



The Hilltop Institute

analysis to advance the health of vulnerable populations

Medicaid Long-Term Services and Supports in Maryland:

FY 2007 to FY 2010
Volume 2

The Autism Waiver
A Chart Book

March 9, 2012

Prepared for:
Maryland Department of Health and Mental Hygiene

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Overview of Medicaid Long-Term Services and Supports in Maryland

The Maryland Long-Term Services and Supports Chart Book, Volume 2, The Autism Waiver is the second in a series of two that explores service utilization and expenditures for Medicaid-funded long-term services and supports in Maryland. Together, the two chart books provide an overview of the number of Marylanders using long-term services and supports and the cost to the state. The first chart book in the series, *Medicaid Long Term Services and Supports in Maryland, Volume 1*, explores service utilization and expenditures for Maryland Medicaid's Living at Home Waiver, Older Adults Waiver, and Medical Day Care Waiver, as well as Maryland State Plan personal care services and Medicaid nursing facility utilization and expenditures. This second chart book explores service utilization and expenditures for the Medicaid Home and Community-Based Services Waiver for Children with Autism Spectrum Disorder (Autism Waiver).

Maryland's Living at Home Waiver, Medical Day Care Services Waiver, and Older Adults Waiver provide community-based services such as personal and attendant care, assisted living services, case management, and intensive individual support services to older adults with low incomes and persons with disabilities. The Medical Day Care Services Waiver is a single-service waiver that provides medical day care services only. Participants in the Living at Home Waiver and Older Adults Waiver also receive medical day care services.

In state fiscal year (FY) 2010, a total of 8,779 Marylanders were enrolled in the Living at Home, Medical Day Care Services, and Older Adults Waivers at some point during the year; 4,819 received at least one State Plan personal care service during the year; and 22,731 had at least one Medicaid-paid nursing facility stay. FY 2010 expenditures for the three waivers and State Plan personal care services totaled \$291.3 million, while Medicaid nursing facility payments totaled \$1.13 billion. In FY 2010, the Autism Waiver served a total of 895 participants, with total Medicaid expenditures reaching \$41.2 million.

Introduction

This chart book provides information about Maryland Medicaid participants who received services through the Autism Waiver in FYs 2007 through FY 2010. The Autism Waiver, which became effective on July 1, 2001, provides community-based services to individuals from the age of 1 year through the end of the school year in which the individuals turn 21 years old. The waiver enables individuals with Autism Spectrum Disorder and who meet an institutional level of care (Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-ID)) to be supported in their homes and communities. The waiver program is authorized under Section 1915(c) of the Social Security Act and approved by the federal Centers for Medicare and Medicaid Services.

In FY 2010, a total of 895 individuals were enrolled in the Autism Waiver. Due to the high demand for Autism Waiver services and a defined number of available waiver slots (900 in FY 2010), the Autism Waiver is currently not accepting applications. Marylanders wishing to receive Autism Waiver services must place their names on the Autism Waiver Registry of Interested Families and are asked to apply as openings occur and their names approach the top of the list.

The Autism Waiver allows services to be provided to enrolled participants in their own homes, community-based settings, or school-based settings. It is operated by the Maryland State Department of Education with oversight by Maryland's Medicaid Program. Services covered under the waiver include:

- Adult life planning
- Environmental accessibility adaptations
- Family training
- Intensive individual support services
- Residential habilitation
- Respite care
- Service coordination
- Therapeutic integration

Waiver participants receive full Medicaid benefits and are entitled to receive other services under the Maryland Medicaid State Plan.

Key Findings

This chart book summarizes demographic, service utilization, and expenditure data for the Autism Waiver for FYs 2007 through 2010. The data are presented through a series of figures that illustrate trends in Autism Waiver utilization with accompanying narrative text. Notable trends in the data include:

- The Autism Waiver served a total of 895 participants in FY 2010. The number of participants has been relatively stable since FY 2007.
- Total Medicaid expenditures for Autism Waiver participants, excluding administrative costs, increased in each of the four years, reaching \$41.2 million in FY 2010. Nearly \$30 million of those expenditures were for the provision of waiver services; the remaining costs were for state plan services.
- Average per member per month Medicaid expenditures for Autism Waiver participants were \$47,671 in FY 2010.
- In FY 2010, the most widely used waiver services were family training, intensive individual support services, and respite care services.

Chart Book Organization

The data in this chart book are presented in two sections.

- **Waiver Participants:** This section includes data on the number of Autism Waiver participants with breakdowns by age, race, gender, county of residence, average length of stay, and reason for leaving the waiver. It also contains data on the settings from which individuals entered the waiver program and prior Medicaid coverage.
- **Medicaid Expenditures and Service Utilization:** This section provides data on expenditures for waiver, non-waiver, and pharmacy services used by participants in the Autism Waiver program.

