

**Maryland HealthChoice
Section 1115 Demonstration
Fact Sheet**

Date Initial Proposal Submitted:	May 3, 1996
Date Initial Proposal Approved:	October 30, 1996
Date Implemented:	July 1, 1997
Date of Original Expiration:	June 30, 1998
Date Recent Renewal Proposal Submitted:	June 30, 2016
Date Recent Renewal Proposal Approved:	December 22, 2016
Date Implemented:	January 1, 2017
Expiration Date:	December 31, 2021

Number of Amendments: 3

SUMMARY

The goal of the HealthChoice section 1115 demonstration is to improve the health status of low income Marylanders by:

- Improving access to health care for the Medicaid population;
- Improving the quality of health services delivered;
- Expanding coverage to additional low income Marylanders with resources generated through managed care efficiencies;
- Providing patient focused, comprehensive, and coordinated care designed to meet health care needs by providing each member a single “medical home” through a primary care provider (PCP); and
- Emphasizing health promotion and disease prevention by providing access to immunizations and other wellness services, such as regular prenatal care.

Under the statewide health care reform program, the state enrolls individuals affected by or eligible through the demonstration into a managed care organization for comprehensive primary and acute care, and/or one of the demonstration’s authorized health care programs. The benefits received may include or be limited to targeted programs authorized solely by the demonstration: the Rare and Expensive Case Management (REM) program, the Family Planning program, and the Increased Community Services (ICS) program.

The HealthChoice section 1115 demonstration enrolls Medicaid recipients in the state into a mandatory managed care program. Delivery system savings is used to provide health coverage to populations that are not otherwise eligible under the Medicaid state plan.

The Maryland Children’s Health Insurance program (MCHP) was implemented on July 1, 1999; it operates as a CHIP Medicaid expansion under which full Medicaid benefits are provided to children up to 300 percent of the Federal Poverty Limit (FPL). In June 2007, the State of Maryland added all optional targeted low income children to its Medicaid state plan to ensure

continued availability of federal matching funds in periods of exhausted title XXI allotment funds.

In July 2007, the state began providing a limited primary care health benefit package to uninsured adults through the Primary Adult Care (PAC) program. The PAC program ended in 2013, due to the implementation of the Affordable Care Act. Childless adults and non-custodial parents under the age of 65 with incomes up to 133 percent of the FPL will receive benefits described in the approved Alternate Benefits Plan (ABP) State Plan Amendment (SPA). Coverage for this population will continue under the HealthChoice section 1115 demonstration because services will be provided through one of the HealthChoice MCOs.

Other programs offered through the HealthChoice section 1115 demonstration are the Rare and Expensive Care management (REM) program, family planning program, and the Increased Community Services (ICS) program. The REM program provides individuals with rare and expensive medical conditions special case management services that are not otherwise available under the state Medicaid program. ICS provides home and community based services to individuals with incomes above 300 percent of Supplemental Security Income (SSI). The family planning program provides family planning related services to women up to age 51 with incomes up to 200 percent of the FPL.

New programs approved as part of the 2016 extension include the Residential Treatment for Individuals with Substance Use Disorder Program, two community health pilots, and expanded dental for former foster care youth.

ELIGIBILITY

Under the Maryland HealthChoice section 1115 demonstration, state plan beneficiaries are enrolled in a Managed Care Organization (MCO) or in the case management program. Participation in HealthChoice is mandatory for the Maryland Medicaid population. HealthChoice section 1115 demonstration participants are enrolled in MCOs or in the REM program. Individuals otherwise ineligible for Medicaid may be determined eligible for the family planning or ICS programs.

Mandatory and optional Medicaid state plan populations derive their eligibility through the Medicaid state plan and are subject to all applicable Medicaid laws and regulations in accordance with the Medicaid state plan, except as expressly waived to the extent necessary to permit the state to carry out the demonstration as described in the STCs. State plan eligible beneficiaries are included in the demonstration for use of the managed care network and access to additional benefits not described in the state plan. Groups that are demonstration are eligible by virtue of the expenditure authorities expressly granted in the demonstration are subject to all applicable Medicaid laws or regulations in accordance with the Medicaid state plan, except as specified as not applicable in the expenditure authorities for the demonstration.

HealthChoice section 1115 demonstration groups and programs are described in the table below.

