

**POLICIES  
AND  
PROCEDURES  
FOR  
MONEY FOLLOWS THE PERSON**



**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

**MEDICAID DIVISION**

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# Chapter 600: Overview, Authority and Recruiting

## 600.1 *Introduction, Goals and Objectives*

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In May 2007, the Centers of Medicare and Medicaid Services (CMS) awarded Georgia the Money Follows the Person (MFP) Rebalancing Demonstration grant established by the Deficit Reduction Act of 2005 and amended by the Affordable Care Act of 2010. Money Follows the Person is a ten year demonstration grant awarded to the State of Georgia and is administered by the Department of Community Health (DCH). As the State Medicaid Authority, DCH acts as the overall coordinator for MFP policy and operational issues and the administrator of the MFP rebalancing demonstration project.

The MFP demonstration project operates through two interagency agreements – an agreement with the Department of Human Services, Division of Aging Services (DHS/DAS), and the Department of Behavioral Health and Developmental Disabilities, Divisions of Developmental Disabilities (DBHDD-DD) and Behavioral Health (Community Based Alternatives for Youth – CBAY). These interagency agreements increase capacity and leverage the resources and expertise of multiple agencies while assuring the continued provision of Home and Community Based Waiver and mental health services. MFP is designed to transition 2,705 qualified Medicaid members from inpatient facilities to qualified community residences.

The State of Georgia promotes Community Based Alternatives for Youth (CBAY) with mental illness and continues to actively engage in efforts to decrease the number of youth residing in Psychiatric Residential Treatment Facilities (PRTFs). These efforts support the vision of full access to community based living envisioned by self-advocates, family members, and disability advocates in the State. By adding this population to the MFP Operational Protocol, youth with mental illness will have access to transition services and supports following treatment provided in a PRTF. Not only will MFP demonstration services be available to them, but the rich array of services available through the Medicaid State Plan’s Rehabilitation Option also will serve to bolster stability in the community.

MFP supplements and expands the current Olmstead Initiative using transition services and waiver programs that offer alternatives to institutional placement for Medicaid eligible individuals. In concert with Georgia’s Olmstead Plan, MFP is transitioning older adults, participants with developmental and physical disabilities and youth with mental illness. To ensure continued collaboration between MFP and the Olmstead Planning Committee, the Commissioner of DCH has designated the Deputy Chief of Medicaid for Aging and Special Populations to serve on the Olmstead Planning Committee. The MFP Project Director reports to this Deputy Chief of Medicaid.

- Olmstead Initiative - The Georgia's Olmstead Initiative has evolved over time to identify areas to make quality community services more available and accessible to Georgians with disabilities within the resources available; to call for more consistency in statewide plans for identifying those who are eligible for community placement and evaluating their needs for services; and to call for more person-centered planning to closely involve the individual and family in deciding what services are suitable.
- Georgia Home and Community Based Waivers
  - Elderly and Disabled Waiver –Although this waiver program maintains a waiting list for eligible individuals, waiver capacity is reserved and made available for eligible MFP participants meeting the criteria for Aged Blind, and Disabled (ABD), Physical Disability (PD) and Traumatic Brain Injury (TBI).
  - Independent Care Waiver Program (ICWP) for Persons with Physical Disabilities and/or Traumatic Brain Injury (TBI) between the ages of 21 and 64. Through this waiver DCH has reserved capacity for MFP participants with physical disabilities and/or TBI between the ages of 21 and 64 to transition into the ICWP waiver.
  - New Options Waiver (NOW) and Comprehensive Supports Waiver (COMP) for Persons with Developmental Disabilities (DD). Under the Interagency Agreement with DBHDD-DD, the State has reserved capacity in COMP for persons transitioning using MFP.

### **Goals and Objectives of Georgia's MFP Demonstration**

MFP addresses the four demonstration objectives outlined in the Deficit Reduction Act of 2005 and amended by the Affordable Care Act of 2010:

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#### **Objective 1: To increase the use of home and community-based, rather than institutional, long-term care services.**

In an effort to provide additional alternatives to institutional stays, MFP will utilize Home and Community Based Waiver Services (HCBS) coupled with MFP transition services to resettle Medicaid eligible, qualified individuals currently residing in inpatient facilities (i.e. hospitals, nursing facilities, ICFs, psychiatric residential treatment facilities) for a minimum of 90 consecutive days. There are some limitations to the 90 consecutive day eligibility policy--short-term rehabilitation stays of less than 90 days will not count toward meeting MFP eligibility criteria. For example, if an individual enters a nursing facility for 90 days of rehabilitation following surgery, and the stay is not intended to be a long-term, the 90 day stay will not count toward MFP eligibility. If the stay is longer than 90 consecutive days, the remainder of the stay after 90 consecutive days may be counted toward MFP eligibility.

MFP participants will be assessed to receive HCBS waiver services. MFP CBAY participants (youth with mental illness) will be assessed for Community Mental Health Services. MFP participants must meet waiver Level of Care criteria. MFP CBAY participants must meet community mental health eligibility criteria. All participants will receive Medicaid State Plan services for which they are eligible and that are appropriate to meet their needs, including mental health services, non-Medicaid federally funded services, State funded programs and local community funded services (see Table 600.6.1 for details).

Through marketing, development of supportive peer networks and identifying individuals who prefer to transition to community settings, the State will move toward rebalanced spending in favor of home and community-based services and supports. Over the period of the grant, the State will:

- Transition 2,705 participants to community settings,
- By Calendar Year 2016, achieve increase in HCBS expenditures to 50% as compared to long-term services and support (LTSS) expenditures,
- Use the enhanced Federal Medical Assistance Percentage (FMAP) rate to reinvest savings realized by the State into additional waiver services and other rebalancing and sustainability initiatives.

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**Objective 2: To eliminate barriers and mechanisms, whether in State law, State Medicaid Plan, State budgets, or otherwise, that prevent or restrict the flexible use of Medicaid funds to enable Medicaid-eligible individuals to receive support for appropriate and necessary long-term services in setting of their choice.**

MFP stakeholders identified numerous barriers to effective systems for resettlement and explored ways to eliminate these barriers to transitioning to the community from institutions. Chief among the identified barriers were:

- Lack of available, affordable, accessible and integrated housing and rental subsidies for participants with extremely low income and no community supports,
- Lack of financial resources for one-time expenditures needed to transition,
- “Fear of the unknowns” associated with relocation,
- Lack of a coordinating system for planning and service delivery among State, regional and local entities, and
- Lack of a unified information and referral system to all waivers that linked interested participants to services and resources needed for transition.

MFP funding supports a broad range of transition services, including resettlement assistance, through local peer support networks that assist participants/members with community knowledge, experience and local resources. The MFP Housing Manager and workgroup members will continue to develop opportunities and

resources to assist MFP participants with housing options and increase the State's ability to address long and short term goals for expanding Georgia's supply of affordable, accessible and integrated housing.

MFP is funding transition services (see *Appendix B: MFP Transition Services Table*) to help people resettle in the community. MFP has enhanced current systems for accessing information and services by incorporating an ongoing team approach to training. A team approach to training has improved coordination between systems. All field personnel under contract to deliver services to MFP participants (i.e. MDSQ Option Counselors, MFP Transition Coordinators, Long Term Care Ombudsmen), DBHDD DD/MFP office staff, DBHDD MFP CBAY office staff, DHS/DAS/MFP office staff, waiver case managers and interested field personnel from community based organizations have participated and will be expected to continue to participate in team training provided by DCH MFP.

MFP developed a collaborative resource network by building on the Aging and Disability Resource Connection (ADRC) Network, the Georgia Centers for Independent Living, Long Term Care Ombudsmen, the DBHDD Regional Network, the MFP CBAY network of community care coordinators and other fee-for-service providers. The collaborative resource network has resulted in a more transparent, easily accessible and open system for obtaining services, long-term care information and resources, knowledge of where to go for assistance and how to obtain basic information. These processes have strengthened the coordinating systems for planning and service delivery and unified referral processes across all waivers.

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**Objective 3: To increase the ability of the State Medicaid Program to assure continued provision of home and community-based long-term services to eligible individuals who choose to transition from an institution to a community setting.**

Planning for MFP takes into account available resources and the responsibility to provide 'choice' to Medicaid beneficiaries eligible for long-term services and support. For the state to facilitate the movement of individuals from institutional settings to community-based settings, requests for appropriations for waiver services or 'slots' are made in each Supplemental Budget for MFP. MFP participants will not be referred to a waiver program waiting list unless the number of qualified MFP candidates exceeds the reserved capacity of the waiver. Through reserved capacity in HCBS waiver programs, transitioning participants enter these waivers immediately upon discharge from the institution (with the exception of MFP CBAY children and youth with mental illness who do not transition using a HCBS waiver).

The state continues HCBS services to transitioned individuals beyond the demonstration period. These transitioned individuals may continue to receive waiver services as long as they meet the institutional level of care criteria for

services offered in Georgia's HCBS waivers. At any point that they no longer meet waiver criteria, participants are assisted with Medicaid State-Plan services, non-Medicaid services and state and community services as their needs and eligibility require.

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**Objective 4: Ensure that a strategy and procedures are in place to provide quality assurance for eligible individuals receiving Medicaid home and community-based long term services and support and to provide for continuous quality improvement in such services and support.**

Most MFP participants enter an appropriate waiver on the day of discharge from the inpatient facility. They are afforded the same level of safeguards as those available to other Medicaid members enrolled in existing waivers as described in 1915c waiver Appendix H. Through an ongoing process of discovery, remediation and improvement, DCH assures that each waiver provides for a Quality Management Strategy (QMS). All problems identified through the discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. DCH continues to implement and improve the Quality Management Strategy for each waiver as specified in 1915c Appendix H.

MFP participants receive the same or additional assurances and safeguards available to MFP participants enrolled in HCBS waivers. The following reports are regularly generated and reviewed to meet the QMS assurances: 1) level of care determinations, 2) service plans, 3) identification of qualified providers, 4) participant health and welfare, 5) waiver administrative oversight and evaluation of QMS, 6) financial oversight of the waivers, 7) risk management processes, 8) 24/7 emergency backup use and 9) critical incident reporting systems.

MFP field personnel are required to report critical incidents and participant complaints occurring during the transition process; from the date the participant signs the *MFP Informed Consent for Participation* and throughout the MFP service period (in segments or consecutive days, but for a total period not to exceed 365 calendar days). All MFP field personnel are required to provide details of and implement process improvement plans. Complaints about MFP transition services can be reported to any MFP field personnel, DBHDD DD/MFP office staff, MFP CBAY care coordinators and office staff, DHS/DAS MFP office staff or DCH MFP office staff. See Appendix AB: *MFP Sentinel Event Form* and Appendix AE: *MFP Participant Complaint Form* for the reporting tools. *Sentinel Event Forms and Participant Complaint Forms* are reviewed by DCH MFP staff and reported to CMS.

## **600.2 The MFP Policy & Procedure Manual**

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The *MFP Policy and Procedures Manual* contains a Table of Contents, chapters, sub-sections and appendices. Chapters are identified in the order that represents a general process flow of a participant entering MFP from referral through continuity of care post demonstration.

Chapters and sub-sections are numbered for easy referencing. Each section gives information about a particular topic. For example, this Section (600.2) contains information on the arrangement of information in the MFP Policy and Procedure Manual. The appendices are generally arranged to match the flow of participant processes. For example, *Appendix C, Tri-fold Recruiting Brochure*, is a tool used by MFP field personnel to recruit potential participants. Acronyms and abbreviations are alphabetically listed.

The *MFP Policy & Procedures Manual* is written for MFP field personnel who are implementing the Rebalancing Demonstration grant project. The structure of each chapter and section is consistent and includes policy statements, topics, procedures, guidance, documentation and references. Policy Statements are brief definition or statements of the policy which governs a topic. Procedures provide instructions to field personnel for implementing policies. Further Guidance sections contain specific examples of how the field personnel are to apply the policy, under specific conditions (who, specific conditions and how). Reference statements tell the reader where to find related information. References are used to avoid duplicating text contained in other sections and chapters. Subheadings accompany lengthy narratives for easy reference. Vertical lists use bullets when actions occur in no prescribed order. If actions occur in a specific sequence, lists are numbered to identify the sequence. Subheading including, FOR FURTHER GUIDANCE, NOTE or EXCEPTION identify additional information made available for reference in the Appendices. The complete name of an abbreviation or acronym is written in the first use in each section; thereafter in the section, the acronym or abbreviation is used.

EXCEPTION: Because of the frequent use of abbreviations and acronyms listed below, they are spelled only once per section:

AAA	Area Agency on Aging
ACA	(Patient Protection and) Affordable Care Act of 2010
ADRC	Aging and Disability Resource Connections
CBAY	Community Based Alternatives For Youth
CCSP	Community Care Services Program, waiver services
CIL	Center for Independent Living
CM	Case Manager (refers to case managers, care coordinators, and support coordinators)
CMS	Centers for Medicare and Medicaid Services
DAS	Division of Aging Services within DHS
DBHDD	Department of Behavioral Health and Developmental Disabilities
DCH	Department of Community Health
DDD	Division of Developmental Disabilities
DHS	Department of Human Services
DFCS	Division of Family and Children Services
DRA	Deficit Reduction Act of 2005
ERO	External Review Organization

FMAP	Federal Medical Assistance Percentage
HCBS	Home and Community Based Services
ICF	Intermediate Care Facility
ICWP	Independent Care Waiver Program
ISP	Individualized Service Plan
ITP	Individualized Transition Plan
MAO/PMAO	Medical Assistance Only/Potential Medical Assistance Only
MDS/MDSQ	Minimum Data Set, MDS Section Q
MFP	Money Follows the Person Demonstration Project
MI	Youth with Mental Illness
PSS	Personal Support Services
SILC	State Independent Living Council
SOURCE	Service Options Using Resources in Community Environment
TBI	Traumatic Brain Injury

In addition to those conditions for participation in the Medicaid Program which are outlined in Part I Policies and Procedures for Medicaid/PeachCare for Kids Manual applicable to all Medicaid Providers, Money Follows the Person (MFP) providers must adhere to the policies and procedures in this manual and to all applicable Standards.

### **600.3 MFP Project Benchmarks**

MFP measures the progress of five benchmarks, two specifically required by CMS and three required by DCH. Stakeholders identified these benchmarks to focus on lasting improvements and enhancements to the home and community based long-term services and support to enable money to follow the person from the institution into the community. Continuous reviews, participant assessments, surveys, data collection, community reviews and stakeholder input provide feedback about progress toward meeting the benchmarks and the services being provided. This feedback will be used to continuously adjust project activities to assure that the benchmarks and stakeholder interests are met.

The two required CMS benchmarks are:

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**1. The projected numbers of eligible individuals in each target group who will be assisted in transitioning each calendar year of the demonstration:**

MFP will transition 2,705 participants from institutional care to community-based settings. Focus will be placed on four specific populations:

- older adults (OA)
- participants with developmental disabilities (DD)
- participants with physical disabilities/TBI (PD/TBI)
- children and youth with mental illness (MI)

**Table 600.3.1 MFP Transitions by Target Group**

Calendar Year	Older Adults	Developmental Disabilities	Physical Disability/ TBI	Youth with Mental Illness	Totals
Actual 2008	2	20	1		<b>23</b>
Actual 2009	42	110	43		<b>195</b>
Actual 2010	63	88	94		<b>245</b>
Actual 2011	64	168	72		<b>304</b>
Actual 2012	153	126	191		<b>470</b>
Actual 2013	120	71	181	46	<b>418</b>
Projected 2014	50	150	75	75	<b>350</b>
Projected 2015	50	150	75	75	<b>350</b>
Projected 2016	50	150	75	75	<b>350</b>
<b>Totals</b>	<b>594</b>	<b>1033</b>	<b>807</b>	<b>271</b>	<b>2705</b>

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2. **Increasing HCBS expenditures under Medicaid for each year of MFP.** Georgia will increase the HCBS expenditures under Medicaid each year of the demonstration by transitioning individuals out of inpatient facilities to community settings.

As indicated in the table below:

- DCH reports annual increases in Medicaid HCBS spending for all HCBS populations served,
- DCH anticipates 2-3% annual increases in all HCBS spending CY2012 – CY2016
- Rebalancing funds will be reinvested in the MFP demonstration for the development of new services that support MFP participants and growth of HCBS infrastructure.

**Table 600.3.2 Total Georgia Medicaid HCBS Spending**

Calendar Year	HCBS Expenditures	Transition Expenditures (MFP)	Total HCBS Expenditures	% Increase in HCBS
<b>Actual 2010</b>	\$801,738,252	\$872,282.08	\$802,610,534.08	
<b>Actual 2011</b>	\$855,928,362.86	\$1,245,527.35	\$857,173,890.21	6%
<b>Actual 2012</b>	\$919,078,989.59	\$2,095,133.73	\$921,174,123.32	7%
<b>Actual 2013</b>	\$943,963,667.57	\$1,874,117.28	\$945,837,784.85	3%
<b>Projected 2014</b>	\$992,872,194.00	\$28,170,167.00	\$1,021,042,361.00	7%
<b>Projected 2015</b>	\$1,012,729,638.00	\$29,172,464.00	\$1,041,902,102.00	2%
<b>Projected 2016</b>	\$1,039,566,973.00	\$30,211,904.00	\$1,069,778,877.00	3%

## Three additional benchmarks have been selected by stakeholders

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### 3. **Improving Processes for Screening, Identifying and Assessing Candidates for Transitioning to increase the rate of successful transitions by 5% each year of the demonstration.**

This benchmark sets up indicators that measure the performance of Georgia's system for transitioning participants. These indicators are designed to track and measure outputs and outcomes of screening, assessment and successful resettlement in the community, based on the current system in place as compared to the MFP system.

For the purpose of this benchmark, a successful transition is considered to be (1) a Medicaid eligible older adult or person with a disability, (2) who transitions to a qualified community-based residence and (3) who resettles in the community for a minimum of 365 days, with or without interruptions in that period due to short-term institutional admissions. As funds are realized by the state based on the enhanced FMAP, these funds will be used to develop and refine a transition tracking system. The following lists several performance indicators that can be tracked:

- Number of completed MFP screenings (not done for DD and MI)
- Number of completed transition/service plans (ITPs/ISPs)
- Number of MFP participants discharged from inpatient facilities,
- Number of fully completed transitions (completed period of MFP participation)

A manual tracking Excel spreadsheet is used to collect and analyze data beginning with the first MFP screenings in September 2008. Currently, potential candidates are identified through the Minimum Data Set, Section Q (MDSQ) referrals via the ADRCs. Options Counselors screen these referrals and assist qualified candidates to enroll in MFP and apply for waiver service. The screening process includes an interview to explain the transition process and provide information on and assistance with applications for home and community based services. The following table reports the transition tracking system performance data. The numbers are projected based on MFP Benchmark #1.

**Table 600.3.3 MFP Transition Tracking System**

Performance Indicators	Actual CY2008	Actual CY2009	% Increase	Actual CY2010	% Increase	Actual CY2011	% Increase
Completed transition screenings (not DD)	4	126	97%	367	66%	327	-12%
Completed ITPs/ISPs	22	204	89%	298	32%	299	0%
Transitioned/ Discharged	22	198	89%	249	20%	286	13%
Completed MFP period of participation	0	22	100%	184	88%	237	<b>22%</b>
Performance Indicators (2012 – 2016)	Actual CY 2012	% Increase	Actual CY2013	% Increase	Projected CY2014	Projected CY2015	Projected CY2016
Completed ITPs/ISPs	479	38%	345	-39%	368	423	486
Transitioned/ Discharged	415	31%	334	-24%	333	366	403
Completed MFP period of participation	310	24%	414	25%	316	332	349

The MFP Transition Tracking System allows the state to track, analyze, and report on the performance of the system. Transition Tracking System data continues to be collected, analyzed, trended and reported to the MFP Evaluation Advisory Team.

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**4. Increase HCBS expenditures relative to institutional long-term expenditures under Medicaid for each year MFP.**

MFP increases the HCBS expenditures under Medicaid each year of the demonstration program versus institutional long-term care by transitioning individuals out of inpatient facilities.

As indicated in the table below:

- DCH anticipates an overall expenditure increase in LTSS and all of the community based programs by CY 2016.
- Projected 2% increase in Institutional Expenditures and 2-3% increase in LTSS Community Expenditures (from Benchmark #2).

**Table 600.3.4 Long-Term Services and Support- Rebalancing Process**

Calendar Year	HCBS Expenditures with 440	Transition Expenditures (MFP)	Institutional Costs (COS 110 and 160)	Rebalancing %
Actual 2010	\$931,333,258.80	\$872,282.08	\$1,028,245,117.95	44%
Actual 2011	\$1,031,048,223.10	\$1,245,527.35	\$1,039,441,542.03	45%
Actual 2012	\$1,146,763,400.28	\$2,095,133.73	\$1,120,478,814.32	49%
Actual 2013	\$1,159,489,782.31	\$1,874,117.28	\$1,134,839,674.51	49%
Projected 2014	\$992,872,194	\$28,170,167	\$1,056,185,111	49%
Projected 2015	\$1,012,729,638	\$29,172,464	\$1,061,466,037	50%
Projected 2016	\$1,039,566,973	\$30,211,904	\$1,066,773,367	50%

**5. Increase number of participants living on their own or with family instead of in a group setting by 2 percent (2%) each year beginning in CY2013.**

DCH MFP along with contractor agencies DHS/DAS and DBHDD DD and the State Housing Finance Authority (DCA), will collaborate to increase the available options of affordable, accessible, supportive and integrated housing in an unprecedented effort to remove barriers to community living experienced by Medicaid members and MFP populations (older adult and people with disabilities).

DCH MFP is participating in the state-wide HUD Section 811 housing development initiative being led by the Department of Community Affairs (DCA). The DCH MFP Housing Manager will create a coordinated system that links institutional residents in need of housing with MFP and HCBS waiver services to housing agencies with available housing resources.

Tables 600.3.5 A, B and C below identify and report on the following housing development goals:

- Table A) MFP participants returning to live with family members by county of residence at discharge (data from *MFP Discharge Day Checklist*).
- Table B) MFP participants returning to ‘home owned by participant’ by county of residence at discharge.
- Table C) MFP participants selecting option ‘own home/family home’ as 1<sup>st</sup> choice during the ITP planning phase.

**Table 600.3.5A Baseline Count of ‘Lives with Family’ by County**

- MFP participants returning to live with family members by county of residence at discharge

Count of Project Begin Date (Discharge)	Lives w/Family		Yes Total	Grand Total
	Yes 2012	Yes 2013		
County				
Appling	1		1	1
Bacon		1	1	1
Baldwin	1	1	2	2
Barrow	3	3	6	6
Bartow	1	2	3	3
Ben Hill		1	1	1
Bibb	2	4	6	6
Bleckley		2	2	2

Count of Project Begin Date (Discharge)	Lives w/Family		Yes Total	Grand Total
	Yes 2012	Yes 2013		
County				
Brantley	1		1	1
Brooks		1	1	1
Bryan	1	2	3	3
Bulloch	1		1	1
Burke	3	1	4	4
Calhoun		2	2	2
Candler		1	1	1
Carroll	2	1	3	3
Catoosa		1	1	1
Chatham	1	4	5	5
Chattooga	1		1	1
Clarke		5	5	5
Clay	1		1	1
Clayton		2	2	2
Cobb	3	1	4	4
Coffee		1	1	1
Colquitt		1	1	1
Columbia	3	3	6	6
Coweta		1	1	1
Crawford	1		1	1
Crisp		1	1	1
Dekalb	3	4	7	7
Dodge	1		1	1
Dougherty		1	1	1
Douglas		2	2	2
Early		1	1	1
Effingham	1		1	1
Elbert	1	1	2	2
Evans		1	1	1
Floyd		2	2	2
Forsyth	2	2	4	4
Franklin		1	1	1
Fulton	6	1	7	7
Gilmer		1	1	1
Glynn	2	2	4	4
Gordon	2		2	2
Greene		1	1	1

Count of Project Begin Date (Discharge)	Lives w/Family		Yes Total	Grand Total
	Yes 2012	Yes 2013		
County				
Gwinnett	4	1	5	5
Habersham		1	1	1
Hall	1	5	6	6
Hart	1		1	1
Heard	1		1	1
Henry	2	1	3	3
Houston	4	1	5	5
Jackson	2	3	5	5
Jeff Davis	1		1	1
Jefferson	1		1	1
Jenkins	1		1	1
Johnson	1	1	2	2
Jones	1	1	2	2
Lamar	2		2	2
Lanier		1	1	1
Laurens	2	1	3	3
Liberty		1	1	1
Lincoln	2	1	3	3
Lowndes		2	2	2
Lumpkin	1	1	2	2
Madison		1	1	1
McDuffie	1	1	2	2
Murray	1		1	1
Muscogee	1	2	3	3
Newton	1	2	3	3
Oglethorpe		1	1	1
Peach	1	1	2	2
Rabun		2	2	2
Richmond	4	10	14	14
Rockdale		1	1	1
Spalding	2	1	3	3
Stephens	1		1	1
Sumter		3	3	3
Tattnell		1	1	1
Terrell	2		2	2
Thomas		2	2	2
Tift	1	1	2	2

Count of Project Begin Date (Discharge)	Lives w/Family		Yes Total	Grand Total
	Yes 2012	Yes 2013		
County				
Toombs	2		2	2
Towns	1	1	2	2
Troup	2	1	3	3
Upson	1	1	2	2
Walton	3	1	4	4
Ware		1	1	1
Washington		2	2	2
Webster		1	1	1
White		2	2	2
Whitfield	1		1	1
<b>Grand Total</b>	<b>96</b>	<b>122</b>	<b>218</b>	<b>218</b>

- Chart Years are Calendar Years
- CY 2012 includes counts of MFP Older Adult (OA), Physical Disability(PD)/TBI and Developmental Disability (DD) participants
- CY 2013 includes MFP OA, PD/TBI, DD and CBAY participants
- **Target for CY2013= 98; CY2014=100; CY2015=102; CY2016=104**

**Table 600.3.5B Baseline Count of ‘Home Owned by Participant’ by County**

- MFP participants returning to ‘home owned by participant’ by county of residence at discharge

Count of Housing (Discharge)			
County	2012	2013	Grand Total
Atkinson		1	1
Baldwin		1	1
Barrow		3	3
Berrien	1		1
Bibb	1	1	2
Bulloch	1		1
Burke	1		1
Carroll	1	1	2
Catoosa		2	2
Chatham		2	2
Chattooga	1		1
Clay	1		1

<b>Count of Housing (Discharge)</b>			
<b>County</b>	<b>2012</b>	<b>2013</b>	<b>Grand Total</b>
Clayton	1		1
Coffee	1		1
Coweta	1	1	2
Dooly	1		1
Effingham		1	1
Emanuel		1	1
Floyd		1	1
Forsyth	1		1
Fulton	1	2	3
Glynn	1		1
Gordon	2		2
Gwinnett	1	1	2
Habersham		1	1
Hall		2	2
Hancock	2		2
Haralson		2	2
Houston		2	2
Jackson	1	2	3
Johnson	1	1	2
Jones		1	1
Laurens	4	1	5
Lincoln		1	1
Lowndes		1	1
Lumpkin	1		1
Macon		1	1
McDuffie	2		2
Meriwether	1		1
Miller		1	1
Murray	1		1
Paulding		1	1
Peach	1		1
Rabun		2	2
Richmond	1	3	4
Spalding	1		1
Taliaferro	1		1
Thomas	1	1	2
Tift	1	1	2
Toombs	1		1
Troup	2		2

<b>Count of Housing (Discharge)</b>			
<b>County</b>	<b>2012</b>	<b>2013</b>	<b>Grand Total</b>
Turner	1		1
Upson	1	1	2
Warren	1		1
Washington		2	2
Wheeler		1	1
White		1	1
Whitfield	1		1
Wilkes		1	1
<b>Grand Total</b>	<b>43</b>	<b>48</b>	<b>91</b>

- Chart Years are Calendar Years
- CY 2012 includes counts of MFP Older Adult (OA), Physical Disability(PD)/TBI and Developmental Disability (DD) participants
- CY 2013 includes MFP OA, PD/TBI, DD and CBAY participants

**Table 600.3.5C Count of ‘Own Home/Family Home’ as 1<sup>st</sup> Choice**

- MFP Participants selecting option ‘own home/family home’ as 1<sup>st</sup> choice during the ITP planning phase (from ITP)

<b>Calendar Year</b>	<b>Count by Housing Type</b>		<b>Grand Total</b>
	<b>01 - Own Home</b>	<b>02 - Fam Home</b>	
<b>Actual 2008</b>		1	1
<b>Actual 2009</b>	8	28	36
<b>Actual 2010</b>	13	44	57
<b>Actual 2011</b>	24	40	64
<b>Actual 2012</b>	50	54	104
<b>Actual 2013</b>	50	48	98
<b>Projected 2014</b>	51	49	100
<b>Projected 2015</b>	52	50	102
<b>Projected 2016</b>	53	51	104
<b>Grand Total</b>	<b>301</b>	<b>365</b>	<b>666</b>

- Does not include MFP DD participants or MFP CBAY participants; housing choice during the transition planning phase is not captured for these populations.

#### **600.4 MFP Transition Services**

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MFP offers transition services to qualified MFP eligible participants. HCBS waiver services and MFP transition services are used to help people resettle in the community. See Chapter 603 in this Manual for a more complete description of each of the following MFP Transition Services:

- **Peer Community Support**
- **Trial Visits with Personal Support Services (PCH/CRA)**
- **Household Furnishings**
- **Household Goods and Supplies**
- **Moving Expenses**
- **Utility Deposits**
- **Security Deposits**
- **Transition Support**
- **Transportation**
- **Life Skills Coaching**
- **Skilled Out-of-Home Respite**
- **Caregiver Outreach and Education**
- **Home Care Ombudsman**
- **Equipment, Vision, Dental and Hearing Services**
- **Specialized Medical Supplies**
- **Vehicle Adaptations**
- **Environmental Modifications**
- **Home Inspection**
- **Supported Employment Evaluation**
- **Community Transition Financial Services/FI Services Fee**
- **MFP CBAY Transition Services (see Appendix H)**

#### **600.5 MFP Field Personnel**

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##### **Professional Development Requirements**

Professional development is critical for all MFP field personnel working under interagency agreements, contracts and fee-for-service. The *MFP Policy and Procedures Manual* provides policy guidance for all field personnel working with MFP participants. The *MFP Policy and Procedures Manual* contains minimum guidance for professional development of these field personnel. Minimum requirements include attending trainings as directed by DCH MFP, developing

and demonstrating knowledge, skills and attitudes (KSAs) in core and specialized competencies and participating in surveys, forums and other data collection and evaluation activities as required by the Project Director. Core competencies are needed by field personnel for successful implementation of the project. The general objectives and instructional aims of training and development include:

- MFP eligibility criteria, scope and benchmarks,
- MFP transition service descriptions and rates,
- Participant rights and responsibilities, including rights under the ADA
- Disability etiquette, working with older adults, and working with youth with mental illness
- Independent living philosophy, dignity of risk and informed choice,
- Obtaining and working referrals
- Consent, release of information, screening, and enrollment
- Obtaining, reviewing and verifying health information,
- Obtaining and verifying information on income and resources,
- Using Person-centered transition planning and completing the Individualized Transition Plan, or the Individualized Service Plan or the CBAY 14-day Action Plan
- Obtaining documentation for enrollment in MFP and in HCBS waivers,
- HCBS qualified waiver services, Medicaid State Plan services, non-Medicaid services, community and regional resources,
- Identifying and using community resources, agencies and networks
- MFP complaint and critical incident reporting processes,
- HIPAA and HIT processes and written records requirements
- Tools for identifying affordable, accessible and integrated housing and developing relationships with community housing providers,
- Advocacy systems and working with advocates
- Community transportation options and Non-Emergency Transportation
- Working with waiver case managers and other professionals
- Authorizing MFP transition service expenditures and working to provide a complete document packet to DCH MFP prior to payment reimbursement
- Conducting the baseline Quality of Life survey,
- Discharge day and moving participants into the community,
- Post-discharge follow-up and authorizing additional MFP services
- MFP services and support documentation and reporting requirements

MFP Related and Specialized training objectives include (but are not limited to) the following:

- Procurement of assistive technology (AT) devices and services and Durable medical equipment (DME)
- working with clinicians,
- other training and development as required by CMS/MFP and deemed necessary for achieving MFP benchmarks/project outcomes

**MFP Field Personnel Roles and Responsibilities** (see Appendix H for MFP CBAY CME Roles and Responsibilities)

- Offer statewide transition services to older adults, participants with developmental disabilities and those with physical disabilities/TBI.
- Attend mandated meetings, trainings, forums and participate in continuous quality improvement and evaluation activities
- Distribute MFP, HCBS and Medicaid outreach, marketing and educational materials to targeted inpatient facilities, targeted community providers, Minimum Data Set Section Q (MDSQ) and non-MDSQ referrals and their families/friends.
- Obtain referrals from a variety of referral sources
- Offer options counseling to all MDSQ referrals and all non-MDSQ referrals. Review material and assist with understanding available options.
- Obtain signed informed consent and release of health information (see *Appendix D1 MFP Consent for Participation and Appendix D2 MFP Release of Health Information*) from inpatient facility residents (or guardian, as appropriate) desiring to participate in MFP.
- Conduct face-to-face interviews using the *MFP Transition Screening Form* (see Appendix G) with all persons who sign the informed consent (*Appendix D1 MFP Consent for Participation*). Explain the transition process and build a participant profile as provided for in the screening tool, and conduct a review of inpatient records to verify information obtained in the screening interview.
- Assist participants to secure personal identification documents.
- Assist participants to complete a waiver application, prepare for a waiver assessment and work with waiver case managers/care coordinators.
- Assist with the development of the participant's circle-of-support/transition team, engage in person-centered transition planning and complete the *Individualized Transition Plan* (see Appendix O). Follow-up with transition team members to ensure all assigned task are completed.
- Assist participants to use strategies to locate and secure qualified housing, including the identification of affordable housing options, income-based public and private subsidized housing and rental assistance vouchers (where and when available),
- Assist participants to identify, locate and use transportation options,
- Authorize MFP transition services that are selected by the participant/family and justified in the Individualized Transition Plan.
- Track expenditures for transition services; maintain accountability and documentation of activities, limitation and individual service caps;

complete required documentation and forward to MFP project staff as requested using the format, forms and documents provided.

- Facilitate financial arrangements for the procurement of MFP transition services; approve invoices for MFP services; submit invoices for payment to Fiscal Intermediaries; submit MFP CBAY invoices for reimbursement using the required spreadsheet and Attestation for DBHDD attached to the Vendor Import File (see Appendix V2).
- Arrange for and conduct the *Quality of Life* (QoL) baseline survey 30 days to two weeks prior to discharge but not more than 10 days after discharge and arrange for a surveyor to conduct the QoL Survey at 11 months post community placement.
- Complete the *Discharge Day Checklist* (see Appendix S) and assist the participant with moving day activities and status change activities (i.e. visits to agencies such as Social Security Administration).
- Make face-to-face (F2F) documented follow-up contact with the participant within 30 calendar days post-discharge; complete the post-transition review process.
- Make at least monthly documented contact (F2F or phone call) during the MFP period of participation; care coordinators make and document contact with MFP CBAY participants.
- Facilitate and document post-discharge communication with participants, vendors/providers and waiver case managers/care coordinators.
- Transition targeted numbers by population as required and verified by DCH MFP. To be officially counted, a transitioned participant must complete the MFP service period (in segments or consecutive days, but for a total period not to exceed 365 calendar days).
- Report participant complaints, critical incidents/sentinel events, use of 24/7 emergency backup system and changes in participant status to DCH MFP based on standards of promptness (see Table 604.7.1).
- Submit all reports and other requested documentation as requested by DCH MFP project staff based on standards of promptness (see Table 604.7.1).
- Other responsibilities as required by CMS/DCH/Medicaid/MFP and necessary to achieve the goals, benchmarks and outcomes of the project.

## **600.6**     ***Integration of MFP Services and Waiver Services***

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Medicaid HCBS waiver services and MFP transition services are integrated to assist eligible participants resettle in the community. This section identifies procedures for service delivery for each population to be served through MFP and mechanisms used to place eligible participants into Medicaid HCBS waivers.

Populations targeted include qualified Medicaid recipients who have resided in an inpatient facility (i.e. hospital, nursing facility, ICFs, PRTF) for a period of at least ninety (90) consecutive days and who have expressed interest in resettlement (see Chapter 601.2 *MFP Eligibility Criteria* for more details). Current HCBS waivers serve older adults, adults and children with physical disabilities, persons with traumatic brain injury, and persons with developmental disabilities. Because MFP CBAY participants (youth with mental illness) do not transition using HCBS waiver services, Section 600.6 does not apply to MFP CBAY participants.

Field personnel complete the *MFP Transition Screening Form* to gather information about the participant's background, housing needs, income and resources, health care needs, functional needs, and information needed to complete and submit an application to the most appropriate HCBS waiver. Each waiver uses a different assessment tool to determine waiver eligibility and to plan for services and supports. Not only do MFP field personnel arrange for a set of wrap-around MFP services, they are responsible for coordinating with waiver case managers/care coordinators to ensure that waiver assessments are completed and that waiver services are adequate. Finally, field personnel assist MFP participants to locate and transition into a qualified residence.

Once in the community, MFP field personnel follow-up with participants to determine if additional MFP services are needed. The post-discharge follow-up process requires a face-to-face (F2F) meeting with the participant and must be documented in case notes. For the purpose of continuous quality improvement, field personnel ask participants about their level of satisfaction with MFP transition services and with qualified HCBS waiver services and assist participants to resolve problems or issues that may arise.

Transitioned participants receiving qualified HCBS waiver services continue to do so as long as they meet waiver criteria. Participants receive all State Plan services for which they are eligible and that are appropriate to meet their needs, including mental health services, non-Medicaid federally funded services, state funded programs, and local community support system funded services. **Table 600.6.1** identifies these services.

### **Qualified HCBS Services Offered to MFP Older Adult Participants**

Older adult participants can be referred through the Area Agency on Aging (AAA) ADRC/Gateway network (see Appendix F), or if the older adult's resources are Supplemental Security Income (SSI) they can be referred to the SOURCE Network (see Appendix I: *SOURCE Providers*). ADRC/Gateway staff administer a telephone screening and refer to the case management agency to have the initial assessment completed. Both the ADRC/Gateway network and SOURCE Providers are statewide. The ADRC/Gateway network offers a database of service information for older adults and persons with disabilities.

### **Qualified HCBS Services Offered to MFP Participants with Physical Disabilities/TBI**

After completing the MFP screening, MFP field personnel assist participants to make a referral to either the Independent Care Waiver Program (ICWP) or the Elderly and Disabled Waiver Programs (CCSP or SOURCE). After providing information necessary to make an informed choice, MFP field personnel assist participants interested in ICWP to contact the Georgia Medical Care Foundation (GMCF) to conduct the waiver assessment. Once the MFP participant has been approved for Independent Care Waiver Program (ICWP) Services, she/he is responsible for selecting an approved ICWP case manager.

If the participant selects CCSP, the referral can be made through the Area Agency on Aging (AAA) ADRC/Gateway network (see Appendix F), or if the physically disabled participant's resources are Supplemental Security Income (SSI) the participant can be referred to the SOURCE Network (see Appendix I: *SOURCE Providers*). AAA/ADRC/Gateway staff administer a telephone screening and refer the candidate to the case management agency to have the initial assessment completed.

### **Qualified HCBS Services Offered to MFP Participants with Developmental Disabilities**

Two HCBS waivers for persons with developmental disabilities provide for the inclusion of supports needed beyond the transition process – the New Options Waiver (NOW) and the Comprehensive (COMP) waiver. Individualized supports are identified through person-centered planning and included in budget and purchase planning.