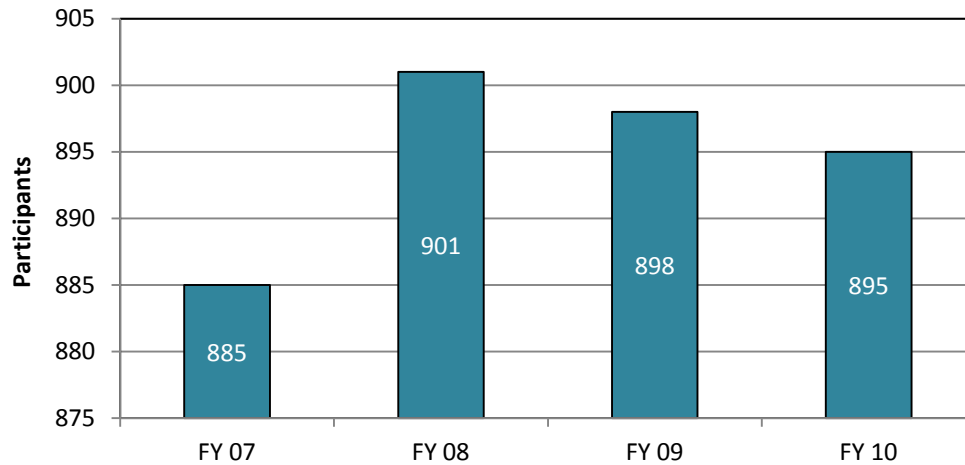
Data Sources

The information in this chart book was derived from the following data sources:

- **Maryland Department of Health and Mental Hygiene (DHMH) Medicaid Management Information System (MMIS2):** This system contains data for all individuals enrolled in Maryland Medicaid during the relevant fiscal year, including Medicaid eligibility category and fee-for-service claims. All MMIS2 data is warehoused and processed monthly by The Hilltop Institute.
- **DHMH Decision Support System (DSS):** This system provides summary reports based on MMIS2 files and functions as a data resource for figures in this chart book derived from the DSS.
- **U.S. Census Bureau:** 2010 Census Demographic Profiles, prepared by the Maryland Department of Planning, Projections and Data Analysis, State Data Center, May 2011.

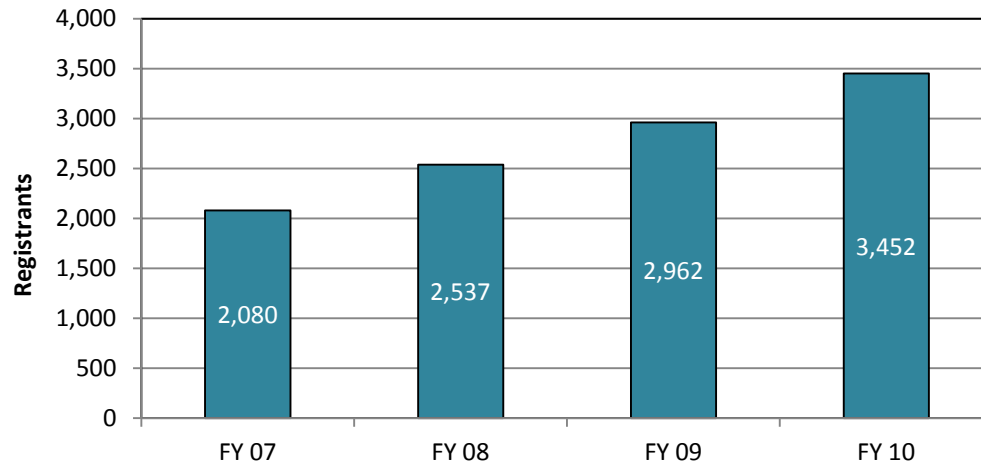
Waiver Participants

Figure 1. Unduplicated Number of Autism Waiver Participants



The waiver continues to operate at near capacity, with 895 participants enrolled in FY 2010.

