hours in higher acuity levels. Also, **planned services contained 58% more services on average than proposed** by the acuity-based methodology; however, this figure is skewed high due to a small number of people whose plan contained more than 200% of suggested services.

## Acknowledgements

We would like to thank the Maryland Department of Health and Mental Hygiene for the opportunity to perform this exciting work.