DD Planning List Administrators (PLAs) and Case Expeditors (CEs) are responsible for assisting in the screening of eligible individuals. A person-centered team planning process is used to identify an individual's preferences, strengths, capacities, needs and desire to transition into the community. Other members of the transition team may include persons who are closest to the individual (e.g. family members, friends and hospital staff).

### **State Plan and Other Local Services Offered to MFP Participants**

Participants receive State Plan services for which they are eligible and that are appropriate to meet their needs, including mental health services. Non-Medicaid federal funded services such as Adult Protective Services, Older Americans Act Services and Social Service Block Grant Services are available to MFP participants. MFP field personnel, ombudsman and peer community supporters help participants connect to these services. Local community services are offered through United Way 211, Community Action Agencies, Georgia Relay, Centers for Independent Living, Friends of Disabled Adults and Children (FODAC), Georgia Telecommunications Equipment Distribution Program (GATEDP), Tools for Life/Touch the Future, and the Center for the Visually Impaired.

**Table 600.6.1 Benefits and Services for MFP Participants by Waiver**

Rev 4/2014	<i>Elderly/Disabled Waivers (CCSP/SOURCE)</i>	<i>Independent Care Waiver Program (ICWP)</i>	<i>New Options Waiver (NOW) and Comprehensive Waiver (COMP)</i>
	<ul style="list-style-type: none"> <li>➤ Adult Day Health</li> <li>➤ Alternative Living Services</li> <li>➤ Emergency Response Services</li> <li>➤ Enhanced Case Management</li> <li>➤ Financial Management Services</li> <li>➤ Home Delivered Meals</li> <li>➤ Home Delivered Services</li> <li>➤ Out-of-Home Respite</li> <li>➤ Personal Support Services (PSS)/(PSSX)/ Consumer Directed Services</li> <li>➤ Skilled Nursing Services</li> <li>➤ Home Health Services</li> </ul>	<ul style="list-style-type: none"> <li>➤ Adult Day Care</li> <li>➤ Behavior Management</li> <li>➤ Case Management</li> <li>➤ Consumer-Directed PSS</li> <li>➤ Counseling</li> <li>➤ Enhanced Case Management</li> <li>➤ Environment Modification</li> <li>➤ Fiscal Intermediary</li> <li>➤ Personal Emergency Monitoring</li> <li>➤ Personal Emergency Response</li> <li>➤ Personal Emergency Response Installation</li> <li>➤ Personal Support Services</li> <li>➤ Respite Services</li> <li>➤ Skilled Nursing</li> <li>➤ Specialized Medical Equipment and Supplies</li> <li>➤ Vehicle Adaptation</li> <li>➤ Adult Living Services</li> <li>➤ Home Health Services</li> </ul>	<ul style="list-style-type: none"> <li>➤ Community Residential Alternative (COMP only)</li> <li>➤ Adult Occupational Therapy Services</li> <li>➤ Adult Physical Therapy Services</li> <li>➤ Adult Speech and Language Therapy Services</li> <li>➤ Behavioral Supports Consultation</li> <li>➤ Community Access</li> <li>➤ Community Guide</li> <li>➤ Community Living Support</li> <li>➤ Environmental Access Adaptation</li> <li>➤ Financial Support Services</li> <li>➤ Individual Directed Goods and Services</li> <li>➤ Natural Support Training</li> <li>➤ Prevocational Services</li> <li>➤ Respite Services</li> <li>➤ Specialized Medical Equipment</li> <li>➤ Specialized Medical Supplies</li> <li>➤ Support Coordination</li> <li>➤ Supported Employment</li> <li>➤ Transportation</li> <li>➤ Vehicle Adaptation</li> <li>➤ Home Health Services</li> </ul>
	<ul style="list-style-type: none"> <li>➤ Adult Protective Services</li> <li>➤ Caregiver Supports</li> <li>➤ Older Americans Act Services</li> <li>➤ Social Services Block Grant Services</li> <li>➤ State Funded Services</li> </ul>	<ul style="list-style-type: none"> <li>➤ Adult Protective Services</li> <li>➤ Social Services Block Grant Services</li> <li>➤ State Funded Services</li> </ul>	<ul style="list-style-type: none"> <li>➤ Adult Protective Services</li> <li>➤ State Funded Services</li> </ul>

## **600.7 MFP Rebalancing Demonstration Authority**

The Federal 2005 Deficit Reduction Act (DRA, P.L. 109-171, Title VI, Subtitle A, Ch. 6, Subch. B, S 6071, 120 Stat. 102) established funding for the Money Follows the Person Rebalancing Demonstration. The MFP Rebalancing Demonstration was amended by the 2010 Patient Protection and Affordable Care Act (ACA, P.L. 111-148, Title II, Subtitle E, S 2403(a), (b)(1), 124 Stat. 304). See Appendix A to review the statute from the US Code of Federal Regulations in its entirety.

## **600.8 Structure and Administration of the MFP Project**

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### **The Georgia Department of Community Health**

The Georgia Department of Community Health (DCH) was created in 1999, with the responsibility for insuring over two million people in the State of Georgia, to maximize the State's health care purchasing power and to coordinate health planning for state agencies. DCH is designated as the "single State agency" for the administration of the Medicaid program under Title XIX of the Social Security Act.

In May 2007, the Centers of Medicare and Medicaid Services (CMS) awarded Georgia the Money Follows the Person (MFP) Rebalancing Demonstration grant established by the Deficit Reduction Act of 2005 and amended by the 2010 Affordable Care Act. The MFP grant affords Georgia the opportunity to further rebalance the system of care, allowing the State to eliminate barriers or mechanisms that prevent or restrict flexible use of Medicaid funds to enable Medicaid-eligible individuals to receive support for appropriate and necessary long-term services in the setting of their choice.

The Department of Community Health (DCH) is the administrator of the MFP Rebalancing Demonstration Project and is responsible for all aspects of its successful implementation. As such, it acts as the overall coordinator for policy and operational issues related to the MFP Demonstration and works with various stakeholders, State agencies, departments, local governments, community-based organizations, inpatient health care facilities (hospitals, nursing or sub-acute care facilities, or intermediate care facilities for persons with developmental disabilities), advocates, and consumer groups to implement the project at the local level.

Overall authority, administration, oversight and supervision of Georgia's MFP demonstration reside in the Medicaid Division in the Department of Community Health (DCH). DCH is the state Medicaid authority. As such, DCH serves as the official repository for all official MFP documentation.

### **MFP Staffing Plan**

The MFP Project Director and MFP State office staff is employed by DCH. DCH is responsible for initiating, planning, executing, controlling and evaluating Georgia's demonstration in accordance with the approval of the *Georgia MFP Operational Protocol* by CMS. The Project Director provides direct management and oversight of the MFP project under the supervision of the Medicaid Division Deputy Director of Aging and Special Populations. A Planning & Policy Development Specialist undertakes planning and policy research and development for the project. A MFP Housing Manager undertakes planning tasks related to project housing benchmark and goals. A Data Reporting Manager undertakes all federal reporting for the project. A Program Specialist undertakes data management and record keeping for the project and a Compliance Auditor is responsible for the review of quality management systems data and continuous quality improvement. An Accounting Specialist undertakes project accounting tasks.

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### **Roles and Responsibilities under Interagency Agreements**

Georgia MFP currently operates through two interagency agreements – an agreement with the Department of Behavioral Health and Developmental Disabilities, Division of Developmental Disabilities (DBHDD-DD) to transition individuals with developmental disabilities from Intermediate Care Facilities (ICFs) and other state institutions and with the Division of Behavioral Health/CBAY (DBHDD-BH) to transition youth with mental illness from PRTFs. As of July 1, 2011 an agreement with the Department of Human Services, Division of Aging Services (DHS/DAS) was implemented to transition older adults and people with physical disabilities and/or TBI from nursing facilities.

The roles and responsibilities are similar under both agreements – both agencies conduct marketing, outreach, informed consent, information release, screening, complete waiver applications and engage participants in person-centered planning, develop transition plans and arrange for transition services. Both facilitate transitions into Georgia HCBS waivers when appropriate.

Under the agreement with DBHDD-DD, planning list administrators and case expeditors (DD PLAs and CEs) working in ICFs, facilitate the development of Person-Centered Descriptions (transitions plans), waiver enrollment and discharge day planning. An Assistant Deputy Commissioner at DBHDD-DDD, Transition Specialists and a Transition Consultant coordinate transition activities with DDD PLAs and CEs and manage certain transition activities, including, authorizing and procurement of MFP transition services, completing the QoL survey, working with FIs, complaints and critical incidents, follow-up post-transition, tracking and reporting, and they serve as liaisons to the DCH MFP Project Director.

Under the agreement with DBHDD-BH/CBAY, the PRTF submits a Lateral Transfer Application to the ERO who determines the level of care, completes the Enrollment Packet and Clinical Documentation and refers the youth to MFP

CBAY. All documents required by MFP CBAY to determine eligibility are completed along with the Minimum Data Set Form. Services are described in the 14 day Action Plan, the MFP CBAY individualized service plan.

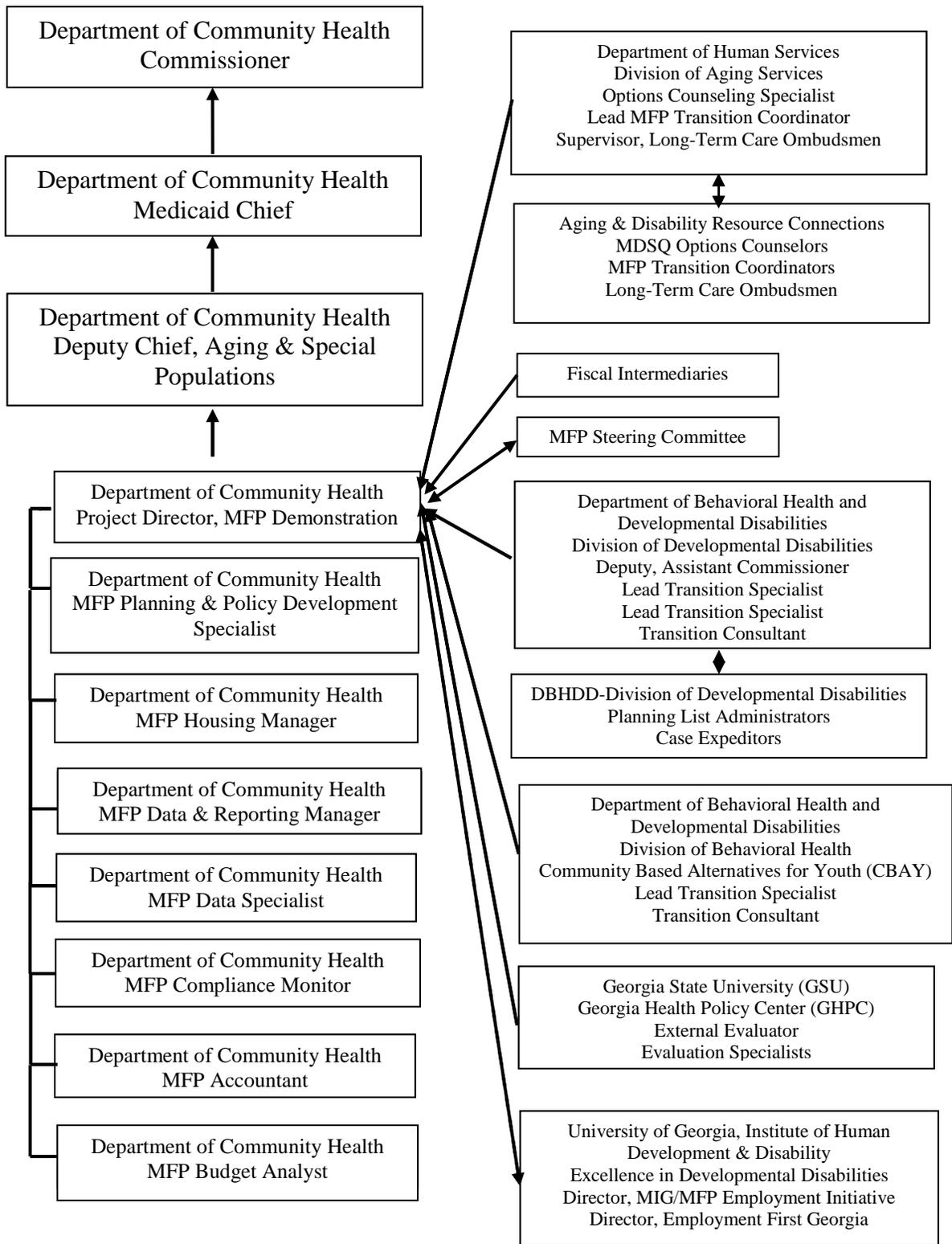
Under the agreement with DHS/DAS, Long-term Care Ombudsmen (LTCO), MDSQ options counselors and transition coordinators from the 12 Regional Aging and Disability Resource Connections (ADRCs) are responsible for information and referral of nursing facility residents to MFP and facilitating transitions. LTCOs are uniquely positioned to follow-up on nursing facility residents' complaints and inform residents and administrators of residents' rights, including the right to information and referral to MFP. ADRCs are the designated state referral source for MDS Section Q referrals. MFP field personnel obtain and work MDS-Q referrals and assist individuals with information on a range of Long Term Support Services and when appropriate, make referrals to MFP.

Depending on location and resource availability, MFP field personnel assist, guide and support participants with all aspects of MFP; including informed consent, release of information, screening, waiver applications, convening the transition team, person-centered planning, completing the MFP transition planning process, authorizing and procurement of MFP transition services, housing searches, completing the baseline Quality of Life (QoL) survey, discharge day planning, working with Fiscal Intermediaries, fielding complaints, reporting on critical incidents, mandatory F2F follow-up post-discharge, ITP reviews, authorizing additional MFP transition services, tracking and reporting.

A Long-term Care Ombudsmen supervisor, a Lead Transition Specialist and an Options Counseling Specialist, employed by DHS/DAS, provide services under the agency agreement. The LTCOs report to the LTCO supervisor who is responsible for collaborating with the MFP Training Team to develop competencies for implementation of training for Home Care Ombudsman as part of the this new MFP transition service . In addition to coordinating the activities of MDSQ options counselors and MFP field personnel, the office staff is responsible for reporting, training and technical assistance. The LTCO supervisor, Transition Specialist and Options Counseling Specialist serve as liaisons to the MFP Project Director.

An agreement/MOU has been implemented with the University of Georgia Institute of Human Development and Disability for an MFP employment initiative and supported employment services for participants.

**Table 600.8.1 Georgia’s MFP Demonstration Organizational Chart**



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### **Fiscal Intermediaries**

Fiscal intermediaries provide financial services essential for the ongoing operations of the MFP Rebalancing Demonstration, including, accounts payable (advance funds for services), accounting services, monthly and quarterly reports, accounts payable vendor payments, expense tracking and expenditure reporting. As MFP services are authorized, FIs charge participant's accounts. FIs pay vendor invoices once required documentation is received. FIs then invoice DCH MFP. DCH MFP verifies invoices and reimburses FIs using demonstration grant funds.

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### **Project Evaluation**

Under a contract with Georgia State University's Georgia Health Policy Center (GSU GHPC), the MFP project conducts bi-annual data analyses of Quality of Life (QoL) survey data with quantitative sub-analysis by MFP population served, disability type, and waiver type used by participants. Data on the use of MFP transition services is also analyzed and reported. Under the contract, GSU GHPC designs, conducts, analyzes and reports results of studies to the MFP Project Director and MFP Advisory Team Workgroup in an effort to improve the project.

Under the contract, GSU GHPC engages in the following evaluation activities and conducts and reports on the following evaluation studies:

- Evaluation Advisory Team – convened quarterly to review evaluation reports, provide input and make recommendations for improvement to project activities, services, policies and procedures.
- Project Logic Model – revised annually to reflect changes in project scope, horizontal and vertical integration and to track project outputs, outcomes and impacts.
- Conducts Quality of Life Surveys – conducts 1<sup>st</sup> and 2<sup>nd</sup> year follow-up Quality of Life (QoL) surveys.
- Develops and adds a minimum of 10 questions to the Quality of Life Survey – added questions identify barriers to health, welfare and safety experienced by MFP participants residing in community settings.
- Analysis of Quality of Life Survey data – performs quantitative, qualitative and matched analyses (baseline to 1<sup>st</sup> year follow-up and baseline to 2<sup>nd</sup> year follow-up) in an effort to understand the outcomes and impacts of the project and offer data that can be used by the project staff, Steering Committee and Evaluation Advisory Team to make and implement project improvements.
- MFP Demonstration Service Analysis – performs quantitative analysis on MFP demonstration service use.
- Provides bi-annual report of analyses.

### **MFP Steering Committee**

The MFP Steering Committee meets quarterly and is composed of representatives from all stakeholder groups including:

- Georgia State agencies - the DCH Medicaid Division Deputy Director for Aging and Special Populations, MFP program staff and HCBS waiver program managers, representatives from the Department of Human Services Division of Aging Services (DAS) and the Department of Behavioral Health and Developmental Disabilities;
- Partnering entities, the Area Agencies on Aging and Georgia Council on Aging;
- Legal and professional disability advocates including the Georgia Council of Developmental Disability (GCDD), Georgia Legal Aid Society, Georgia Advocacy Office, People First of Georgia, the Association of Retarded Citizens of Georgia, Georgia Centers for Independent Living (CILs), the Georgia Independent Living Network (GILN) and LTC Ombudsmen from around the State;
- Vendors and service providers
- Housing officials from the State's Housing Finance Authority, the Department of Community Affairs and housing professionals from Metro Area Public Housing Authorities.
- State compliance and evaluation professionals.

Throughout the years of the demonstration, stakeholders may be asked to provide input using forums, work groups, surveys, interviews, observations and trainings. During implementation, successfully resettled waiver participants, family members and care givers will be asked to provide encouragement and support, such as sharing experiences, to MFP members resettling in the community. To increase full participation of stakeholders, meetings will be held throughout the state in accessible venues and transportation costs incurred by consumers will be reimbursed, if requested. These participatory methods strengthen MFP, empower full and direct stakeholder participation and assist the State to identify areas of development and improvement. Openness, transparency and sustainability are the hallmarks of Georgia MFP. Methods that actively engaged stakeholders are necessary to produce the highest quality outcomes.

### **600.9**

### ***Outreach, Marketing and Education Strategies***

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The overall goal of outreach, marketing and education efforts is that all points-of-entry and information and referral networks provide accurate information about MFP and accurate information about HCBS waiver programs. To achieve this goal, MFP field personnel and demonstration project partners focus on developing systematic outreach through all points-of-entry and Information & Referral networks.

Outreach, marketing and educational presentations, booklets and informational brochures, public service announcements (PSAs) and information posts on the DCH, DBHDD and DHS/DAS public websites are used to inform the community about the MFP Demonstration and home and community-based waiver services (HCBS). Information about the MFP Demonstration grant and how it works has been added to already existing outreach, marketing, education and training undertaken by DCH.

A *Guide to Home Care Ombudsman* brochure (see Appendix AG) has been developed as an additional marketing tool for distribution by field personnel to highlight this new service. Home Care Ombudsman services are available to MFP participants during their period of participation. An *Employment, Work and Benefits Deskaid* and a *Workworks for Everyone: Employment Services and Supports Orientation Manual* (see Appendix Q5 and Q6) has been added to highlight the new Supported Employment Evaluation (SEE) demonstration service. A set of transition planning worksheets is under development using materials from the *Participant Transition Planning Guide*. As needed, the DCH Office of Communications is available to prepare press releases, fact sheets, flyers and brochures (see Appendix C: *MFP Tri-Fold Recruiting Brochure*), color posters, postcards/handbills and other marketing materials based on the MFP Marketing Plan. MFP marketing and outreach materials are available for download from the MFP website ([dch.georgia.gov/mfp](http://dch.georgia.gov/mfp)).

As other outreach, marketing and recruiting materials are created by contracted agencies; such materials must be part of the overall MFP Marketing Plan and must be approved by the MFP Project Director. Outreach information about MFP can also be found in existing DCH Medicaid Division, Office of Aging and Special Populations' outreach materials (see Appendix E: *How To Obtain the Booklet, Home and Community Services, A Guide to Medicaid Services in Georgia*), web pages and fact sheets.

### **MFP Targeted Outreach and Marketing Methods**

Outreach to nursing home discharge planners/social workers, nursing home resident councils, advocates and other points-of-entry is done to solicit and receive referrals for candidates who may be eligible for MFP.

MFP field personnel undertake targeted outreach and marketing through a variety of methods, including, face-to-face communication, relationship building, presentations, informational forums and distribution of outreach materials at interagency meetings. Written materials are available in plain English for better understanding for persons with cognitive impairments. Materials can be translated into Spanish and French (or other languages as provided by DHS's Limited English Proficiency and Sensory Impaired Customer Services Office), and materials can be made available in alternative formats for individuals who are blind, low-vision, deaf and/or hard-of-hearing.

MFP field personnel focus on providing information about MFP along with information about all HCBS waiver services and options. MFP is marketed to a broad range of entities. MFP field personnel provide outreach, marketing and education targeted to:

- Professional Associations of hospital and facility/institutional discharge planners, social workers and rehabilitation hospitals,
- CIL networks, advocacy organizations including People First of Georgia, Georgia Advocacy Office and Atlanta Legal Aid Society and caregiver support groups,
- Georgia peer support networks,
- Point-of-entry systems, AAAs, ADRCs, PRTFs, ATRC/Tools for Life, waiver and other community based service providers who provide information and referral to all HCBS waivers,
- Professionals doing members' eligibility determination (i.e. DFCS regional supervisors)
- Selective physician offices, crisis intervention services,
- Senior Centers, Meals on Wheels, and Community Mental Health Centers.

### **600.10 Recruiting MFP Participants**

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MFP field personnel engage in outreach to older adults, persons with physical disabilities and TBI; persons with developmental disabilities and youth with mental illness in inpatient facilities using (but not limited to) the following strategies:

- Make initial contact with inpatient facility residents and resident councils, family members, care givers, and/or guardians,
- Conduct outreach to persons in inpatient and institutional settings and provide these persons and/or their family members/friends with MFP outreach materials and contact information,
- Provide information about MFP (see Appendix C: *MFP Tri-Fold Recruiting Brochure*) and information about HCBS waivers and community resources (see Appendix E: *How to Obtain Home and Community Services; A Guide to Medicaid Services in Georgia*).

#### **Recruiting Participants Already on ICWP Waiting Lists**

If the MFP participant is already on the ICWP waiting list, GMCF does not conduct a reassessment on the MFP participant unless there has been a major change in the participant's health status since the date of their original assessment. Updated MFP screening and enrollment information is communicated to GMCF

upon making the referral, so that GMCF can take the necessary steps to schedule a reassessment, when necessary. Participant health information is obtained during the screening and enrollment process and through reviews of resident records at the inpatient facility. The following process is used when referring a MFP participant, already on the ICWP waiting list, to GMCF for waiver assessment:

- 1) Sends a copy of the *MFP Transition Screening Form* with supporting documentation to GMCF.
- 2) Once the MFP participant is approved for ICWP, GMCF emails a copy of the approval letter to the MFP participant's appropriate MFP field personnel.
- 3) Assist the participant to select a case manager and continue the usual transition process once the participant received his/her ICWP waiver acceptance letter.
- 4) If the MFP participant does not respond and select a case manager within the allotted two weeks, GMCF will issue another letter, with a copy to the appropriate MFP field personnel.
- 5) Once a case manager is selected by the MFP participant, the process continues with transition planning process and the completion of the ITP.
- 6) If changes in health status have occurred since the last assessment, the MFP participant will need to be reassessed by GMCF.

### **600.11 Sources of Referrals to MFP**

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There are a number of sources from which MFP field personnel receive referrals and to which they make referrals. Referrals come from point-of-entry networks, from participants, family members, care givers, from guardians, from inpatient facilities, staff and resident councils, from hospital and rehab center discharge planners, from partnering agencies and organizations, from wavier case mangers and through email to gamfp@dch.ga.gov.

#### **Recruiting Participants for NOW and COMP**

Persons with developmental disabilities are referred to the Department of Behavioral Health and Developmental Disabilities, Division of Developmental Disabilities MFP Office. The referral will be worked and routed to the appropriate Regional Office for the area where the MFP participant resides:

- Region 1 DBHDD Regional Office (Rome) 706-802-5272
- Region 2 DBHDD Regional Office (Augusta) 706-792-7733
- Region 3 DBHDD Regional Office (Tucker) 770-414-3052
- Region 4 DBHDD Regional Office (Thomasville) 229-225-5099
- Region 5 DBHDD Regional Office (Savannah) 912-303-1670
- Region 6 DBHDD Regional Office (Columbus) 706-565-7835

Typically, Regional DBHDD staff and case expeditors will transition these individuals using existing mechanisms and processes.

MFP CBAY participants are referred by the PRTF. The PRTF initiates a lateral transfer application by faxing a Packet Cover Sheet, Referral Form and clinical documentation to an External Review Organization (ERO).

### **Referrals from Georgia State Psychiatric Hospitals**

Medicaid does not cover the services in an institution for mental disease (IMD). An IMD is a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care, and related services. Whether an institution is an institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care of individuals with mental diseases. To be eligible for MFP, participants must meet MFP eligibility criteria (see Section 602.1). Typically, these eligibility criteria prohibit persons in the state's psychiatric hospitals from accessing MFP, although some older adults (age 65+) may meet MFP eligibility criteria and should be screened.

# CHAPTER 601: Screening, Planning and Authorizations

## **601.1 Introduction**

This section describes MFP eligibility criteria, screening and enrollment tools and services authorizations. Procedures for how and when MFP participants are informed of their rights and responsibilities are reviewed. MFP participants receive MFP transition services, qualified waiver services, State Plan Services and community services for which they are eligible and that are appropriate to meet their needs. This chapter describes the transition planning process used by MFP field personnel including person-centered planning, MFP Transition Screening, Individualized Transition Plans, authorizations for MFP transition services and discharge day activities. This section concludes with a description of the Quality of Life (QoL) survey and waiting list procedures.

## **601.2 MFP Eligibility Determination**

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As provided for in the Deficit Reduction Act of 2005 and amended by the 2010 Affordable Care Act (see Appendix A for complete statute), MFP participants must meet the following eligibility requirements:

1. Live in an inpatient facility (i.e. nursing facility, hospital, intermediate care facility for persons with intellectual and/or developmental disabilities, or psychiatric residential treatment facility) for at least 90 consecutive days (short-term rehabilitative stays don't count)
2. Be a Medicaid beneficiary for at least one day prior to transition
3. Meet institutional level of care
4. Move into a qualified residence (home, apartment or group setting with four or fewer unrelated adults)
5. Complete the MFP Transition Planning Process

### **MFP Inpatient Facility Eligibility Requirements and Medicaid Payment**

A person must have resided in an inpatient facility for a minimum of 90 consecutive days (#1 above). There is a limitation to the 90 consecutive day eligibility policy--short-term rehabilitation stays will not count toward meeting MFP eligibility criteria. For example, at first contact with the inpatient/resident, field personnel ask about discharge plans. Generally facility staff and/or doctor begin to discuss either discharge or long term care (LTC) options with the patient at some point during rehab, often before the 30th day. If LTC options are being discussed with the inpatient, this should indicate to field personnel that in spite of the rehabilitation, the patient will still need LTC. When this is the case, the inpatient should be given options counseling and MFP should be discussed. Eligibility criteria apply and the patient will need at least 90 consecutive days stay in the inpatient facility. On the other hand, if discharge is being discussed with the

patient, then the rehabilitation has had its intended effect. When this is the case, the inpatient may benefit from options counseling, but there is no need to proceed with information about MFP or screening. Information obtained through self-report is verified during a review of facility records. Medicaid must have paid for the inpatient facility stay for at least one day (24 hour period) during the most current month (#2 above). Medicaid need not have paid for the entire 90 consecutive day stay. The participant needs to have received Medicaid for at least one day during their institutional stay. Participants who meet the minimum stay requirement (#1 above) and the Medicaid benefit requirement (#2), do not have to apply as a new Medicaid member and therefore do not have to wait another 90 consecutive days to qualify for MFP. MFP field personnel should also be aware that if an inpatient has not yet applied for Medicaid, but meets the facility requirement for minimum consecutive day stay (#1 above), the inpatient may apply for Medicaid and would only wait for one day to be eligible for MFP.

### **601.3 Requirements for Initial Meeting with Potential Participants**

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If during the initial screening the person appears interested in learning more about MFP, provide the person with the MFP brochure and the booklet, *Home and Community Based Services, A Guide to Medicaid Waiver Programs in Georgia* (see Appendix C and E). If the person has a legal guardian, include the guardian in future MFP planning meetings. If the person doesn't have a guardian, complete the informed consent, release of information (see Appendix D1 and D2) and the *MFP Transition Screening Form* (see Appendix G).

Note that MFP DBHDD-DD and DBHDD-BH/CBAY field personnel use internal screening processes for identifying potential MFP participants. Planning List Administrators and Case Expeditors screen and identify potential MFP DD participants in ICFs.

### **601.4 Documentation and Document Integrity Requirements**

Rev 4/2014

Original forms and other documents prepared by MFP field personnel are submitted with all data elements completed. Forms and other documents submitted without all data elements will be returned for completion. Standards of promptness apply when forms and other documents are incomplete and returned. Penalties will be assessed for violations or standards of promptness, violations of HIPPA and Health Information Technology (HIT) requirements. Forms and other documents with original signatures may be scanned and submitted electronically. All forms that require a signature or initials must have an original signature. 'Signature on file' is not acceptable on forms that require an original signature or initials.

#### **Verification Process for MFP FI Invoices**

A new process for reimbursement of FI invoices has been established. Effective April 2013, all participant documentation is now required for financial reimbursement and must be received at the MFP FTP site, using the accepted file

naming convention. These documents will be reviewed and cleared by the MFP Compliance Auditor and/or the MFP Project Director. The MFP Compliance Auditor will prepare and forward to contractors a spreadsheet with a list of missing and/or incomplete participant documentation. Contractors must submit all required documentation before invoices from Fiscal Intermediaries (FIs) will be paid. Invoices received from FIs will not be sent to DCH Accounts Payable for reimbursement until cleared by the MFP Compliance Auditor and/or the MFP Project Director. When an FI's invoice is not cleared for reimbursement, the contractor will be notified by email and directed to review the spreadsheet of missing or incomplete participant documentation on the MFP FTP site.

### **Required Participant Documentation**

The following list contains the minimum required participant documentation that must be received by DCH MFP and that will be reviewed by the MFP Compliance Auditor before an FI invoice will be cleared for payment.

For participants transitioning without a waiver or participants entering CCSP, SOURCE or ICWP –

- MFP Informed Consent
- MFP Authorization for Use of Information
- MFP Screening
- MFP Individualized Transition Plan (ITP)
- MFP Discharge Day Checklist
- DMA 59
- DMA 6/Level of Care (LoC) – as applicable based on wavier
- Communicator (MAO) – as applicable based on waiver

For participants entering NOW or COMP –

- MFP Informed Consent
- MFP Authorization for Use of Information
- Individualized Services Plan (ISP)
- MFP Discharge Day Checklist
- DMA 59
- DMA 6/Level of Care (LoC) – as applicable based on wavier
- Communicator (MAO) – as applicable based on waiver

Required Financial Forms -

- MFP Authorization for Transition Services
- Vendor quotes for all MFP Transition Services or Equipment costing \$1,000 or more
- Vendor Request for Payment
- Receipts for all payments that have reimbursement requests

For MFP CBAY participants –

- PRTF Summary Level of Care

- Discharge Day Checklist
- 14 Day Action Plan
- Vendor Request for Payment (MFP CBAY form)
- Attestation Letter (from DBHDD)
- Claims Report

Exceptions to required documentation by waiver –  
ICWP -

- Communicator (MAO) not required (CM sends to DFCS)

SOURCE -

- DMA 6 not required
- Communicator (MAO) not required

CCSP -

- DMA 6 not required
- Communicator (MAO) not required

NOW/COMP -

- MFP Screening Form not required

Participants transitioning without a waiver –

- DMA 6 not required
- Communicator (MAO) not required

All MFP forms and other documents containing participant and transition service information must be kept in a secure location for visual inspection and made available upon request. All MFP documentation must be kept for five years after participants have completed their participation in MFP, pursuant to Medicaid Part I, Section 106 (R).

### **601.5 Participant Consent, Rights and Responsibilities**

MFP field personnel obtain signed informed consent from each participant (or guardian, as appropriate) using the *MFP Consent for Participation* (see Appendix D1). Field personnel obtain permission from each participant (or guardian as appropriate) for the release of all records that exist within the inpatient facility for review by obtaining the participant’s signature on the *MFP Release of Health Information* (see Appendix D2).

During the informed consent process, MFP field personnel are required to provide a copy of the booklet, *HCBS, A Guide to Medicaid Waiver Programs in Georgia* (see Appendix E, additional booklets available from the Georgia Health Partnership Portal using form DMA 292, located at: <https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Forms/tabId/57/Default.aspx> ).

Field personnel are expected to be familiar with the booklet and to review the information with the participant. When necessary, field personnel read to the participant the section in the booklet, *Your Rights and Responsibilities* and discuss the section with the participant. When necessary, field personnel read the *MFP Consent for Participation* to the participant and discuss it. Prior to obtaining the participant's signature on the consent form, participant's questions are answered and confidentiality of Personal Health Information (PHI) is discussed. The participant must be told that participation is voluntary and can be withdrawn at anytime. The participant must be told that MFP services are available for 365 calendar days and that HCBS waiver services will continue after MFP services end, as long as the participant continues to need waiver services.

**NOTE:** Obtain the participant's signature on the *MFP Informed Consent for Participation* and the *MFP Release of Health Information*. Completing these forms (obtaining signatures) will allow for a review of the participant's facility records to verify information being reported by the participant/family. These two forms represent the participant's admission into MFP. ***Refusal to sign either of these forms denotes a "denial" into MFP. The reason for the denial, "You did not cooperate in the planning process."***

#### **601.6 Working with Guardians**

If the participant has a guardian, MFP field personnel must obtain copies of legal document(s) and review them to establish the extent of the surrogate decision making power that exists. In cases where the guardian is viable, field personnel obtain informed consent and release of information from the participant's guardian. During subsequent development of the *MFP Transition Screening Form* (see Appendix G) and the *MFP Individualized Transition Plan* (see Appendix O), field personnel involve participants, family members/friends, caregivers, guardians, Ombudsman and waiver personnel (when possible) in transition planning. MFP CBAY participants' guardians must be engaged in planning and sign all required documents/forms.

#### **Strategies for Involving Guardians**

TCs use various strategies to inform potential MFP participants, family members, friends and/or guardians about MFP, including: providing outreach and marketing information, providing opportunities to discuss MFP options and services before signing the *Informed Consent for Participation* and *MFP Release of Health Information* (see Appendix D1 and D2), and providing opportunities to discuss traditional waiver options and MFP transitional services with the waiver case manager during waiver assessment.

If guardians are reluctant to participant in the MFP planning process, MFP field personnel use strategies to encourage the guardians to participate. Working with waiver case managers (CMs), field personnel identify current waiver participants who have successfully resettled in the community and who have guardians. Field personnel ask these guardians, if interested, to visit with guardians of

institutionalized persons considering transition under MFP. Visits with guardians of successfully resettled waiver participants will help guardians considering transition to understand and weigh both the benefits and risks of resettlement. Discussions between guardians, participants, MFP field personnel and CM/CCs may be enough to move the process forward. If not, LTC Ombudsmen are called in to assist at the request of the participant, family members or guardian.

### **601.7 Screening of Potential MFP Participants**

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Field personnel are required to complete a *MFP Transition Screening Form* (see Appendix G) with each potential MFP participant. Note: MFP DD participants transitioning from short- and long-term planning lists are screened while residing in ICFs. For MFP CBAY participants, a MFP Enrollment Packet is completed (see Appendix H).

All candidates transitioning using MFP must sign the MFP consent and MFP release of health information forms (see Appendix D1 and D2).

A complete MFP Screening includes the following information:

**Participant Intent and Demographics:** Screener develops rapport and asks if the candidate is interested in transition. Screener completes demographics questions.

**Personal Data:** Screener lists persons participating in the screening and collects personal data on the candidate. Indicate the date the screening was completed. Include contact information for MFP field personnel that conducted the screening and completed the screening document.

**Background Data:** Screener asks questions about the candidate's background, including why the person entered the inpatient facility and contact information for family members living in the area and whether the candidate received waiver services in the past. Find out whether the candidate is on a waiting list for waiver services and if so, obtain the waiver case manager contact information. Refer to 600.11 after the candidate has signed the MFP Consent and Release of Information.

**Screener Reviews *Rights and Responsibilities of Medicaid Members*** with the participant (found in the *Home and Community Services: A Guide to Medicaid Waiver Programs in Georgia*, p. 24-25), and completes *MFP Consent to Participate* and *MFP Release of Health Information* (see Appendices D1 and D2). After signing the *Consent* the candidate is considered to be a MFP participant.

**Housing Options and Waiver Services History:** Ask questions to identify the housing choices available to the MFP participant. Code the response based on the following:

- Home owned by participant (01)

- Home owned by family member (02)
- Apartment leased by participant, not assisted living (03)
- Apartment leased by participant, assisted living (04)
- Group home of no more than 4 unrelated people (05)

If the participant intends to live with family, note the address/location of the home and who lives at the home. Inquire whether the participant has anyone that she/he wants to live with and note contact information and whether the participant has used HCBS waiver services in the past.

**Financial Data, Income and Resources:** Complete the Income and Resources Table. Complete a review of facility records to confirm self-reported information. Identify sources of income and other financial resources available to the participant. Determine if Medicaid is paying for the inpatient stay and ask if the participant is eligible for Medicaid, but subject to transfer of asset penalty.

**Healthcare Needs:** Include the self-reported disability/diagnoses on the *Screening Form*. Include the contact information for the doctor who treats the participant at the inpatient facility. Note whether the participant will need a new primary care provider or a new clinic in the community? Find out whether the participant needs assistance taking daily medications. Ask about specialized medical equipment (DME) and the about the use of assistive technology devices. Determine which equipment or devices need to be obtained, either because the participant doesn't own them or because the equipment is old/non-functional and needs to be replaced.

**Functional Needs:** Complete the functional needs assessment. Indicate participant responses in the table provided in order to identify unmet need for assistance in the community. In the third column (far right) indicate sources of assistance in the community, non-Medicaid resources available to assist the participant and assistive technology and durable medical equipment that the participant uses.

**Waiver Referral:** Discuss waiver options with the participant/family and identify how MFP transition services are integrated with HCBS waiver services. Assist the participant/family to decide which waiver application will be completed and submitted. Indicate the waiver referral and date of referral and the date the waiver application was submitted.

**Document Checklist:** attach requested documentation and send copies to appropriate agencies and DCH MFP.

**NOTE Regarding Refusal of MFP and Ineligibility:** In a face-to-face meeting with an inpatient, field personnel are required to provide information about MFP, the HCBS booklet and a brochure about MFP.

This information is reviewed with the inpatient. After the informed consent is explained to the inpatient and she/he **refuses** to give consent (to sign the informed consent), there is no reason to continue with the screening. In this situation, field personnel are required to obtain the inpatient's signature on Q39 of the MFP Screening Form. In such cases, the inpatient is to receive options counseling. Field personnel add the inpatient's information to a 'tickler' file and call back on the inpatient in the future and when appropriate, provide the option to participate in MFP.