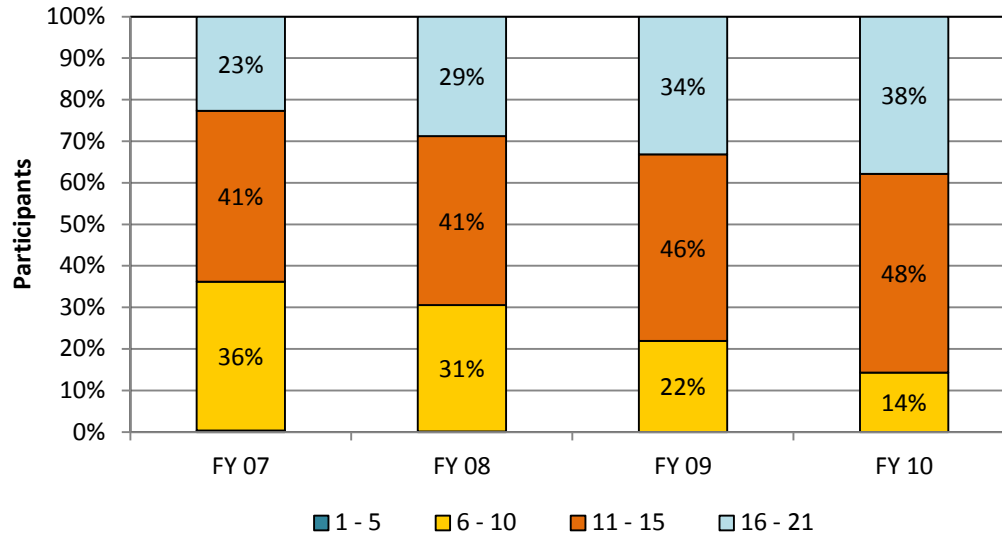
Figure 2. Number of Persons on the Autism Waiver Registry of Interested Families



The number of Marylanders on the Autism Waiver Registry of Interested Families has grown to 3,452 in FY 2010.

Source: DSS.

Figure 3. Autism Waiver Participants, by Age Group



The Autism Waiver population continued to age as a result of the low turnover rate among participants. The largest percentage of waiver participants in FY 2010 were in the 11 to 15 and 16 to 21 year-old age groups.

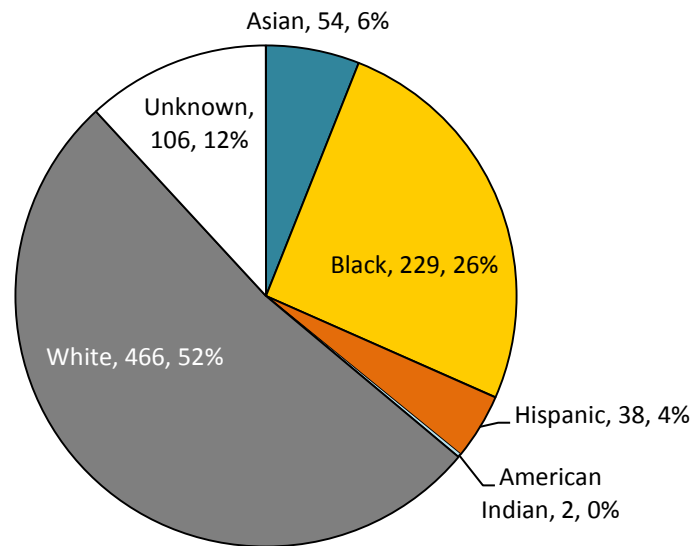
Figure 4. Autism Waiver Participants, by Gender

Gender	FY 07	FY 08	FY 09	FY 10
Female	184	188	180	189
Male	701	713	718	706
Total	885	901	898	895

From FY 2007 to FY 2010, male Autism Waiver participants consistently outnumbered female waiver participants; approximately 4 out of every 5 participants were male.

Source: DSS.

Figure 5. Autism Waiver Participants, by Race, FY 2010



In FY 2010, slightly more than half (52%) of Autism Waiver participants were White.

Source: DSS.

**Figure 6. Number of Autism Waiver Participants per Capita,*
by County, FY 2010**

County	Total	Per Capita
Allegany	2	1
Anne Arundel	64	4
Baltimore City	88	4
Baltimore County	125	5
Calvert	11	4
Caroline	2	2
Carroll	21	4
Cecil	2	1
Charles	11	2
Dorchester	2	2
Frederick	59	8
Garrett	1	1
Harford	58	7
Howard	73	8
Kent	0	0
Montgomery	206	7
Prince George's	116	4
Queen Anne's	0	0
Somerset	0	0
St. Mary's	7	2
Talbot	0	0
Washington	32	7
Wicomico	7	2
Worcester	7	5
Maryland**	895	5

* Per Capita is the number of individuals enrolled in the Autism Waiver in each county for every 10,000 people aged 0 to 24 years residing in the county.

** County was not available for all waiver participants.

Note: The U.S. Census Bureau's Annual County Resident Population Estimates age categories do not align with the Autism Waiver age criteria. The population per capita calculations, therefore, include persons aged 0 to 24 years.