Medicaid State Plan Mandatory Groups	Federal Poverty Level (FPL) and/or Other Qualifying Criteria
New Adult Group	Childless adults and non-custodial parents ages 19-64 with income up to 133 percent of the FPL as defined in section 1902(a)(10)(A)(i)(VIII) of the Act and 42 CFR 435.119, pursuant to the approved state plan.
TANF adults, pregnant women, parents, and caretaker adults	Families with dependent children and foster children with incomes less than 116 percent of the FPL, including individuals with incomes below the pre-July 1, 2008, TANF income thresholds.
Medicaid Child	Children up to 21 years of age.
SOBRA Adults	Pregnant women with incomes above the pre-July 1, 2008, standard up to and including 250 of the FPL who are not enrolled in the TANF group.
Non-Dual Blind and Disabled	Individuals whose Medicaid eligibility derives from their status as blind or disabled and who are not entitled to Medicare.
Medicaid State Plan Optional Group	FPL and/or Other Qualifying Criteria
Medically Needy Adults and Children	Families with dependent children, or foster children, whose gross income and resources exceed 116 percent of the FPL but who incur medical expenses such that their income is equal to or less than 116 percent FPL.
Optional targeted low income children through age 18.	Up to first birthday: Between 185 and 200 percent of the FPL; On first birthday through age 5: between 133 and 200 percent of the FPL; and Upon sixth birthday through age 18: between 100 and 200 percent of the FPL
Optional targeted low income children through age 18	Between 200 percent of the FPL and 300 percent of the FPL who pay a premium
Demonstration Eligible Groups	FPL and/or Other Qualifying Criteria
Family Planning	Women of childbearing age who are not otherwise eligible for Medicaid, CHIP, or Medicare, and who have a family income at or below 200 percent of the FPL.
Increased Community Services (ICS)	Medicaid eligible individuals over the age of 18 residing in a nursing home at the time initially determined eligible for ICS, with an income level at or below 300 percent of the Social Security Income Federal Benefit Rate (SSI FBR).
Women with Breast and Cervical Cancer	Women diagnosed with breast or cervical cancer with incomes between 133-250 percent of the FPL and who were

	in active treatment under the Breast & Cervical Cancer Treatment program as of December 31, 2013.
Presumptively Eligible Pregnant Women	Presumptively eligible pregnant women with incomes up to 250 percent of the FPL who receive full Medicaid state plan benefits through this demonstration
Demonstration Programs	FPL and/or Other Qualifying Criteria
Residential Treatment for Individuals with Substance Use Disorder *Effective July 1, 2017	Effective July 1, 2017, expenditures for SUD treatment in IMDs.
Assistance in Community Integration Services Pilot *Effective July 1, 2017	Effective July 1, 2017, expenditures for the ACIS Pilot as described in STC 28.
Evidence Based Home Visiting Services (HV) Pilot Program *Effective July 1, 2017	Effective July 1, 2017, expenditures for evidence based home visiting services to promote enhanced health outcomes, whole person care, and community integration for high risk pregnant women and children up to 2 years old.
Enhanced Dental Services for Former Foster Youth *January 1, 2017	Effective January 1, 2017, expenditures for enhanced dental services for former foster care youth up to 26 years old

DELIVERY SYSTEM

All individuals receiving benefits under the demonstration, with the exception of those noted below, are enrolled in an MCO. Currently, eight MCOs participate in the HealthChoice program.

Individuals with specific high cost diagnoses are enrolled in a special program, the Rare and Expensive Case Management (REM) program. Individuals receive enhanced case management services, but access covered benefits from the traditional fee-for-service system. Specialty mental health services are carved out of the MCO benefit package and are provided through an Administrative Systems Organization (ASO). Likewise, dental services are carved out of the MCO benefit package and provided directly by the state on a fee-for-service basis, using a dental ASO.

BENEFITS

HealthChoice enrollees receive the same comprehensive benefits package available under the Medicaid state plan. With the exception of specialty behavioral health services and REM services which are excluded from the MCO benefit package, the MCOs are responsible for providing the full array of state plan services under a prepaid risk contract.

REM Program Benefits

The REM program provides all medically necessary services to individuals with specific qualifying conditions. In addition to state plan benefits, REM provides:

- Chiropractic services for over 21;
- Dental coverage for over 21;
- Nutritional counseling for over 21;
- Nutritional supplements;
- Physician participation in development of a treatment plan;
- Occupational therapy for over 21;
- Speech, hearing and language services for over 21;
- Shift nursing services for over 21;
- Certified nursing assistant for 21;
- Home health aide for over 21; and
- Private duty nursing for dually eligible Medicaid and Medicare services.

Family Planning

Family planning and family planning-related services are available to all women of childbearing age who are not otherwise eligible for Medicaid, CHIP, or Medicare, and who have a family income at or below 200 percent of the FPL.