If during a face-to-face screening, an inpatient is found to be **ineligible** based on MFP eligibility criteria, then there is no reason to continue the screening. In such cases, the inpatient is to receive options counseling. Field personnel add the inpatient's information to a 'tickler' file and call back on the inpatient in the future and when appropriate, provide the option to participate in MFP when eligibility criteria have been satisfied. In both cases the *MFP Transition Screening Form* must be submitted even when the person being screened refuses participation or is found to be ineligible. If the person refuses participation, be sure to have the person sign and date Q39.

**Review of Medical Records:** Self-reported information from the inpatient is verified with facility staff and during the review of patient records. MFP field personnel obtain the participant's signature (or guardian as appropriate) on the *MFP Release of Health Information* (see *Appendix D2*). This will allow for the review medical records that the inpatient facility maintains on the participant, including the FACE-sheet, *Medication Administration Record (MAR)*, the Minimum Data Set (MDS) Resident Assessment Protocol (RAP) Summary, physician orders, therapy reports, clinical notes and Medicaid eligibility status. During review of medical records, field personnel review the MAR and the MDS RAP with clinical staff and with the participant to ensure that the information is up to date and reflects the participant's functional needs. Other medical records and assessments will be available on some participants, but the FACE-sheet, MAR and MDS RAP summary are available on all participants. If inpatient facility staff are not forthcoming with information and records, then MFP field personnel are directed to remind facility staff of their obligation under Medicaid/Peachcare for Kids Part I, Section 106 (R), (S), (T) and (U), to disclose such information, or be considered in violation of this requirement and subject to provider adverse actions (Sections 400 and 500).

**MFP Eligibility Determination:** Field personnel are required to assess a participant's eligibility for the demonstration based on MFP eligibility criteria (for details, see Section 601.2). The screening and enrollment process provides information that can be used to make an eligibility determination for MFP. Field personnel are required to inform participants when participants are determined to be ineligible for MFP. For a detailed review of this process, refer to *Chapter 605, Section 605.5 Participant Denial, Suspension or Termination from MFP*.

## 601.8

### *Minimum Requirement for Person-Centered Planning*

Rev 4/2014

Person-centered transition planning focuses on what participants can and want to do in their lives. The planning process addresses participant's goals, needs, and preferences. The focus on person-centered planning helps insure that participants are included in defining the direction of their lives and identifying resources available to help them achieve their goals. The principles of person-centered planning are used throughout the screening, transition planning, discharge and follow-up phases of MFP. Facilitating person-centered planning is an essential role of MFP field personnel and as such, they are required to engage participants in all phases of the MFP transition process by doing the following:

- Ensuring that the participant (and guardian as appropriate) is included in meetings and decision-making during the transition process and assisting the participant to lead the meetings/make decisions, to the greatest extent possible.
- Assisting the participant to invite anyone they want to the transition planning meeting. At least one formal or informal community supporter (other than MFP field personnel) must be included.
- Holding planning meetings in a manner that respects the individual's culture and is conducted in a language the individual understands. Interpreters or communication devices should be provided if needed.
- Explaining each step of the transition process to the participant, assisting the participant to prepare for transition planning meeting(s).
- Directing questions and decision-making back to the participant, using questions such as: "what do you think?"
- Assisting the participant to identify her/his goals, strengths, needs, resources and choices.
- Encouraging/expecting the participant to do as much as possible in planning the move to the community, e.g. calling the utility company and asking about rates, doing onsite reviews of housing, and/or identifying and using transportation options.
- Supporting the participant in managing the paperwork associated with the transition process. Paperwork will come directly to the participant from agencies and most will require timely responses. Assisting the participant to organize this paperwork and coaching her/him to make timely responses.
- Clarifying how conflicts or differences among transition team members will be resolved.

Some MFP field personnel are trained facilitators and equipped to use personal futures planning tools including, MAPs, PATHs, Life Books or similar tools. These field personnel are encouraged (but not required) to use these tools to assist

the participant to express a positive vision for their future, visualize their goals and then discover local community resources available to achieve these goals.

The circle-of-support is used to identify persons the participant wants to be involved in the person-centered transition planning process. MFP field personnel convene the circle-of-support on a formal basis as required in person-centered planning to complete and sign the *Individualized Transition Plan (ITP)*. If the participant cannot identify community members, family members and friends to join the circle-of-support, MFP field personnel assist the participant to reach out to and develop these relationships while continuing the transition planning process. At least one formal or informal community supporter (other than MFP field personnel) must be included and at least one meeting must be convened to complete and sign the ITP. If field personnel cannot involve at least one community supporter and convene and facilitate at least one planning meeting to complete and sign the ITP, field personnel must document efforts to complete these tasks. Specifically, an explanation of why it was not possible to complete these minimum person-centered planning tasks must be included.

During the transition planning meeting(s) with the transition team/circle-of-support, the team develops a plan for the participant's future. Through the process, field personnel facilitate the definition of the participant's future and set a positive and possible goal for within 6 months to a year (see ITP, 601.9 and Appendix O). Once the goal(s) is/are agreed upon, action plans are developed. The participant asks members of the transition team (circle-of-support) to enroll or volunteer to be of support. First steps are decided upon, as well as next steps to be accomplished by specific dates in the near future. The transition team works together to organize and provide the supports necessary to achieve the goal(s). MFP field personnel document the goals, needs, barriers, resources and action plans in the ITP.

### **601.9 Discharge Transition Planning and Individualized Transition Plans**

Rev 4/2014

MFP field personnel use information gathered during the screening and meeting(s) with the participant/family and circle-of-support to complete the *Individualized Transition Plan* (see Appendix O). MFP CBAY participants complete the MFP CBAY 14 Day Planning Process. The ITP contains the basic transition plan. Field personnel must complete the ITP (minimum requirement is to complete pages 1 – 4) prior to transitions from inpatient facility/institutional settings to the community. For questions Q5 – Q15 (should be completed prior to discharge, but can be completed post-discharge if necessary), the ITP must describe each agreed upon goal, barriers to achieving the goal(s), resources needed to achieve the goal, action plans that involve the circle-of-supports/transition team in supportive roles, needed MFP services and requested budget for each identified MFP service.

**Q1. Participant Information:** information should be verified (see inpatient facility records). Indicate the date of the ITP and whether the ITP

is initial or an update to an existing ITP.

**Q2. Important Planning Dates:** indicate the projected discharge date. See Section 601.12 for important details regarding differences in discharge dates based on the HCBS waiver selected.

**Q3. Waiver Name (actual or anticipated):** indicate the waiver the participant has made application to or is expected to be enrolled in, include the contact information for the waiver case manager/care coordinator.

**Q4. Housing Choice/Living Arrangements:** If the participant intends to live with family, note the address/location of the home and who lives at the home. Inquire whether the participant has anyone that she/he wants to live with and note contact information. Note the housing choice expressed by the participant/family based on the following choices:

- Home owned by participant (01)
- Home owned by family member (02)
- Apartment leased by participant, not assisted living (03)
- Apartment leased by participant, assisted living (04)
- Group home of no more than 4 unrelated people (05)

**NOTE:** Identify whether the participant/family ‘Has’ the housing or ‘Needs’ the housing. If the participant is in ‘need’ of housing, describe problem/issue, strategies for resolving and tasks that must be done to secure the choice.

**Q5. Personal Goals/Desired Community Outcomes:** List the participant’s positive vision for her/his future and possible goals, set for within 6 months to a year. Describe each agreed upon goal, barriers to achieving the goal(s), resources needed to achieve the goal, and action plans that involve the circle-of-supports/transition team in supportive roles.

**Q6. Health and Nutrition Needs/Goals:** In the table provided, list needs related to health and nutrition. Will the participant need a new primary doctor or will she/he need to locate a new clinic in the community? Who will be responsible for assisting the participant in locating the personal doctor or clinic and making an appointment after discharge?

- current medications/dosages, how a 30 day supply of current medications will be obtained
- self-administration of medication and/or assistance needed
- medical supplies needed and source of supplies (bags and tubing formula, pump, syringes, etc.)
- chronic conditions and care routines,
- needed clinic visits, vision, hearing and/or dental services from an

- appropriate professional practitioner
- transfers/lifting/positioning needs (shift positions in bed, pressure relief in wheelchair, etc.)
- current skin care and wound care routines (if the participant has current skin and/or wound care needs. Note who will ensure that the participant makes and keeps appointments with a wound/seating clinic, prior to discharge)
- training needed by the participant and volunteer caregivers

**Nutritional Goals:** List nutritional needs and goals in the table provided. The participant may need several weeks of food supply, due to period of time between day of discharge and arrival of social security check. If so, describe how this food will be obtained and who will assist the participant to obtain necessary grocery items.

- diet; dietary restrictions (food allergies, low fat, low sugar, low sodium, etc.)
- food intake/preferences and food preparation strategies
- if needed, food stamps application at DFCS,
- if needed, food supplies from food banks, vouchers, etc.
- home health services to assist and continue to train the participant after discharge,
- services that are needed to ensure that the participant achieves health and nutritional goals.

**Q7. Sensory/Communication Goals:** List goals for improved vision, hearing, dental, mobility and speech/language/personal communication. Identify barriers that need to be removed to achieve these goals and describe the plan for barrier removal. Indicate the need for additional services and resources available to remove barriers/achieve goals (see Appendix M1 and M2 for additional details).

**Q8. 24/7 Emergency Backup Plans:** List:

- risks to the MFP participant's health, welfare and safety based on transition to choice of residence type
- an individualized contingency plan for emergency back-up for each identified risk to health and safety in the preferred community living environment
- plans for equipment failures, transportation failures, natural disasters, power outages and interruptions in routine care
- how the 24/7 backup plan will function and be tested and updated; include a description of who will be included in the participant's backup contacts (Primary Care Provider, DME vendor, pharmacy, home health agency, MFP field personnel, waiver case manager, agency providing personal support services (PSS), backup provided by circle-of-friends, etc.).

**Q9. Social and Recreational Goals:** List major social and recreational

goals, barriers to achieving goals and a plan for barrier removal based on the following:

- goals (interests/preferences) and activities/strategies that address the problem of isolation - recognize the signs of isolation, the dangers of isolation and strategies to address isolation necessary to avoid reinstitutionalization
- type and frequency of recreational/social activities (i.e. clubs, church/Sunday school attendance, bible study, baseball games, family gatherings, shopping, etc.) with transportation arrangements
- an address book (or similar) with contact information for circle-of-friends, emergency back-up, CM/CC, vendors, strategies used to connect old friends, etc.
- a date calendar book (or similar) for tracking events and activities
- hobbies or crafts (sewing, quilting, modeling, etc) projects, and/or volunteer activities
- plans for holidays, holiday traditions

**Q10. Household/Personal Care Goals:** List goals related to identified needs from the *MFP Transition Screening Form*, Q34 (the modified DON-R). Identify barriers that need to be removed to achieve these goals and describe the plan for barrier removal. Indicate the need for additional services and other resources available to remove barriers and achieve goals (see Appendix M3 for additional details). Discuss and note the following:

- personal care routines, goals, the degree of personal independence desired by the participant;
- amount/type of assistance needed for ADLs and IADLs
- independent living skills attained and what additional Life Skills Coaching (LSC) needed
- Review Self Care and Personal Support Services (PSS)

**Q11. Assistive Technology (AT) and/or Durable Medical Equipment (DME) Use and Needs:** Based on the results of the *MFP Transition Screening Form* Q32 and Q33, discuss and list needs/goals, barriers/resources and a plan for:

- durable medical equipment (DME) to maintain and/or improve current functioning, health, welfare and safety of the participant, including transfers/lifting/positioning (shift positions in bed, pressure relief in wheelchair, etc.)
- assistive technology (AT) devices needed to maintain and/or improve current function in ADLs and IADLs, control of environments and AT needed to improve or maintain health, welfare and safety and needed to achieve vocational goals,
- observe the participant using the DME and AT and note whether DME and AT devices appear to work well or whether the equipment or devices appear to need to be replaced to achieve the

goals of the participant

- the process to assist mobility device users to obtain a referral to and schedule an appointment with a seating and mobility (aka, a wheelchair) clinic and complex rehab technology specialist; how follow-up will be done and plans to ensure that the appointment is scheduled and completed by the participant,
- the procurement process for DME (obtained using the participant's regular Medicaid DME benefit),
- the procurement process for obtaining needed AT devices and services that are not otherwise covered by Medicaid but can be procured using MFP

**Q12. Community Access/Transportation Goals:** list transportation goals, need for and barriers to local public and private transportation options and a plan to include (see Appendix N for more details):

- access to and use of Non-emergency transportation provider
- access to and use of Para-Transit, Dial-A-Ride Transportation for Seniors or other local/county public/private transit (where available)
- Life Skills Coaching/travel training needed to use available options,
- transportation for employment, contact vocational rehabilitation for assistance/additional resources
- transportation vouchers needed/available (through ADRCs, CILs, AAA/ADRC/Gateways, etc.)

**Q13. Employment Goals:** List:

- vocational goals, training, volunteering, supported employment, customized and/ OR competitive employment goals
- MFP services that can be used to achieve employment goals, vocational rehabilitation service referrals, referrals to supported employment providers, job clubs, one-stop career centers, etc.
- supports needed to assist in the job search and/or employment setting, including assistive devices for computer access and communication, adapted workstations, ergonomic tools, training (pre-employment, job search, etc.)

**Q14. Other Issues:** identify other issues unique to the participant and necessary for a successful transition, including, but not limited to the following:

- Strategies to involve family and/or friends in the transition

**Q15. Income, Resources and Budget:** Based on income and resource information, work with the participant to develop a budget for community living with guidance and assistance from the circle of support/transition team. Include a budget for community living that

illustrates how rent, utilities, food, transportation, medicines, recreation, etc expenses will be met. Financial goals, barriers, resources to achieving goals

- Identify outstanding financial issues, unpaid utility bills and resources (who, what, when, how, etc.) for resolving and assistance needed to resolve them (i.e. legal aid)

**Part A: MFP Transition Services:** using the table provided, list the MFP Transition Services selected by the participant/transition team, along with the rationale/justification for each service selected. Describe:

- why the MFP service is needed
- how the service(s) will be used to increase or maintain the health, welfare, safety and independence of the participant
- costs - costs must fall within maximum allowed for the service
- initials of participant/family for each MFP service selected

**Part B Waiver and Other Services:** Using the table provided, list the generic waiver and other services (i.e. State Plan, Community Services) needed by the participant, include recommendations from the waiver case manager (when available). Include a general explanation of how waiver and other services will work with MFP transition services to support the participant in the community.

**Transition Plan Assignments:** using the table provided, list the pre-transition, post-discharge and follow-up activity assignments for each member of the transition team and the projected completion date for each assignment. Specific names of team members are included (when possible).

**Signature Page:** MFP field personnel, the participant and each member of the transition team signs the signature page, indicating their agreement to participant in the transition and carry out their assignments.

Prior to discharge, MFP field personnel distribute copies of the completed and signed ITP indicating specific transition assignments to the participant and all persons having an assignment to complete. The team completes assignments before discharge. Team members receive copies of the ITP information when it is updated. The completed copy is forwarded to DCH MFP within three days of completion. In addition, MFP field personnel complete *Authorizations for MFP Transition Services* and the *Quality of Life* survey with the participant prior to discharge.

## **601.10**     ***Authorizations for MFP Transition Services***

Rev 4/2014

To authorize MFP services, MFP field personnel complete the *Authorization for MFP Transition Services* (see Appendix R). Services included are those that were listed in the ITP, discussed at planning meeting(s) and selected and initialed by the participant. Field personnel complete all information requested on the *Authorization* form, including participant contact information. Enter the date of discharge. Check the *Initial Authorization* box, if the authorization is the first submitted for the participant's transition services. Check the *Revised Authorization* for any subsequent authorization. Select or write in the appropriate transition services in the appropriate column. Indicate the dollar amount authorized for the services in the column for that purpose. Authorized dollar amounts can exceed the allowed cost per services as specified on the revised *MFP Transition Services Table* (see Appendix B). Also, note that the total of all transition services cannot exceed \$25,000 in the 365 day demonstration period. Total the transition dollar amounts and enter the total in the "Total Transition \$'s Authorized" box. Enter the MFP field personnel's contact information, save, print and sign the form. Send the completed form via File Transfer Protocol (FTP) to the Fiscal Intermediary for MFP. Send the completed form to the DCH MFP Office via FTP. Use the most recently revised form.

Once submitted, the Fiscal Intermediary considers the initial authorization to be the official authorization for the participant. All MFP service needs that are known at the time are included on the authorization. If additional service needs are discovered after the ITP has been completed and reviewed, field personnel may authorize additional MFP services as needed up to the maximum individual participant budget of \$25,000. This process is described in Chapter 604.3, Request for Additional MFP Services.

## **601.11**     ***Quality of Life Survey***

Rev 4/2014

The Quality of Life survey is being conducted to help the Centers for Medicare and Medicaid Services (CMS) and DCH MFP to understand the perspectives and experiences of MFP participants as they resettle in the community. MFP field personnel receive training on conducting the baseline QoL survey. Baseline QoL surveys must be completed within 30 calendar days prior to inpatient facility discharge. Baseline QoL surveys conducted after the transition to the community should be extremely rare and missed baseline QoL interviews should not occur.

An independent agency under contract with DCH conducts the 2<sup>nd</sup> and 3<sup>rd</sup> administrations of the QOL survey. The 1<sup>st</sup> year follow-up QOL survey is conducted at 12 months post-discharge. Field personnel arrange for a surveyor to complete the QOL survey during the 12<sup>th</sup> month of the participant's community placement. The surveyor contacts the appropriate MFP field personnel and the MFP participant to make arrangements to complete the follow-up survey either face to face or by telephone. The 2<sup>nd</sup> year follow-up QOL survey will be conducted by agency surveyors at 24 months post-discharge.

The Quality of Life survey is only administered to participants based on their first enrollment dates in the MFP demonstration. If a participant completes her/his MFP period of participation and is reinstitutionalized for 90 days or more and re-enrolls in MFP, the participant does not complete another baseline. The participant would complete the first year and second year follow-up QoL surveys, if they had not already been completed. In other words, participants complete only one QoL baseline, one first year follow-up and one second year follow-up survey. If the baseline or a 1<sup>st</sup> year follow-up QoL has been completed but not both, the agency surveyors complete a 2<sup>nd</sup> year follow-up survey.

Note: MFP CBAY participants 18 – 21 years of age when they enroll in MFP CBAY complete the baseline, first year and second year follow-up QoL surveys. Participants younger than 18 years of age when enrolled in MFP CBAY do not complete any version of the QoL survey.

### **601.12 Discharge Day/Moving Day Activities**

Rev 4/2014

Discharge day planning involves several processes that are coordinated by MFP field personnel. Field personnel: 1) complete the *Discharge Day Checklist* (see *Appendix S*) and forward it to DCH MFP office via FTP, 2) obtain documents regarding the termination of institution enrollment in the inpatient facility and forward to the DCH MFP, 3) if the discharging participant is a Social Security Income recipient, field personnel accompany the participant to the local Social Security Administration office and assist the participant to have her/his social security check redirected from the inpatient facility to the participant's bank account, and 4) assist with moving day activities and schedule face-to-face follow-up visits within the first 30 days post-discharge to complete post-discharge planning.

Note: The discharge date from the inpatient facility listed on the DMA-59 must be the MFP enrollment date and MFP project begin date. This date must appear on the *Discharge Day Checklist* and must match the discharge date on the DMA-59.

#### **Completing the Discharge Day Checklist**

MFP field personnel provide contact information in the space provided at the top of the form. Include the date the form was completed. Include the participant's information including the participant's name, new address, DOB, phone number, city, state and zip code. Indicate the dispensation of the address change to DFCS, SSA or Other/Both. From the SEP, complete the items requested as indicated by the key (N=Needed; O=Ordered; S=Secured; N/A=Not Applicable). Provide a short description related to the status of MFP services/items (Home, Household items, Food & Nutrition, Health, Rx Medications, Medical Services/DME, Assistive Technology Devices, Social/Recreational, Financial, Transportation, Other). Indicate the waiver the participant is entering and the participant's waiver case manager's phone number. List the waiver services ordered at discharge. Indicate whether service providers are set to being delivery of services. List the

name of the pharmacy that the participant will use. Indicate the status of the 24/7 emergency plan. Indicate if new participant needs have been discovered in the discharge planning process and how these new needs will be addressed. If the participant elects to make a change from one waiver to another, for example the participant changes from CCSP to ICWP during their MFP period of participation, field personnel complete a *MFP Status Change Form* that includes the information on the new waiver selection. If a participant is discharged without waiver services and elects to receive waiver services during their MFP period of participation, field personnel complete a *MFP Status Change Form* and complete a *Discharge Day Checklist* with the current waiver information.

In the Follow-Up Visits/Quality Management Section, fill in the dates for the 1<sup>st</sup> scheduled face-to-face visit from MFP field personnel and the waiver case manager's 1<sup>st</sup> scheduled visit. As appropriate, fill in the 1<sup>st</sup> scheduled visit from the Home Care Ombudsman and/or the 1<sup>st</sup> scheduled visit from the Peer Supporter. Indicate the status of and the date schedule to complete the Quality of Life survey. In the Participant Tracking Section, indicate who at the DCH MFP office the completed form was forwarded to via FTP and the case manager who received the form. Finally, the completed form is signed by MFP field personnel.

### **Changes to Social Security Payments and Medicaid Category of Aid**

On the day of discharge MFP field personnel have specific tasks that must be accomplished regarding changes to participants Social Security payments and Medicaid category of aid.

### **Eligibility Process for SSI MFP Participants**

1. Upon discharge to the community, MFP field personnel obtain and send the DMA-59 to the DCH MFP office via FTP.
2. Field personnel ensure that the participant visits the local Social Security Administration office in-person on the day of discharge. The participant requests that her/his SSI payment is reinstated and deposited directly to the participant's community bank account. Field personnel assist participants to setup a community bank account and provide direct deposit information and new community address/change of address to the SSA office.
3. DCH MFP staff updates the participant's Medicaid category of aid and closes out institutional Medicaid, creates the MFP assignment plan and enrolls the participant in MFP for 365 days.

Note: MFP field personnel are responsible for making sure DCH MFP staff receives completed discharge packets with all required documents necessary for the Medicaid conversion process. DCH MFP staff review all documents for accuracy and completeness. DCH MFP staff submits a complete discharge packet for each participant to DFCS within 5 business days from the date of receipt of said documents from field personnel. DFCS state office staff complete the Medicaid conversion process when they receive a complete packet from DCH MFP staff.

### **Eligibility Process for Non-SSI MFP Participants**

1. Upon discharge to the community, MFP field personnel send the waiver communicator, DMA-6, and DMA-59 to DCH MFP office. Note: Refer to participant documentation requirements – Section 601.4.

### **Eligibility Process for MFP Participants Transitioning to SOURCE**

1. Once SOURCE Case Management has a DMA-6, MFP field personnel ensure that it is sent to DCH MFP office via FTP.
2. In order to minimize delays and ensure services can begin promptly, discharge for SOURCE participants should happen on or close to the last day of the month, as early in the day as possible due to the required visit to the SSA office. In months where the last day falls on a weekend or holiday, it is recommended that discharges occur on or close to the last business day of the month.
3. Field personnel send the DMA-59 to the DCH MFP office as early as possible on the day of discharge. DCH MFP office staff updates the participant's Medicaid category of aid and closes out institutional Medicaid.
4. Field personnel arrange for the participant to visit the local Social Security Administration office in-person on the day of discharge. For participants who remained on SSI while in the inpatient facility, this step will be to confirm discharge and new living arrangements, so that participants can begin receiving their full check deposited into their community bank account. For those who lost SSI eligibility while in the inpatient facility, this step will be to re-establish eligibility and receive a certification of eligibility letter (letter may be received that day or may be issued by SSA at a later date).
5. DCH MFP office staff updates the Medicaid category of aid system with member SSI eligibility to complete termination of institutional Medicaid category of aid.
6. Once the Medicaid institutional category of aid has been ended, DCH MFP office staff ensures that the system is updated and that the SOURCE and MFP assignment plans are retroactive to the date of discharge.

### **601.13 *Waiting List for MFP Participation***

Funding for the MFP program is limited. Waiver services are limited. There are a limited number of waiver 'slots' of reserved capacity in each waiver. Therefore, only a certain number of participants receive services based on available funds. When reserved waiver capacity is exceeded, MFP uses a 'first-come-first-served' approach to service delivery. The date of the initial MFP screening will be used to prioritize the MFP waiting list. This date can be found on the first page of the *MFP Transition Screening Form* (see Appendix G). An MFP participant will be selected from the waiting list, based on length of time on the waiting list. With regard to waiver waiting lists, the State will amend the MFP Operational Protocol

to reflect the Olmstead agreement, as these protocols are developed and implemented.

# CHAPTER 602: HOUSING AND TRANSPORTATION

## **602.1**     *Introduction*

Locating affordable, accessible, integrated and safe housing can be a challenging barrier to transitioning to the community. As MFP field personnel work with participants to investigate and assess housing options, all housing needs must be discovered, including type of qualified housing, location, accessibility, number of beds/baths needed, neighborhood, access to services and availability of public/private transportation. It is often the lack of affordable and/or accessible housing that caused the person to enter the nursing facility in the first place. It is important to begin exploring available housing options with the participant as soon as possible, during the MFP Screening process as described in 601.7.

While most MFP participants will qualify for rental assistance or rental subsidy programs, there are often waiting lists for these programs. To avoid delays in moving, begin to identify and research housing options with participants/families during the screening process. Use and demonstrate housing search tools such as Georgia Housing Search ([www.georgiahousingsearch.org](http://www.georgiahousingsearch.org)) and include the participant's circle-of-support, peer supporters, housing specialists at Centers for Independent Living (CILs), ADRCs and AAA ADRC/Gateway offices in the housing search process. The participant's former neighbors and church members may be able to help find housing in the community. Other alternatives include personal care homes (with 4 or fewer unrelated adults), roommate match services and sharing housing with someone who has similar needs.

To assist participants to locate housing, field personnel 1) identify needs for and qualified housing types, 2) use housing search tools to locate housing options, 3) review housing resources, 4) assist with rental subsidy program (voucher) applications, 5) assist with the arrangement and management of home inspection and environmental modification services, 6), assist with making security and utility deposits for establishing a residence and 7) assist participants to identify and test/try out transportation options.

## **602.2**     *Types of Qualified Residences*

Field personnel must know and understand the definition of "qualified residence" and be able to assist participants in the housing search. The Federal 2005 Deficit Reduction Act (DRA, P.L. 109-171, Title VI, Subtitle A, Ch. 6, Subch. B, S 6071, 120 Stat. 102) established funding for the Money Follows the Person Rebalancing Demonstration. The MFP Rebalancing Demonstration was amended by the 2010 Patient Protection and Affordable Care Act (ACA, P.L. 111-148, Title II, Subtitle E, S 2403(a), (b)(1), 124 Stat. 304). See Appendix A to review the statute from the US Code of Federal Regulations in its entirety. The term "qualified residence" means, with respect to an eligible individual--

(A) a home owned or leased by the individual or the individual's family member;

(B) an apartment with an individual lease, with lockable access and egress, and which includes living, sleeping, bathing, and cooking areas over which the individual or the individual's family has domain and control; and

(C) a residence, in a community-based residential setting, in which no more than 4 unrelated individuals reside.

The statute does not provide an exhaustive list of all types of living situations; rather, it identifies components that must be present in a qualified residence and conversely, components that would disqualify a residence from consideration for MFP. Separation of housing and services often allows for greater levels of self-direction for MFP participants; however, some persons may prefer services and supports that are an integral component of their home in the community. A variety of living situations, including supportive housing arrangements are acceptable, but all residences should honor personal choice and control of MFP participants and afford opportunities for independence and community integration.

**A qualified residence can be described as:**

**(A) a home owned or leased by the individual or the individual's family member; the lease/deed must be held by the individual or the individual's family member.**

- If leased, the leaseholder must be the MFP participant or a family representative.
- If an MFP participant would like to share the home they own or lease with other private individuals, including other MFP participant(s), they may either:
  - Sublet or rent their home with a lease granting the other individual(s) exclusive possession to the space being leased or sublet; or
  - Enter into a co-ownership or co-leasing arrangement with the other private individual(s).

In either of these circumstances, all parties must retain independent and equal legal rights to enforcement of the lease and/or ownership responsibilities and, if the other parties are MFP participants, those individuals retain responsibility for meeting the qualified residence requirements.

**(B) an apartment with an individual lease, with lockable access and exit, and which includes living, sleeping, bathing, and cooking areas over which the individual or the individual's family has domain and control.**

- The dwelling must have a lease that is considered a legal document by all parties signing or referenced in the lease. The lease may be signed by someone other than the individual or the individual's family representative. The lease must not name anyone other than the MFP participant or a family representative as having domain and control over living, sleeping, bathing, and cooking areas of the dwelling.
- The building must give access to the community. For example, in order to assure security, safety or privacy many apartment complexes have gates, multiple doors, or security guard checkpoints leading to an exit on the street outside of the complex. Each tenant or their family representative must be provided a key, identification card, or keypunch number to easily get in or out of a complex or facility 24 hours a day.
- The apartment in which the MFP participant resides must be consistent with federal fair housing guidelines.

To be a qualified residence under MFP, leases should **not**:

- Include rules and/or regulations from a service agency *as conditions of tenancy* or include a requirement to receive services from a specific company;
- Require notification of periods of absence, e.g. a person who is absent from a facility for more than 15 consecutive days, or discuss transfer to a nursing facility or hospital;
- Include provisions for being admitted, discharged, or transferred out of or into a facility; or
- Reserve the right to assign apartments and change apartment assignments.

**(C) a residence, in a community-based residential setting, in which no more than 4 unrelated individuals reside.**

- This residence may be owned and operated by a person or organization other than the individual.
- A residence in which no more than 4 unrelated individuals reside and that is part of a larger congregate care setting (campus) separated from typical community dwellings would not be considered a qualified residence.
- Caregivers, such as personal attendants, are not counted in the four maximum unrelated individuals.

### 602.3 *Housing Search Tools and Strategies*

Rev 4/2014

Participants are guided through the housing search using various tools. See *Appendix M1: Documents and Information for Housing Searches* for additional information needed to conduct housing searches. Field personnel use the *Housing Searches & Resources DESKAID* to assist participants with housing search strategies by type of housing (see Appendix Q4).

#### **Housing Search Strategies**

Begin the housing search early in the transition process and engage the circle-of-support, former neighbors, church members, volunteers and professionals in the housing search. Assist participants to ask friends and family members for housing referrals. Friends and family members may know of vacancies before landlords, in some cases.

Assist participants to use housing search tools including the **Georgia Housing Search** (Toll Free at 1-877-428-8844 or [www.georgiahousingsearch.org](http://www.georgiahousingsearch.org)) and affordable housing hotlines provided by nonprofit organizations. The Georgia Housing Search is free and provides a toll-free number for participants who are blind and/or do not have internet access. The website and toll-free number are bilingual. Participant will find available housing information on affordable units, amenities and on accessibility. Low Income Housing Tax Credit properties (LIHTC) can be identified using Georgia Housing Search tool.

MFP field personnel can apply for and receive access to tools behind the public interface. With the cooperation of Pathways, field personnel can gain access to the Special Needs Housing tools. To gain access to Special Needs Housing tools:

- Contact SocialServe at 1-877-428-8844 and request access to housing units targeting special populations
- SocialServe verifies membership in Pathways (to ensure confidentiality training) via a membership list provided by the Department of Community Affairs (DCA) on a regular basis
- If field personnel are not members of Pathways, their employing agency is informed about the need for personnel to complete the confidentiality training. There is no cost to field personnel to complete the confidentiality training and it is available at [www.pcni.info](http://www.pcni.info)
- Once completed, field personnel will be added to the Pathways list at [www.pcni.info](http://www.pcni.info) and SocialServe will provide system access logon to the employing agency.
- The employing agency is responsible for administration of system access logon for field personnel and other agency staff members. DCA monitors the employing agency for compliance.

In addition to Georgia Housing Search, participants should be assisted to locate and use housing resource lists from non-profit agencies including the United Way (call 2-1-1 or follow the link to

<http://www.unitedwayatlanta.org/docs/211/HousingDirectory.pdf> ) and the County Task Forces for the Homeless. Assist participants to make contact with local housing specialists at Centers for Independent Living (CILs), Aging and Disability Resource Connections and at AAA ADRC/Gateway Networks. One ADRC, The Atlanta Regional Commission, maintains a database of resources for older adults, including housing resources, and can be accessed by calling ARC at 404-463-3333 or <http://www.agewiseconnections.com>.

Participants should be assisted to find affordable housing using online resources:

- <http://www.hud.gov/apps/section8/index.cfm>
- [www.lowincomeapartmentfinder.com](http://www.lowincomeapartmentfinder.com)
- [www.affordablehousingonline.com/](http://www.affordablehousingonline.com/)
- [www.forrent.com](http://www.forrent.com)
- [http://rdmfhrentals.sc.egov.usda.gov/RDMFHRentals/select\\_state.jsp](http://rdmfhrentals.sc.egov.usda.gov/RDMFHRentals/select_state.jsp)
- [www.senioroutlook.com](http://www.senioroutlook.com) for apartments for older adult participants, and
- Apartment finder magazines and local newspaper classified ads online.

Alternatives such as house sharing and roommates should be discussed ([www.atlantajcc.org](http://www.atlantajcc.org)). Certain types of group living arrangements should also be investigated and are covered in more detail later in this chapter.

Often, it will be necessary and beneficial for participants to drive and/or walk or wheel around various neighborhoods, especially if the participant is looking for a house to rent. Before renting, drive/walk/wheel around the prospective neighborhood or complex in the evening when people are home, to get a better picture of what the neighborhood is like. Using environmental scans to assist participants to review housing on site. An environmental scan is used to evaluate the dwelling (see Appendix M1 for details).

#### **602.4 Subsidized and Other Housing Resources**

Rev 4/2014

In addition to housing searches for affordable housing, assist participants to search for subsidized housing. Three types of subsidized housing can be investigated: public housing owned by Public Housing Agencies (PHAs), subsidized housing not owned by PHAs and Housing Choice Voucher programs (see Section 602.5). Properties owned or managed by PHAs, with rent based on 30% of the household's income or approved flat rental rates, are located in senior communities, family communities and mixed income communities. Participants are assisted to apply directly at the community or communities where the participant wishes to live. Participants cannot apply to these properties at the PHA office, but must instead apply at the community or communities of choice. Most of these properties have long waiting lists for units. Generally, the property opens their waiting list once or twice a year. The best strategy is to start the housing search early and remain vigilant in watching for the community's waiting list to open. For a list of Georgia Public Housing Authorities, follow the link to [www.hud.gov/offices/pih/pha/contacts/states/ga.cfm](http://www.hud.gov/offices/pih/pha/contacts/states/ga.cfm)

### **Subsidized Housing not Owned by PHAs**

Properties not owned or managed by a local Public Housing Agencies, with rent based on 30% of household's income, should also be considered. The participant is assisted to apply directly at the property or by contacting the property owner or manager. For a listing of the affordable, subsidized housing properties (not owned by PHAs) in Georgia, follow the link to <http://www.hud.gov/apps/section8/index.cfm> Properties that are subsidized indicate this using the letters BOI (based on income) and/or LIHTC (low-income housing tax credit). These typically indicate that the rental rate of the unit is based on the tenant's monthly income. No pre-approval is needed to apply.

The US Department of Housing & Urban Development (HUD) funds subsidized and accessible Section 811 housing in privately owned apartment complexes throughout the state. Through this program, apartment managers and owners set aside a percentage of the units in a property for tenants with very low income. HUD designed this project-based rental assistance program with current MFP participants in mind. For an application, contact DCA Housing Development Coordinator, Patrick Brown at [patrick.brown@dch.ga.gov](mailto:patrick.brown@dch.ga.gov)

### **Subsidized Housing and Criminal Background Checks**

To qualify for subsidized housing, the MFP participant and members of the participant's household must pass a criminal background screening. MFP field personnel inform participants that a criminal history that includes convictions for felonious drug and violent criminal activity may impact their ability to obtain subsidized housing. Participant with criminal histories should be assisted to identify other housing options when necessary.

High rise apartments should be considered in the housing search. Some high rise apartments are owned by PHAs and some are subsidized but not owned by a PHA. The high rise apartment must meet the MFP qualified residence requirements. The participant's lease cannot include any of the following stipulations:

- That the landlord has the right to assign/change apartments,
- Requiring the tenant to give notice of absences,
- Requiring the tenant to receive services offered in the building as a condition of tenancy (also known as bundling housing and services or permanent supportive housing). In other words, if the high rise apartment building offers a set of services to residents that they are required to use in order to live in the building, this would not meet MFP qualified residence criteria.

### **602.5 Personal Care Homes**

Rev 4/2014

Personal Care Homes are options that should be considered; as long as they meet the MFP qualified residence guidelines (see 602.2 C above). The DCH office of

Healthcare Facility Regulation (HFR) has regulatory oversight of these homes and establishes minimum standards for their operation.

Contact DCH MFP for lists of PCHs throughout the state. If wheelchair access is needed, request a listing that includes wheelchair accessibility. Questions regarding the use of MFP services by participants moving into a PCH, including the use of MFP funds to do environmental modifications to a PCH should be directed to the DCH MFP at 404-651-9961. Questions about admission or denials of admission to a PCH should be directed to HFR at 404-657-5856.

When describing the benefits of PCHs to MFP participants, field personnel make participants aware of the admission process, including the PCH required Resident Needs Assessment. Prior to the visit to the PCH, field personnel prepare participants for the Resident Needs Assessment interview. This should include a brief discussion regarding the participant's functional capacity relative to the activities of daily living, physical care needs, medical care needs, cognitive and behavioral needs, if any, and personal preferences relative to personal care needs and all MFP services, strategies and/or equipment that can be used to assist the participant (for more see, *Rules and Regulations for Personal Care Homes, Chapter 111-8-62.17(8)*)

In addition to completing the Resident Needs Assessment, to be considered for residency in a PCH, an MFP participant must meet certain criteria. Field personnel discuss the following criteria with the participant and identify MFP services, strategies and equipment that can be used to assist the participant to -

- move from place to place by walking, either unaided or aided by prosthesis, brace, cane, crutches, walker or hand rails, or by propelling a wheelchair or scooter;
- respond to an emergency condition and escape with minimal human assistance (such as verbal and physical cueing or guiding to an exit), for more information see *Rules and Regulations for Personal Care Homes, Chapter 111-8-62.03(d)* and/or;
- transfer with assistance from a sitting or reclining position and based on verbal directions, be able to self-propel to the nearest exit, for more information see *Rules and Regulation for Personal Care Homes, Chapter 111-8-62.15(b)*.

As long as an MFP participant transitions into a PCH with four or fewer unrelated residents, the participant continues to be eligible for MFP transition services (for the MFP period of participation) and waiver services. On the other hand, if the participant decides to move to a larger PCH, the participant would be at risk for losing MFP services.

### **Apartment Application Fees**

MFP Security Deposits funds can be used to pay apartment complex application

fees. For more information on the payment of apartment complex application fees, see Appendix M1: *Documentation & Information for Housing Searches*.