Sources: DSS, U.S. Census Bureau.

In FY 2010, there were 5 Autism Waiver participants for every 10,000 Marylanders aged 0 to 24. Seven Maryland counties had 5 or more Autism Waiver participants per 10,000 people. Howard and Frederick counties had the largest number of participants per capita at 8.

Figure 7. Newly Enrolled Autism Waiver Participants, by Pre-Waiver Setting

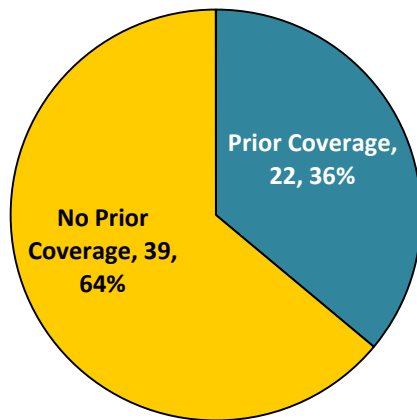
Pre-Waiver Setting*	FY 07	Percent	FY 08	Percent	FY 09	Percent	FY 10	Percent
Chronic Hospital	1	1%	0	0%	1	2%	2	3%
ICF-ID	1	1%	1	1%	0	0%	0	0%
Other	86	98%	83	99%	55	90%	59	97%
Total Participants	88	100%	84	100%	56	92%	61	100%

* Pre-waiver setting refers to the setting in which the participant resided prior to enrolling in the Autism Waiver. To determine an individual’s pre-waiver setting, The Hilltop Institute examined MMIS2 claims for the three months prior to waiver enrollment to see if claims were filed for a chronic hospital, institution for mental diseases (IMD), intermediate care facility for individuals with intellectual disabilities (ICF-ID), or nursing facility (NF) stay; if so, new waiver participants were classified accordingly (however, there were no waiver participants with IMD or NF claims). Waiver participants without chronic hospital, IMD, ICF-ID, or NF claims were classified as coming from “other” settings. It cannot be said with certainty—nor can it be assumed—that individuals in the “other” category were residing in the community prior to waiver enrollment.

Source: MMIS2.

In each of the past four years, 90% or more of the Autism Waiver participants were in a setting other than a chronic hospital or ICF-ID in the three months prior to enrolling in the waiver.

Figure 8. Prior Medicaid Coverage for Newly Enrolled Autism Waiver Participants, FY 2010

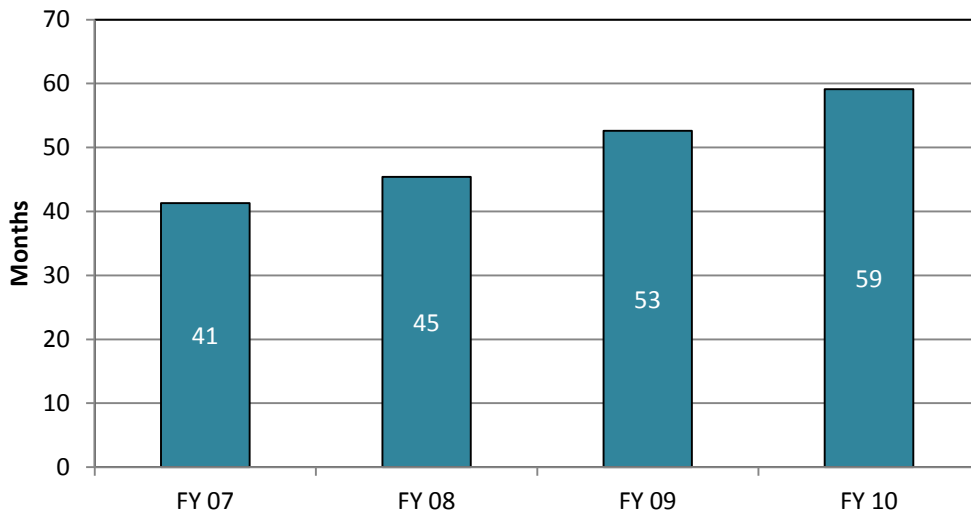


Note: Prior Medicaid coverage status is defined as the last Medicaid coverage status assigned to each waiver participant prior to enrollment in the waiver.

Source: DSS.

In FY 2010, 39 (64%) of the 61 newly enrolled Autism Waiver participants had no prior Medicaid coverage in the three months prior to enrolling in the waiver.