Breast and Cervical Cancer Treatment Program

As of January 1, 2014, the state no longer provides Medicaid state plan coverage for new BCTTP Breast applicants with incomes between 133-250 percent of the FPL. Those individuals now receive coverage through a Qualified Health Plan (QHP) in the marketplace. After December 31, 2013, the state no longer enrolled individuals into BCCTP. For continuity of care purposes those individuals who were enrolled and in active treatment prior to January 1, 2014, were grandfathered into the program and receive coverage under this demonstration effective January 1, 2014. The state submitted a conforming state plan amendment (SPA) to reflect this change.

Increased Community Services

The Increased Community Services (ICS) population receive Medicaid state plan benefits and home and community based services identical to those provided under the state's Community Options 1915(c) waiver. These services enable the participant to live at home with appropriate supports rather than in a nursing facility.

Residential Treatment for Individuals with Substance Use Disorder Program

Effective July 1, 2017, the demonstration benefit package for individuals age 21 through 64 will include SUD treatment in certain IMDs, which are not otherwise included as expenditures under

section 1903. Such services will be delivered by the ASO through the FFS delivery system. The coverage of residential treatment and withdrawal management services will expand Maryland's current SUD benefit package to cover the full continuum for care for SUD treatment as described in the national treatment guidelines published by the American Society of Addiction Medicine (ASAM Criteria).

Community Health Pilot Program: Evidence-Based Home Visiting Services Pilot

Effective July 1, 2017, the state will provide evidence based home visiting services by licensed practitioners to promote enhanced health outcomes, whole person care, and community integration for high risk pregnant women and children up to 2 year old. The program is aligned with two evidence-based models focused on the health of pregnant women.

Community Health Pilot Program: Assistance in Community Integration Services (ACIS) Pilot Program.

Under this program, the state will provide a set of HCBS under a pilot that is capped at 300 individuals annually. These services include:

1. One-time community transition services to individuals moving from institutional to community settings and those at imminent risk of institutional placement.
 - a. Eligibility for these services include individuals who would be eligible under a section 1915(c) waiver program. (For example, those at imminent risk of institutionalization include those individuals with a disabling condition who meet an institutional level of care.)
 - b. The post-approval ACIS protocol, which will be subject to CMS approval, will include the service definitions for the one-time transition services and payment methodologies.
2. HCBS that could be provided to the individual under a 1915(c) waiver or 1915(i) SPA.
 - a. Eligibility for these services include individuals who would be eligible under a section 1915(c) waiver or 1915(i) SPA program.
 - b. The post-approval ACIS protocol, which will be subject to CMS approval, will include the content that would otherwise be documented in a 1915(c) waiver and/or 1915(i) SPA, and will include service definitions and payment methodologies.

Dental Expansion for Former Foster Youth

The demonstration provides dental benefits for former foster youth ages 21 up to (but not including) age 26. Former foster youth ages 20 and under receive full dental benefits under EPSDT.

QUALITY AND EVALUATION PLAN

The State of Maryland has instituted an extensive quality assurance program that consists of such components as access and quality standards; utilization and outcome measures with an emphasis on special needs populations; encounter data reporting requirements; beneficiary and provider satisfaction surveys; and a grievance and appeals process. The program follows the Health Care

Quality Improvement System (HCQIS) guidelines and utilizes Medicaid HEDIS outcome measures. Further, the state monitors MCO compliance with program requirements and publishes a report card on each MCOs' performance for beneficiaries to use when selecting plans.

AMENDMENTS

Amendment Three

Approved on September 2009

The ICS program was added to the demonstration. The program mirrors the State of Maryland's Community Options waiver services. The ICS program provides cost effective home and community based services (HCBS) to certain adults with physical disabilities as an alternative to institutional care in a nursing facility. The goals of the ICS program are to provide quality services for individuals in the community, ensure the well-being and safety of the participants and to increase opportunities for self-advocacy and self-reliance.

Amendment Two

Approved on May 2007

Allowed the State of Maryland to continue the practice of providing a 6 month "crowd out" provision as well as the provision of waiving retroactive coverage for optional targeted low income children enrolled in the Medicaid expansion Maryland Children's Health Program (MCHP).

Amendment One

Approved on September 2006

Three technical corrections were approved:

- Changed MCO pharmacy band name drug copayments from \$2 dollars per prescription to \$3 dollars per prescription to align the demonstration copayment with those existing in the Maryland Medicaid state plan; and
- Corrected the enrollment age for the PAC program to qualifying individuals aged 19 and over.

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