### **Housing Discrimination**

Field personnel are obligated to report housing discrimination encountered during the housing search. The Fair Housing Act (Regulations at 24 CFR Part 100) prohibits discrimination based on race, color, religion, national origin, sex, familial status, and disability. The Fair Housing Act prohibits discrimination by any person or entity involved in housing or housing related transactions, including in the terms and conditions offered with respect to housing. This might include:

- Refusal to rent
- Refusal to provide reasonable accommodations
- Refusal to make or allow structural changes needed to enable use of housing
- Overbroad or illegal inquiries into disability, including the requirement that the person with a disability has the “ability to live independently”
- Refusal to allow unrelated persons to live in community (zoning issues)
- Imposition of different terms or conditions of housing
- Failure to construct accessible housing as required by federal laws

If the participant has been trying to rent a home or apartment and the participant or MFP field personnel believes that the participant’s rights have been violated, field personnel assist the participant to file a fair housing complaint. Contact DCH MFP office to inform office staff of the Fair Housing Act complaint. There are several ways to file a complaint:

Follow the link to the HUD site and complete and submit the complaint form online at <http://www.hud.gov/complaints/housediscrim.cfm>, or print out and complete the complaint form, and mail it to:

Office of Fair Housing and Equal Opportunity  
Department of Housing and Urban Development  
Room 5204  
451 Seventh St. SW  
Washington, DC 20410-2000

There are also private agencies which help investigate allegations and prepare complaints. Although this agency is located in the Atlanta area, it will provide advice and assistance to participants in other parts of the state:

Metro Fair Housing Services  
1083 Austin Avenue, NE  
P. O. Box 5467  
Atlanta, Georgia 30307  
(800) 441-8393 or (404) 221-0147

For more information on housing discrimination, see Appendix M1: *Documentation & Information for Housing Searches*.

## 602.6 Section 8 Housing Choice Voucher (HCV) Programs

Rev 4/2014

Several metro Public Housing Authorities (PHAs) and Department of Community Affairs (DCA) have partnered with DCH MFP. Under such partnerships, these agencies have set aside Section 8 Housing Choice Vouchers (HCVs) for MFP participants. The goal of the initiative is to provide safe, decent and affordable housing to qualified MFP participants transitioning from institutional settings to qualified residences in the community. These partnerships provide limited HCVs that can be used by MFP participants in designated areas. The MFP Housing Manager communicates availability to field personnel. Field personnel provide assistance and the necessary supports needed for the MFP participant to take advantage of and participate in these HCV programs.

DCA has reserved HCVs for MFP participants through the TBRA Back Home Program. The Back Home program provides a 24 month bridge rental subsidy through DCA. MFP participants can take advantage of this TBRA Back Home program by locating housing that will accept HCVs in the areas served by DCA. DCA serves 149 of the State's 159 counties. For more information, email [HOMETBRA@dch.ga.gov](mailto:HOMETBRA@dch.ga.gov) or call (404) 982-3581, or follow the link to obtain an application:

- [www.dca.ga.gov/housing/SpecialNeeds/programs/tbraForms.asp](http://www.dca.ga.gov/housing/SpecialNeeds/programs/tbraForms.asp)
- MFP field personnel make referrals and assist participants to complete applications
- current and former MFP participants may be referred to the Program

Additionally, the Decatur Housing Authority has reserved HCVs available for current MFP participants. Field personnel follow the steps outlined below when assisting a MFP participant to acquire a HCV.

Once the ITP has been completed, the participant is assisted with the following steps to secure a housing choice voucher.

1. Field personnel assist participants to complete the *MFP Referral Letter for Housing Choice Voucher Program* (see *Appendix AA*). The completed referral letter is legible and is forwarded to the MFP Housing Manager/MFP office.
2. Field personnel receive the HCV application packet for the participant,
3. Field personnel complete the *Application for Section 8 Rental Assistance* with the MFP participant and return the completed application to the appropriate housing agency.
4. Field personnel act as a facilitator during the application process. If the housing agency has questions regarding the application, they contact field personnel and ask for additional information.

5. Field personnel receive the participant's determination status letter, (approval or denial for the program) and share this information with the participant.
6. Upon approval, field personnel attend the scheduled voucher briefing meeting with the MFP participant. This briefing meeting provides an overview of the policies and procedures of the HCV program. Field personnel are required to attend the briefing with the MFP participant to ensure that participant understands the requirements of participation in the HCV program. After the briefing, the voucher will be issued to the MFP participant from the PHA or housing agency. Once the HCV briefing has been completed, a direct line of communication has been established with the PHA or housing agency and all questions or issues that arise can be resolved with the appropriate PHA or housing agency that issued the HCV.
7. Field personnel assist with the housing search for an appropriate community-based housing placement, (apartment, single family home or mobile unit). The landlord or property owner/management company must be willing to accept the Housing Choice Voucher. After the voucher briefing, the participant and field personnel are given 120 days to locate suitable housing. This period can be extended on a case-by-case basis. If an extension to the 120 days is needed, field personnel must contact the PHA or housing agency representative; provide them with a status briefing and a letter of request from the MFP participant asking for the extension.
8. Field personnel assist the participant to notify the PHA or housing agency as to the location of the identified housing selection. Field personnel assist with scheduling the housing inspection by PHA or the housing agency.
9. Field personnel accompany the participant to the housing inspection and to any scheduled contract signings and housing allocation plan meetings.
10. Field personnel ensure that the participant's transition services as specified in the Individualized Transition Plan (ITP) are provided and ensure that waiver services are provided to the participant as specified in the Care Plan/Plan for Services.
11. Field personnel track and report requested HCV program use data to DCH MFP as requested.

### **602.7 Home Inspection and Environmental Modifications**

Rev 4/2014

Field personnel assist participants to manage environmental modifications. MFP provides funding to assist participants to undertake home inspections prior to and after completion of environmental modifications. Home inspections are used to identify and report on needed structural repairs to a qualified residence and to identify and make recommendations for appropriate and cost-effective modifications before they are started. Post-inspections are provided after modifications are complete, in order to ensure quality work and compliance with

relevant building codes and standards. Contact DCH MFP housing manager for assistance in locating qualified home inspectors. Preference should be given to inspectors who are Certified Aging-in-Place Specialists (CAPS), although home inspectors are not required to be CAPS certified. Note that for MFP DD participants, DBHDD uses DCH's Division of Healthcare Facility Regulation to conduct and review home inspections before and after environmental modifications. Results from home inspections conducted and reviewed by HFR are accepted by DCH MFP when completed within 12 months of the participant's discharge date on environmental modifications completed within 6 months of the participant's discharge date (see HFR 603.21 for more information).

MFP provides funds to make physical adaptations to a qualified residence, including a qualified residence under the Section 8 Housing Choice Voucher program or any 'qualified residence' on a case-by-case basis. The service can pay for such things as ramps, structural changes such as widening doorways, the purchase and installation of grab-bars and bathroom modifications. These modifications are done to maintain or improve the independence of the participant in ADLs and to ensure health, welfare and safety, and are intended to be for the sole benefit of the MFP participant. Two scope/bid quotes are required for home modifications. Scope/bid quotes must come from licensed contractors and scope/bids must separate charges for labor and materials. Quotes from contractors must be based on using standard materials. Any materials used beyond basic/standard materials will be subsidized by the property owner.

### **Making Modifications to Publicly-Owned Housing**

Environmental modifications to publicly-owned housing can be paid for using MFP funds and waiver program funds for that purpose. According to CMS MFP policy guidance, modifications within publicly-owned housing are permissible as long as there are no other sources of funding for these modifications, and as long as such modifications are not already the responsibility of the public housing provider. These modifications must be for the sole benefit of the individual in which the claim for home modifications would be made. For example, this policy should not be construed as allowing payment for public access ramps into the building or other accessibility items for the common areas of the building, for which the public housing provider is already required to make in accordance with the Americans with Disabilities Act of 1990 (ADA).

For more information or questions about MFP *Home Inspection (HIS)* and *Environmental Modification (EMD)* services, see Chapter 603, or contact the DCH Housing Manager. After obtaining two quotes from two licensed contractors, complete the *Quote Form for MFP Transition Services* (Appendix T).

## **602.8 Security and Utility Deposits**

Rev 4/2014

Once appropriate housing has been identified, assist participants to secure a qualified residence using MFP funds for application fees and security and utility deposits.. In addition to security deposits, MFP funds may be used to make utility

deposits for a qualified residence. The funds can be used to turn on electricity, gas, water, telephone, cable and Internet service. These funds can be used to pay past due utility bills in order to reconnect services. For more information on MFP Home Inspection and Environmental Modification services, see Chapter 603.

### **602.9    *Transportation Options***

Access to transportation should help determine the location of the housing selected by the MFP participant. The importance of access to community services, especially health services, cannot be overstated. Transportation is essential for access to community services. Most urban areas have some form of public transportation; fewer have para-transit systems.

DCH Medicaid Non-Emergency Transportation (NET) provides transportation for eligible Medicaid members who need access to medical care or services. NET provides services to members when other transportation is not available and eligibility is determined at the time of the contact (see Appendix N).

Assist participants to conduct an inventory of transportation needs as outlined in the ITP. This includes a review of where the person wants to go on a regular and/or intermittent basis. Review transportation that is necessary and/or the specialized transportation equipment that may be needed. Participants should be assisted to complete applications for local para-transit and other local transportation options (see Appendix N: *Transportation Resources*).

In rural areas, transportation options are more limited and may only be available through volunteer services such as local/county public and private transportation resources. Vouchers for travel assistance may be obtained (where and when available) through the ADRCs/ AAA/ADRC/Gateway offices and/or some Centers for Independent Living (CILs).

#### **Transportation Needs Assessment:**

- Look for housing options near transit
- Identify transportation from the nursing facility on moving day
- Identify moving services or assistance from circle-of-friends
- Obtain and assist with applications for public/private/para-transit
- Arrange for vehicle adaptations to a participant's/family vehicle
- Arrange for travel training on fixed-route and para-transit
- Practice getting to regularly scheduled events and take recreational trips
- Review access to transportation for both short-term and on-going needs
- Assist with applications for private/charity/van services

### **Vehicle Adaptations Services**

MFP provides funding to assist participants to pay for vehicle adaptation to a vehicle that is privately owned by the participant or family member. Vehicle adaptations include the installation of driving controls (when applicable), a lift or ramp for wheelchair or scooter access, wheelchair tie-downs and occupant restraints, special seats or other modifications that are needed to provide for the safe access into and out of and operation of the vehicle. Obtain two quotes for the needed adaptations. This service does not cover repairs to the vehicle or to the adaptations once they are installed and operational. Once two quotes have been obtained from two experienced vendors, complete the *Quote Form for MFP Transition Services* (see Appendix T).

# CHAPTER 603: SCOPE OF MFP TRANSITION SERVICES

## 603.1 *Introduction*

This section is designed to be a reference guide to MFP Transition Services. The Chapter begins with information on budget authority for participant-directed MFP services. The section continues with information on certification for vendors and service providers of MFP transition services. This is followed by headings that list and describe each MFP Transition Service. A description of how the service works and how it is used is followed by rate information and exclusions and special conditions that apply.

## 603.2 *Budget Authority for Participant-Directed MFP Services*

Rev 4/2014

Budget authority provides each MFP participant with a flexible budget of \$25,000 that can be used to purchase MFP services based on person-centered planning and documented and authorized in the Individualized Transition Plan (ITP) (see Chapter 601 for more information). Transition planning must include a proposed budget amount for each authorized MFP service, based on need. The total budget for all authorized MFP services cannot exceed the maximum of \$25,000.

## 603.3 *Duplication of Waiver Services*

Rev 4/2014

There are several MFP Transition Services that provide support to participants that are the same or similar to HCBS waiver services, including, Environmental Modifications, Equipment, Vision, Dental and Hearing Services, Specialized Medical Supplies, and Vehicle Adaptations. In the event that MFP grant funding is available to cover these services, the MFP Transition Service should be authorized and used before the participant uses the waiver service. By expending MFP grant funds before the waiver funds are used, participants may be able to preserve or prolong waiver benefits that have an annual or lifetime maximum that may be needed after the MFP period of participation.

## 603.4 *Qualified Vendors and Service Providers*

MFP is expanding opportunities to vendors and service providers by offering training. The MFP *Qualified Vendor and Service Provider (QVSP)* program is part of a larger effort to improve community infrastructure through an Employment, Training and Direct Services Workforce (DSW) development initiative. Initial training is required and additional qualification may be required as new policies and procedures are promulgated.

QVSP training must be completed within 30 days of initial contact with a MFP participant. Training must be completed by vendors and service providers of the following MFP services:

- Peer Community Supporters
- Trial Visit PSS Providers (PSS direct service workers employed to provide PSS services)
- Life Skills Coaches
- Caregivers involved in Caregiver Outreach and Education
- Home Care Ombudsman

The initial MFP QVSP certification involves three steps:

- 1) Go to the MFP website at [www.dch.georgia.gov/mfp](http://www.dch.georgia.gov/mfp) and locate the *MFP Overview Presentation* under the heading, “MFP Training – Webinars”
- 2) Review the 15 minute presentation
- 3) Locate the *MFP Overview Presentation Evaluation Form*; answer the questions on the form and complete the contact information. Save the completed form to your computer and email it to [rgrubbs@dch.ga.gov](mailto:rgrubbs@dch.ga.gov)

DCH MFP office will mail out the QVSP Certificate of Completion after the *MFP Overview Presentation Evaluation Form* is received. The *QVSP Certificate of Completion* must be kept on file by the vendor and made available to MFP field personnel and/or DCH MFP office staff upon request.

### **603.5 Peer Community Support (PES)**

Rev 4/2014

**Description:** This service provides for face-to-face visits to participants for the purpose of discussing transition experiences, problem solving, pursuing leisure and recreational opportunities in the community and building connections to individuals and associations in the community. A case note is required to document each contact. This service is delivered by a QVSP peer supporter (see 603.3 for additional details). The QVSP peer supporters may also be certified peer specialist through the Georgia Peer Support Network (see <http://www.disabilitylink.org/docs/psp/peersupport.html> for more details).

**How It Works:** As selected and justified in the transition plan, peer supporters engage participants in transition-related activities before, during and after transitions. Peer supporters are typically individuals whose life experience is similar to that of the MFP participant. For example, a peer supporter may have a disability (that may or may not be similar to that of the participant) and may have resided in a nursing facility and have familiarity with the barriers faced during transition. Peer supporters assist participants to build circles-of-support, identify community resources, review available housing options, and/or use available transportation options to engage participants in community activities. Three face-to-face contacts are required, additional contacts can be arranged as needed. Participants have the right to suspend and resume periodic contacts during their

MFP period of participation.

**Rate:** Based on need. One unit = one quarter-hour contact, billable in quarter-hour increments, at \$12.50 per unit; used during the MFP period of participation. Rate includes all costs associated with delivery of service.

### 603.6 *Trial Visits-Personal Support Services (PSS)*

Rev 4/2014

**Description:** This service provides for personal support services or residential services during a trial visit to the community before transitioning. The purpose of this service is 1) to give the participant an opportunity to manage and direct 'qualified' (see QVSP 603.3) Personal Support Services (PSS) staff; or 2) to interact with staff in PCH or community residential alternative. In some cases it can be used to assist the PCH owner to identify, develop and improve the PSS staff skills necessary to accommodate the needs of the participant. On a case-by-case basis, this service can be used post-transition when PSS services are arranged but delayed.

**How it works:** As selected and justified in the transition plan, participants use this service to learn to direct or train qualified Personal Support Services (PSS) staff. Participants may need practice managing qualified PSS staff on a trial basis before leaving an inpatient facility. Post-discharge, if the participant's PSS services do not begin within the first 24 hours, this service can be used to fill the service gap. In some cases, the inpatient facility will arrange for assistance during a service gap (discharge until the beginning of waiver PSS). In some cases, arrangements can be made with family and friends for natural supports during this period. When other arrangements cannot be made, the participant can use Trial Visits-PSS. This service may be particularly helpful for participants who have limited natural supports from family and friends. If a PSS provider has already been identified to provide services through a waiver upon discharge, the participant may wish to use this service to have a trial visit with that provider. However, the hours provided through this service do not affect the number of hours that will be provided through the waiver once the participant has discharged.

**PSS Rate:** Based on need, this service pays for personal support services during a trial visit to the community. 1 unit of personal support = the current rate provided by the appropriate waiver. Service is used during the MFP period of participation. This service provides for PSS visits paid at the current rate funded through the waiver the participant will be entering. For example, participants entering the ICWP waiver can receive trial PSS visits with enrolled ICWP providers at a rate per hour that matches the rate paid in that waiver. Under ICWP, CCSP and SOURCE, PSS hours are not to be provided as continuous 24-hour care, but rather in blocks of time consistent with what the participant will be receiving once living in the community. If this service is used post-discharge, it should be integrated with natural supports when and where available.

**PCH/CLA Rate:** Based on need, this service pays for residential services during a trial visit to the community. 1 unit of residential services (to be provided through an enrolled waiver Personal Care Home) = the current PCH per day rate. In NOW/COMP, 1 unit of CLSS/CRA = 1 day at the current rate. Service is used during the MFP period of participation.

### **603.7**     *Household Furnishings (HHF)*

Rev 4/2014

**Description:** This service provides assistance to participants requiring basic household furnishings. This service is intended to provide for initial set-up assistance.

**How It Works:** During the transition planning process, participant's needs are discussed, including identifying any furnishings that they already own (still in their home, in storage, etc.), as well as furnishings available from family, friends, and other sources. As selected and justified in the transition plan, this service details remaining furniture needs and includes them in the transition plan, along with tasks for locating and pricing needed items. Basic household furnishings include but are not limited to items such as: table, chairs, bed, desk, dressers, or large appliances (such as a washer and dryer) that are needed to allow the participant to furnish a room in a PCH, a house or an apartment. This service can be used to obtain basic items such as a personal computer, a printer, a television, a radio or stereo, and/or DVD player that are used by a participant to enhance independence and reduce dependence on service personnel, obtain information related to personal safety, health, welfare, employment and training, communicate, connect with support groups, make medical appointments, order/obtain supplies or groceries, search for resources, arrange transportation services, access weather alert information, attend classes, conduct employment searches or engage in similar activities. Items procured must be functional and based on needs as identified in the ITP. Two quotes are required for purchase of a single piece of equipment costing \$1000 or more. These items are intended for use by or for the participant, and are not intended to replace or upgrade the existing items in the home of a relative. However, it may be necessary to purchase items to supplement those available in the home of a relative in order for the participant to have items available for their own use.

**Rate:** Based on need. This service is used during the MFP period of participation.

### **603.8**     *Household Goods and Supplies (HGS)*

Rev 4/2014

**Description:** This service provides assistance to participants requiring basic household goods (e.g., cookware, toiletries). This service is intended to help the participant with initial set-up assistance to establish a qualified residence, but these funds may be used throughout the year in certain circumstances. This service may include a one-time purchase of groceries. Alcohol and tobacco products cannot be purchased with these funds.

**How It Works:** During the transition planning process, participant's needs are discussed, including any household goods and supplies that they already own, as well as items available from family, friends, and other sources. Selected and justified in the transition plan, this service details the remaining needs for household goods and includes them in the transition plan. Tasks for locating and pricing needed items are identified and delegated. Basic household goods and supplies include, but are not limited to the following; bedding, towels, washcloths, cooking items, cleaning supplies, plates and silverware, etc. Two quotes are required for purchase of a single household good or household supply costing \$1000 or more. See Appendix P: *Startup Household Goods and Supplies* for a list of recommended household startup items. This table can be used to assist the participant to identify what they already have and what is needed. The participant is encouraged and assisted to shop wisely.

**Rate:** Based on need. To be used during the 365 day demonstration period. A portion of the amount authorized can be used for a one-time purchase of groceries.

#### **Further Guidance on Household Goods for Participants in PCHs**

The Division of Healthcare Facilities Regulation within DCH requires that Personal Care Homes provide certain basic furnishings to all residents, but additional items may be necessary to improve the health, safety and well-being of the participant while living in the PCH. These items might include a wardrobe for storing clothes and personal belongings and/or a desk for reading, writing or preparing work for school or employment.

### **603.9 Moving Expenses (MVE)**

Rev 4/2014

**Description:** This service may include rental of a moving van/truck and staff or the use of a moving or delivery service to move a participant's goods to a qualified residence.

**How It Works:** During transition planning, the participant's circle-of-support is asked to assist the participant on moving day, either through the use of their personal vehicles or by providing labor for moving. Selected and justified in the transition plan, this service can then be used to rent a moving van/truck, a trailer, or pay for the services of a moving company or delivery fees associated with newly purchased goods, as appropriate. This service provides assistance to participants who need to have their belongings moved to a qualified residence in the community from where they are located (i.e. the inpatient facility, in storage, with family or friends, or from the place of purchase). Although this service is intended as a one-time set-up service to help establish a qualified residence, under certain circumstances it may be used as needed during the MFP period of participation. Two quotes are required for purchase of a moving service costing \$1000 or more.

**Rate:** Based on need, limited to use during the MFP period of participation.

### 603.10 *Utility Deposits (UTD)*

Rev 4/2014

**Description:** This service is used to assist participants with utility deposits and internet service for a qualified residence.

**How It Works:** As selected and justified in the transition plan, these funds can be used to turn on electricity, gas, water, telephone, cable and internet service. These funds can be used to pay past due utility bills in order to reconnect services to the qualified residence. During the participant's period of MFP participation (365 days of MFP), this service can be used to cover the corresponding cost of 12 months of internet service. Two quotes are required for a single utility deposit costing \$1000 or more. Two quotes are required for 12 months of internet access costing \$1000 or more. Field personnel have two options when arranging for payment of utility deposits.

Option 1: Negotiate with landlords, utility providers and/or internet service providers to accept payment once the participant has discharged from the facility and has moved into their qualified residence. In this case, request a completed *MFP Vendor Payment Request* form (see Appendix U) from the landlord, utility provider and/or internet service provider (ISP). The vendor/ISP completes the MFP Services Rendered For and Payment Instruction sections of the form and the description of the services rendered, including the amount billed. The vendor next submits this form to the MFP field personnel. Field personnel complete the form with the remaining participant information. The completed form is submitted along with an invoice/receipt, a copy of the vendor's W-9 and the *Vendor Import File* (see Appendix V) to both the Fiscal Intermediary and the DCH MFP office via secure transfer protocol. Once the information has been verified and approved, the Fiscal Intermediary issues payment directly to the landlord/utility company and/or ISP.

Option 2: When payment is required in advance of discharge, arrange to pay the landlord, utility company and/or ISP using an agency's company credit card or check. Once the participant discharges, submit the invoice/receipt from the landlord, utility company and/or ISP and the *Vendor Import File* (see Appendix V) to both the Fiscal Intermediary and the DCH MFP office via secure transfer protocol. Once the information has been verified and approved, the Fiscal Intermediary will reimburse the agency and/or ISP for the amount billed.

**Rate:** Based on need. Limited to use during the MFP period of participation.

### 603.11 *Security Deposits (SCD)*

Rev 4/2014

**Description:** This service is used to assist participants with housing application fees and required security deposits for a qualified residence.

**How It Works:** As selected and justified in the transition plan, these funds can be used to pay the security deposit (flat fee, first and last month's rent, etc.) and/or

application fees required to secure a rental unit that meets qualified residence criteria. Field personnel have two options when arranging for payment of security deposits.

Option 1: Negotiate with the landlord or apartment manager to accept payment once the participant has discharged from the facility and has moved into their qualified residence. In this case, request a completed *MFP Vendor Payment Request* form (see Appendix U) from the landlord or apartment manager. The landlord or apartment manager completes the MFP Services Rendered For and Payment Instruction sections of the form and the description of the services rendered, including the amount billed. The landlord or apartment manager next submits this form to the MFP field personnel. Field personnel complete the form with the remaining participant information. The completed form is submitted along with an invoice/receipt, a copy of the vendor's W-9 and the *Vendor Import File* (see Appendix V) to both the Fiscal Intermediary and the DCH MFP office via secure transfer protocol. Once the information has been verified and approved, the Fiscal Intermediary issues payment directly to the landlord or apartment manager.

Option 2: When payment is required in advance of discharge, arrange to pay the landlord or apartment manager using an agency's company credit card or check. Once the participant discharges, submit the invoice/receipt from the landlord or apartment manager and the *Vendor Import File* (see Appendix V) to both the Fiscal Intermediary and the DCH MFP office via secure transfer protocol. Once the information has been verified and approved, the Fiscal Intermediary will reimburse the agency for the amount billed.

There may be occasions when it is necessary for the participant to change residence during the 365 day demonstration period, particularly if health and safety issue are identified. In these instances, it may be possible to use the MFP funds to pay new security deposit.

**Rate:** Based on need. Limited to use during the MFP period of participation.

### **603.12 Transition Support (TSS)**

Rev 4/2014

**Description:** This service provides assistance to help participants with unique transition expenses (obtaining documentation, accessing paid roommate match services, etc.). This service provides funding for needs that are unique to each participant, but necessary for a successful transition.

**How It Works:** As selected and justified in the transition plan, these funds may be used to help participants resolve transition barriers that are unique to each participant. Two quotes are required for purchase of a single transition support service costing \$1000 or more. This service can be used for the following (not an exhaustive list) –

- to obtain a birth certificate or other documentation that requires a fee,
- assistance to pay rental unit application fees
- to pay a past due utility bill that must be paid in order to have a utility turned on

**Rate:** Based on need. Limited to use during the MFP period of participation.

### 603.13 *Transportation (TRN)*

Rev 4/2014

**Description:** This service assists participants with transportation needed to gain access to community services and resources (i.e. housing). This service is used when other forms of transportation are not otherwise available. This service does not replace the Medicaid non-emergency transportation (for medical appointments) or emergency ambulance services.

**How It Works:** As selected and justified in the transition plan, this service assists participants with transportation needed to gain access to community. Transportation funds can be used for trips related to transition, trial visits to the community, viewing housing options and personal care homes to find a suitable, qualified residence, obtaining needed household furnishings, goods and supplies, obtaining documents such as personal identification, transportation needed on the day of discharge and trips related to locating and securing employment and employment-related services. Two quotes are required for purchase of a single trip costing \$1000 or more.

**Rate:** one unit = a one-way trip, service is designed to cover the cost of multiple one-way or round trips based on need. Limited to use during the MFP period of participation.

### 603.14 *Life Skills Coaching (LSC)*

Rev 4/2014

**Description:** This service provides for life skills coaching and independent living skills training. Participants must be assisted to: 1) complete an Individualized Training Needs Assessment (ITNA), 2) complete customized training focused on skill development, lead by a ‘qualified’ trainer/coach (see QVSP 603.3), 3) participate in individual and group activities designed to reinforce skill development, and 4) evaluate the impact of the training. This service requires structured, ‘qualified’ instructor-lead, customized training/coaching based on the results of the ITNA.

**How It Works:** As selected and justified in the transition plan, this service requires an ITNA and the development, delivery and evaluation of customized, instructor-lead training by a ‘qualified’ trainer/coach. This service differs from Peer Community Support because it requires structured, instructor-lead, customized training/coaching. Participants complete an independent living and life skills training needs assessment (ITNA) with assistance from MFP field

personnel or the qualified life skills coach. The service is authorized based on the need for life skills training/coaching. A ‘qualified’ trainer/coach is identified. Trainers/coaches must be knowledgeable in the content area, have experience as IL trainer or life skills coach and complete the QVSP requirement. Together with the participant, the trainer/coach acquires or develops a customized training curriculum based on the results of the individualized needs assessment. The coaching/training is delivered. The training/coaching involves the participant in individual and group activities designed to build and reinforce independent living and life skills.

Training topics may include, but are not limited to the following: building circles-of-support/safety nets/personal safety, managing personal finances, managing health conditions and medications, personal hygiene, home management/cleaning, nutrition management/food prep/cooking, managing personal support services, self-direction, travel training/access to community services, recognizing addiction cycles, coping skills/managing your emotions/positive self-talk, healthy relationships, sexuality and disability, etc.

Once coaching/training is completed, coaches/trainers are responsible for preparing a post-training evaluation (may take various forms including written or observation of skill development). Coaches/trainers use the results of the post-training evaluations to assist participants with referrals to community resources for additional follow-up activities. Qualified trainers, life skills coaches and peer supporters may be used to deliver this service.

**Rate:** Based on need. One unit = one half- hour of contact training/coaching or group/individual training activities, billable at \$25 per half-hour, based on the hours of training/coaching provided, delivered by a qualified trainer/coach. Limited to use during the MFP period of participation.

### **603.15 *Skilled Out-of-Home Respite (SOR)***

Rev 4/2014

**Description:** This service provides for brief periods of support or relief for caregivers or family members caring for an elderly or disabled individual. This service will pay for skilled out-of-home respite necessary during the MFP period of participation. The respite is done at a Georgia qualified nursing facility or community respite provider approved through a Georgia waiver program. On a case-by-case basis this service can be used by a participant who is waiting for environmental modifications to be completed to their qualified residence.

**How It Works:** As selected and justified in the transition plan, this service is provided by a qualified Georgia nursing facility or community respite provider.

**Rate:** One unit = \$134.17 per day, the number of days is based on the participant’s need. Limited to use during the MFP period of participation.

### **603.16 Caregiver Outreach and Education (COE)**

Rev 4/2014

**Description:** This service provides outreach, information, referral and education to ‘qualified’ caregivers (see QVSP 603.3) who support MFP participants. This service includes; 1) an assessment that identifies sources of a caregiver’s stress, 2) consultation and education with a trained specialist to develop a Caregiver Support Plan with strategies to reduce caregiver stress and 3) assistance to identify and obtain local services and resources to meet the caregiver’s needs. The specialist documents activities with case notes. This service is not provided in order to educate paid caregivers. Caregivers participating in this service, are required to become ‘qualified’ under 603.3.

**How It Works:** As selected and justified in the transition plan, this service can be provided to live-in, non-paid caregivers (family members or friends) who provide care, companionship and/or supervision to MFP participants. This service is designed to reduce the stress experienced by caregivers by providing consultation and education on a wide array of services and community resources designed to meet the caregiver’s unique needs. Based on the caregiver’s assessment, a Caregiver Support Plan is developed and used to educate caregivers. Caregiver education may be available through local agencies.

**Rate:** Based on need. 1 unit = one half- hour of contact caregiver training, billable at \$25 per half-hour, based on hours of training/coaching provided, delivered by a qualified caregiver specialist. Limited to use during the MFP period of participation. Rate includes all costs associated with delivery of service.

### **603.17 Home Care Ombudsman (HCO)**

Rev 4/2014

**Description:** This service provides periodic, face-to-face (F2F) contacts made by a ‘qualified’ (see 603.3) home care ombudsman. Together participants and home care ombudsman review the participant’s health, welfare and safety and develop advocacy to assist participants to resolve complaints related to MFP and waiver services and how these services are provided. Service is limited to participants who transition into a qualified residence. Three F2F contacts are required, additional contracts (F2F or phone contacts) can be arranged as needed. A case note is required to document each contact (see 601.4).

**How It Works:** As selected and justified in the transition plan, this service provides regular monthly and periodic face-to-face (F2F) contact for review of transitioned participants’ health, welfare and safety. Qualified home care ombudsmen make visits and phone calls to participants to discuss issues related to MFP and HCBS services they are receiving. Home Care Ombudsmen are qualified by the Office of the State Long-Term Care Ombudsman and are specially trained to assist participants with advocacy strategies that empower participants to respond to and resolve issues arising from MFP and waiver services and how these services are provided. Service is limited to participants who transition into a qualified residence (as defined under DRA of 2006 and

ACA 2010). Contacts occur during the first 30 days post-transition, at 6 months and before the 11th month in the community. A case note is required to document each contact. Three F2F contacts are required at a minimum, along with regular phone contacts. Additional contract (F2F or phone calls) can be arranged as needed. Participants have the right to suspend and resume periodic contacts during the 365 day demonstration period.

MFP field personnel request a completed *MFP Ombudsman Payment Request* form (see Appendix AF) from the Home Care Ombudsman. The ombudsman completes the MFP Services Rendered For and Payment Instruction sections of the form and the description of the services rendered, including the amount billed. The ombudsman next submits this form to MFP field personnel. Field personnel verify the information. The completed form is submitted along with a copy of the ombudsman's W-9 and the *Vendor Import File* (see Appendix V) to both the Fiscal Intermediary and the DCH MFP office via secure transfer protocol. Once the information has been verified and approved, the Fiscal Intermediary issues payment directly to the ombudsman or ombudsman's agency.

**Rate:** Based on need. One unit = one hour contact at \$150 per hour, billable in quarter-hour increments at \$37.50. Limited to use during the MFP period of participation.

### **603.18** *Equipment, Vision, Dental and Hearing Services (EQS)*

Rev 4/2014

**Description:** This service provides equipment, vision, dental, hearing aids and related services and certain types of assistive technology and services that are not otherwise covered by Medicare or Medicaid. Equipment and services obtained are necessary to enable participants to interact more independently and/or reduce dependence on physical supports and enhance quality of life. Service covers one vision examination and one pair of basic prescription glasses and/or one dental examination and cleaning and/or dental work necessary to maintain or improve independence, health, welfare and safety. Service covers hearing aids and related services. Most MFP participants are covered by Medicaid, but some participants have coverage under Medicare as well. For participants who are receiving both Medicare and Medicaid benefits, all equipment that is covered by their Durable Medical Equipment (DME) benefit must be purchased using their DME benefit.

**How It Works:** As selected and justified in the transition plan, these funds can be used to obtain equipment, vision, dental and hearing services, durable medical equipment, adaptive or assistive technology devices, **not covered** by Medicare and Medicaid under the participant's DME benefit. The equipment must be needed to enable a participant to interact more independently, enhance quality of life and reduce dependence. This service does not cover the purchase of supplies such as adult diapers, etc. (see *Specialized Medical Supplies* 603.18, for more information). This service can be used to cover the normal and customary charges associated with one vision examination and one pair of basic, prescription glasses. This service can be used to cover the normal and customary charges for one dental examination and cleaning and/or minor dental restorations necessary to

maintain or improve independence, health, welfare and safety of the participant. This service covers normal and customary charges for basic hearing aids and related services. This service does not cover repairs to existing equipment, only replacement.

For items and services in the list below that are **not** covered by the participant's Medicare or Medicaid DME benefit, it is **not necessary** to submit a claim and receive a denial, before obtaining items under this service. However a citation from the Medicaid DME manual must be included in the transition plan indicating the item or service is not covered. For more information, refer to Part II Policies and Procedures manual for Durable Medical Equipment (DME), Part II Section 906 Non-covered Services, Policies and Procedures for Orthotics and Prosthetics (O&P) and Part III, Hearing Services or contact the DCH Medicaid DME O&P Program Specialist at 404-657-9270.

The following equipment DOES NOT require denial of coverage documentation but DOES require the above citation in the transition plan:

- Environmental Control Systems/equipment (e.g. devices used by participants to control lights, heat, ventilation and air conditioning or door openers)
- Comfort and convenience equipment for participant use (e.g., over-the-bed trays, chair lifts or bathtub lifts)
- Institutional-type equipment for participant use (e.g., cardiac or breathing monitors except infant apnea monitors and ventilators)
- Fitness equipment for participant use (e.g. exercycle)
- Self-help devices (e.g., Braille teaching texts)
- Equipment used by the participant for training/pre-employment skill development (e.g., computer/monitor/ keyboard, printer/fax/copier, computer access devices, and/or adjustable workstations )
- Infant and child car seats, activity chairs, corner chairs, tripp trap chairs, floor sitters, feeder seats, hi or low seats, etc.)
- Blood pressure monitors and weight scales for participant use
- Safety alarms and alert systems for participant use
- One pair of prescription eye glasses, exam and fitting
- Dental exam, x-rays, cleaning and minor dental restorations
- Hearing Aids, exam and fitting
- Special Clothing used by the participants, such as specially designed vests to assist with wheelchair transfers and re-positioning, adaptive clothing for individuals with limited mobility, clothing designed with G-tube access openings and other easy access clothing specifically designed for individuals with disabilities

Automatic shipping to MFP participants will not be permitted. No items should be billed to DCH MFP or a Fiscal Intermediary prior to delivery to the MFP participant.

For MFP EQS funds to be used, the vendor must receive a DME claim denial and a prior authorization denial (i.e. Non-covered item or service was requested or the participant may benefit from the item but does not have a letter of medical necessity from their doctor or therapist). With evidence of these denials, field personnel authorize the purchase. If the item is only partially covered through Medicaid or Medicare, field personnel authorize the remaining cost to be paid using MFP funds. Documentation of the item's cost and the applicable coverage denials must be submitted through appropriate agencies and kept for audit purposes.

Field personnel assist participants in obtaining quotes for the needed equipment. Two quotes are required on the *Quote Form for MFP Transition Services* (see Appendix T) for the purchase of a single piece of equipment that costs \$1000 or more. One such quote may be obtained from the DCH Medicaid DME O&P Program Specialist at 404-657-9270. If a quote is selected that is not the lowest quote, provide a justification for the selected quote. Sign the form to authorize the equipment purchase. Supporting documentation should include the quotes from vendors. Send the completed *Quote Form for MFP Transition Services* to the FI and DCH MFP office via FTP.

**Rate:** Based on need. Limited to use during the MFP period of participation.

#### **Further Guidance on Refurbished or Rental Equipment Needs**

Due to the time and tasks necessary from physician referral to final equipment delivery/fitting for complex rehab technology and DME equipment, participants may not have access to the equipment (i.e. power wheelchairs) that they need immediately upon discharge. In certain circumstances it may be necessary to assist the participant to obtain refurbished or rental equipment, in order to allow the participant to successfully and safely transition on the desired date. MFP funds can be used to cover the cost of refurbished or rental equipment for use on an interim basis.

MFP field personnel assist the participant to locate refurbished equipment suppliers such as Friends of Disabled Adults and Children (FODAC) or DME dealers/vendors to obtain the needed refurbished or rental equipment for a specified duration. When the ordered/new equipment has been delivered to the participant, the refurbished or rental equipment can be returned to the vendor or retained as a backup. If the ordered equipment takes longer to be delivered than originally identified, the temporary period can be extended to accommodate the participant's need for such equipment, as long as MFP funds are available to support the extension and the extension falls within the MFP period of participation.

### **603.19 Specialized Medical Supplies (SMS)**

Rev 4/2014

**Description:** Service includes various specialized medical supplies that enable MFP participants to maintain or improve independence, health, welfare and safety and reduce dependence on the physical support needed from others. The service includes incontinence items (disposable pads, diapers, adult briefs), food supplements, special clothing, diabetic supplies and other supplies that are identified in the approved MFP transition plan and that are not otherwise covered by Medicare or Medicaid. Ancillary supplies necessary for the proper functioning of approved supplies are also included in this service.

**How It Works:** Specialized Medical Supplies (SMS) needed by the participant are identified and discussed during planning. This service must be selected and justified in the transition plan. Specialized Medical Supplies listed below are not covered by Medicare or Medicaid DME benefit. For these SMS, it is not necessary to submit a claim and receive a denial, before obtaining supplies under this service. It is necessary to provide a citation from the DME manual in the transition plan, indicating that the SMS is not covered. Citations should come from Part II Policies and Procedures manual for Durable Medical Equipment (DME). Contact the DCH Medicaid DME O&P Program Specialist at 404-657-9270 for more information.

The following items DO NOT require denial of coverage documentation, but DO require the citation from the DME Manual:

- Incontinence items (e.g. diapers, disposable pads and adult briefs) for participants 21 years of age or older
- Diabetic supplies (not covered by Medicare or Medicaid, syringes, etc.)
- Nutritional supplements and formula for participants 21 years of age or older, who eat by mouth (e.g., Ensure, Isomil, Boost)
- Prescription medication not covered by Medicare or Medicaid
- Supplies necessary for the proper functioning of approved devices
- Infection control supplies (i.e. non-sterile gloves, aprons/gowns, masks), when services are not provided from an agency or separately reimbursed by Medicaid.

Automatic refills and automatic shipping to MFP participants will not be permitted. No delivery mileage will be paid to vendors for the delivery of specialized medical supplies. Vendors normally deliver SMS and vendors may charge a delivery fee, but vendors may not add a fuel or mileage surcharge in addition to the delivery fee. The delivery fee should be uniform and customary. MFP participants should not be required to pay additional delivery fees that are not paid by other customers. No items should be billed to DCH MFP or a Fiscal Intermediary prior to delivery to the MFP participant. Shipping charges should be clearly identified on the invoice from the vendor, but in cases where they are

separate (this should be rare), shipping charges can be submitted on the MFP Vendor Import File and reimbursed using Moving Expenses (MVE) or Transition Support (TSN). MFP field personnel are not expected to deliver SMS and should only do so when no other means of delivery can be found.