Figure 9. Average Length of Stay in the Autism Waiver, in Months, for Current Autism Waiver Participants

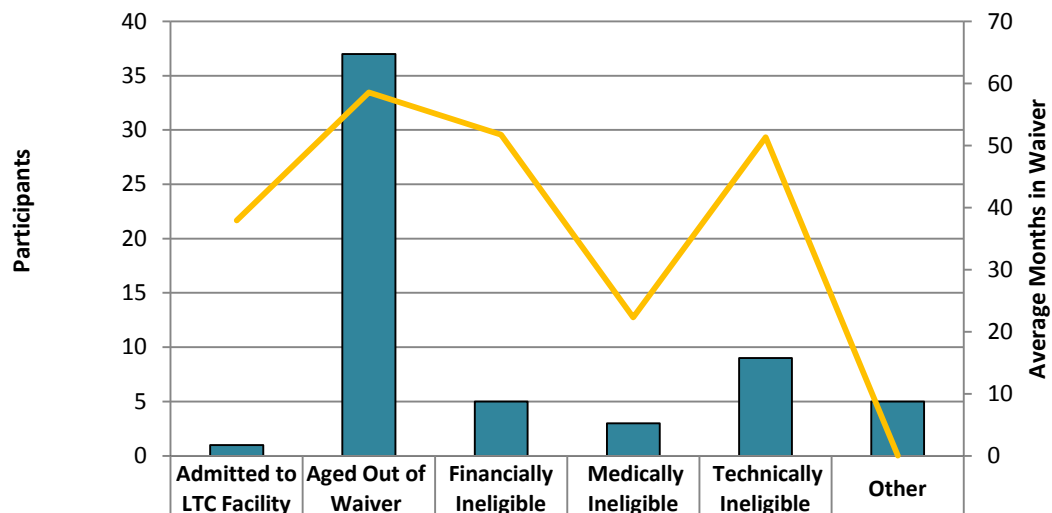


The average length of stay for Autism Waiver participants enrolled in the waiver in FY 2010 was 59 months. The average length of stay continued to increase each year—a result of the low turnover rate.

Note: Participants enrolled in the Autism Waiver in each fiscal year were identified using each participant’s last Medicaid Autism Waiver eligibility span. Individual participant lengths of stay were calculated from the beginning date of the participant’s last Autism Waiver eligibility span to the last day of each fiscal year (June 30). The lengths of stay for persons still in the waiver on June 30 in a given year were totaled and averaged to obtain the average length of stay for all participants in the waiver on June 30 of that fiscal year.

Source: MMIS2.

Figure 10. Average Length of Stay for Autism Waiver Disenrollees, by Reason for Leaving, FY 2010



	Admitted to LTC Facility	Aged Out of Waiver	Financially Ineligible	Medically Ineligible	Technically Ineligible	Other
Number of Discharges	1	37	5	3	9	5
Average Months in the Waiver	38	59	52	22	51	0

Note: Autism Waiver participants leaving the waiver in each of the fiscal years were identified by examining participants’ Medicaid Autism Waiver eligibility spans, which run from the beginning date of waiver eligibility to the last date of waiver eligibility. For participants with more than one Autism Waiver eligibility span, the last eligibility span was used. Autism Waiver participants whose last eligibility end date occurred during the given year are represented in this chart. Individual lengths of stay were calculated from the beginning date of the participant’s last Autism Waiver eligibility span to the last day of each fiscal year (June 30). Each participant was categorized by reason for disenrollment and the lengths of stay were totaled and averaged to obtain the average length of stay by disenrollment reason. Persons in the “Other” category did not have a specific reason for disenrollment noted in the MMIS2 data.

Source: MMIS2.

In FY 2010, 60 Autism Waiver participants disenrolled from the waiver. Of these individuals, most disenrolled because they aged out of the waiver.

The mean number of months in the waiver for disenrolled waiver participants who aged out of the waiver was nearly five years. Participants who disenrolled due to technical ineligibility were, on average, in the waiver a little over four years.

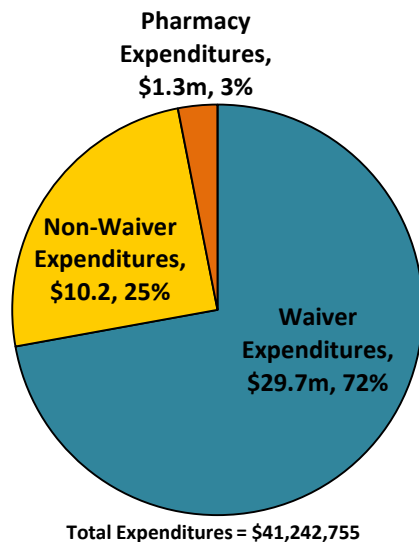
Medicaid Expenditures and Service Utilization

Figure 11. Medicaid Expenditures* for Autism Waiver Participants, by Expenditure Category

Expenditure Category	FY 07	FY 08	FY 09	FY 10
Waiver Expenditures	\$20,776,952	\$25,643,512	\$29,316,772	\$29,726,290
Non-Waiver Expenditures	\$9,233,271	\$9,261,784	\$9,990,543	\$10,241,988
Pharmacy Expenditures	\$1,483,589	\$1,669,110	\$1,612,120	\$1,274,477
Total Expenditures	\$31,493,811	\$36,574,406	\$40,919,435	\$41,242,755

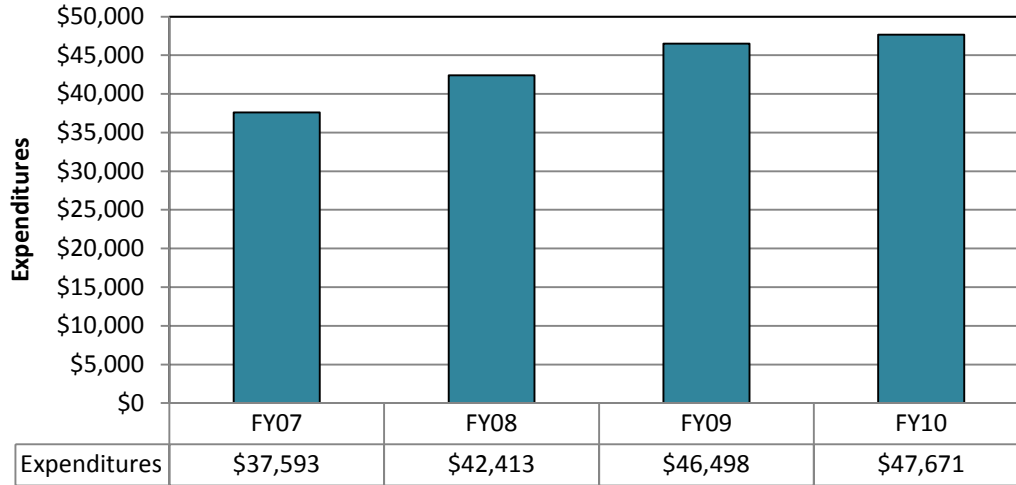
Medicaid expenditures for Autism Waiver participants continued to rise, totaling \$41,242,755 in FY 2010. From FY 2007 to FY 2010, expenditures for waiver services consistently made up 66% to 72% of the total Medicaid expenditures for Autism Waiver participants. Pharmacy and non-waiver expenditures remained relatively stable.

Figure 12. Medicaid Expenditures* for Autism Waiver Participants, by Expenditure Category, FY 2010



* Does not include administrative costs.

Figure 13. Average Annual Medicaid Expenditures per Person for Autism Waiver Participants



The average annual per person Medicaid expenditures for Autism Waiver participants increased in each of the four reporting years. While the number of Autism Waiver participants decreased slightly in FY 2010 to 895, the average FY 2010 per person expenditure increased slightly to \$47,671.

Figure 14. Use of Adult Life Planning by Autism Waiver Participants, by Age Group

Fiscal Years			
FY 10			
Age Group	Users	Expenditures	Expenditures Per User
16-21	13	\$5,636	\$434
All Users	13	\$5,636	\$434

Adult life planning services were added to the Autism Waiver in January 2010. In FY 2010, for participants aged 18-21 years, 13 Autism Waiver participants utilized this service at a total cost of \$5,636.

* Does not include administrative costs.

Note: Adult life planning services, available only to participants aged 18 to 21 years, assists young adults on the autism spectrum by providing specific interventions and supports for the transition from school-based services to the adult service delivery system.

Source: DSS.

Figure 15. Use of Environmental Accessibility Adaptation Services by Autism Waiver Participants, by Age Group

Fiscal Years												
	FY 07			FY 08			FY 09			FY 10		
Age Group	Users	Expenditures	Expenditures Per User	Users	Expenditures	Expenditures Per User	Users	Expenditures	Expenditures Per User	Users	Expenditures	Expenditures Per User
0-5	1	\$1,061	\$1,061	0	\$0.00	\$0	0	\$0.00	\$0	0	\$0.00	\$0
6-10	21	\$18,346	\$874	25	\$27,882	\$1,115	21	\$22,258	\$1,060	13	\$12,471	\$959
11-15	29	\$22,482	\$775	34	\$37,647	\$1,107	32	\$29,782	\$931	39	\$37,390	\$959
16-21	10	\$11,730	\$1,173	20	\$22,298	\$1,115	22	\$23,915	\$1,087	23	\$25,513	\$1,109
All Users	61	\$53,619	\$879	79	\$87,828	\$1,112	75	\$75,955	\$1,013	75	\$75,374	\$1,005

Medicaid expenditures for environmental accessibility adaptation services totaled \$75,374 in FY 2010. On average, FY 2010 per person expenditures for this service were \$1,005, with the 16-21 year-old age group having the highest per person cost at \$1,109.