Two quotes are required on the *Quote Form for MFP Transition Services* (see Appendix T) for the purchase of a single specialized medical supply that costs \$1000 or more. One such quote can be obtained from the DCH Medicaid DME O&P Program Specialist at 404-657-9270. If a quote is selected that is not the lowest quote, provide a justification for the selected quote. Sign the form to authorize the equipment purchase. Supporting documentation should include the quotes from vendors. Send the completed *Quote Form for MFP Transition Services* to the FI and DCH MFP office via FTP.

**Rate:** Based on need. Limited to use during the MFP period of participation.

### **603.20 *Vehicle Adaptations (VAD)***

Rev 4/2014

**Description:** This service enables individuals to interact more independently, enhancing their quality of life and reducing their dependence. Limited to participant's or the family's privately owned vehicle and includes such things as driving controls, mobility device carry racks, lifts, vehicle ramps, special seats and other interior modifications for access into and out of the vehicle as well as to improve safety of the participant while the vehicle is being operated.

**How It Works:** This service must be selected and justified in the transition plan. Vehicle adaptations include the installation of driving controls (when applicable), mobility device carry racks, a lift or ramp for wheelchair or scooter access, wheelchair tie-downs and occupant restraints, special seats or other modifications that are needed to provide for the safe access into and out of and operation of the vehicle. Two quotes from certified installation technicians are required for adaptations of \$1000 or more (see *Quote Form for MFP Transition Services*, Appendix T). Supporting documentation includes the quotes from vendors/certified technicians. Send the completed *Quote Form for MFP Transition Services* to the FI and DCH MFP office via FTP. If the owner of the vehicle is not the participant, a notarized letter giving the owner's permission for the adaptation must be obtained. This service does not cover repairs to the vehicle or to the adaptation once it is installed and operational.

**Rate:** Based on need. Limited to use during the MFP period of participation.

### **603.21 *Environmental Modifications (EMD)***

Rev 4/2014

**Description:** This service provides assistance to participants requiring physical adaptations to a qualified residence, including a qualified residence under the Housing Choice Voucher program or a community home on a case-by-case basis. This service covers basic modifications needed by a participant, i.e. ramps,

widening of doorways, purchase and installation of grab-bars and bathroom modifications, to ensure health, welfare and safety and/or to improve independence in ADLs.

**How It Works:** This service must be selected and justified in the transition plan. Modifications are done to improve or maintain the independence of the participant in ADLs and to ensure health, welfare and safety. Modifications are not intended for cosmetic upgrades or repairs of existing issues within the home. Two scope/bids are required for ALL MFP environmental modifications. Contractor scope/bids must be itemized by area modified (i.e. bathroom), itemized by task (i.e. remove toilet and install new ADA toilet) and provide a breakdown of materials and labor. Grand total of labor + materials must be included in the scope/bid. The winning scope/bid is typically the lowest bid, but not required if justification is presented and accepted for a more costly bid. Scope/bids from contractors must be based on using standard materials. Luxury materials (such as marble, brass, designer tiles, etc.) are not covered by this service. Any materials used beyond basic/standard materials must be subsidized by the property owner. If the property owner is not the participant, a notarized letter giving the owner's permission for the modifications must be obtained, except in situations where the participant is living in a property that receives federal housing subsidies or is otherwise subject to Fair Housing Act, ADA and other laws that permit the resident to make modifications that are considered 'reasonable accommodations' regardless of the property owner's permission. The Quote Form for MFP Transition Services (Appendix T) must be completed and the winning bid indicated. Supporting documentation includes the scope/bid quotes from licensed contractors and notarized permission letters from owners/landlords. Send the completed Quote Form for MFP Transition Services and supporting documents to the FI and DCH MFP office via FTP.

A home/building inspection is required before environmental modifications are started and a post-inspection is required after modifications are completed. Building permits must be obtained for all EMDs with scope/bid totals of \$2,500 or more. For more details, review Chapter 602, specifically 602.6.

**Rate:** Based on need. Price of the lowest bid (with exceptions). Limited to use during the MFP period of participation.

### **603.22** *Home Inspection (HIS)*

Rev 4/2014

**Description:** Service provides for home/building inspections, required before and after MFP Environmental Modifications. This service is used to identify and report on needed structural repairs to a qualified residence and to identify and make recommendations for appropriate and cost-effective environmental modifications before they are started. This service also provides for post-inspections after modifications are complete, in order to ensure quality work and

compliance with relevant building codes and standards. The inspector providing the service is not affiliated with vendors/contractors providing modifications.

**How It Works:** This service must be selected and justified in the transition plan in cases where environmental modifications are also selected. In spaces requiring environmental modifications for accessibility, the inspector reports on structural deficiencies and identifies repairs that are the responsibility of the property owner to complete, prior to MFP environmental modifications being undertaken. In addition, the inspector makes recommendations for appropriate and cost-effective modifications and reviews proposed project scope/bids, materials and other aspects of the proposed work, providing expert opinion/advice. Following completion of the MFP environmental modifications, the inspector provides a post-inspection report on the quality of the work and compliance with relevant building codes and standards. In cases where warranty work must be done, the inspector returns to the site to provide a second post-inspection that reports on the quality of all warranty work and new non-warranty work necessary to ensure health, welfare and safety of the MFP participant.

**Rate:** 1 unit = one inspection with relevant report from a qualified inspector, billable at \$250, limited to the number of inspections needed. Service is used during the MFP period of participation.

### **603.23 *Supported Employment Evaluation (SEE)***

Rev 4/2014

**Description:** This service provides assistance to participants seeking employment planning and supportive, customized and/or competitive employment. Participants engage in a guided/facilitated Vocational Discovery Process. Based on the Discovery Process, a Vocational Profile is completed. The Vocational Profile identifies a path to employment. These services may be procured from a qualified vocational/employment service provider. The provider assists a participant to make connections to community resources necessary to support choices for supported, customized and/or competitive employment.

**How It Works:** As selected and justified in the transition plan, the participant identifies vocational goals. Based on these identified goals, this service provides participants with additional guidance and assistance to create a path to employment. Participants are referred to qualified vocational/employment service providers to complete a Vocational Discovery Process. Based on the Discovery Process, a Vocational Profile is completed. These comprehensive services are provided by a multidisciplinary team; require multiple contacts and coordination with community resources. Once completed, the qualified vocational/employment provider assists with rapid job development and benefits planning and referrals to a minimum of three community resources available to assist with training and vocational career development services (vocational rehab, Ticket to Work provider, One-stop career center, benefits navigator, micro-board/self-employment, etc.) necessary to support choices for supportive, customized and/or competitive employment.

**Rate:** Based on need. One unit = one complete Vocational Discovery Process with Vocational Profile and referrals to a minimum of three community resources (vocational rehab, Ticket-to-Work provider, One-stop center, benefits navigator, micro-board/self-employment, etc.), typically costs approximately \$1,500 per participant. Service is used during the MFP period of participation.

# CHAPTER 604: POST-DISCHARGE FOLLOW-UP & REPORTING

## 604.1 *Introduction*

Rev. 4/2014

MFP field personnel play critical roles in post-discharge planning and follow-up activities. Following completion of discharge/moving day activities, MFP field personnel are responsible for assuring the participant is fully settled and has all services and support in place to maintain stability in community on an ongoing basis including implementing transition plans, providing monthly follow-up during the MFP period of participation, monthly reports on program participation, assisting the participant to pursue community integration opportunities and encouraging the participant in self-advocacy activities.

Follow-up activities include but are not limited to the following:

- Reviewing and/or revising transition plans.
- Making monthly (or more frequent) contact with the participant, reporting changes in status and current contact information, including current telephone numbers for participants.
- Assisting the participant to be aware of and prepare for emotional challenges through the use of MFP and waiver services (i.e. Peer Support and Life Skills Coaching) and/or information and referrals for State Plan behavioral health/mental health services.
- Assisting the participant to prepare for the future including, when appropriate, referrals for MFP Supported Employment Evaluations (SEE) and referrals to community employment service providers.
- Working with the Fiscal Intermediary to facilitate payment for services rendered/items purchased.
- Requesting additional services as identified during follow-up meetings.
- Reporting as required by DCH MFP and CMS.

MFP field personnel build collaborative partnerships with participants, family members, guardians, friends, peer supporters, local vendors and waiver case managers/care coordinators to ensure that on-going supports and services are in place and functioning as planned, to sustain the participant in the community and achieve a successful outcome.

**Note that MFP CBAY participants/families have separate and distinct case management protocols for post-discharge follow-up as outlined in Appendix H - MFP CBAY Enrollment Packet and Procedure Manual. Case management follow-up protocols for MFP DD participants are outlined in NOW and COMP Policy (follow link to NOW and COMP Provider Manuals,**

## **604.2 Required Post-Discharge Follow-up**

Rev. 4/2014

Required follow-up activities include –

- being present with the participant during the day of discharge/moving day to ensure that all household furnishing and supplies, necessary equipment, specialized medical supplies, food, etc. are in the qualified residence.
- reviewing and/or revising the ITP (completing it when necessary) with the participant and transition team within 30 days.
- contacting the participant monthly, either in person or by phone.
- documenting monthly contact in participant’s file/case notes.
- obtaining current address and current telephone contact information on participants and provide contact information for themselves, waiver case manager/care coordinator and ombudsman.

After the 1<sup>st</sup> month, the frequency of contact decreases (but never less than one contact each month for the duration of MFP) depending on the level of support the participant needs.

When a guardian is involved, follow-up is done with the participant and the guardian to answer any questions and/or provide additional information about grievance and complaint processes. MFP field personnel leave their contact information and the contact information for waiver case manager/care coordinator and ask guardians to call with questions or if problems arise.

## **604.3 Review of the ITP and Identifying Additional Service Needs**

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The *Individualized Transition Plan* (ITP) is reviewed (or completed when necessary) with the participant and transition team during the first 30 days after discharge to the community. This review is a continuation of pre-discharge transition planning and field personnel are required to complete it with assistance from the transition team. For more information on completing initial ITP, see Chapter 601.9. It may be difficult to identify all services and support necessary pre-discharge, so a review of the ITP is required to address the unique nature of each participant’s goals, needs, barriers and living situation.

Using a scheduled meeting of the circle-of- support/transition team post-discharge, MFP field personnel assist the team to review the goals, barriers/needs and plans for achieving the goal as listed in the ITP, questions 4 – 15 and legal issues, (see Appendix M5 Discharge Day/Moving Day and Follow-up Activities). Field personnel facilitate a discussion to identify if goals in the ITP are relevant, realistic and achievable and identify what progress has/has not been made toward the goal. The team may want to update the goals in the ITP and discuss the

services and supports that are in place. Field personnel and participants determine if additional services and support are needed, make action plans (must answer - what, why, when, how and who) and take the steps necessary to obtain additional services and/or locate additional support needed to achieve revised ITP goals.

#### **604.4 Requests for Additional MFP Services**

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Once the ITP has been reviewed with participants/transition teams, field personnel may authorize additional MFP services as needed up to the maximum participant budget of \$25,000. When the need arises for additional MFP services or when the participant needs more of a service than was initially authorized, field personnel complete and submit the *Request for Additional MFP Transition Services* (see Appendix X). Field personnel complete reimbursement documentation, the *Authorization for Transition Services, Vendor Import file* and receipt/invoice, and forward these to the appropriate Fiscal Intermediary and to DCH MFP office via FTP. The Fiscal Intermediary considers every subsequent authorization a revision to the original authorization, even when the subsequent authorization is for a different service, or an entirely new category. As needed, MFP field personnel may submit multiple authorizations for a participant. For more information regarding requests for additional MFP Service post-discharge, see Appendix M6. Note that MFP CBAY request for services are approved by DCH MFP office based on quarterly required Action Plans.

#### **604.5 Working with Fiscal Intermediaries**

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MFP field personnel are responsible for assisting participants to identify needed MFP transition services and then locate and procure these services/products using local vendors. MFP field personnel approve invoices from vendors for all MFP services and submit these with supporting documentation to a Fiscal Intermediary. Using the *MFP Vendor Payment Request* form (Appendix U), the *MFP Ombudsman Payment Request* form for Home Care Ombudsman services (Appendix AF) and the *MFP Vendor Import File* (see Appendix V), MFP field personnel manage and coordinate the procurement of MFP Transition services.

Note that the *MFP Vendor Payment Request* form and the *MFP Ombudsman Payment Request* form are not used for vendor reimbursement in the MFP CBAY process (see Chapter 601.4 for more details).

MFP field personnel working with MFP populations (OA, PD/TBI and MFP DD) have two (2) options when arranging for payment of invoices from vendors.

**Option 1:** MFP field personnel negotiate with vendors to accept payment once the participant has discharged from the institution/facility and has moved into their qualified residence. In this option, MFP field personnel request a completed *MFP Vendor Payment Request* form (see Appendix U) from the vendor. The completed form is submitted, along with an invoice/receipt, a copy of the vendor's W-9, along with the *MFP Vendor Import File* (see Appendix V) to both

the Fiscal Intermediary and the DCH MFP office via FTP. Once the information has been verified and approved, the Fiscal Intermediary issues payment directly to the vendor.

**Option 2:** When payment is required in advance of discharge, MFP field personnel arrange to pay the vendor. Upon discharge, the invoice/receipt from the vendor along with the *MFP Vendor Import File* (see Appendix V) are submitted to the Fiscal Intermediary and the DCH MFP office via FTP. Once the information has been verified and approved, the Fiscal Intermediary reimburses the MFP field personnel or agency for the amount billed.

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### **The Vendor Payment Request Form**

MFP field personnel complete the bottom section of the form with contact information and provide the vendor with the *MFP Vendor Payment Request* form. The vendor completes the 'MFP Services Rendered For' and 'Payment Instruction' sections of the form and provides a description of the services rendered or products delivered, including the amount billed and date(s) services were rendered/products delivered. The MFP participant signs the form--by signing the form, the participant attests to the fact that the services were rendered or products delivered as described in the form and consistent with what is specified in the participant's ITP. The Vendor submits the form, an invoice/receipt and a copy of the vendor's W-9 to the MFP field personnel. Field personnel complete the form with the Participant Medicaid ID #, DOB, transition date and MFP End Date, and verify the accuracy of the information on the form.

Field personnel forward the completed *Vendor Payment Request* form and documentation to the FI via FTP and to MFP DD or MFP/DAS (depending on which interagency agreement field staff work under). MFP DD and MFP DAS state office staff review the *Vendor Payment Request* and verify supporting documents and forward to DCH/ MFP office via FTP.

### **The Vendor Import File**

MFP field personnel complete the information in the *MFP Vendor Import File* add attach appropriate documents (i.e. the *MFP Vendor Payment Request* form, invoice/receipt and vendor's W-9) and submit these documents to the Fiscal Intermediary (FI) and to DCH MFP office via FTP. The vendor's W-9 is needed only once per year unless the vendor information changes. Field personnel submit the *Authorization* either prior to or along with submitting the *Vendor Import File*. Once the information has been verified and approved, the FI reimburses the vendor or the MFP field personnel agency for the amount billed, as specified in the FI's payment schedule.

### **Further Guidance on Reimbursement of Contractor/Agency for Purchases That Cannot Be Refunded in the Event the Participant Doesn't Transition.**

MFP field personnel ensure that goods and services needed for transition are obtained no earlier than 10 days prior to the discharge date, unless prior approval

is obtained from DCH. MFP field personnel pay for all goods and services needed prior to transition using contractor/agency funds. MFP field personnel do not bill the FI for reimbursement until the participant has discharged from the inpatient facility. The contractor/agency is responsible for goods and services purchased for participants, in the event a participant does not transition. If this situation should occur, MFP field personnel arrange to return unused items (such as furniture or household goods) for a refund. The contractor/agency may also elect to hold and store new and unused items for re-use.

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### *Changes in Participant Status*

MFP field personnel are required to report changes in participant status, including (1) when MFP participation ends, (2) when the participant re-enters or is re-admitted to an inpatient facility, (3) when re-enrollment begins and the participant returns to her/his qualified residence, and/or (4) when the participant moves or her/his address changes. MFP field personnel must report all status changes using the form, *MFP Participant Enrollment Status Change Form* (see Appendix Y).

When an MFP participant is re-institutionalized for 31 days up to 6 months, the participant is temporarily suspended from MFP in accordance with CMS guidelines. During periods of temporary suspension, no inpatient days are counted toward the total of the 365-days of the MFP Period of Participation. **During periods of temporary suspension, field personnel are required to make routine monthly contact with the participant to verify and report the participant's status. Field personnel must continue to make required contact with participants up to and until a 6 month disenrollment occurs.**

When a participant discharges from the inpatient facility after a period of temporary suspension, the participant may reenter the demonstration without meeting another 90-day institutional residency requirement and is eligible to receive MFP services for any remaining days up to 365. Once re-enrolled the waiver case manager contacts the participant and updates the waiver service plan within 60 to 90 days. MFP field personnel review and revise the ITP (as necessary), assist the participant to determine if additional services and support is needed to prevent reinstitutionalization and continue to make monthly contact with the participant.

If the institutional stay is longer than six (6) months, the participant is disenrolled from MFP. Prior to re-enrollment in MFP the participant must be re-evaluated for discharge to the community. Field personnel revise the ITP and waiver case managers revise the waiver service plan to prevent subsequent reinstitutionalizations. MFP field personnel must report all status changes using the form *MFP Participant Enrollment Status Change Form* (see Appendix Y).

**604.7 Standards of Promptness**

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In order to complete a successful transition, MFP field personnel must complete and submit all required documentation. These documents are sent to the DCH MFP Office via secure FTP site. Copies of the following MFP forms and letters with supporting documentation are submitted to DCH MFP via FTP by close of business on the due date listed in the table below. These files remain in the DCH official participant file:

For MFP CBAY, refer to Table 604.7.2.

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**Table 604.7.1 Standards of Promptness for MFP Forms and Letters**

<b>MFP Form/Letter Name</b>	<b>Completion Period</b>	<b>Due Date to DCHMFP</b>
<i>MFP Transition Screening Form</i>	Within 10 business days of referral (MDSQ or Non-MDSQ)	3 business days after screening
<i>MFP Informed Consent for Participation</i>	Complete during Screening	3 business days after screening
<i>MFP Release of Health Information</i>	Complete during Screening	3 business days after screening
<i>Individualized Transition Plan (Pages 1 – 4), signature page must include at least one (1) circle-of-support community member or document why no one was included</i> - Housing Search - Waiver Referral	Complete 30 – 45 days after Screening, prior to discharge	Within 30 days after discharge
<i>Individualized Transition Plan (all pages)</i>	Complete 30 days prior to or after discharge; review within 30 days of discharge	3 business days after completion
<i>Quality of Life Survey</i>	Complete 30 days prior to discharge	Within 30 days of completion
<i>MFP Authorization for Transition Services (initial)</i>	Complete prior to discharge	Prior to Discharge
<i>MFP Referral Letter for Housing Choice Voucher Program</i>	Complete prior to discharge	3 business days after completion
<i>Quote Form for MFP Transition Services</i>	Complete as needed	3 business days after 2 <sup>nd</sup> quote is obtained
<i>MFP Discharge Day Checklist</i>	Discharge day	3 business days after discharge day
<i>Request for Additional MFP Transition Services</i>	Ad Hoc Team meets, post-discharge	3 business days after Ad Hoc meeting

<b>MFP Form/Letter Name</b>	<b>Completion Period</b>	<b>Due Date to DCHMFP</b>
<i>MFP Participant Enrollment Status Change Form</i>	Complete as needed	3 business days after knowledge of status change event
<i>MFP Notice of Denial, Suspension or Termination Letter (sent to participant)</i>	Complete as needed	Same day that letter is sent to the participant
<i>MFP Sentinel Event Form</i>	Complete as needed	3 business days after knowledge of event
<i>MFP Participant Complaint Form</i>	Complete as needed	3 business days after date of receipt of complaint
<i>MFP Notice of Right to Appeal a Decision (letter sent to participant)</i>	Complete as needed	Same day that letter is sent to the participant
<i>Vendor Request for Payment (to MFP field personnel)</i>	Complete as needed	3 business days after item or service has been delivered to participant
<i>MFP Enrollment End Letter</i>	30 days before enrollment end	Same day that letter is sent to the participant
<i>Other Form as required</i>	TBD	TBD

In order to complete a successful transition, MFP CBAY personnel must complete and submit all required documentation. These documents are sent to the DCH MFP Office via secure FTP site. Copies of the following MFP CBAY forms and letters with supporting documentation are submitted to DCH MFP via FTP by close of business on the due date listed in the table below. These files remain in the DCH official participant file:

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**Table 604.7.2 Standards of Promptness for MFP CBAY Forms and Letters**

<b>MFP CBAY Form/Letter Name</b>	<b>Due Date to DCH MFP</b>
<i>MFP CBAY Enrollment Packet (PRTF forwards to APS for LOC Determination)</i>	
<ul style="list-style-type: none"> <li>-<i>MFP CBAY Overview and Consent</i></li> <li>-<i>Completed MFP CBAY Unified Release of Information</i></li> <li>-<i>Minimum Data Set Form (Participant)</i></li> <li>-<i>Parent Guardian Signed Treatment Choice Plan</i></li> <li>-<i>Copy of Social Security Card (if available)</i></li> <li>-<i>Copy of State Medicaid Card (if available)</i></li> <li>-<i>MFP Release of Health Information</i></li> <li>-<i>MFP Informed Consent for Participation</i></li> </ul>	Within 3 business days of referral the application packet is submitted to APS

<b>MFP CBAY Form/Letter Name</b>	<b>Due Date to DCH MFP</b>
<i>Qualify of Life Survey (for ages 18 – 21 only)</i>	Within 30 days of discharge from PRTF
<i>-MFP Discharge Day Checklist</i>	3 business days following discharge from PRTF
<i>-14 day, 30 day, 60 day, 5 month, and 11 month action plans</i>	3 business days after completion of plan
<i>-Authorization for MFP CBAY Transition Services (signed) -Vendor Payment Request Form and Attestation (signed) -Vendor Import File and Claims Spreadsheet</i>	Within 30 days of discharge from PRTF and 30 days of service delivery
<i>-MFP Sentinel Event Form -MFP Participant Status Change Form</i>	Within 3 business days of knowledge of event or change in participant status
<i>- MFP Enrollment End Letter -Letter of Participant Completion (365 days)</i>	Same day letter is sent to participant
Other MFP forms and letters as required	TBD

## 604.8

### **Reporting Requirements**

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**MFP field personnel submit completed MFP forms and letters with supporting documentation, based on Standards of Promptness (see 604.7, Table 604.7.1), as required by DCH MFP.**

**MFP field personnel submit the following reports through corresponding agencies (e.g. DBHDD/DD, DBHDD/CBAY or DHS/DAS) to the DCH MFP Office via secure FTP by 5:00 p.m. EST on or before the 7<sup>th</sup> calendar day of each month for activities in the preceding month:**

- Monthly Report of MFP Program Participation
- MFP Quality of Live (QoL) Survey ‘Blue Form’
- MFP QoL (Data Table 16) Raw Data Excel Spreadsheet

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#### **Monthly Report of MFP Program Participation (Excel Spreadsheet)**

Using an Excel Spreadsheet provided by DCH MFP, field personnel are required to submit the following information on each MFP participant:

- **Participant last name**
- **Participant first name**
- **Date of birth (mm/dd/yyyy)**
- **Gender (M/F)**

- **Race (from Screening Form)**
- **Target population (OA, PD, TBI, DD, MI)**
- **Social Security Number (xxx-xx-xxxx) and**
- **Medicaid ID**
- **Participant Current Status** - indicate the current status of the participant using the following: Referred, Screened, ITP, Active, Reinstitutionalized, Temporarily Suspended, Terminated/Ended, Re-enrolled, Deceased, Ineligible/Denied, Refused, or Completed.
- **Screening Date** (from Screening) - the date of the MFP F2F Screening
- **Primary Disability** (from Screening) – based on coding by screener, indicate the participant’s primary disability using the following codes: D1= Cognitive/Language (TBI/developmentally disabled, dementia, ESL), D2= Hearing (Deaf/Hard of Hearing/Hearing loss), D3=Mental/Emotional (includes SPMI), D4= Physical (Mobility loss/Dexterity loss/Stamina/Balance loss), D5=Vision (Blind/Low Vision/Vision loss), D6=Not Applicable, D7=Don’t know, D8=Refused
- **MFP Referral Source** - (from Screening Form) – use code to indicate source of referral to MFP
- **MFP Referral Date** (from Screening Form) – date (mm/dd/yyyy) the participant was referred to MFP
- **Waiver Referral** (from Screening Form) – indicate the waiver the participant was initially referred to
- **Waiver Referral Date** (from Screening Form) - date (mm/dd/yyyy) the participant’s waiver application was submitted
- **Inpatient Facility Information** (from Screening) – 1) inpatient facility name, 2) address, 3) city and 4) county where the participant is residing
- **Where Participant Lived By Housing Type, Before Inpatient Facility Stay** (code from Screening - Housing Section Questions) - H1= own home, H2= family home, H3= apt/house leased by participant, H4= apt leased/assisted living, H5= group home/PCH, H6= Other \_\_\_\_ (specify).
- **Where Participant Lived by County, Before Inpatient Facility Stay** (from Screening, Housing Section Questions) – code by county name.
- **Does Participant Want to Return to Living Situation Before Inpatient Facility Stay** (from Screening, Housing Section) – indicate Yes or No
- **If Participant Wants to Return to Living Situation Before Inpatient Facility Stay, What Prevents This** (from Screening, Housing Section) – include qualitative comments from participant
- **Participant Has Home to Move Back Into** (from Screening – Housing Section) – indicate Yes or No
- **ITP Completion Date** - date (mm/dd/yyyy) the Individualized Transition Plan (ITP) was complete and signed by all members of the transition team
- **Housing Preference** (from ITP) – indicate the participant’s choice of housing by type using the following codes: H1= own home, H2= family home, H3= apt/house leased by participant, H4= apt leased/assisted

living, H5= group home of no more than 4 people/PCH, H6= Other \_\_\_\_\_ (specify).

- **Housing Preference by County Location** (from ITP) – code by county name
- **Waiver Approval Date** – date (mm/dd/yyyy) participant is accepted by the waiver, (waiver service start date) and 2) name of the waiver (CCSP, SOURCE, ICWP, NOW, COMP, etc)
- **Inpatient Facility Discharge Date** (from Discharge Day Checklist) – date (mm/dd/yyyy) of discharge from the inpatient facility
- **Project End Date** – calculate the date from discharge day plus 364 days of MFP and provide projected project end data (mm/dd/yyyy)
- **Discharge Housing by Type** (from Discharge Day Checklist) – indicate the participant’s housing at discharge using the following codes: H1= own home, H2= family home, H3= apt/house leased by participant, H4= apt leased/assisted living, H5= group home of no more than 4 people/PCH, H6= Other \_\_\_\_\_ (specify).
- **Discharge Housing Subsidy Use** (from Discharge Day Checklist) –for participants transitioning into H3 at discharge (apt/house leased by participant), provide the following information on the use of housing subsidy based the following codes: HS1= Sec 8 HCV, HS2= Project Based Rental Assistance/Based on Income, HS3= Low Income Housing Tax Credit, HS4= Other Subsidy \_\_\_\_\_ (specify), HS5= No Subsidy/Market Rate
- **Live with Family Members** (from Discharge Day Checklist) – indicate Y/N does participant live with family members
- **Discharge Housing Address** (from Discharge Day Checklist) – location of housing at discharge, 1) address, 2) city, 3) zip,4) county, and 5) phone number
- **Discharge Population Type** (from Discharge Day Checklist) – use code for population type OA (older adult 65+), PD (physical disability), TBI (traumatic brain injury), DD (developmental disability), MI (Youth with Mental Illness).
- **Referral Letter for Housing Choice Voucher or Other Housing Subsidy Program** (from Referral Letter for HCV/Other Housing Subsidy Application) – if the participant uses a housing subsidy program, include the information from the application/letter of request: 1) Date of referral letter submission to Housing Agency and DCH MFP, 2) Anticipated Discharge Date (mm/dd/yyyy), 3) # in Household (include PCA/PSS if applicable), 4) MFP Field Personnel Name, email and phone contact (optional).
- **HCV/ Housing Subsidy Application Received from Public Housing Authority (PHA) or Other Housing Agency by Date** – if used, indicate date (mm/dd/yyyy)
- **HCV/Housing Subsidy Application Returned to PHA/Housing Agency by Date** – if used, indicate date (mm/dd/yyyy)

- **HCV/Housing Subsidy Briefing/Interview with PHA/Housing Agency on Date** – if used, indicate date (mm/dd/yyyy)
- **Housing Quality Standard (HQS) Inspection Scheduled by PHA/Housing Agency by Date** – if used, indicate date (mm/dd/yyyy)
- **HQS Inspection Passed/Contract/Lease Begin Date** – if used, indicate date (mm/dd/yyyy)
- **Baseline QOL Completion Date** - date (mm/dd/yyyy) the participant completed the initial/baseline Quality of Life Survey
- **30 Day Follow-up**– date (mm/dd/yyyy) of face-to-face meeting with the participant to review the Individualized Transition Plan (ITP), within 30 days of discharge
- **Transition Services Authorized Total in Dollars** (from ITP/ MFP Authorization for Services)- total amount authorized for all MFP transition services
- **Transition Service Expensed Total in Dollars**–amount paid for all MFP transition services used by each participant
- **Employment Services and Support (from ITP)** - report participant's engagement in vocational planning and services based on the following codes: LSC = referred for Life Skills Coaching, EQS = obtained equipment for vocational goals, SEER= referral for Supported Employment Evaluation services, CESR= referrals to community employment services, VRR= referral to state vocational rehabilitation agency.
- **Reason for Enrollment End** (from *MFP Participant Enrollment Status Change Form*) – code reason that enrollment ended: 01) Completed MFP period of participation (365 days of MFP), 02) Suspended eligibility, 03) Reinstitutionalized, 04) Died, 05) Moved, 06) No longer needed services, 07) Other (specify).
- **Deceased Date** (from *MFP Participant Enrollment Status Change Form*) – report date of death in mm/dd/yyyy
- **Reason for Reinstitutionalization** (from *MFP Participant Enrollment Status Change Form*) -code the reason for the participant returned to the inpatient facility: 01) Acute care hospital stay, followed by long term rehabilitation, 02) Deterioration in cognitive functioning, 03) Deterioration in health, 04) Deterioration in mental health, 05) Loss of housing, 06) Loss of personal care giver, 07) By request of participant or guardian, 08) Lack of sufficient community services.
- **Readmit Date to Inpatient Facility** (*MFP Participant Enrollment Status Change Form*) – date (mm/dd/yyyy) the participant re-entered inpatient facility / was reinstitutionalized
- **Length of Reinstitutionalization** – calculate length in number of days of the stay in the inpatient facility due to reinstitutionalization
- **Re-enrollment/New Discharge Date** (from *MFP Participant Enrollment Status Change Form*) – date participant was discharged from inpatient facility and re-enrolled in MFP after a stay in an inpatient facility

- **New Project End Date** (from *MFP Participant Enrollment Status Change Form*) – calculate new MFP end date based on unused portion of 356 days of MFP
- **Denied Enrollment in MFP** (from MFP Letter of Denial, Suspension or Termination) – reason participant was denied enrollment in MFP coded using: D1) You have not resided in an inpatient facility for at least 90 consecutive days, D2) You have not been receiving Medicaid benefits for inpatient services provided by an inpatient facility, D3) You do not require institutional level of care provided by an inpatient facility, D4) You did not transition into a qualified residence, D5) You did not cooperate in the transition planning process (describe process/steps and non-participation \_\_\_\_\_).
- **Terminated Enrollment in MFP** (from MFP Letter of Denial, Suspension or Termination) – reason participant was denied enrollment in MFP coded using: T1) You have been readmitted to an inpatient facility for a period of 6 months or more, T2) You are no longer receiving Medicaid benefits, T3) You have moved to a non-qualified residence, T4) You no longer meet institutional level of care criteria, T5) You have informed us that you no longer wish to participate in MFP, T6) You have moved outside of the service area for the State of Georgia, T7) You are a MFP CBAY participant and have been readmitted to an inpatient facility for 31 days or more.
- **Current Housing Address from Monthly Contact** 1) address, 2) city, 3) zip, 4) county, and 5) phone number

**Monthly Report of MFP Program Participation - Provide a narrative description in answer to the following questions:**

1. What types of challenges has your program experienced involving consumers and family members?
2. What are you doing to address these challenges?

**Cover Letter for Monthly Report of MFP Program Participation - Agency/Contractor MFP Coordinator/Specialist signs cover letter as verification of accuracy of the report.**

**Monthly Quality of Life (QoL) Survey ‘Blue Form’ Report** – MFP field personnel report QoL baseline survey completions to corresponding agencies and DCH MFP using the ‘Blue Form’ provided (see Appendix W). Each agency reports numbers of baselines completed from the start of agency contract to the end of reporting month using the following: 1) cumulative number of QoL baseline surveys conducted, 2) number of baselines refused, 3) number of missed baselines, 4) number of lost baselines, and 5) participants who have died. Cumulative baselines totals are also reported from the start of the agency contract until the end of the reporting month for two previous calendar years. Submission of the Monthly QoL Blue Form is a requirement for states participating in MFP.

**Monthly Quality of Life baseline survey (Data Table 16) cumulative raw data Excel spreadsheet file** - Field personnel are required to submit the QoL Data Table 16 raw data file as an Excel spreadsheet to their corresponding agency and to the MFP Office via FTP site. The survey software provided with the QoL survey tool will produce the Excel Spreadsheet file in the proper format. Baseline surveys should be administered face-to-face with the participant. The timeframe for completion of the baseline survey with the MFP participant is **30 days before discharge or 10 days after discharge from the nursing facility**. Baseline Quality of Life interviews conducted after the transition to the community should be extremely rare interviews and missed baseline Quality of Life interviews should not occur. Submission of the Excel report (Data Table 16) is a requirement for states participating in MFP.

**Data/Information Requests For Semiannual Report to CMS**

Contractor agencies report data and information as requested by DCH MFP for the Semiannual Report to CMS. A request for data and information is sent to all agency contractors within 5 days of receiving a directive from CMS for changes and updated information for the Semiannual Report. Contractor agency representatives are required to provide the requested data and information to DCH MFP Data and Reporting Manager within 10 business days after receiving the request for data and information.

**604.9 Continuity of Care (Day 366 and beyond)**

MFP field personnel collaborate with waiver case managers (CMs) and care coordinators (CC) to ensure a smooth transition to waiver services. MFP field personnel are expected to attend training with CM/CCs when possible and assist CM/CCs with information and feedback about waiver services needed to refine the service plan and assist the CM/CC to establish risk management systems, including 24/7 emergency backup systems. MFP field personnel are responsible for informing the participant 30 days before their MFP services are set to end and ensuring that the participant is aware that their waiver, state-plan and other community services will continue, unless the services are no longer needed or the participant does not meet level of care. Thirty days prior to the end of their MFP services, MFP field personnel send each participant a *MFP Enrollment End Letter* (see *Appendix AD*).

# CHAPTER 605: PARTICIPANT ASSURANCES

## 605.1 *Introduction*

MFP participants receive the same assurances as all waiver participants with regards to: 1) level of care determinations, 2) service plans, 3) identification of qualified providers, 4) participant health and welfare, 5) waiver administrative oversight, 6) 24/7 emergency backup systems, 7) grievance/complaint systems, and 8) critical incident reporting systems. As outlined in interagency agreements, MFP field personnel assist in the development, monitoring and improvement of the 24/7 emergency backup system, the grievance/ complaint system and the use of the MFP critical incident reporting system.

This section provides guidance on ensuring the MFP participant's health, safety and welfare during and after the 365 day MFP transition period. The development, monitoring and improvement of the 24/7 emergency backup system, the grievance/complaint system and the MFP critical incident reporting system are described. Roles and responsibilities of MFP field personnel are identified. Remedies for quality problems experienced by MFP participants are reviewed. This section concludes with a description of the MFP critical incident procedures, the entities responsible for receiving and reviewing critical incident reports, responding to problems concerning complaints and critical events and investigating participant complaints regarding violations of participant rights.

## 605.2 *Ensuring Health, Safety and Welfare*

MFP field personnel ensure health, safety and welfare of participants by informing participants of options and responsibilities, by providing MFP transition services and by monitoring these services to ensure successful placement in the community. Field personnel inform participants of the right to be free from mental, verbal, sexual, and physical abuse, neglect, exploitation, isolation and corporal or unusual punishment and how complaints and/or concerns are reported.

To ensure participant health, safety and welfare, MFP field personnel provide justifications for MFP transition services. Justifications that meet this standard are documented in the *MFP Transition Screening Form* (see Appendix G). MFP field personnel authorize the purchase of products and services, when these purchases are needed to ensure a successful transition and/or justified to meet participant health, safety and welfare needs. The *Authorization for MFP Services* (see Appendix R) is used for this purpose. On the other hand, MFP field personnel do not justify purchases for entertainment or recreation purposes. For example, if the participant doesn't have a TV, but desires one for entertainment, the purchase of the TV would not be authorized, because the expressed use of the TV is for entertainment. MFP field personnel exercise discretion in the purchase of goods

and services. Justifications for authorized goods and services are based on ensuring a successful transition, improving or maintaining the independence of the participant and ensuring the health, safety and welfare of the participant.

### 605.3 *24/7 Emergency Backup Plans*

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The 24/7 emergency backup system serves MFP participants through existing HCBS waivers. Emergency backup systems are unique to each waiver, but include common elements. MFP field personnel assist each MFP participant to identify risks to health, safety and welfare. Risks to health, safety and welfare are documented in the *MFP Transition Screening Form* (see Appendix G) and address during the pre-discharge planning process (in the ITP) and post-discharge review of the ITP (see Appendix O). For each risk identified, a plan for services and support is developed and included in the plan. Participants are assisted in planning for and developing 24/7 emergency backup plans. Together with waiver case managers/care coordinators and MFP participants, MFP personnel assist with the implementation monitoring and improvement of these 24/7 emergency backup plans.

**When MFP field personnel become aware that the MFP participant has used the 24/7 emergency backup, field personnel follow-up with the participant to see how her/his MFP services are working and if additional MFP transition services are needed to reduce or prevent the use of emergency backup systems.**

For the MFP participant, field personnel ask the following regarding the 24/7 emergency backup plan:

- Is the system in place on the day of discharge?
- Does the MFP participant know who to call based on the type of emergency experienced?
- How will MFP field personnel know that the participant understands how to use the system?
- Is the system in place for all critical health or supportive services and providers for MFP transition services and for waiver services?

#### **Emergency Backup Plan for MFP Transition Services**

For MFP Transition Services, MFP field personnel recruit vendors, agencies and/or contractors to provide these services. Each needed service is included in the participant's ITP (see Appendix O) and authorized using the *MFP Authorization for Transition Services* (see Appendix R). Contingencies for emergency backup are included in the plans. If the vendor, agency or contractor cannot provide a scheduled service to the MFP participant, the vendor, agency or contractor is required to call the participant and try to reschedule the service with the participant. If that is not satisfactory to the participant, the vendor, agency or contractor will offer a back-up service for the originally scheduled service. In addition to arranging alternatives with the MFP participant, the vendor, agency or

contractor is expected to contact MFP field personnel. If a vendor fails to provide purchased goods and/or services, MFP field personnel are responsible for canceling the transaction and/or obtaining a refund from the vendor. Field personnel and participants must locate another vendor willing to supply the goods and/or services.

#### **605.4 Complaint Process and MFP Sentinel Event Reports**

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MFP field personnel are required to report participant/family complaints occurring during the transition process; from the date the participant signs the *MFP Informed Consent for Participation* and throughout the MFP service period. Complaints about MFP transition services can be made to any MFP field personnel, DBHDD DD/MFP office staff, DHS/DAS MFP office staff or DCH staff. See Appendix AE: *MFP Participant Complaint Form* for the reporting participant/family complaints. Participant Complaint Forms are reviewed by DCH MFP project director and staff.

MFP field personnel notify the MFP Office when a “critical incident” has occurred with an MFP participant and complete a *MFP Sentinel Event Report* (see Appendix AB). While most MFP participants are enrolled in a HCBS waiver and have a waiver case manager and/or providers who act on complaints and critical incidents, it is necessary that the MFP Compliance Officer receive such notification from MFP field personnel. This is especially important for MFP participants that may not be on a waiver or who experience a critical incident that is directly related to their MFP participation, before they have discharged and started waiver services. For example, field personnel are expected to report on critical events including hospital admission following an MFP trial home visit. Field personnel use the *MFP Sentinel Event Report* to report sentinel events including hospitalizations, injuries, abuse/neglect/exploitation, law enforcement incidents, etc., for MFP participants. An MFP participant is defined as a participant who has signed the *MFP Consent for Participation* (see Appendix D1). MFP field personnel notify the MFP Compliance Officer within three (3) days of knowledge of the incident (discovery of the incident) by submitting the completed form to DCH MFP via FTP.

MFP field personnel are required to do the following in response to critical incidents/sentinel events experienced by MFP participants:

- Call 9-1-1 or other emergency numbers to obtain immediate medical or law enforcement interventions if needed
- Obtain immediate and ongoing medical intervention if required
- Immediately implement measures to protect the health, safety and/or rights of the individual, including relocation of the participant to another facility or program if needed
- As appropriate, notify the family, guardian, next of kin, or emergency contact indicated in the participant service record

- Report the incident to the waiver operating agency (DCH, DHS, or DBHDD)
- Investigate the incident as applicable and/or assist with on-site inspection of the facility or qualified residence and/or service/program
- As appropriate, notify the Long Term Care Ombudsman (866-552-4464)
- Prepare a written report of the findings of the investigation using the *MFP Sentinel Event Report* (see Appendix AB) for each event and forward the completed document to the MFP Project Compliance Officer and MFP Project Director, who will investigate the event and take appropriate corrective action
- As appropriate, report the incident to licensure and/or certification agencies, Adult Protective Services (888-754-0152), Child Protective Services (report to the DFCS office in the county where the child lives), local law enforcement agencies (check the phone book blue pages), and DCH Program Integrity (for example, if the MFP participant is living in a personal care home or community living arrangement, report any abuse, neglect or exploitation to the DCH Division of Healthcare Facility Regulation at 404-657-5700)

### 605.5 *Participant Denial, Suspension or Termination from MFP*

Rev. 4/2014

Potential MFP participants can be **denied** enrollment in MFP if they are found to be ineligible for the program. The eligibility requirements for MFP were set forth in the Federal Deficit Reduction Act of 2005 as amended by the Affordable Care Act of 2010, and are:

1. Individual must have resided in an inpatient facility for at least 90 consecutive days--short-term rehabilitation stays of 90 days or less do not count.
2. Individual must have received Medicaid benefits for facility services for at least one day (24 hour period).
3. Individual must continue to meet institutional level of care, but the individual is not required to meet the level of care provided by an inpatient facility.
4. The individual must transition into a qualified residence.
5. The individual must cooperate in the MFP planning process.

MFP participants can be **suspended** from participation in the MFP demonstration for the following reason:

1. Participant has been readmitted to an inpatient facility for a period of thirty-one (31) days or more, but less than 6 months.

MFP participants can be determined **no longer eligible and terminated** from participation in the MFP demonstration for the following reasons:

1. Participant becomes ineligible for Medicaid.
2. Participant did not transition from the inpatient facility into a qualified residence (refer to Section 605.1 for a full definition of qualified residences).
3. Participant has not continued to meet institutional level of care criteria.
4. Participant informed MFP field personnel that she/he no longer wished to participate in the MFP demonstration.
5. Participant moved outside of the service area of the State of Georgia.

MFP CBAY participants are required to adhere to the same MFP Denial and Termination policy as set forth in this section (Chapter 605.5).

MFP field personnel in each Contract Agency (DAS and DBHDD) are responsible for the following regarding MFP denials, suspensions and terminations:

- Issuance of *MFP Denial, Suspension or Termination Letter* from MFP (see Appendix AC) to participants including administrative hearing rights.
- Maintain appropriate contact with the participant and documentation of decision-making for administrative review and appeals.

Note that DBHDD manages denial/termination and appeal processes for MFP CBAY participants transitioning from Psychiatric Residential Treatment Facilities (PRTFs). DBHDD manages these processes in a manner that complies with and is consistent with applicable federal laws.

MFP participants may receive Medicaid HCBS waiver services. These services are funded by the MFP grant during the MFP period of participation, and therefore participants may lose their waiver services if they become ineligible and are terminated during their MFP period of participation.

## **605.6 Appeal Process and Administrative Review**

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If an MFP participant or potential participant receives a *MFP Letter of Denial, Suspension or Termination* (see Appendix AC) from MFP field personnel, and she/he disagrees with the decision, she/he may request a fair hearing. The request for a hearing must be done in writing. A copy of the *MFP Letter of Denial, Suspension or Termination* must be included with the request. The written request must be received within 30 days from the date of the *MFP Letter of Denial, Suspension or Termination*. The request should be sent to:

Department of Community Health  
Legal Services Section  
2 Peachtree Street, NW, 40<sup>th</sup> Floor  
Atlanta, GA 30303-3159

If the action is sustained by a hearing decision, the participant may be held

responsible for the repayment of continued services that were provided during the appeal.

The Office of State Administrative Hearings will notify the participant of the time, place, and date of the hearing. An Administrative Law Judge will hold the hearing. In the hearing, the participant may speak on their own behalf or they may let a friend or family member speak for them. They may also ask a lawyer for legal help that may be available at no cost through agencies such as the Georgia Legal Services program, the Georgia Advocacy Office, Atlanta Legal Aid Society, or the State Long-Term Care Ombudsman program.

### **605.7 Temporary Suspension and Dis-Enrollment from MFP Participation**

Rev. 4/2014

#### **For DAS (OA and PD/TBI) and DD Participants -**

After initially discharging from the inpatient facility, should a MFP participant be reinstitutionalized (require an institutional stay, be readmitted), MFP field personnel must:

- Complete the *MFP Participant Enrollment Status Change Form* (see Appendix Y). Indicate the date of reinstitutionalization or disenrollment and forward to DCH MFP via FTP.
- Monitor and document participants who are “reinstitutionalized” for 30 days or less as “reinstitutionalized” and report the number of participants in this status to DCH MFP monthly, during the 1<sup>st</sup> 30 days of the institutional stay.
  - When the participant re-enters the inpatient facility for 30 days or less, the participant remains enrolled in MFP. As soon as the participant’s condition stabilizes, the participant returns to her/his qualified residence in the community and resumes MFP services. During a period of reinstitutionalization of 30 days or less, the participant’s MFP assignment plan continues without a break (the days in the inpatient facility are counted as part of MFP participation). MFP field personnel continue their monthly follow-up visit with the participant.
- Document and monitor participants who are “reinstitutionalized and temporarily suspended,” that is, they re-entered the inpatient facility for 31 days up to 6 months, and report the number of participants in this status to DCH MFP monthly, each month of the institutional stay up to and including the 6<sup>th</sup> month of the institutional stay.
  - When the participant re-enters the inpatient facility for 31 days up to 6 months, the participant is temporarily suspended from MFP and field personnel complete the *MFP Participant Enrollment Status Change Form* (see Appendix Y), noting the date of reinstitutionalization and checking the check box indicating that the “Participant was Re-institutionalized.” Field personnel also note the reason for the

reinstitutionalization and forward the completed form to DCH MFP. The days in the inpatient facility are not counted against the MFP period of participation. Once the participant's condition stabilizes, the participant returns to her/his qualified residence and re-starts their MFP participation. Temporary suspension of MFP participation provides for a full and complete MFP service benefit. When the participant returns to the qualified residence, field personnel complete the *MFP Participant Enrollment Status Change Form* (see Appendix Y), noting the date MFP Participation re-started, calculating the New Project End Date and indicating the type of qualified housing used by the participant. The completed form is forwarded to DCH MFP.

- Document and monitor participants who are “reinstitutionalized” for 6 months or longer, and report the number of participants in this status to DCH MFP monthly, each month of the institutional stay.
  - When the participant re-enters the inpatient facility for a period of 6 months or longer, the participant is dis-enrolled from MFP and must be re-evaluated like a “new” participant. Field personnel complete the *MFP Participant Enrollment Status Change Form* (see Appendix Y), noting that the participant was reinstitutionalized and the date. Reinstitutionalization is the reason that enrollment in MFP has ended and field personal check the reason for the reinstitutionalization. The completed form is forwarded to DCH MFP. In addition, field personnel send the participant a *MFP Notice of Denial, Suspension Or Termination Letter* (see Appendix AC), indicating under “B” section that the person is “no longer eligible” due to having re-entered an inpatient facility for 6 months or longer. A copy of the letter must be sent to DCH MFP.

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#### **For MFP CBAY Participants –**

After initial discharge from the PRTF, should a MFP CBAY participant be re-institutionalized (require an institutional stay, be readmitted to an inpatient facility or PRTF), the following process must be followed:

- Care Coordinators complete the *MFP Participant Enrollment Status Change Form* (see Appendix Y). Indicate the date of reinstitutionalization or disenrollment and forward to DCH MFP via FTP.
- For MFP CBAY participants who are “reinstitutionalized” for 30 days or less, monitor and document participant as “reinstitutionalized” and report the number of participants in this status to DCH MFP monthly, during the 1<sup>st</sup> 30 days of the institutional stay.
- MFP CBAY participants who re-entered the PRTF or inpatient facility for 31 days or longer are disenrolled or terminated from MFP participation. Document and monitor these participants and report the number of

participants terminated to DCH MFP monthly. To re-enter MFP, the participant must be re-evaluated like a “new” participant. Care coordinators complete the *MFP Participant Enrollment Status Change Form* (see Appendix Y), noting that the participant was reinstitutionalized and the date. Reinstitutionalization is the reason that enrollment in MFP has terminated and care coordinators check the reason for the reinstitutionalization. The completed form is forwarded to DCH MFP. In addition, care coordinators send the participant a *MFP Notice of Denial, Suspension Or Termination Letter* (see Appendix AC), indicating under section “B” that the person is “no longer eligible” due to having re-entered an inpatient facility for 31 days or longer. A copy of the letter must be sent to DCH MFP.

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### **Reenrollment Process for Former MFP Participants**

While doing outreach to inpatient facilities, MFP field personnel may encounter former MFP participants who have completed the MFP period of participation and have been reinstitutionalized. Former MFP participants can be enrolled again in the demonstration if they are qualified individuals who have been in a qualified inpatient facility for at least 90 consecutive days, less any short-term rehabilitative days as per Statutory guidance on “Eligible Individual” (see Appendix A: *MFP Statutory Language, ‘Eligible Individual’*). A request for re-enrollment into MFP from a participant who has completed participation and then was re-institutionalized, requires a re-evaluation of the previous ITP/plan of care/plan of services (ISP) to determine the cause of the change in the participant’s health status. Participants must meet all MFP eligibility criteria and transition into a qualified residence. The number of participants with this status must be reported monthly to DCH MFP. Note that these participants do not complete the QoL survey.

## **605.8**

### ***State to State Transitions***

Rev. 4/2014

If an MFP participant wishes to transition from an inpatient facility in another state to a qualified residence in Georgia, they qualify for the MFP Demonstration, provided they meet MFP eligibility criteria. Likewise if an MFP participant in a Georgia inpatient facility wishes to transition to a qualified residence in another state, they may do so. There is no statutory requirement that the inpatient facility be in the same state as the desired community residence and no requirement that the transition be to an inpatient facility in the receiving state (see Appendix A for more details). State to state transitions can be initiated through contact with DCH MFP. Once the initial contact has been made to DCH MFP office, field personnel will be contacted and notified regarding next steps in the transition.

Similar to transitions from one ADRC regional area to another ADRC region in the state, MFP field personnel in both states work together to share information necessary to achieve a successful transition. Field personnel cooperate on the administration of the Quality of Life (QoL) survey. The baseline survey is conducted by the sending state while the person is residing in the inpatient facility

and the 1<sup>st</sup> and 2<sup>nd</sup> year follow-ups are scheduled and conducted by the receiving state. Transition processes as outlined in Chapters 600, 602 and 603 are followed with the sending state taking a leadership role during pre-discharge/pre-transition and the receiving state taking the leadership role during post-discharge/post-transition. For reporting purposes, the participant transitioning will be counted as an MFP participant in the state where they reside in the community. The sending state claims enhanced match for any pre-transition services provided to the participant.

## APPENDICES

### APPENDIX A: Statutory Language P.L. 109 – 171, SEC. 6071. [42 U.S.C. 1396a note] MONEY FOLLOWS THE PERSON REBALANCING DEMONSTRATION

Rev. 4/2014

[P.L. 109–171, Approved February 8, 2006 \(120 Stat. 4\)](#)

#### Deficit Reduction Act of 2005

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##### **SEC. 6071.** [42 U.S.C. 1396a note] **MONEY FOLLOWS THE PERSON REBALANCING DEMONSTRATION.**

(a) **PROGRAM PURPOSE AND AUTHORITY.**—The Secretary is authorized to award, on a competitive basis, grants to States in accordance with this section for demonstration projects (each in this section referred to as an “MFP demonstration project”) designed to achieve the following objectives with respect to institutional and home and community-based long-term care services under State Medicaid programs:

(1) **REBALANCING.**—Increase the use of home and community-based, rather than institutional, long-term care services.

(2) **MONEY FOLLOWS THE PERSON.**—Eliminate barriers or mechanisms, whether in the State law, the State Medicaid plan, the State budget, or otherwise, that prevent or restrict the flexible use of Medicaid funds to enable Medicaid-eligible individuals to receive support for appropriate and necessary long-term services in the settings of their choice.

(3) **CONTINUITY OF SERVICE.**—Increase the ability of the State Medicaid program to assure continued provision of home and community-based long-term care services to eligible individuals who choose to transition from an institutional to a community setting.

(4) **QUALITY ASSURANCE AND QUALITY IMPROVEMENT.**—Ensure that procedures are in place (at least comparable to those required under the qualified HCB program) to provide quality assurance for eligible individuals receiving Medicaid home and community-based long-term care services and to provide for continuous quality improvement in such services.

(b) **DEFINITIONS.**—For purposes of this section:

(1) **HOME AND COMMUNITY-BASED LONG-TERM CARE SERVICES.**—The term “home and community-based long-term care services” means, with respect to a State Medicaid program, home and community-based services (including home health and personal care services) that are provided under the State’s qualified HCB program or that could be provided under such a program but are otherwise provided under the Medicaid program.

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(2) ELIGIBLE INDIVIDUAL.—The term “eligible individual” means, with respect to an MFP demonstration project of a State, an individual in the State—

(A) who, immediately before beginning participation in the MFP demonstration project—

(i) resides (and has resided for a period of not less than 90 consecutive days) in an inpatient facility;

(ii) is receiving Medicaid benefits for inpatient services furnished by such inpatient facility; and

(iii) with respect to whom a determination has been made that, but for the provision of home and community-based long-term care services, the individual would continue to require the level of care provided in an inpatient facility and, in any case in which the State applies a more stringent level of care standard as a result of implementing the State plan option permitted under section 1915(i) of the Social Security Act, the individual must continue to require at least the level of care which had resulted in admission to the institution; and

(B) who resides in a qualified residence beginning on the initial date of participation in the demonstration project.

Any days that an individual resides in an institution on the basis of having been admitted solely for purposes of receiving short-term rehabilitative services for a period for which payment for such services is limited under title XVIII shall not be taken into account for purposes of determining the 90-day period required under subparagraph (A)(i).

(3) INPATIENT FACILITY.—The term “inpatient facility” means a hospital, nursing facility, or intermediate care facility for the mentally retarded. Such term includes an institution for mental diseases, but only, with respect to a State, to the extent medical assistance is available under the State Medicaid plan for services provided by such institution.

(4) MEDICAID.—The term “Medicaid” means, with respect to a State, the State program under title XIX of the Social Security Act (including any waiver or demonstration under such title or under section 1115 of such Act relating to such title).

(5) QUALIFIED HCB PROGRAM.—The term “qualified HCB program” means a program providing home and community-based long-term care services operating under Medicaid, whether or not operating under waiver authority.

(6) QUALIFIED RESIDENCE.—The term “qualified residence” means, with respect to an eligible individual—

(A) a home owned or leased by the individual or the individual's family member;

(B) an apartment with an individual lease, with lockable access and egress, and which includes living, sleeping, bathing, and cooking areas over which the individual or the individual's family has domain and control; and

(C) a residence, in a community-based residential setting, in which no more than 4 unrelated individuals reside.

(7) QUALIFIED EXPENDITURES.—The term “qualified expenditures” means expenditures by the State under its MFP demonstration project for home and community-based long-term care services for an eligible individual participating in the MFP demonstration project, but only with respect to services furnished during the 12-month period beginning on the date the individual is discharged from an inpatient facility referred to in paragraph (2)(A)(i).

(8) SELF-DIRECTED SERVICES.—The term “self-directed” means, with respect to home and community-based long-term care services for an eligible individual, such services for the individual which are planned and purchased under the direction and control of such individual or the individual's authorized representative (as defined by the Secretary), including the amount, duration, scope, provider, and location of such services, under the State Medicaid program consistent with the following requirements:

(A) ASSESSMENT.—There is an assessment of the needs, capabilities, and preferences of the individual with respect to such services.

(B) SERVICE PLAN.—Based on such assessment, there is developed jointly with such individual or the individual's authorized representative a plan for such services for such individual that is approved by the State and that—

(i) specifies those services, if any, which the individual or the individual's authorized representative would be responsible for directing;

(ii) identifies the methods by which the individual or the individual's authorized representative or an agency designated by an individual or representative will select, manage, and dismiss providers of such services;

(iii) specifies the role of family members and others whose participation is sought by the individual or the individual's authorized representative with respect to such services;

(iv) is developed through a person-centered process that—

(I) is directed by the individual or the individual's authorized representative;

(II) builds upon the individual's capacity to engage in activities that promote community life and that respects the individual's preferences, choices, and abilities; and

(III) involves families, friends, and professionals as desired or required by the individual or the individual's authorized representative;

(v) includes appropriate risk management techniques that recognize the roles and sharing of responsibilities in obtaining services in a self-directed manner and assure the appropriateness of such plan based upon the resources and capabilities of the individual or the individual's authorized representative; and

(vi) may include an individualized budget which identifies the dollar value of the services and supports under the control and direction of the individual or the individual's authorized representative.

(C) BUDGET PROCESS.—With respect to individualized budgets described in subparagraph (B)(vi), the State application under subsection (c)—

(i) describes the method for calculating the dollar values in such budgets based on reliable costs and service utilization;

(ii) defines a process for making adjustments in such dollar values to reflect changes in individual assessments and service plans; and

(iii) provides a procedure to evaluate expenditures under such budgets.

(9) STATE.—The term “State” has the meaning given such term for purposes of title XIX of the Social Security Act.

(c) STATE APPLICATION.—A State seeking approval of an MFP demonstration project shall submit to the Secretary, at such time and in such format as the Secretary requires, an application meeting the following requirements and containing such additional information, provisions, and assurances, as the Secretary may require:

(1) ASSURANCE OF A PUBLIC DEVELOPMENT PROCESS.—The application contains an assurance that the State has engaged, and will continue to engage, in a public process for the design, development, and evaluation of the MFP demonstration project that allows for input from eligible individuals, the families of such individuals, authorized representatives of such individuals, providers, and other interested parties.

(2) OPERATION IN CONNECTION WITH QUALIFIED HCB PROGRAM TO ASSURE CONTINUITY OF SERVICES.—The State will conduct the MFP demonstration project for eligible individuals in conjunction with the operation of a qualified HCB program that is in operation (or approved) in the State for such individuals in a manner that assures continuity of Medicaid coverage for such individuals so long as such individuals continue to be eligible for medical assistance.

(3) DEMONSTRATION PROJECT PERIOD.—The application shall specify the period of the MFP demonstration project, which shall include at least 2 consecutive fiscal years in the 5-fiscal-year period beginning with fiscal year 2007.

(4) SERVICE AREA.—The application shall specify the service area or areas of the MFP demonstration project, which may be a statewide area or 1 or more geographic areas of the State.

(5) TARGETED GROUPS AND NUMBERS OF INDIVIDUALS SERVED.—The application shall specify—

(A) the target groups of eligible individuals to be assisted to transition from an inpatient facility to a qualified residence during each fiscal year of the MFP demonstration project;

(B) the projected numbers of eligible individuals in each targeted group of eligible individuals to be so assisted during each such year; and

(C) the estimated total annual qualified expenditures for each fiscal year of the MFP demonstration project.

(6) INDIVIDUAL CHOICE, CONTINUITY OF CARE.—The application shall contain assurances that—

(A) each eligible individual or the individual's authorized representative will be provided the opportunity to make an informed choice regarding whether to participate in the MFP demonstration project;

(B) each eligible individual or the individual's authorized representative will choose the qualified residence in which the individual will reside and the setting in which the individual will receive home and community-based long-term care services;

(C) the State will continue to make available, so long as the State operates its qualified HCB program consistent with applicable requirements, home and community-based long-term care services to each individual who completes participation in the MFP demonstration project for as long as the individual remains eligible for medical assistance for such services under such qualified HCB program (including meeting a requirement relating to requiring a level of care provided in an inpatient facility and continuing to require such services, and, if the State applies a more stringent level of care standard as a result of implementing the State plan option permitted under section 1915(i) of the Social Security Act, meeting the requirement for at least the level of care which had resulted in the individual's admission to the institution).

(7) REBALANCING.—The application shall—

(A) provide such information as the Secretary may require concerning the dollar amounts of State Medicaid expenditures for the fiscal year, immediately preceding the first fiscal year of the State's MFP demonstration project, for long-term care services and the percentage of such expenditures that were for institutional long-term care services or were for home and community-based long-term care services;

(B) (i) specify the methods to be used by the State to increase, for each fiscal year during the MFP demonstration project, the dollar amount of such total expenditures for home and community-based long-term care services and the percentage of such total expenditures for long-term care services that are for home and community-based long-term care services; and

(ii) describe the extent to which the MFP demonstration project will contribute to accomplishment of objectives described in subsection (a).

(8) MONEY FOLLOWS THE PERSON.—The application shall describe the methods to be used by the State to eliminate any legal, budgetary, or other barriers to flexibility in the availability of Medicaid funds to pay for long-term care services for eligible individuals participating in the project in the appropriate settings of their choice, including costs to transition from an institutional setting to a qualified residence.

(9) MAINTENANCE OF EFFORT AND COST-EFFECTIVENESS.—The application shall contain or be accompanied by such information and assurances as may be required to satisfy the Secretary that—

(A) total expenditures under the State Medicaid program for home and community-based long-term care services will not be less for any fiscal year during the MFP demonstration project than for the greater of such expenditures for—

(i) fiscal year 2005; or

(ii) any succeeding fiscal year before the first year of the MFP demonstration project; and

(B) in the case of a qualified HCB program operating under a waiver under subsection (c) or (d) of section 1915 of the Social Security Act (42 U.S.C. 1396n), but for the amount awarded under a grant under this section, the State program would continue to meet the cost-effectiveness requirements of subsection (c)(2)(D) of such section or comparable requirements under subsection (d)(5) of such section, respectively.

(10) WAIVER REQUESTS.—The application shall contain or be accompanied by requests for any modification or adjustment of waivers of Medicaid requirements described in subsection (d)(3), including adjustments to the maximum numbers of individuals included and package of benefits, including one-time transitional services, provided.

(11) QUALITY ASSURANCE AND QUALITY IMPROVEMENT.—The application shall include—

(A) a plan satisfactory to the Secretary for quality assurance and quality improvement for home and community-based long-term care services under the State Medicaid program, including a plan to assure the health and welfare of individuals participating in the MFP demonstration project; and

(B) an assurance that the State will cooperate in carrying out activities under subsection (f) to develop and implement continuous quality assurance and quality improvement systems for home and community-based long-term care services.

(12) OPTIONAL PROGRAM FOR SELF-DIRECTED SERVICES.—If the State elects to provide for any home and community-based long-term care services as self-directed services (as defined in subsection (b)(8)) under the MFP demonstration project, the application shall provide the following:

(A) MEETING REQUIREMENTS.—A description of how the project will meet the applicable requirements of such subsection for the provision of self-directed services.

(B) VOLUNTARY ELECTION.—A description of how eligible individuals will be provided with the opportunity to make an informed election to receive self-directed services under the project and after the end of the project.

(C) STATE SUPPORT IN SERVICE PLAN DEVELOPMENT.—Satisfactory assurances that the State will provide support to eligible individuals who self-direct in developing and implementing their service plans.

(D) OVERSIGHT OF RECEIPT OF SERVICES.—Satisfactory assurances that the State will provide oversight of eligible individual's receipt of such self-directed services, including steps to assure the quality of services provided and that the provision of such services are consistent with the service plan under such subsection.

Nothing in this section shall be construed as requiring a State to make an election under the project to provide for home and community-based long-term care services as self-directed services, or as requiring an individual to elect to receive self-directed services under the project.

(13) REPORTS AND EVALUATION.—The application shall provide that—

(A) the State will furnish to the Secretary such reports concerning the MFP demonstration project, on such timetable, in such uniform format, and containing such information as the Secretary may require, as will allow for reliable comparisons of MFP demonstration projects across States; and

(B) the State will participate in and cooperate with the evaluation of the MFP demonstration project.

(d) SECRETARY'S AWARD OF COMPETITIVE GRANTS.—

(1) IN GENERAL.—The Secretary shall award grants under this section on a competitive basis to States selected from among those with applications meeting the requirements of subsection (c), in accordance with the provisions of this subsection.

(2) SELECTION AND MODIFICATION OF STATE APPLICATIONS.—In selecting State applications for the awarding of such a grant, the Secretary—

(A) shall take into consideration the manner in which, and extent to which, the State proposes to achieve the objectives specified in subsection (a);

(B) shall seek to achieve an appropriate national balance in the numbers of eligible individuals, within different target groups of eligible individuals, who are assisted to

transition to qualified residences under MFP demonstration projects, and in the geographic distribution of States operating MFP demonstration projects;

(C) shall give preference to State applications proposing—

(i) to provide transition assistance to eligible individuals within multiple target groups; and

(ii) to provide eligible individuals with the opportunity to receive home and community-based long-term care services as self-directed services, as defined in subsection (b)(8); and

(D) shall take such objectives into consideration in setting the annual amounts of State grant awards under this section.

(3) WAIVER AUTHORITY.—The Secretary is authorized to waive the following provisions of title XIX of the Social Security Act, to the extent necessary to enable a State initiative to meet the requirements and accomplish the purposes of this section:

(A) STATEWIDENESS.—Section 1902(a)(1), in order to permit implementation of a State initiative in a selected area or areas of the State.

(B) COMPARABILITY.—Section 1902(a)(10)(B), in order to permit a State initiative to assist a selected category or categories of individuals described in subsection (b)(2)(A).

(C) INCOME AND RESOURCES ELIGIBILITY.—Section 1902(a)(10)(C)(i)(III), in order to permit a State to apply institutional eligibility rules to individuals transitioning to community-based care.

(D) PROVIDER AGREEMENTS.—Section 1902(a)(27), in order to permit a State to implement self-directed services in a cost-effective manner.

(4) CONDITIONAL APPROVAL OF OUTYEAR GRANT.—In awarding grants under this section, the Secretary shall condition the grant for the second and any subsequent fiscal years of the grant period on the following:

(A) NUMERICAL BENCHMARKS.—The State must demonstrate to the satisfaction of the Secretary that it is meeting numerical benchmarks specified in the grant agreement for—

(i) increasing State Medicaid support for home and community-based long-term care services under subsection (c)(5); and

(ii) numbers of eligible individuals assisted to transition to qualified residences.

(B) QUALITY OF CARE.—The State must demonstrate to the satisfaction of the Secretary that it is meeting the requirements under subsection (c)(11) to assure the health and welfare of MFP demonstration project participants.

(e) PAYMENTS TO STATES; CARRYOVER OF UNUSED GRANT AMOUNTS.—

(1) PAYMENTS.—For each calendar quarter in a fiscal year during the period a State is awarded a grant under subsection (d), the Secretary shall pay to the State from its grant award for such fiscal year an amount equal to the lesser of—

(A) the MFP-enhanced FMAP (as defined in paragraph (5)) of the amount of qualified expenditures made during such quarter; or

(B) the total amount remaining in such grant award for such fiscal year (taking into account the application of paragraph (2)).

(2) CARRYOVER OF UNUSED AMOUNTS.—Any portion of a State grant award for a fiscal year under this section remaining at the end of such fiscal year shall remain available to the State for the next 4 fiscal years, subject to paragraph (3).

(3) REAWARDING OF CERTAIN UNUSED AMOUNTS.—In the case of a State that the Secretary determines pursuant to subsection (d)(4) has failed to meet the conditions for continuation of a MFP demonstration project under this section in a succeeding year or years, the Secretary shall rescind the grant awards for such succeeding year or years, together with any unspent portion of an award for prior years, and shall add such amounts to the appropriation for the immediately succeeding fiscal year for grants under this section.

(4) PREVENTING DUPLICATION OF PAYMENT.—The payment under a MFP demonstration project with respect to qualified expenditures shall be in lieu of any payment with respect to such expenditures that could otherwise be paid under Medicaid, including under section 1903(a) of the Social Security Act. Nothing in the previous sentence shall be construed as preventing the payment under Medicaid for such expenditures in a grant year after amounts available to pay for such expenditures under the MFP demonstration project have been exhausted.

(5) MFP-ENHANCED FMAP.—For purposes of paragraph (1)(A), the “MFP-enhanced FMAP”, for a State for a fiscal year, is equal to the Federal medical assistance percentage (as defined in the first sentence of section 1905(b)) for the State increased by a number of percentage points equal to 50 percent of the number of percentage points by which (A) such Federal

medical assistance percentage for the State, is less than (B) 100 percent; but in no case shall the MFP-enhanced FMAP for a State exceed 90 percent.

(f) QUALITY ASSURANCE AND IMPROVEMENT; TECHNICAL ASSISTANCE; OVERSIGHT.—

(1) IN GENERAL.—The Secretary, either directly or by grant or contract, shall provide for technical assistance to, and oversight of, States for purposes of upgrading quality assurance and quality improvement systems under Medicaid home and community-based waivers, including—

(A) dissemination of information on promising practices;

(B) guidance on system design elements addressing the unique needs of participating beneficiaries;

(C) ongoing consultation on quality, including assistance in developing necessary tools, resources, and monitoring systems; and

(D) guidance on remedying programmatic and systemic problems.

(2) FUNDING.—From the amounts appropriated under subsection (h)(1) for the portion of fiscal year 2007 that begins on January 1, 2007, and ends on September 30, 2007, and for fiscal year 2008, not more than \$2,400,000 shall be available to the Secretary to carry out this subsection during the period that begins on January 1, 2007, and ends on September 30, 2011.

(g) RESEARCH AND EVALUATION.—

(1) IN GENERAL.—The Secretary, directly or through grant or contract, shall provide for research on, and a national evaluation of, the program under this section, including assistance to the Secretary in preparing the final report required under paragraph (2). The evaluation shall include an analysis of projected and actual savings related to the transition of individuals to qualified residences in each State conducting an MFP demonstration project.

(2) FINAL REPORT.—The Secretary shall make a final report to the President and Congress, not later than September 30, 2016, reflecting the evaluation described in paragraph (1) and providing findings and conclusions on the conduct and effectiveness of MFP demonstration projects.

(3) FUNDING.—From the amounts appropriated under subsection (h)(1) for each of fiscal years 2008 through 2016, not more than \$1,100,000 per year shall be available to the Secretary to carry out this subsection.

(h) APPROPRIATIONS.—

(1) IN GENERAL.—There are appropriated, from any funds in the Treasury not otherwise appropriated, for grants to carry out this section—

(A) \$250,000,000 for the portion of fiscal year 2007 beginning on January 1, 2007, and ending on September 30, 2007;

(B) \$300,000,000 for fiscal year 2008;

(C) \$350,000,000 for fiscal year 2009;

(D) \$400,000,000 for fiscal year 2010;

(E) \$450,000,000 for each of fiscal years 2011 through 2016;

(2) AVAILABILITY.—Amounts made available under paragraph (1) for a fiscal year shall remain available for the awarding of grants to States by not later than September 30, 2016.

## APPENDIX B: MFP Transition Services Rate Table

Appendix B: MFP Services and Rate Table Revised 041014

Medicaid Rate	Transition Service Name	Procedure Code	Modifiers	MFP 3 Digit Service Code	Rate	Description (for full description, see MFP Policy & Procedures Manual Chapter 603)
Enhanced	Peer Community Support	T2038	Q2, U1	PES	Based on need. 1 unit = one hour contact, billable in quarter-hour increments, at \$50 per unit/hour, used during the participant's 365 days of MFP. Rate includes all costs associated with delivery of service.	This service provides for face-to-face visits before, during and after transition, from a qualified and where available, a certified peer supporter for the purpose of discussing transition experiences, problem solving and building connections to individuals and associations in the community. A case note is required to document each contact. ***
Enhanced	Trial Visit- Personal Support Services (PCH/CRA)	T2038	Q2, U2	PSS	Based on need. 1 unit of personal support = the current rate provided by the appropriate waiver. 1 unit of residential services = 1 day at \$65 per day. In NOW/COMP, 1 unit of CLSS/CRA = 1 day at \$156, used during the participant's 365 days of MFP.	This service provides a brief period of personal support services or residential services during a trial visit to the community before transitioning. The purpose of this service is to give the participant an opportunity to manage and direct Personal Support Services (PSS) staff, interact with staff in the personal care home or community residential alternative and/or assist the owner/vendor to identify, develop and improve the PSS staff skills necessary to accommodate the needs of the participant. On a case-by-case basis, this service can be used post-discharge by a participant who's PSS services are arranged but delayed. ***
Enhanced	Household Furnishing	T2038	Q2, U3	HHF	Based on need. This service is used during the participant's 365 days of MFP.	This service provides assistance to participants requiring basic household furnishings to help them transition back into the community. This service provides initial set-up assistance with a qualified residence. ***
Enhanced	Household Goods and Supplies	T2038	Q2, U4	HGS	Based on need. This service is used during the participant's 365 days of MFP. A portion of the amount authorized can be used for a one-time purchase of groceries.	This service provides assistance to participants requiring basic household goods (see Appendix P). This service is intended to help the participant with the initial set-up of their qualified residence. ***
Enhanced	Moving Expenses	T2038	Q2, U5	MVE	Based on need. Service is to be used during the participant's 365 days of MFP.	This service may include rental of a moving van/truck or trailer and staff or the use of a moving or delivery service to move a participant's household goods and furniture to a qualified residence. Although this service is intended as a one-time set-up service to help establish a qualified residence, under certain circumstances it may be used throughout a participant's period of participation. ***
Enhanced	Utility Deposits	T2038	Q2, U6	UTD	Based on need. Service is to be used during the participant's 365 days of MFP.	This service is used to assist participants with required utility deposits for a qualified residence. On a case-by-case basis, this service can be used to pay past-due utility bills in order to re-connect utilities to a qualified residence. ***
Enhanced	Security Deposits	T2038	Q2, U7	SCD	Based on need. Service is used during the participant's 365 days of MFP.	This service is used to assist participants with housing application fees and required security deposits for a qualified residence. ***
Enhanced	Transition Support	T2038	Q2, U8	TSS	Based on need. Limited to use during the participant's 365 days of MFP.	This service provides assistance to help participants with unique transition expenses (obtaining documentation, accessing paid roommate match services, etc.). This service provides funding for needs that are unique to each participant, but necessary for a successful transition. ***
Enhanced	Transportation	T2038	Q2, U9	TRN	Based on need. 1 unit = a one-way trip. Service is designed to cover the cost of multiple one-way or round trips. Service is used during the participant's 365 days of MFP.	This service assists participants with transportation needed to gain access to community services and resources (i.e. housing). This service is used when other forms of transportation are not otherwise available. This service does not replace the Medicaid non-emergency transportation (for medical appointments) or emergency ambulance services. ***
Enhanced	Life Skills Coaching	T2038	Q2, U10	LSC	Based on need. 1 unit = one half-hour of contact training/coaching or group/individual training activities, billable at \$25 per half-hour. Service is used during the participant's 365 days of MFP. Rate includes all costs associated with the delivery of service.	This service provides for life skills coaching and independent living skills training. Participants must be assisted to: 1) complete an individualized training needs assessment (ITNA), 2) complete the necessary hours of customized training focused on skill development, lead by a qualified trainer/coach 3) participate in individual and group activities designed to reinforce skill development, and 4) evaluate the impact of the training. This service requires structured, instructor-lead, customized training/coaching based on the results of the ITNA. The trainer/coach documents training/coaching with a case note and reports the results of the evaluation. ***
<b>Maximum Cost for All Authorized MFP Services Not To Exceed \$26,000 per Participant</b>						

Appendix B: MFP Services and Rate Table Revised 041014

Medicaid Rate	Transition Service Name	Procedure Code	Modifiers	MFP 3 Digit Service Code	Rate	Description (for full description, see MFP Policy & Procedures Manual Chapter 603)
Enhanced	Skilled Out-of-Home Respite	T2038	Q2, U11	SOR	1 unit = \$134.17 per day, the number of days is based on the participant's need. Limited to use during the participant's 365 days of MFP.	This service provides a brief period of support or relief for caregivers or family members caring for an elderly or disabled individual. This service is used during the participant's 365 days of MFP. The respite is done at a GA qualified nursing facility or community respite provider approved through a Georgia waiver program. On a case-by-case basis this service can be used by a participant who is waiting for environmental modifications to be completed to their qualified residence. ***
Enhanced	Caregiver Outreach & Education	S5110	Q2, U12	COE	Based on need. 1 unit = one half-hour of contact caregiver training, billable at \$25 per half-hour, delivered by a qualified caregiver specialist, limited to use during the participant's 365 days of MFP. Rate includes all costs associated with delivery of service.	This service provides outreach, information, referral and education to caregivers who support MFP participants. This service includes: 1) an assessment that identifies sources of a caregiver's stress, 2) consultation and education with a qualified, trained caregiver specialist to develop a Caregiver Support Plan with strategies to reduce caregiver stress and 3) assistance to identify and obtain local services and resources to meet the caregiver's needs. The qualified caregiver specialist documents activities with case notes. This service is not provided in order to educate paid caregivers. ***
Enhanced	Home Care Ombudsman	T2038	Q2, U13	HCO	Based on need. 1 unit = one hour contact at \$150 per hour, billable in quarter-hour increments at \$37.50, limited to use during the participant's 365 days of MFP. Rate includes all costs associated with delivery of service.	This service provides regular monthly contacts made by a qualified home care ombudsman, for review of a transitioned participant's health, welfare and safety, provides advocacy for participants to respond to and resolve complaints related to MFP and waiver services and how these services are provided. Service is limited to participants who transition into a qualified residence (see Appendix A for details). Three face-to-face contacts are required, the first F2F contact must be completed within 30 days of discharge, additional monthly contacts (F2F or phone contacts) can be arranged as needed. A case note is required to document each contact. ***
Enhanced	Equipment, Vision, Dental and Hearing Services	T2038	Q2, U14	EQS	Based on need. Service is used during the participant's 365 days of MFP.	Service provides equipment, vision, dental, hearing aids and related services and certain types of assistive technology and services that are not otherwise covered by Medicaid or Medicare. Except for items listed in 603.17, all DME obtained using MFP funds must have either a GAMBIS claim denial or a Prior Authorization denial. Items and services obtained must be justified in the ITP/ISP and be necessary to enable participants to interact more independently and/or reduce dependence on physical supports and enhance quality of life. Covers normal charges associated with one vision examination and one pair of basic prescription glasses. Covers normal charges for one dental exam, xrays, cleaning and/or minor restoration. Covers normal charges for hearing aids and related services. Two quotes are required for purchase of a single piece of equipment costing \$1000 or more. ***
Enhanced	Specialized Medical Supplies	T2038	Q2, U15	SMS	Based on need. Limited to use during the participant's 365 days of MFP.	Service includes various specialized medical supplies that enable MFP participants to maintain or improve independence, health, welfare and safety and reduce dependence on the physical support needed from others. The service includes incontinence items, diapers/adult briefs, special clothing, disposable liners/pads, food supplements, diabetic supplies and other supplies that are identified in the approved in the ITP/ISP and that are not otherwise covered by Medicaid or Medicare (see 603.18 for more information). Ancillary supplies necessary for the proper functioning of approved supplies are also included in this service. Two quotes are required for the single purchase of specialized medical supplies costing \$1000 or more. ***
Enhanced	Vehicle Adaptations	T2038	Q2, U16	VAD	Based on need. Price of the lowest quote, limited to use during the participant's 365 days of MFP.	This service enables individuals to interact more independently, enhancing their quality of life and reducing their dependence. Limited to participant's or the family's privately owned vehicle and includes such things as driving controls, mobility device carry racks, lifts, vehicle ramps, wheelchair tie-downs and occupant restraint systems, special seats and other interior modifications for access into and out of the vehicle as well as to improve safety while moving. Two quotes are required for adaptations costing \$1000 or more. ***
Enhanced	Environmental Modification	T2038	Q2, U17	EMD	Based on need. Price of the lowest quote (with exceptions), limited to use during the participant's 365 days of MFP.	This service provides assistance to participants requiring physical adaptations to a qualified residence, including qualified residences under the Housing Choice Voucher or Other Housing Subsidy program or a community home on a case-by-case basis. This service covers basic modifications needed by a participant to ensure health, welfare and safety and/or to improve independence in ADLs. Two scope/bids are required. Total scope/bids of \$2,500 or more, require building permits. The MFP Home Inspection Service must be completed prior to beginning the environmental modifications and after modifications are completed to ensure participant health, welfare and safety and quality work. ***
Enhanced	Home Inspection	T2039	Q2, U18	HIS	1 unit = one inspection with relevant report from a qualified inspector, billable at \$250 per inspection, limited to the number of inspections needed. Service is used during the participant's 365 days of MFP.	This service provides for home/building inspections, required before and after MFP Environmental Modifications (MFP-EMD) are undertaken. This service is used to identify and report on needed structural repairs to a qualified residence and to identify and make recommendations for appropriate and cost-effective environmental modifications before they are started. This service also provides for post-inspections after modifications are complete, in order to ensure quality work and compliance with relevant building codes and standards. The inspector providing the service is not affiliated with the contractors providing the environmental modifications. ***
Enhanced	Supported Employment Evaluation	S5110	Q2, U19	SEE	Based on need. 1 unit = one complete Vocational Discovery Process with Vocational Profile and referrals to a minimum of three community resources, typically costs approximately \$1,500 per participant, Service is used during the participant's 365 days of MFP.	This service provides assistance to participants seeking career planning and supportive, customized and/or competitive employment. Participants engage in a guided/facilitated Vocational Discovery Process. Based on the Discovery Process, a Vocational Profile is completed. The Vocational Profile identifies a path to employment. These services may be procured from a qualified vocational/employment service provider. The provider is required to assist the participant to make connections to a minimum of three unique community resources necessary to support choices for supportive, customized and/or competitive employment. ***
<b>Maximum Cost for All Authorized MFP Services Not To Exceed \$25,000 per Participant</b>						
<small>***MFP service procedures are based on authorized and approved services as specified in the participant's transition service plan.*** Q2-HCFA/ORD demonstration procedures/service; U-Medicaid Level of Care (1 thru 20), as Defined by Georgia Medicaid (DCH)</small>						

## APPENDIX C: Tri-fold Recruiting Brochure

### What is Person-Centered Planning?

Transition plans work best when you fully participate in planning your own life. With person-centered planning, you will be asked to talk about your goals, needs, resources, personal experience and motivation to relocate.