Figure 16. Use of Family Training Services by Autism Waiver Participants, by Age Group

Fiscal Years												
	FY 07			FY 08			FY 09			FY 10		
Age Group	Users	Expenditures	Expenditures Per User	Users	Expenditures	Expenditures Per User	Users	Expenditures	Expenditures Per User	Users	Expenditures	Expenditures Per User
0-5	2	\$9,193	\$4,596	1	\$285	\$285	0	\$0.00	\$0	0	\$0	\$0
6-10	250	\$585,334	\$2,341	230	\$617,205	\$2,684	174	\$454,048.07	\$2,609	107	\$230,501.89	\$2,154
11-15	274	\$586,189	\$2,139	289	\$626,189	\$2,167	321	\$809,282.66	\$2,521	368	\$853,479.15	\$2,319
16-21	120	\$207,951	\$1,733	166	\$370,737	\$2,233	215	\$495,180.59	\$2,303	261	\$541,694.72	\$2,075
All Users	646	\$1,388,667	\$2,150	686	\$1,614,417	\$2,353	710	\$1,758,511	\$2,477	736	\$1,625,676	\$2,209

The number of Autism Waiver participants utilizing family training services increased in each of the four years. By FY 2010, 736 participants were using the service. FY 2010 expenditures for family training services were \$1.6 million, down slightly from the previous year. Average per person expenditures in FY 2010 were \$2,209.

Source: DSS.

Figure 17. Use of Intensive Individual Support Services by Autism Waiver Participants, by Age Group

Fiscal Years												
	FY 07			FY 08			FY 09			FY 10		
Age Group	Users	Expenditures	Expenditures Per User	Users	Expenditures	Expenditures Per User	Users	Expenditures	Expenditures Per User	Users	Expenditures	Expenditures Per User
0-5	2	\$30,942	\$15,471	1	\$3,566	\$3,566	0	\$0	\$0	0	\$0	\$0
6-10	278	\$5,750,817	\$20,686	253	\$5,423,339	\$21,436	190	\$4,481,396	\$23,586	119	\$2,302,200	\$19,346
11-15	317	\$6,578,558	\$20,753	325	\$7,337,195	\$22,576	375	\$9,096,059	\$24,256	408	\$9,088,159	\$22,275
16-21	157	\$3,274,122	\$20,854	211	\$5,139,130	\$24,356	262	\$6,780,518	\$25,880	307	\$6,939,178	\$22,603
All Users	754	\$15,634,438	\$20,735	790	\$17,903,229	\$22,662	827	\$20,357,972	\$24,617	834	\$18,329,537	\$21,978

Intensive individual support services were widely used by Autism Waiver participants, with the number of users increasing in each of the four reporting years. In FY 2010, 834 (93%) of the 895 waiver participants utilized this service, at a cost of \$18.3 million. Average per person expenditures were \$21,978, with the 16-21 year-old age group having the highest per person cost at \$22,603.

Figure 18. Use of Intensive Residential Habilitation Services by Autism Waiver Participants, by Age Group

Fiscal Years												
	FY 07			FY 08			FY 09			FY 10		
Age Group	Users	Expenditures	Expenditures Per User	Users	Expenditures	Expenditures Per User	Users	Expenditures	Expenditures Per User	Users	Expenditures	Expenditures Per User
0-5	0	\$0	\$0	0	\$0.00	\$0	0	\$0	\$0	0	\$0	\$0
6-10	2	\$37,034	\$18,517	2	\$160,656.76	\$80,328	1	\$49,862	\$49,862	0	\$0	\$0
11-15	8	\$522,910	\$65,364	6	\$413,864.86	\$68,977	4	\$456,638	\$114,160	5	\$483,946	\$96,789
16-21	14	\$881,161	\$62,940	21	\$2,459,810.52	\$117,134	22	\$2,500,185	\$113,645	26	\$3,061,673	\$117,757
All Users	24	\$1,441,105	\$60,046	29	\$3,034,332	\$104,632	27	\$3,006,686	\$111,359	31	\$3,545,619	\$114,375

Although intensive residential habilitation services were used by only 31 waiver participants in FY 2010, expenditures topped \$3.5 million. On average, Medicaid paid \$114,375 per person for users of this service.

Source: DSS.