Everyone depends on others at times. Through the MFP project, you will learn who these important people are and build new relationships with people who share goals that are important to you.

### What are Home Modifications?

You may need assistance to live independently in your own home. Home modifications may include the installation of ramps or grab bars or widening doorways. Money Follows the Person includes financial help for eligible older adults and persons with disabilities to make these changes to existing structures. Contact your MFP Transition Coordinator for more details.

### What is Self-Direction?

Self-direction means that informed consumers make choices about the home- and community-based services they receive. They can assess their own needs, determine how and by whom those needs should be met and monitor the quality of services received.

**Money Follows the Person Project**  
Georgia Department of Community Health  
Two Peachtree Street, NW, 37th Floor  
Atlanta, GA 30303  
Email: [gamfp@dch.ga.gov](mailto:gamfp@dch.ga.gov)  
[dch.georgia.gov/mfp](http://dch.georgia.gov/mfp)

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# Money Follows the Person



866-55-AGING (866-552-4464);  
888-454-5826  
Email: [gamfp@dch.ga.gov](mailto:gamfp@dch.ga.gov)



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH





*"MFP is the best thing the State has ever done."*

Cathy, MFP participant

*"[I'm] happy to be independent, and the MFP program is the best program in Georgia."*

Brenda, former MFP participant

### What is Money Follows the Person?

If you have lived in an inpatient facility (i.e., a hospital, nursing facility or an intermediate care facility for people with developmental disabilities) for at least 90 consecutive days and would rather live in your own home, apartment or group setting, you may be eligible for home- and community-based services (HCBS) through Georgia's Medicaid programs.

Money Follows the Person (MFP) can assist with home- and community-based services. It is a grant offered through the Centers for Medicare and Medicaid Services (CMS) and the Georgia Department of Community Health (DCH).

### Who will help me relocate?

If you want to move into your own place (home, apartment or group setting), you can take advantage of MFP and HCBS. Through MFP, you will learn the skills you need and get the information and help you need to move to the community.

### What MFP services are available?

- Peer community support
- Trial visits to the community
- Household furnishings (limited)
- Household goods and supplies
- Moving expenses
- Utility and security (rent) deposits
- Transition supports
- Transportation
- Life skills coaching
- Skilled out-of-home respite
- Caregiver outreach and education
- Community Ombudsman
- Equipment, vision, dental and hearing services
- Specialized medical supplies
- Vehicle adaptations
- Environmental modifications
- Home inspection
- Supported employment evaluation

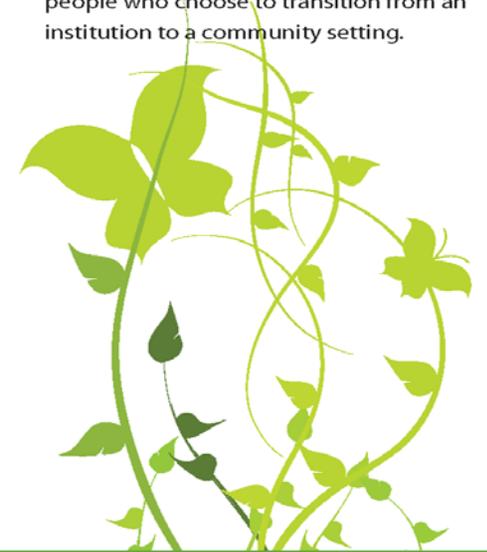
### Who do I contact?

**If you are interested and want more information about Money Follows the Person, you can contact:**

- The Department of Human Services, Aging and Disability Resource Connection at **866-55-AGING** (866-552-4464)
- The Office of the Long Term Care Ombudsman at **888-454-5826**
- The Georgia Department of Community Health, Money Follows the Person project at **404-651-9961**

### What are the goals of MFP?

1. To increase the use of home- and community-based, rather than institutional long-term care services;
2. To eliminate barriers in state law, state Medicaid Plan and state budgets that prevent or restrict the flexible use of Medicaid funds to enable Medicaid-eligible persons to receive support for long-term services in a setting of their choice;
3. To increase the ability of the state to continue to provide home- and community-based services to eligible people who choose to transition from an institution to a community setting.



[dch.georgia.gov/mfp](http://dch.georgia.gov/mfp) | Email: [gamfp@dch.ga.gov](mailto:gamfp@dch.ga.gov)

## APPENDIX D1: MFP Informed Consent for Participation



# Money Follows the Person Informed Consent for Participation

I, \_\_\_\_\_, (print name) voluntarily agree to be screened and assessed as part of my application for participation in the Money Follows the Person (MFP) project<sup>i</sup>. MFP Field Personnel will determine my appropriateness for the project. If approved for the MFP project, my participation may be in segments or consecutive days, but for a total period not to exceed 365 calendar days<sup>ii</sup>.

By signing this Informed Consent, I agree to participate in all aspects of the MFP project, including completing the *Quality of Life Survey*. My responses to the *Quality of Life Survey* and other program information will be shared with the Centers for Medicare and Medicaid Services (CMS) as well as Georgia and national evaluators.

I have been given information about the MFP project; a copy of the MFP Brochure and a copy of the *Home and Community Services, A Guide to Medicaid Waiver Programs in Georgia* booklet. I understand the MFP project guidelines including enrollment requirements. I understand that MFP one-time transitional services are provided under the MFP demonstration project.

I understand that if I qualify for and am enrolled in an appropriate waiver program, waiver services will continue for as long as I need them and I continue to meet eligibility requirements. If I am no longer eligible for the Medicaid waiver program, I will be provided with other service options that may assist me in a community setting. I understand that certain circumstances will make me ineligible for a waiver and for MFP. If the total cost of providing my care under the waiver exceeds the cost of providing care in an inpatient facility, I will become ineligible for the waiver and for the MFP project. If my condition improves and I don't continue to meet the waiver Level of Care criteria, I will become ineligible for the waiver program and may become ineligible for the MFP project.

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**If signed by Responsible Party, State Relationship and Authority to Sign**

\_\_\_\_\_  
**MFP Field Personnel Sign** **Date**

<sup>i</sup> Deficit Reduction Act of 2006, Money Follows the Person Demonstration P.L. 109-171, Title VI, Subtitle A, Chapter. 6, Subchapter B, Sec 6071, 120; as amended by the Affordable Care Act of 2010, P.L. 111-148, Title II, Subtitle E, Sec 2403(a), (b)(1), 124 Stat. 304

<sup>ii</sup> If the MFP participant needs to be readmitted to an inpatient facility for a period of 30 days or less, the participant remains enrolled in the MFP demonstration. As soon as the participant's condition stabilizes, the participant can return to the community and resume services. When an MFP participant is readmitted into an inpatient facility for a period of time greater than 30 days (31 days or longer), the participant is suspended from the MFP demonstration and is considered an institutional resident. However, the suspended MFP participant will be re-enrolled, prior to the completion of 365 days, back into the demonstration without re-establishing the 90-day institutional residency requirement. The individual is considered an MFP participant when discharged from the inpatient facility, and is eligible to receive MFP services for any remaining days up to 365. MFP field personnel determine if any changes to the participant's Individualized Transition Plan are needed to prevent a re-admission to an inpatient facility. If the participant is readmitted to an inpatient facility for a period of longer than six months, the participant will be re-evaluated like a "new" MFP participant.

## APPENDIX D2: MFP Release of Health Information (MFP RHI)



# MFP Release of Health Information (MFP RHI)

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with Georgia and Federal law concerning the privacy of such information. **Failure to provide all information requested may invalidate this Authorization.**

### USE AND DISCLOSURE OF HEALTH INFORMATION

I hereby authorize the release, use or disclosure of my health information as follows:

Member Name: \_\_\_\_\_

Medicaid ID #: \_\_\_\_\_

Health Plan Name: \_\_\_\_\_

Persons/Organizations authorized to *receive, use or disclose* the information <sup>i</sup> are:

- MFP Field Personnel \*
- Waiver assessment/case management staff \*
- My Representative (Legal, etc.) \*
- MFP service providers (Peers, Ombudsman, etc.) \*

*\* Personnel located in Georgia and in the state to which you are transitioning.*

Purpose of requested use or disclosure: <sup>ii</sup> for screening and assessment and participation in MFP. This Authorization applies to the following information (select **only one** of the following):<sup>iii</sup>

- All health information pertaining to any medical history, mental or physical condition and treatment received.

[Optional] Except: \_\_\_\_\_

- Only** the following records or types of health information (including any dates). This may consist of psychotherapy notes, if specifically authorized:

\_\_\_\_\_  
\_\_\_\_\_

### EXPIRATION

All information I hereby authorize to be obtained from this inpatient facility will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain in effect for: (PLEASE CHECK ONE)

- ninety (90) days unless I specify an earlier date here: \_\_\_\_\_
- one (1) year
- the period necessary to complete transactions related to my participation in Money Follows the Person on matters related to services provided to me through Money Follows the Person.

*I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken based upon it, I may withdraw this authorization at any time.*



# MFP Release of Health Information (MFP RHI)

## NOTICE OF RIGHTS AND OTHER INFORMATION

I may refuse to sign this Authorization.

I may revoke this authorization at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to the following address: \_\_\_\_\_

My revocation will be effective upon receipt, but will not be effective to the extent that the Requestor or others have acted in reliance upon this Authorization.

I have a right to receive a copy of this authorization.<sup>iv</sup>

Neither treatment, payment, enrollment or eligibility for benefits will be conditioned on my providing or refusing to provide this authorization.<sup>v</sup>

Information disclosed pursuant to this authorization could be re-disclosed by the recipient and might no longer be protected by federal confidentiality law (HIPAA).

\_\_\_\_\_  
Signature of Member or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
If Signed by Representative, State Relationship or Basis of Authority

<sup>i</sup> If the Authorization is being requested by the entity holding the information, this entity is the Requestor.

<sup>ii</sup> The statement "at the request of the individual" is a sufficient description of the purpose when the individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.

<sup>iii</sup> This form may not be used to release both psychotherapy notes and other types of health information (see 45 CFR § 164.508(b)(3)(ii)). **If this form is being used to authorize the release of psychotherapy notes, a separate form must be used to authorize release of any other health information.**

<sup>iv</sup> Under HIPAA, the individual must be provided with a copy of the authorization when it has been requested by a covered entity for its own uses and disclosures (see 45 CFR § 164.508(d)(1), (e)(2)).

<sup>v</sup> If any of the exceptions to this statement, as recognized by HIPAA apply, then this statement must be changed to describe the consequences to the individual of a refusal to sign the authorization when that covered entity can condition treatment, health plan enrollment, or benefit eligibility on the failure to obtain such authorization. A covered entity is permitted to condition treatment, health plan enrollment or benefit eligibility on the provision of an authorization as follows: (i) to conduct research-related treatment, (ii) to obtain information in connection with a health plan's eligibility or enrollment determinations relating to the individual or for its underwriting or risk rating determinations, or (iii) to create health information to provide to a third party or for disclosure of the health information to such third party. **Under no circumstances, however, may an individual be required to authorize the disclosure of psychotherapy notes.**



**APPENDIX F: AREA AGENCY ON AGING/AAA ADRC/Gateway Network**

Revised 12/01/2009

<b><i>Planning &amp; Service Area</i></b>	<b><i>AAA Director Name of AAA Address, Phone &amp; E-Mail</i></b>	<b><i>Executive Director Name of Agency Address, Phone &amp; E-Mail</i></b>
<p><b>Atlanta Region</b></p> <p>Cherokee Clayton Cobb DeKalb Douglas Fayette Fulton Gwinnett Henry Rockdale</p>	<p><b>Cathie Berger, AAA Director</b> Atlanta Regional AAA 40 Courtland Street, N.E. Atlanta, GA 30303-2538 (404) 463-3100 Fax: (404) 463-3264 <b>Agging Connection: 1-800-676-2433</b> or (404) 463-3333</p> <p>Email: <a href="mailto:cberger@atlantaregional.com">cberger@atlantaregional.com</a></p> <p>Website: <a href="mailto:aginginfo@atlantaregional.com">aginginfo@atlantaregional.com</a></p>	<p><b>Charles C. Krautler, Executive Director</b> Atlanta Regional Commission 40 Courtland Street, N.E. Atlanta, GA 30303-2538 (404) 463-3100 Fax: (404) 463-3105</p> <p>Email: <a href="mailto:ckrautler@atlantaregional.com">ckrautler@atlantaregional.com</a></p> <p><b>Fulton County</b></p>
<p><b>Central Savannah River Area</b></p> <p>Burke Columbia Glascocock Hancock Jefferson Washington Jenkins Lincoln McDuffie</p> <p>Richmond Screven Taliaferro Warren  Wilkes</p>	<p><b>Jeanette Cummings, AAA Director</b> <b>Central Savannah River AAA</b> 3023 Riverwatch Parkway Suite A, Bldg 200 Augusta, GA 30907-2016 (706) 210-2013 Director Direct Line (706) 210-2000 Aging Program Fax: (706) 210-2006 <b>Agging Connection: 1-888-922-4464</b></p> <p><b>E-mail: <a href="mailto:jcummings@csrarc.ga.gov">jcummings@csrarc.ga.gov</a></b></p> <p>Website: <a href="http://www.csrarc.ga.gov">www.csrarc.ga.gov</a></p>	<p><b>Andy Crosson, Executive Director</b> <b>Central Savannah River Area Regional Commission</b> 3023 Riverwatch Parkway Suite A, Bldg 200 Augusta, GA 30907-2016 (706) 210-2000 Fax: (706) 210-2006</p> <p><b>E-mail: <a href="mailto:acrosson@csrarc.ga.gov">acrosson@csrarc.ga.gov</a></b></p> <p><b>Richmond County</b></p>

<b><i>Planning &amp; Service Area</i></b>	<b><i>AAA Director Name of AAA Address, Phone &amp; E-Mail</i></b>	<b><i>Executive Director Name of Agency Address, Phone &amp; E-Mail</i></b>
<p><b>Coastal Georgia</b></p> <p>Bryan Bulloch Camden Chatham Effingham Glynn Liberty Long McIntosh</p>	<p><b>Dionne Campbell (Interim AAA Director)</b> Coastal Georgia AAA 127 F Street Brunswick, GA 31520 (912) 262-2822 Fax: (912) 262-2313 <b>Information Link: 1-800-580-6860</b></p> <p>Email: <a href="mailto:dcampbell@crc.ga.gov">dcampbell@crc.ga.gov</a></p> <p>Website: <a href="http://www.crc.ga.gov">www.crc.ga.gov</a></p>	<p><b>Allen Burns, Executive Director</b> Coastal Regional Commission of Georgia 127 F Street Brunswick, GA 31520 (912) 262-2800 Fax: (912) 262-2313</p> <p>Email: <a href="mailto:aburns@crc.ga.gov">aburns@crc.ga.gov</a></p> <p><b>Glynn County</b></p>
<p><b>Georgia Mountains</b></p> <p>Banks Dawson Forsyth Franklin Habersham Hall Hart Lumpkin Rabun</p> <p>Stephens Towns Union White</p>	<p><b>Pat Freeman, AAA Director</b> Legacy Link AAA P. O. Box 2534 Gainesville, GA 30503-2534 (770)538-2650 Fax: (770)538-2660 <b>Intake Screening: 1-800-845-5465</b></p> <p>Physical Address: 508 Oak St., Ste 1, 30501</p> <p><b>E-mail: <a href="mailto:pvfreeman@legacylink.org">pvfreeman@legacylink.org</a></b></p> <p>Website: <a href="http://www.legacylink.org">www.legacylink.org</a></p>	<p><b>Pat Freeman, Executive Director</b> The Legacy Link, Inc. P.O. Box 2534 Gainesville, Georgia 30503-2534 (770) 538-2650 Fax: (770) 538-2660</p> <p><b>E-mail: <a href="mailto:pvfreeman@legacylink.org">pvfreeman@legacylink.org</a></b></p> <p><b>Hall County</b></p>

<b><i>Planning &amp; Service Area</i></b>	<b><i>AAA Director Name of AAA Address, Phone &amp; E-Mail</i></b>	<b><i>Executive Director Name of Agency Address, Phone &amp; E-Mail</i></b>
<p><b>Heart of Georgia Altamaha</b></p> <p>Appling                    Montgomery  Bleckley                    Tattnall  Candler                    Telfair  Dodge                    Toombs  Emanuel                    Treutlen  Evans                    Wayne  Jeff Davis                    Wheeler  Johnson                    Wilcox  Laurens</p>	<p><b>Gail Thompson, AAA Director</b>  Heart of Georgia Altamaha AAA  331 West Parker Street  Baxley, GA 31513-0674  (912)367-3648  Fax: (912)367-3640 or (912)367-3707  <b>Toll Free: 1-888-367-9913</b></p> <p>E-mail: <a href="mailto:thompson@hogarc.org">thompson@hogarc.org</a></p> <p>Website: <a href="http://www.hogarc.org">www.hogarc.org</a></p>	<p><b>Alan R. Mazza, Executive Director</b>  Heart of Georgia Altamaha Regional  Commission  5405 Oak Street  Eastman, Georgia 31023-6034  (478) 374-4771  Fax: (478) 374-0703</p> <p>E-mail: <a href="mailto:mazza@hogarc.org">mazza@hogarc.org</a></p> <p><b>Dodge County</b></p>
<p><b>Middle Georgia</b></p> <p>Baldwin                    Peach  Bibb                    Pulaski  Crawford                    Putnam  Houston                    Twiggs  Jones                    Wilkinson  Monroe</p>	<p><b>Geri Ward, AAA Director</b>  Middle Georgia AAA  175 Emery Highway, Suite C  Macon, GA 31217-3679  (478)751-6466  Fax: (478)752-3243  <b>Toll free: 1-888-548-1456</b></p> <p>E-mail: <a href="mailto:gward@mg-rc.org">gward@mg-rc.org</a></p> <p>Website: <a href="http://www.mg-rc.org">www.mg-rc.org</a></p>	<p><b>Ralph Nix, Executive Director</b>  Middle Georgia Regional Commission  175 Emery Highway, Suite C  Macon, GA 31217-3679  (478) 751-6160  Fax: (478) 369-6517</p> <p>E-mail: <a href="mailto:rnix@mg-rc.org">rnix@mg-rc.org</a></p> <p><b>Bibb County</b></p>

<b><i>Planning &amp; Service Area</i></b>	<b><i>AAA Director Name of AAA Address, Phone &amp; E-Mail</i></b>	<b><i>Executive Director Name of Agency Address, Phone &amp; E-Mail</i></b>
<p><b>Northeast Georgia</b></p> <p>Barrow                      Newton Clarke                        Oconee Elbert                         Oglethorpe Greene                        Walton Jackson Jasper Madison Morgan</p>	<p><b>Peggy Jenkins, AAA Director</b> Northeast Georgia AAA 305 Research Drive Athens, GA 30610 (706)369-5650 Fax: (706)425-3370 <b>Toll free: 1-800-474-7540</b></p> <p>E-mail: <a href="mailto:pjenkins@negrc.org">pjenkins@negrc.org</a></p> <p>Website: <a href="http://www.negrc.org">www.negrc.org</a></p>	<p><b>James R. Dove, Executive Director</b> Northeast Georgia Regional Commission 305 Research Drive Athens, GA 30605 (706) 369-5650 Fax: (706) 369-5792</p> <p>E-mail: <a href="mailto:jdove@negrc.org">jdove@negrc.org</a></p> <p><b>Clarke County</b></p>
<p><b>Northwest Georgia</b></p> <p>Bartow                        Murray Catoosa                       Paulding Chattooga                    Pickens Dade                           Polk Fannin                        Walker Floyd                         Whitfield Gilmer Gordon Harralson</p>	<p><b>Debbie Studdard, AAA Director</b> Northwest Georgia AAA P.O. Box 1798 Rome, GA 30162-1798 (706) 295-6485 Fax: (706) 295-6126 <b>Toll Free: 1-888 -732-4464</b> Screening Fax: (706) 802-5506</p> <p>Physical Address: 1 Jackson Hill Dr. 30161</p> <p>E-mail: <a href="mailto:dstuddard@nwgrc.org">dstuddard@nwgrc.org</a> Website: <a href="http://www.nwgrc.org">www.nwgrc.org</a></p>	<p><b>William R. Steiner, Executive Director</b> Northwest Georgia Regional Commission P.O. Box 1793 Rome, GA 30162-1793 (706) 295-6485 Fax: (706)295-6126</p> <p>E-mail: <a href="mailto:wsteiner@nwgrc.org">wsteiner@nwgrc.org</a></p> <p><b>Floyd County</b></p>

<b><i>Planning &amp; Service Area</i></b>	<b><i>AAA Director Name of AAA Address, Phone &amp; E-Mail</i></b>	<b><i>Executive Director Name of Agency Address, Phone &amp; E-Mail</i></b>
<p><b>River Valley</b></p> <p>Chattahoochee      Quitman Clay                      Randolph Crisp                     Schley Dooley                  Stewart Harris                    Sumter Macon                   Talbot Marion                   Taylor Muscogee                Webster</p>	<p><b>Tiffany Ingram, AAA Director</b> River Valley AAA 1428 Second Avenue P.O. Box 1908 Columbus, GA 31902-1908 (706)256-2910 Fax: (706)256-2908 <b>Toll Free: 1-800-615-4379</b></p> <p>E-mail: <a href="mailto:tingram@rivervalleyrcaaa.org">tingram@rivervalleyrcaaa.org</a></p> <p>Website: <a href="http://www.rivervalleyrc.org">www.rivervalleyrc.org</a></p>	<p><b>Patti Cullen, Executive Director</b> River Valley Regional Commission 1428 Second Avenue P.O. Box 1908 Columbus, GA 31902-1908 (706) 256-2910</p> <p>E-mail: <a href="mailto:pcullen@rivervalleyrc.org">pcullen@rivervalleyrc.org</a></p> <p><b>Muscogee County</b></p>
<p><b>Southern Georgia</b></p> <p>Atkinson                Cook Bacon                    Echols Ben Hill                 Irwin Berrien                  Lanier Brantley                 Lowndes Brooks                   Pierce Charlton                 Tift Clinch                    Turner Coffee                    Ware</p>	<p><b>Wanda Taft, AAA Director</b> Southern Georgia AAA 1725 South Georgia Parkway, West Waycross, GA 31503-8958 (912)285-6097 Fax: (912)285-6126 <b>Toll Free: 1-888-732-4464</b></p> <p>E-mail: <a href="mailto:wtaft@sgrc.us">wtaft@sgrc.us</a></p> <p>Website: <a href="http://www.sgrc.us">www.sgrc.us</a></p>	<p><b>John L. Leonard, Executive Director</b> Southern Georgia Regional Commission 327 West Savannah Avenue P.O. Box 1223 Valdosta, GA 31603-1223 (229) 333.5277 Fax: (229) 333-5312</p> <p>E-mail: <a href="mailto:jleonard@sgrc.us">jleonard@sgrc.us</a></p> <p><b>Ware County</b></p>

<b><i>Planning &amp; Service Area</i></b>	<b><i>AAA Director Name of AAA Address, Phone &amp; E-Mail</i></b>	<b><i>Executive Director Name of Agency Address, Phone &amp; E-Mail</i></b>
<p><b>Southwest Georgia</b></p> <p>Baker                      Lee  Calhoun                     Miller  Colquitt                    Mitchell  Decatur                     Seminole  Dougherty                 Terrell  Early                         Thomas  Grady                         Worth</p>	<p><b>Kay Hind, AAA Director</b>  SOWEGA AAA  1105 Palmyra Road  Albany, GA 31701-1933  (229)432-1124  Fax: (229)483-0995  <b>Toll free: 1-800-282-6612</b></p> <p>E-mail: <a href="mailto:khhind@dhr.state.ga.us">khhind@dhr.state.ga.us</a></p> <p>Website: <a href="http://www.sowegacoa.org">www.sowegacoa.org</a></p>	<p><b>Kay Hind, Executive Director</b>  SOWEGA Council on Aging, Inc.  1105 Palmyra Road  Albany, GA 31701-1933  (229) 432-1124</p> <p>E-mail: <a href="mailto:khhind@dhr.state.ga.us">khhind@dhr.state.ga.us</a></p> <p><b>Dougherty County</b></p>
<p><b>Three Rivers</b></p> <p>Butts                         Pike  Carroll                      Spalding  Coweta                      Troup  Heard                         Upson  Lamar  Meriwether</p>	<p><b>Joy Shirley, AAA Director</b>  Southern Crescent AAA  P.O. Box 1600  Franklin, GA 30217-1600  (706)407-0016 or (678)552-2853  Fax: (706) 675-9210 or (770)854-5402  <b>Toll Free: 1-866-854-5652</b></p> <p>Physical Address: 13273 Hwy. 34 East</p> <p>E-mail: <a href="mailto:jyshirley@threeriversrc.com">jyshirley@threeriversrc.com</a></p> <p>Website: <a href="http://www.scaaaa.net">www.scaaaa.net</a></p>	<p><b>Lanier E. Boatwright Jr., Executive Director</b>  Three Rivers Regional Commission  120 North Hill Street  P.O. Box 818  Griffin, GA 30224-0818  (770) 227-6300  Fax: (770) 227-6488</p> <p>E-mail: <a href="mailto:lboatwright@threeriversrc.com">lboatwright@threeriversrc.com</a></p> <p><b>Spalding County</b></p>

APPENDIX G: MFP Transition Screening Form



MFP Transition Screening Form

Participant FName: \_\_\_\_\_ MI: \_\_\_ LName: \_\_\_\_\_

1. Do you want to live somewhere other than this facility?  Yes  No

Screening Type/Date (Check one box) <input type="checkbox"/> Initial F2F Screening _____ (mm/dd/yyyy) <input type="checkbox"/> F2F Re-screening _____ (mm/dd/yyyy) Screener's Name: _____ Screener's Contact: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity: <input type="checkbox"/> Not Hispanic, Latino, Spanish <input type="checkbox"/> Mexican, Mexi- can American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Another (Print Origin): _____	Race: <input type="checkbox"/> White <input type="checkbox"/> Black, African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other (Print): _____	MFP Target Population (Check one box): <input type="checkbox"/> OA-Older Adult (65+) <input type="checkbox"/> PD-Physical Disability <input type="checkbox"/> TBI- Traumatic Brain Injury <input type="checkbox"/> DD- Developmental Disability	Primary Disability (Check only one): <input type="checkbox"/> D1-Cognitive (TBI, DD, dementia) <input type="checkbox"/> D2-Hearing (deaf/HoH/H loss) <input type="checkbox"/> D3- Mental/SPMI <input type="checkbox"/> D4- Physical (mobility, stamina) <input type="checkbox"/> D5- Vision (Blind/Low Vision) <input type="checkbox"/> D6- N/A <input type="checkbox"/> D7- DNK <input type="checkbox"/> D8- Refused
Date of Initial MFP referral: _____ (mm/dd/yyyy) Date of Waiver Referral: _____ (mm/dd/yyyy)	Referral Source: <input type="checkbox"/> RS1-Inpatient Facility <input type="checkbox"/> RS2-MDSQ <input type="checkbox"/> RS3-Self <input type="checkbox"/> RS4-Family Member <input type="checkbox"/> RS5-CIL, LTCO <input type="checkbox"/> RS6-AAA/ADRC <input type="checkbox"/> RS7-Waiver Case Mgr <input type="checkbox"/> RS8-Personal Care Home <input type="checkbox"/> RS9-Assisted Living Facility <input type="checkbox"/> RS10-Legal Representative <input type="checkbox"/> RS11-Other (specify): _____	Waiver Referral: <input type="checkbox"/> CCSP <input type="checkbox"/> SOURCE <input type="checkbox"/> ICWP <input type="checkbox"/> NOW <input type="checkbox"/> COMP <input type="checkbox"/> Other Waiver (specify): _____ <input type="checkbox"/> No Waiver Referral	Refused/ineligible: <input type="checkbox"/> in NF < 90 days <input type="checkbox"/> no Medicaid <input type="checkbox"/> didn't transition to qualified residence <input type="checkbox"/> didn't cooperate in planning process <input type="checkbox"/> no longer wished to participate <input type="checkbox"/> Other (specify): _____	
Primary Language: <input type="checkbox"/> American Sign Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Korean <input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Deaf or Hard of Hearing Requires Interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter: _____		

Personal Data:

2. First Name: \_\_\_\_\_ MI: \_\_\_ Last Name: \_\_\_\_\_

3. Date of Birth (mm/dd/yyyy) \_\_\_\_\_ SSN: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

4. Medicaid # \_\_\_\_\_ Medicare # \_\_\_\_\_

5. Inpatient Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Street Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**MFP field personnel note:** All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed form to DCH MFP via FTP. DCH MFP Transition Screening Form\_Revised\_041014



# MFP Transition Screening Form



Participant FName: \_\_\_\_\_ MI: \_\_\_\_ LName: \_\_\_\_\_

6. Discharge Planner/Contact FName: \_\_\_\_\_ LName : \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

7. Marital Status:  Single  Mar  Div  Widowed  Sep  Other: \_\_\_\_\_  
(if applicable) Spouse Name and address: \_\_\_\_\_  
\_\_\_\_\_

8. Are you a veteran?  Yes  No. Did you serve during wartime?  Yes  No

9. Do you have a guardian?  Yes  No. If yes, list name and contact:  
\_\_\_\_\_

(Screener note: Ask the person who they would like to include in the screening process—family members, friends, etc. If person has a guardian, stop the interview and reschedule the screening when these persons can participate).

### Background Data:

10. What were the reasons you entered this facility? \_\_\_\_\_  
\_\_\_\_\_

11. How long have you lived here at this facility? \_\_\_\_\_ years \_\_\_\_\_ months  
(Screener note: to qualify for MFP, the person must have resided in an inpatient facility for a minimum of 90 consecutive days, short term rehab stays do not count).

(Screener note: At this point in the screening interview, introduce, review and obtain signature on *Authorization for Release of Information and Informed Consent for MFP*).

12. Do you have any family living in this area?  Yes  No  
If yes, list name, phone number and address:  
\_\_\_\_\_  
\_\_\_\_\_

13. Are there family member(s) or friend(s) that would be interested in your move to the community?  Yes  No

14. May we contact these family member(s) or friends(s) to meet with you and us to discuss your move to the community?  Yes  No

If yes, please provide their name(s) and telephone number(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MFP field personnel note:** All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed form to DCH MFP via FTP.  
DCH MFP Transition Screening Form\_Revised\_041014



# MFP Transition Screening Form

Participant FName: \_\_\_\_\_ MI: \_\_\_\_ LName: \_\_\_\_\_

### Housing Section:

15. Where did you live before you came here? \_\_\_\_\_

Screener note: after the person answers, code the response by checking the box below-  
 01-own home,  02-family home,  03-apt/house leased by participant,  04-apt leased/assisted living,  05-group home/PCH,  06-Other (specify) \_\_\_\_\_

16. What Georgia County did you live in before you came here? \_\_\_\_\_

17. Do you want to return to (living situation in Q15)?  Yes  No

18. If yes, what prevents you from returning to (living situation in Q15)? \_\_\_\_\_

19. Do you have a home to move back into?  Yes  No

If yes, the address (street, city, zip, county) of your home: \_\_\_\_\_

20. (If applicable) Does anyone live in your home?  Yes  No

If yes, what are their names and relationship to you? \_\_\_\_\_

(Screener note: discuss MFP qualified housing. Tell the candidate that while MFP will assist the person to locate qualified housing, the MFP project does not cover the cost of rent or utilities and that to participate in MFP, the person must enter qualified housing).

21. Which type of qualified housing are you interested in and why? \_\_\_\_\_

Screener note: after the person answers, code the response by checking the box below-  
 01-own home,  02-family home,  03-apt/house leased by participant,  04-apt leased/assisted living,  05-group home/PCH,  06-Other (specify) \_\_\_\_\_

22. What Georgia County do you prefer to live in? \_\_\_\_\_

23. Do you have someone you want to live with?  Yes  No

If yes, list contact information \_\_\_\_\_

### Waiver Service History:

24. Did you receive services in your home before coming here?  Yes  No

If yes, what services: \_\_\_\_\_

25. Are you currently on a waiver waiting list for home & community based services?  Yes  No If so, which waiver? \_\_\_\_\_

26. Do you have a letter or contact information from the waiver?  Yes  No

If yes, where is the letter or contact information and who can bring these to you? \_\_\_\_\_

**MFP field personnel note:** All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed form to DCH MFP via **FTP**.  
DCH MFP Transition Screening Form\_Revised\_041014



# MFP Transition Screening Form



Participant FName: \_\_\_\_\_ MI: \_\_\_ LName: \_\_\_\_\_

**Financial Data:**

(Screener note: Review facility records to obtain or confirm this information. The signed informed consent will allow you to obtain and review inpatient facility records).

**27. Income and Resources:**

SOURCE	MONTHLY AMOUNT	PAYEE
<input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> SS Retirement		
<b>PENSION BENEFITS</b>		
<b>TRUST PROCEEDS</b>		
<b>INHERITANCE</b>		
<b>VETERAN'S COMPENSATION</b>		
<b>CASH</b>		
<b>CHECKING ACCOUNT</b>		
<b>SAVINGS ACCOUNT</b>		
<b>SAVINGS ACCOUNT (DESIGNATED BURIAL)</b>		
<b>CEMETERY PLOT</b>		
<b>RAILROAD RETIREMENT</b>		
<b>LIFE INSURANCE</b>		
<b>CERTIFICATE OF DEPOSIT</b>		
<b>OTHER (SPECIFY)</b>		

**MFP field personnel note:** All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed form to DCH MFP via FTP.  
 DCH MFP Transition Screening Form\_Revised\_041014

MFP4CBAYNA Page 4 of 7



# MFP Transition Screening Form

Participant FName: \_\_\_\_\_ MI: \_\_\_\_ LName: \_\_\_\_\_

28. Who is paying for your stay here? \_\_\_\_\_  
\_\_\_\_\_

29. Are you Medicaid eligible, but subject to transfer of asset penalty?  
 Yes  No  DNK (Do Not Know) (Screener note: check facility records)

### Health Care Needs:

30. How would you describe your primary disability or limitation? \_\_\_\_\_  
\_\_\_\_\_

Screener note: After the person provides a primary disability, confirm that the response fits into one of the following categories and check the box:  D1- Cognitive (TBI/DD, dementia),  D2- Hearing (Deaf/HoH/Hearing loss),  D3- Mental Health/SPMI,  D4- Physical (Mobility/Dexterity/Stamina),  D5- Vision (Blind/Low Vision),  D6- Not Applicable,  D7- DNK,  D8- Refused

31. Who is your doctor here at this facility? \_\_\_\_\_

32. Do you have a primary care doctor or clinic in the community?  Yes  No

If yes, list contact information? \_\_\_\_\_  
\_\_\_\_\_

33. Do you need help taking your daily medications?  Yes  No

Describe assistance needed: \_\_\_\_\_  
\_\_\_\_\_

34. What specialized medical equipment (DME) and assistive technology devices do you use?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

35. Which equipment or devices need to be obtained because you don't own them or they need to be replaced?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MFP field personnel note:** All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed form to DCH MFP via **FTP**.  
DCH MFP Transition Screening Form\_Revised\_041014

MFP4CBAYNA Page 5 of 7



# MFP Transition Screening Form

Participant FName: \_\_\_\_\_ MI: \_\_\_ LName: \_\_\_\_\_

## 36. Functional Needs -

See KEY below for instructions to complete:

Function: Ask, "Do you need help with (activities below)? (observe person doing activity when possible)"	Impairment: If assistance needed, check yes	Unmet Need: Ask: Do you have an unmet need for help with (activities) _____ in the community?	Comments: Identify sources of assistance in the community, resources, assistive technology, DME used. Describe special needs and circumstances that should be taken into account when developing a plan for services and supports
1. Eating	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Bathing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Grooming	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Dressing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Transferring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Contenance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Managing Money	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Telephoning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Preparing Meals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Laundry	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Housework	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Outside Home	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Routine Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Special Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Being Alone	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>KEY</b> Assistance Needed in the Community Ask: <b>Do you need help with (activities listed above #1-15)?</b> When appropriate, observe the person in the activity.		<b>Unmet Need for Care</b> – when person returns to the community Ask: <b>When you return to the community, do you have an unmet need for someone to help you with _____ (activities listed above #1-15)?</b> If participant has assistance of family/friend/caregiver or assistive device, the answer would be <b>NO</b> . If participant <b>has no assistance</b> , the answer would be <b>YES (there is an unmet need for care)</b> . Note observations.	