Figure 19. Use of Respite Care Services by Autism Waiver Participants, by Age Group

Fiscal Years												
Age Group	FY 07			FY 08			FY 09			FY 10		
	Users	Expenditures	Expenditures Per User	Users	Expenditures	Expenditures Per User	Users	Expenditures	Expenditures Per User	Users	Expenditures	Expenditures Per User
0-5	1	\$883	\$883	1	\$588	\$588	0	\$0	\$0	0	\$0	\$0
6-10	210	\$340,646	\$1,622	199	\$370,465	\$1,862	165	\$408,795	\$2,478	103	\$339,883	\$3,300
11-15	237	\$437,364	\$1,845	254	\$493,187	\$1,942	316	\$750,495	\$2,375	375	\$1,368,836	\$3,650
16-21	128	\$257,711	\$2,013	164	\$380,466	\$2,320	217	\$581,436	\$2,679	277	\$1,106,355	\$3,994
All Users	576	\$1,036,604	\$1,800	618	\$1,244,706	\$2,014	698	\$1,740,726	\$2,494	755	\$2,815,074	\$3,729

The number of Autism Waiver participants using respite care services increased in each of the four study years. In FY 2010, 755 participants received respite care services, at a cost of \$2.8 million. Average per person expenditures in FY 2010 were \$3,729.

Figure 20. Use of Therapeutic Integration Services by Autism Waiver Participants, by Age Group

Fiscal Years												
Age Group	FY 07			FY 08			FY 09			FY 10		
	Users	Expenditures	Expenditures Per User	Users	Expenditures	Expenditures Per User	Users	Expenditures	Expenditures Per User	Users	Expenditures	Expenditures Per User
0-5	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0
6-10	76	\$428,873	\$5,643	76	\$519,256	\$6,832	59	\$400,588	\$6,790	46	\$315,907	\$6,868
11-15	94	\$536,520	\$5,708	113	\$692,636	\$6,130	142	\$1,184,371	\$8,341	190	\$1,689,785	\$8,894
16-21	44	\$253,588	\$5,763	70	\$522,428	\$7,463	100	\$789,279	\$7,893	133	\$1,317,500	\$9,906
All Users	214	\$1,218,981	\$5,696	259	\$1,734,320	\$6,696	301	\$2,374,238	\$7,888	369	\$3,323,192	\$9,006

Similarly, the number of users and expenditures for therapeutic integration services increased each of the four years. In FY 2010, 369 Autism Waiver participants received these services at a cost of \$3.3 million, with the 11-15 year-old age group composing the largest number of users and incurring the largest expenditures.

Note: Starting in FY 2009, the allowable number of respite care hours increased from 168 hours per year to 336 hours per year.

Source: DSS.

Figure 21. Medicaid Non-Waiver Expenditures for Autism Waiver Participants

Expenditure Category	FY 07	FY 08	FY 09	FY 10
Home Health/Personal Care	\$46,752	\$56,077	\$50,940	\$64,396
IEP/IFSP School Health-Related Services	\$635,077	\$599,564	\$672,355	\$811,420
Inpatient	\$241,065	\$203,753	\$244,466	\$700,602
Medicine*	\$1,824,263	\$1,468,652	\$1,749,557	\$1,619,256
MCO Capitation Payments**	\$3,992,210	\$4,434,535	\$4,498,686	\$4,390,572
Outpatient	\$613,507	\$650,859	\$686,781	\$606,167
Transportation	\$100,463	\$112,881	\$80,997	\$58,775
Waiver Service Coordination***	\$1,527,325	\$1,495,600	\$1,733,325	\$1,661,425
Other+	\$252,609	\$239,862	\$273,435	\$329,375
Total	\$9,233,271	\$9,261,784	\$9,990,543	\$10,241,988

*Medications received from a source other than a pharmacy (i.e., inpatient hospitalization, clinic).

**“MCO (managed care organization) capitation payments“ are fixed monthly amounts paid to MCOs to provide services to enrolled Medicaid participants. Capitation payments are based on actuarial projections of medical utilization. MCOs are required to provide all covered, medically necessary Medicaid services within that capitated amount.

***“Waiver service coordination” is covered as an administrative service.

+“Other” includes Medicaid non-waiver services other than those listed above and those provided under the waiver that are paid by Medicaid on behalf of Medicaid waiver participants.

Source: DSS.

Medicaid non-waiver expenditures for Autism Waiver participants increased in each of the four study years. By FY 2010, non-waiver expenditures totaled \$10.2 million.

The largest payment category for non-waiver services is the amount paid to MCOs to cover medical services like physician visits and hospital stays. Apart from capitation payments, the largest non-waiver expenditure categories are medicine and waiver service coordination.



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