**MFP field personnel note:** All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed form to DCH MFP via FTP.  
 DCH MFP Transition Screening Form\_ Revised\_041014



# MFP Transition Screening Form



Participant FName: \_\_\_\_\_ MI: \_\_\_\_ LName: \_\_\_\_\_

37. Home Community Based Service (HCBS) referral to:
- CCSP (AAA/Gateway)
  - SOURCE (SOURCE Case Management)
  - Independent Care Waiver (ICWP) (GMCF)
  - NOW/COMP Waiver (DBHDD-DDD/MFP Office)
  - No Waiver Referral Made (specify reason) \_\_\_\_\_
  - State Plan Services (list) \_\_\_\_\_
  - Non-Medicaid Services (specify) \_\_\_\_\_

38. Date of referral to HCBS waiver \_\_\_\_\_ (mm/dd/yyyy).

39. Date HCBS waiver application submitted: \_\_\_\_\_ (mm/dd/yyyy)

40. Date HCBS waiver assessment completed: \_\_\_\_\_ (mm/dd/yyyy)

41. I DO NOT wish to participate in MFP:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Document Checklist:

(Screener note: attach the following documents. Send these copies and copy of completed MFP Transition Screening Form with referral for HCBS waiver).

- Copy of MFP Informed Consent for Participation
- Copy of Authorization for Use or Disclosure of Health Information
- Copy of Medication Administration Record (MAR) or list of current medications
- Copy of State Medicaid Card
- Copy of Medicare Card
- Copy of Social Security Card
- Copy of Legal documents that cover guardianship (on file at institution)
- Copy of Documents that cover Power of Attorney (on file at institution)
- Nursing Home Face-Sheet
- Other (Specify) \_\_\_\_\_

Notes: \_\_\_\_\_

### MFP Field Personal Contact Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MFP field personnel note:** the MFP Transition Screening Form must be submitted even when the person being screened refuses participation or is found to be ineligible. If the person refuses participation, be sure Question 41 is signed.

**MFP field personnel note:** All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed form to DCH MFP via FTP.  
DCH MFP Transition Screening Form\_Revised\_041014

MFP4CBAYNA Page 7 of 7

**APPENDIX H: MFP CBAY Enrollment Packet and Procedure Manual**



**MFP CBAY Treatment Choice Form**

**What is a Psychiatric Residential Treatment Facility?**

Psychiatric Residential Treatment Facility (PRTF) services are designed to be short term interventions that stabilize targeted behaviors. Your child will be placed in a residential facility outside of the home. A facility will typically provide services such as therapy, psychological assessments, and on-site educational programs. Day to day operations of a residential facility follow a strict, regimented, structured schedule. The facility is also responsible to work with the family to develop a transition plan into the community once treatment goals and objectives are met and level of care criteria are no longer appropriate.

**What is MFP CBAY (Money Follow the Person Community Based Alternatives for Youth)**

MFP CBAY is a waiver designed to provide psychiatric residential treatment facility-level community based services in the home through an individualized Wraparound planning process. A Care Management Entity (CME) of your choice will help you prioritize your family's needs through a child and family team process designed to build on your family strengths. These strengths are used to meet developed goals and objectives while building on your already existing natural and community support system. This process is an alternative to PRTF to build supports in the family's home and community so the family can remain together.

This process's values include:

- **Voice** – The child and family are active partners in making treatment decisions.
- **Team** – The approach must involve a team consisting of members of those social systems (family, school, community, neighbors, church) who are most important to the child.
- **Community Based** – Mental health treatment success is best achieved in the community in which the child lives.
- **Culturally Competent** – The process must be built on each family's unique values, preferences, and strengths.
- **Individualized** – Every child has different needs and abilities and treatment plans reflect this. As part of this, you, as the parent/guardian, have the right to have a choice of the services and service providers that you receive.
- **Strengths Based** – Mental health treatment success can be best achieved if we focus not only on the problems of a child and family but also what is going well and is healthy about the family.
- **Natural Supports** – The use of informal community supports such as neighbors, church or friends is important to the success of children.
- **Continuity of care** – Unconditional commitment to continue to help the families through whatever services are necessary to meet treatment goals.
- **Collaboration** – The child is best treated if all the important systems in her life are working together towards similar goals.
- **Flexible Resources** – It is important to be able to flex resources towards what the team believes is most important to the mental health needs of the child.

Along with this process, you will have access to additional support services.

**Outcome based services** – Goals and services must be measured and treatment adjusted to improve outcomes. You will be interviewed every three months by family support staff and university staff to collect the information needed to evaluate if you are receiving the services you need and are satisfied with everything you are receiving. These services include:

- Respite
- Waiver Transportation
- Care Management
- Family Peer Support Services
- Financial Support Services
- Expressive Clinical Services
- Clinical Consultation Services
- Youth Peer Support Services
- Community Transition
- Customized Goods and Services
- Supported Employment
- Behavioral Assistance

Participation in MFP CBAY demonstration services is voluntary and you may choose to discontinue services at any time.

Based on the above information, I, \_\_\_\_\_,

Parent/guardian of \_\_\_\_\_, formally request

- Psychiatric Residential Treatment Facility Services       MFP CBAY Services with my chosen CME being:
- View Point Health (formerly GRN)
  - Lookout Mountain Care Management Entity

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MFP\_CBAY\_Enrollment\_Packet\_REVISED\_041014

MFPNA CBAY1



## MFP CBAY Unified Release of Information

Participant First Name: \_\_\_\_\_ MI \_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Section A1: Use or Disclosure of Health/Education Information

### Section A2: Use or Disclosure of Health/Education Information

<p>By signing this form, I authorize the disclosure of my individually-identifiable health/education information <b>by</b> the following:</p> <p><input type="checkbox"/> Juvenile Court</p> <p><input type="checkbox"/> Care Management Entity (specify) _____</p> <p><input type="checkbox"/> Department of Juvenile Justice</p> <p><input type="checkbox"/> Department of Family and Children Services</p> <p><input type="checkbox"/> Mental Health Provider(s) (specify): _____</p> <p>_____</p> <p><input type="checkbox"/> School(s) (specify): _____</p> <p><input type="checkbox"/> Wraparound Evaluation Team</p> <p><input type="checkbox"/> Medical Provider (specify): _____</p> <p><input type="checkbox"/> Other organizations providing services to you and your family (specify) _____</p> <p><input type="checkbox"/> Other _____</p>	<p>By signing this form, I authorize the disclosure of my individually-identifiable health/education information <b>to</b> the following:</p> <p><input type="checkbox"/> Juvenile Court</p> <p><input type="checkbox"/> Care Management Entity (specify) _____</p> <p><input type="checkbox"/> Department of Juvenile Justice</p> <p><input type="checkbox"/> Department of Family and Children Services</p> <p><input type="checkbox"/> Mental Health Provider(s) (specify): _____</p> <p>_____</p> <p><input type="checkbox"/> School(s) (specify): _____</p> <p><input type="checkbox"/> Wraparound Evaluation Team</p> <p><input type="checkbox"/> Medical Provider (specify): _____</p> <p><input type="checkbox"/> Other organizations providing services to you and your family (specify) _____</p> <p><input type="checkbox"/> Other _____</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

### Section B: Scope & Use of Disclosure

Information that may be used or disclosed based on this authorization is as follows (check one):

- All health information about me, including medical records created or received by the Provider. This information may include, if applicable:
  - Information pertaining to the identity, diagnosis, prognosis or treatment for alcohol or drug abuse, mental health disorders, educational issues/needs, legal issues/needs and/or social/recreational issues/needs.
  - Services provided by the above agencies during the period of this release
  - Services provided by the above agencies prior to this release
  - Information concerning the testing for HIV (Human Immune Virus) and/or treatment for AIDS (Acquired Immune Deficiency Syndrome) and any related conditions.
  - Privileged communications between me and a psychiatrist, psychologist, licensed marriage & family counselor, or licensed professional counselor or between them concerning my communications with them.
- All health information about me as described in the preceding checkbox, excluding the following: \_\_\_\_\_
- Specific health information **including only** the following: \_\_\_\_\_
- All education information about me, including education records. This information may include, if applicable: report cards, attendance, discipline, IEP, 504 plan, evaluation

### Section C: Purpose of Use or Disclosure

The purpose for this disclosure is (check one):

- Specifically, the following \_\_\_\_\_
- The youth chooses not to disclose the purpose. NOTE: This box may NOT be checked if the information to be disclosed pertains to alcohol or drug abuse information.

### Section D: Expiration

NOTE: If an expiration event is used, the event must relate to the youth or the purpose for the disclosure

Event \_\_\_\_\_

Consent for Release of Health Information expires 12 months from the date it was signed. Consent for Health Information must last no longer than "reasonably necessary to serve the purpose for which consent is given". 42 CFR 2.31 (a)(9)

### Section E: Other Important Information

1. I understand that the System of Care agencies cannot guarantee that the recipient will not disclose this information to a third party. The recipient may not be subject to federal laws governing privacy of health information. However, if the disclosure consists of treatment information about a youth in an alcohol or drug abuse program, the recipient is prohibited under federal law from making any further disclosure of such information unless further disclosure is expressly permitted by written consent of the consumer or as otherwise permitted by federal law governing confidentiality of alcohol and drug abuse patient records (42 CFR, Part 2).
2. I understand that, except when I am receiving health care solely for the purpose of creating information for disclosure to a third party, I may refuse to sign this Authorization and that my refusal to sign will not affect my ability to obtain services.
3. I understand that I may revoke this authorization in writing at any time, except that the revocation will not have any effect on any action taken by the System of Care in reliance on this authorization before written notice of revocation is received.
4. I understand that educational records are confidential under state and federal law and by signing this Unified Release of Information, I am authorizing the release of educational records.

Date	Signature of Participant
Date	Signature of Parent/Legal Guardian
Date	Signature of Witness (Title):

MFP\_CBAY\_Enrollment\_Packet\_REVISED\_041014

MFPNA CBAY2



## **MFP CBAY Overview and Consent**

### **Introduction**

Community-based Alternatives for Youth (MFP CBAY), serves children and youth ages 5 through 17 and youth or young adults ages 18 through 21 with serious emotional and behavioral disturbances who have a primary diagnosis of mental illness as identified in the DSM-IV and who are placed, or at risk of placement, in a Psychiatric Residential Treatment Facility will be served by the program as close to their natural home settings as possible. MFP CBAY uses a systems approach that targets youth served by multiple agencies, striving to coordinate, blend, and braid programs and funding to create a comprehensive behavioral system that ensures youth are placed in and remain in intensive residential treatment only when necessary and that a coordinated system of services at the community level is available. The state's entire system relative to youth is being transformed to ensure that evidence-based practices, as well as an array of quality services, are available, integrated, and supported throughout Georgia. Moving forward the youth previously enrolled and active by September 30<sup>th</sup>, 2012, will be sustained in the program until they graduate or age out of the program. The Money Follows The Person (MFP) Rebalancing Demonstration grant will support funding for MFP CBAY youth eligible for MFP services.

### **Evaluation Component**

If you choose to participate in the MFP CBAY demonstration project there will be an on-going evaluation component conducted through your CME (Care Management Entity) and the Georgia State University staff. Your participation is entirely voluntary, and you can withdraw your consent at any time without penalty. If you choose to participate, you will be expected to complete the evaluation tools as requested. These results will be anonymous. You will be asked to complete the following evaluation tools by the respective organization:

- WFI-4 (Wraparound Fidelity Index)
- YSSF (Youth Satisfaction Survey Family)
- CANS (Child and Adolescent Needs and Strengths)
- CIS (Columbia Impairment Scale)
- CHKS (California Healthy Kids Resiliency Survey)
- FES (Family Empowerment Scale)
- MFP QOL (MFP Quality of Life Survey – for participants 18 to 21 years of age)

The evaluations will be completed either by phone or in person. Staff may explain the evaluation instrument and assist you in understanding the questions that are asked, however, your answers are confidential and you should not be persuaded to answer any question a certain way. Participation in this project does not involve any risk or stresses.

If you have any questions regarding the evaluation component, please contact Linda Henderson-Smith at 404-657-6087 or by email at [lyhenderson@dbhdd.ga.gov](mailto:lyhenderson@dbhdd.ga.gov).

***I have read and understand the above information.***

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MFP\_CBAY\_Enrollment\_Packet\_REVISED\_041014 MFPNA CBAY3



## Instructions for Completing Minimum Data Set (MDS)

**What is the MDS?** The MDS (Minimum Data Set) is required data collected for each youth for the National Evaluation submitted to MFP CBAY staff on a quarterly basis.

**Who should fill out the MDS?** The care provider who completed the PRTF application is responsible for completing the MDS. After APS notifies MFP CBAY staff of an approval referral, MFP CBAY staff will then email the care provider requesting the completed MDS form. Service **cannot** be authorized without this document.

**When should the MDS be completed?** The MDS is completed at intake, every 3 months thereafter, and at discharge.

**Where is the MDS kept?** The MDS form is kept in each client's folder in a locked designated cabinet.

**What guidelines should be followed in completing the MDS?** Please see the following chart below for additional assistance with completing the MDS form.

- Make sure completed dates are entered in required fields.
- Check for accuracy of information.
- Make sure family understands what information/questions are being asked.
- Complete all fields!

Data	Instructions
Medicaid ID#	Enter participant's Medicaid Id # <b>Format:</b> 12 digits (ex: 111565656565)
CID Eligibility #	Enter CID # received from CBAY MFP staff <b>Format:</b> 9 digits (ex: 3001111111)
Record Trail	Select collection period for participant's data
Date of data collection	Enter date data was collected <b>Format:</b> mm/dd/yyyy (ex: 11/07/2009)
Enrollment #	Enter # of times participant has enrolled in the program
Demographic & Family Data Section	
Data	Instructions
Date of Birth	Enter participant's DOB <b>Format:</b> mm/dd/yyyy (ex: 10/15/1993)
Gender	Select participant's gender
Race	Check participant's race
Ethnicity	Check participant's ethnicity
Current Caregiver	Check participant's current caregiver
Current living arrangement and/or residential placement	Check participant's current arrangement
Total annual family income in the past year	Enter income <b>Format:</b> \$##,### (ex: \$20,000)
Would youth be Medicaid eligible for non-waiver home-based services	Check Yes or No
Health & Health Care History Section	
Data	Instructions
DSM-IV Diagnosis: Primary	Enter participant's diagnosis <b>Format:</b> ###.## (ex: 321.23)
DSM-IV Diagnosis: Secondary	Enter participant's diagnosis <b>Format:</b> ###.## (ex: 321.23)
Age at first receipt of mental health services	<b>Format:</b> ## (ex: 12)
# of PRTF admissions to date:	Enter total # of participant's PRTF admissions <b>Format:</b> ## (ex: 10)
Date of first ever PRTF admission	Enter date of participant's 1 <sup>st</sup> PRTF admission



	<b>Format: mm/yyyy (ex: 12/2006)</b>
Date of admission at most recent PRTF stay	Enter date of participant's most recent PRTF admission <b>Format: mm/yyyy (ex: 12/2006)</b>
Date of exit at most recent PRTF stay	Enter date of participant's recent PRTF exit <b>Format: mm/yyyy (ex: 12/2006)</b>
Date of first admission to waiver services	MFP CBAY staff will enter this date at intake. Enter MFPCBAY approval date when completing follow-up <b>Format: mm/dd/yyyy (ex: 10/15/2006)</b>
Date of discharge/enrollment from the waiver services	Enter date if participant is being discharged from MFP/CBAY <b>Format: mm/yyyy (ex: 12/2006)</b>
<b>Common Functional Assessment Items Section</b>	
<b>Data</b>	<b>Instructions</b>
Days in PRTF	<b>Format: ### (ex: 115)</b>
Days in psychiatric hospital	<b>Format: ### (ex: 15)</b>
Days in out-of-home placements	<b>Format: ## (ex: 0)</b>
# of unexcused absences from school in the past 6 months	<b>Format: ### (ex: 10)</b>
# of excused absences from school in the past 6 months	<b>Format: ### (ex: 15)</b>
School absences severity	Check participant's severity level
Severity of substance abuse use	Check participant's severity level
Number of arrests in the past 6 months	Enter total # of participant's arrest <b>Format: ## (ex: 10)</b>
Any involvement with law enforcement in the past 6 months?	Select Yes or No
Has the youth been involved with Child Protective Services in the past 6 months?	Select Yes or No

### Changes to MDS

There have been changes to the Minimum Data Set Form (MDS). **ALL** MDS data submitted must be as complete as possible, each time it is submitted.

MDS changes include:

- CID Eligibility # has been added.
- Record Trail: Additional monthly follow-up boxes have been added.
- Enrollment # will always be 1 for each youth unless they have been discharged previously.
- In the Environmental Variables & Common Functional Assessment Items sections, all fields are for data collection in the **past 6 months** unless otherwise denoted.
- Received psychosocial rehabilitation services' in the Environmental Variables section has been changed to 'Received core/specialty services'.
- A non-applicable (N/A) section has been added to the Environmental Variables section. Please use this section if the data is not applicable to the youth in question. Also, rather than leaving information blank, please write N/A for any other data fields that do not apply to the youth.



### Minimum Data Set Form

Medicaid ID #:	CID Eligibility #:	Record Trail: <input type="checkbox"/> Baseline <input type="checkbox"/> Discharged <input type="checkbox"/> 3-Month <input type="checkbox"/> 6-Month <input type="checkbox"/> 9-Month <input type="checkbox"/> 12-Month <input type="checkbox"/> 15-Month <input type="checkbox"/> 18-Month			
Date of data collection: / /	Enrollment #: _____				
DEMOGRAPHIC & FAMILY DATA					
Date of Birth (mm/dd/yyyy): / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown				
Race:	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other				
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic				
Current Caregiver: <input type="checkbox"/> Biological parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Live-in friend/relative <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other					
Current living arrangement and/or residential placement: <input type="checkbox"/> Family or relative's home <input type="checkbox"/> Foster care home <input type="checkbox"/> Therapeutic foster care <input type="checkbox"/> Detention/jail <input type="checkbox"/> Other residential setting					
Total annual family income in the past year: \$	Would youth be Medicaid eligible for non-waiver home-based services? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Guardian Name:	Guardian Phone:				
County where Youth will be living:	County of Residence:				
Address where Youth will be living during CBAY MFP Project:					
HEALTH & HEALTH CARE HISTORY					
DSM-IV Diagnosis: Primary		DSM-IV Diagnosis: Secondary			
Age at first receipt of mental health services:		# of PRTF admissions to date:			
Date of first ever PRTF admission (mm/yyyy): /		Date of admission at most recent PRTF stay (mm/yyyy): /			
Date of exit at most recent PRTF stay (mm/yyyy): /		Date of first admission to waiver services (mm/dd/yyyy): / /			
Date of discharge/enrollment from the waiver services (mm/yyyy): /					
ENVIRONMENTAL VARIABLES			YES	NO	N/A
Diverted from the PRTF (Only at Intake)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitioned from PRTF (Only at Intake)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had ever moved in the past 6 months:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ever been in foster care in the past 6 months:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received vocational counseling/ employment services in the past 6 months:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had contact with unemployment office in the past 6 months:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had contact with any special education program in the past 6 months?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received core/specialty services in the past 6 months:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received supported employment services in the past 6 months:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMON FUNCTIONAL ASSESSMENT ITEMS					
Days in PRTF in the past 6 months :		Days in psychiatric hospital in the past 6 months :		Days in out-of-home placements in the past 6 months :	
# of unexcused absences from school in the past 6 months : _____			# of excused absences from school in the past 6 months : _____		
School absence severity : <input type="checkbox"/> Youth attends school regularly <input type="checkbox"/> Some attendance problems, but generally attends <input type="checkbox"/> Problems with school attendance (missing 2 days each week) <input type="checkbox"/> Generally truant or refusing to go to school			Severity of substance abuse use: <input type="checkbox"/> No <input type="checkbox"/> Mild/occasionally <input type="checkbox"/> Moderately <input type="checkbox"/> Severe		
Number of arrests in the past 6 months: _____		Any involvement with law enforcement in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has the youth been involved with Child Protective Services in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	



### Minimum Data Set Form (Cont.)

SUBSCALE SCORES FROM CAFAS		
School/Work Role Performance Score : <input type="checkbox"/> 0 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30	Community Score : <input type="checkbox"/> 0 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30	
Substance Use Subscale Score : <input type="checkbox"/> 0 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30	Moods/Emotions Subscale Score : <input type="checkbox"/> 0 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30	
Self-harmful Behavior Subscale Score : <input type="checkbox"/> 0 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30	Thinking Subscale Score : <input type="checkbox"/> 0 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30	
Family/Social Support Subscale Score : <input type="checkbox"/> 0 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30	Behavior towards others Subscale Score : <input type="checkbox"/> 0 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30	
Home Role Performance Subscale Score : <input type="checkbox"/> 0 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30		
<b>RISK BEHAVIORS FROM CAFAS</b>		
	<b>YES</b>	<b>NO</b>
<b>COMMUNITY LIVING</b>		
Has been or may be harmful to others or self due to aggression in the community:	<input type="checkbox"/>	<input type="checkbox"/>
<b>SCHOOL FUNCTIONING</b>		
Has been or may be harmful to others or self due to aggression at school:	<input type="checkbox"/>	<input type="checkbox"/>
<b>ALCOHOL &amp; OTHER DRUG USE</b>		
Severe substance use:	<input type="checkbox"/>	<input type="checkbox"/>
<b>MENTAL HEALTH</b>		
Psychotic or organic symptoms in the context of severe impairment:	<input type="checkbox"/>	<input type="checkbox"/>
Has made a serious suicide attempt or is considered to be actively suicidal or possibly suicidal:	<input type="checkbox"/>	<input type="checkbox"/>
<b>FAMILY FUNCTIONING &amp; HOME ROLE</b>		
Runaway Behavior in the past 3 months:	<input type="checkbox"/>	<input type="checkbox"/>
Has been or may be harmful to others or self due to aggression at home in the past 3 months:	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER DATA REQUESTS</b>		
School grades are average or above:	<input type="checkbox"/>	<input type="checkbox"/>
Serious and/or repeated delinquent behavior in the past 3 months:	<input type="checkbox"/>	<input type="checkbox"/>
Use is such a way as to interfere with functioning:	<input type="checkbox"/>	<input type="checkbox"/>
Does not engage in peer interactions or in making new friends due to negative behavior: (e.g. teasing, ridiculing, picking on others)	<input type="checkbox"/>	<input type="checkbox"/>
Does not engage in typical peer recreational activities b/c of tendency to be ignored or rejected by peers:	<input type="checkbox"/>	<input type="checkbox"/>
Family not able to provide adequate warmth, security or sensitivity relative to the youths needs:	<input type="checkbox"/>	<input type="checkbox"/>
Parent supervision is adequate:	<input type="checkbox"/>	<input type="checkbox"/>



### **MFP CBAY Referral Form**

Date of referral (mm/dd/yyyy): \_\_\_\_\_

Person making referral: \_\_\_\_\_

Agency making referral: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Person Referred-Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_

Inpatient Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Admission Date to inpatient facility (mm/dd/yyyy): \_\_\_\_\_

Anticipated Referral: CCSP  SOURCE  ICWP  Date Referred: \_\_\_\_\_

NOW  COMP  CBAY  Date Referred \_\_\_\_\_

Currently on wait list for: CCSP  SOURCE  ICWP

NOW  COMP  CBAY

**Interested Parties:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP: \_\_\_\_\_

Pertinent Information: \_\_\_\_\_

Return completed referral form by Email to: [cbayreferrals@dhr.state.ga.us](mailto:cbayreferrals@dhr.state.ga.us) Or mail completed form to:

**Community Based Alternatives for Youth (CBAY)**  
**Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)**  
**2 Peachtree St. NW, 23rd Floor**  
**Atlanta, GA 30303**  
**Attention: MFP CBAY Referral**

For questions or assistance making a MFPCBAY referral, contact Dr. Linda Henderson-Smith at 404-657-6087.



## Money Follows the Person Informed Consent for Participation

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I, \_\_\_\_\_, (print name) voluntarily agree to be screened and assessed as part of my application for participation in the Money Follows the Person (MFP) project<sup>i</sup>. MFP Field Personnel will determine my appropriateness for the project. If approved for the MFP project, my participation may be in segments or consecutive days, but for a total period not to exceed 365 calendar days<sup>ii</sup>.

By signing this Informed Consent, I agree to participate in all aspects of the MFP project, including completing the *Quality of Life Survey*. My responses to the *Quality of Life Survey* and other program information will be shared with the Centers for Medicare and Medicaid Services (CMS) as well as Georgia and national evaluators.

I have been given information about the MFP project; a copy of the MFP Brochure and a copy of the *Home and Community Services, A Guide to Medicaid Waiver Programs in Georgia* booklet. I understand the MFP project guidelines including enrollment requirements. I understand that MFP one-time transitional services are provided under the MFP demonstration project.

I understand that if I qualify for and am enrolled in an appropriate waiver program, waiver services will continue for as long as I need them and I continue to meet eligibility requirements. If I am no longer eligible for the Medicaid waiver program, I will be provided with other service options that may assist me in a community setting. I understand that certain circumstances will make me ineligible for a waiver and for MFP. If the total cost of providing my care under the waiver exceeds the cost of providing care in an inpatient facility, I will become ineligible for the waiver and for the MFP project. If my condition improves and I don't continue to meet the waiver Level of Care criteria, I will become ineligible for the waiver program and may become ineligible for the MFP project.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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If signed by Responsible Party, State Relationship and Authority to Sign

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MFP Field Personnel Sign \_\_\_\_\_ Date \_\_\_\_\_

<sup>i</sup> Deficit Reduction Act of 2006, Money Follows the Person Demonstration P.L. 109-171, Title VI, Subtitle A, Chapter. 6, Subchapter B, Sec 6071, 120; as amended by the Affordable Care Act of 2010, P.L. 111-148, Title II, Subtitle E, Sec 2403(a), (b)(1), 124 Stat. 304

<sup>ii</sup> If the MFP participant needs to be readmitted to an inpatient facility for a period of 30 days or less, the participant remains enrolled in the MFP demonstration. As soon as the participant's condition stabilizes, the participant can return to the community and resume services. When an MFP participant is readmitted into an inpatient facility for a period of time greater than 30 days (31 days or longer), the participant is suspended from the MFP demonstration and is considered an institutional resident. However, the suspended MFP participant will be re-enrolled, prior to the completion of 365 days, back into the demonstration without re-establishing the 90-day institutional residency requirement. The individual is considered an MFP participant when discharged from the inpatient facility, and is eligible to receive MFP services for any remaining days up to 365. MFP field personnel determine if any changes to the participant's Individualized Transition Plan are needed to prevent a re-admission to an inpatient facility. If the participant is readmitted to an inpatient facility for a period of longer than six months, the participant will be re-evaluated like a "new" MFP participant.



## MFP Release of Health Information (MFP RHI)

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with Georgia and Federal law concerning the privacy of such information. Failure to provide *all* information requested may invalidate this Authorization.

### USE AND DISCLOSURE OF HEALTH INFORMATION

I hereby authorize the release, use or disclosure of my health information as follows:

Member Name: \_\_\_\_\_

Medicaid ID #: \_\_\_\_\_

Health Plan Name: \_\_\_\_\_

Persons/Organizations authorized to *receive, use or disclose* the information <sup>i</sup> are:

- MFP Field Personnel \*
- Waiver assessment/case management staff \*
- My Representative (Legal, etc.) \*
- MFP service providers (Peers, Ombudsman, etc.) \*

*\* Personnel located in Georgia and in the state to which you are transitioning.*

Purpose of requested use or disclosure: <sup>ii</sup> for screening and assessment and participation in MFP. This Authorization applies to the following information (select **only one** of the following):<sup>iii</sup>

- All health information pertaining to any medical history, mental or physical condition and treatment received.

[Optional] Except: \_\_\_\_\_

- Only** the following records or types of health information (including any dates). This may consist of psychotherapy notes, if specifically authorized:

\_\_\_\_\_  
\_\_\_\_\_

### EXPIRATION

All information I hereby authorize to be obtained from this inpatient facility will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain in effect for: (PLEASE CHECK ONE)

- ninety (90) days unless I specify an earlier date here: \_\_\_\_\_
- one (1) year
- the period necessary to complete transactions related to my participation in Money Follows the Person on matters related to services provided to me through Money Follows the Person.

*I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken based upon it, I may withdraw this authorization at any time.*



## MFP Release of Health Information (MFP RHI)

### NOTICE OF RIGHTS AND OTHER INFORMATION

I may refuse to sign this Authorization.

I may revoke this authorization at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to the following address: \_\_\_\_\_

My revocation will be effective upon receipt, but will not be effective to the extent that the Requestor or others have acted in reliance upon this Authorization.

I have a right to receive a copy of this authorization.<sup>iv</sup>

Neither treatment, payment, enrollment or eligibility for benefits will be conditioned on my providing or refusing to provide this authorization.<sup>v</sup>

Information disclosed pursuant to this authorization could be re-disclosed by the recipient and might no longer be protected by federal confidentiality law (HIPAA).

\_\_\_\_\_  
Signature of Member or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
If Signed by Representative, State Relationship or Basis of Authority

<sup>i</sup> If the Authorization is being requested by the entity holding the information, this entity is the Requestor.

<sup>ii</sup> The statement "at the request of the individual" is a sufficient description of the purpose when the individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.

<sup>iii</sup> This form may not be used to release both psychotherapy notes and other types of health information (see 45 CFR § 164.508(b)(3)(ii)). **If this form is being used to authorize the release of psychotherapy notes, a separate form must be used to authorize release of any other health information.**

<sup>iv</sup> Under HIPAA, the individual must be provided with a copy of the authorization when it has been requested by a covered entity for its own uses and disclosures (see 45 CFR § 164.508(d)(1), (e)(2)).

<sup>v</sup> If any of the exceptions to this statement, as recognized by HIPAA apply, then this statement must be changed to describe the consequences to the individual of a refusal to sign the authorization when that covered entity can condition treatment, health plan enrollment, or benefit eligibility on the failure to obtain such authorization. A covered entity is permitted to condition treatment, health plan enrollment or benefit eligibility on the provision of an authorization as follows: (i) to conduct research-related treatment, (ii) to obtain information in connection with a health plan's eligibility or enrollment determinations relating to the individual or for its underwriting or risk rating determinations, or (iii) to create health information to provide to a third party or for disclosure of the health information to such third party. **Under no circumstances, however, may an individual be required to authorize the disclosure of psychotherapy notes.**

# Community Based Alternatives for Youth (CBAY)

## Procedure Manual

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES  
STATE OF GEORGIA

June 18, 2014

Authored by: DBHDD Office of Children, Young Adults and Families

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## 1.0 Introduction

The Community-based Alternatives for Youth (CBAY) Program provides alternatives to treatment provided in a Psychiatric Residential Treatment Facility. Children and youth ages four through 17 and youth or young adults ages 18 through 21 with serious emotional and behavioral disturbances who have a primary diagnosis of mental illness as identified in the DSM-IV and who are placed, or at risk of placement, in a Psychiatric Residential Treatment Facility are served by the program as close to their natural home settings as possible. CBAY has a goal of reducing the length of stay in out-of-home placements and increasing the number of youth receiving community-based services transitioned or diverted from these facilities. In implementing CBAY, Georgia utilizes a systems approach that targets youth served by multiple agencies, striving to coordinate, blend, and braid programs and funding to create a comprehensive behavioral system that ensures youth are placed in and remain in intensive residential treatment only when necessary and that a coordinated system of services at the community level is available. The state's entire system relative to youngsters is being transformed to ensure that evidence-based practices, as well as an array of quality services, are available, integrated, and supported throughout Georgia. CBAY supports this transformation.

The program is operated by the Department of Behavioral Health and Developmental Disabilities (DBHDD). The DBHDD is responsible for the following functions: dissemination of information concerning the program to potential enrollees, enrollment of individuals into the program, monitoring waiver enrollment and expenditures, conducting utilization management, recruiting providers and conducting training and technical assistance. The Department uses its External Review Organization to determine PRTF level of care. The State Medicaid agency, the Department of Community Health, is responsible for overseeing the functions performed by the Department and its contracted entities under the waiver.

## 2.0 General Definitions

Commonly used acronyms are listed in Appendix 1.

**Appeal** – A formal request by a Medicaid member for review of the findings of an action when the recipient of services or Legal Custodian disputes the conclusion made by the External Review Organization regarding authorization for admission or continuing stay.

**Approval Determination** – PRTF/CBAY referral has been reviewed by APS and is determined to meet DBHDD PRTF/CBAY admission criteria

**Care Management Entity (CME)** – Entity contracted with DBHDD to provide care management and family support services through the High Fidelity Wraparound model for children and adolescents.

**Care Management Organization (CMO)** - Provides health care services to enrolled members of Medicaid and PeachCare through a partnership between the Department of Community Health and three health care plans – Amerigroup Community Care, Peach State Health Plan, and Wellcare.

**Centers for Medicare and Medicaid Services (CMS)** – The agency of the Federal Department of Health and Human Services responsible for the administration of the Medicaid program.

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**Child & Adolescent Functional Assessment Scale (CAFAS)** - A rating scale which assesses a youth's/young adult's degree of impairment in day-to-day functioning due to emotional, behavioral, psychological, psychiatric, or substance use problems.

**Clinical Denial** – Denial of authorization for an identified consumer for services requested for which they are deemed ineligible due to lack of demonstrated medical necessity for the service request.

**Community Based Alternatives for Youth (CBAY)** – Five (5) year Waiver demonstration project awarded to DBHDD by Center for Medicaid and Medicare services to provide community alternatives to the Psychiatric Residential Treatment Facility.

**Core Services Provider** – Treatment agencies and the primary entry point into the Georgia behavioral healthcare system managed by the Department of Behavioral Health & Developmental Disabilities.

**Critical Incident** - Any event that involves an immediate threat to the care, health, or safety of a consumer.

**Department of Behavioral Health & Developmental Disabilities (DBHDD)** - Created by the Georgia General Assembly in 2009; formerly the Division of Mental Health, Developmental Disabilities, and Addictive Diseases; responsible for service delivery to consumers across the age spectrum who receive non-CMO Medicaid or State Funded services.

**Department of Community Health (DCH)** - Created in 1999 to serve as the lead agency for health care planning and purchasing issues in the state. The General Assembly created DCH by consolidating four agencies involved in purchasing, planning and regulating health care. DCH is also designated as the single state agency for Medicaid. The DCH also pursues and corrects fraud and abuse; develops health policy, approves the development and expansion of health care services and facilities.

**Diagnostic and Statistical Manual of Mental Disorders (DSM)** – Published by the American Psychiatric Association, it provides common language and standard criteria for the classification of mental disorders.

**External Review Organization (ERO)** - An agency under contract with the Department of Behavioral Health and Developmental Disabilities to provide service authorization and utilization review for services.

**Health Insurance Portability and Accountability Act (HIPAA)** - Enacted by the US Congress in 1996, it requires national standards for electronic health care transactions and provides for the security and privacy of health data.

**High Visibility Incident** - Critical incidents which have a system-wide impact, have impact upon, or relevance to, any ongoing litigation, or are likely to be reported in the media.

**Medical Necessity** – In regards to CME, a substantial risk of harm to self or others, or a child who is so unable to care for his/her own physical health and safety as to create a danger to their life; the services can reasonably be expected to improve the recipient's condition or prevent further regression, and all other ambulatory care resources available in the community have

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been identified and if not accessed, determined to not meet the immediate treatment needs of the youth/young adults.

**Money Follows the Person (MFP)** – A rebalancing initiative made possible by an eleven-year grant to States from the Centers for Medicare and Medicaid Services. The grant is designed to help individuals who are institutionalized in in-patient facilities to return to their home and communities.

**Office of State Administrative Hearings (OSAH)** - An office of Georgia state government that seeks to resolve disputes between the public and state agencies in a timely, impartial, courteous, and professional manner.

**Young Adult**- For the purposes of this manual, adults aged 18-21 years old.

**Youth** – For the purposes of this manual, children and adolescents, collectively.

### 3.0 Definition of CBAY Services

#### 3.1 Behavioral Assistance

Behavioral Assistance Services provided to support the individual in the community and increase such participant's independence and control over daily life activities and events, as appropriate to the participant's needs and as specified in the plan of care. Services can be delivered in the participant's home or community setting based on the individual's needs as documented in the plan of care. Services provided may include, but are not limited to: assisting the youth/parent/caregiver in organizing their household to be a safe environment; assistance in activities of daily living such as routine household tasks and household management techniques related to the participant acquiring the skills and competencies to become more self-sufficient; protective oversight and behavioral supervision; providing skills training and supervision for youth to develop and encourage social skills, problem-solving, coping, and life skills development and personal care/hygiene/exercise as identified in the youth's approved individual service plan.

#### 3.2 Care Management

Care Management Services assist participants in identifying and gaining access to needed waiver and other State Plan Services, as well as medical, social, educational and other services, regardless of the funding source for the services to which access is gained. Care Management Services encourages the use of community resources through referral to appropriate traditional and non-traditional providers, paid, unpaid and natural supports. Care Management Services are a set of interrelated activities for identifying, planning, budgeting, documenting, coordinating, and reviewing the delivery and outcome of appropriate services for participants through a wraparound approach. Care Coordinators work in partnership with the participant and their family/caregivers/legal guardian and are responsible for assembling the Child and Family Team, including both professionals and non-professionals who provide individualized supports and whose combined expertise and involvement ensures plans are individualized and person-centered, build upon strengths and capabilities and address participant health and safety issues.

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Care Management Services include the following components as frequently as necessary or at least on an annual basis:

- Comprehensive assessment and periodic reassessment of the participant to determine service needs, including activities that focus on needs identification to determine the need for any medical, educational, social, or other services and include activities such as: taking client history; identifying the needs, strengths, preferences and physical and social environment of the individual, and completing related documentation; gathering information from other sources, such as family members, medical providers, social workers, and educators, if necessary, to form a complete assessment of the participant.
- Development and periodic revision of an individualized service plan (ISP), based on the assessment, that specifies the goals of providing care management and the actions to address the medical, social, educational, and other services needed by the participant, including activities that ensure active participation by the participant and others. The care plan will include a transition goal and plan. If a participant declines services identified in the care plan, it must be documented. The Care Coordinator is responsible for seeking service plan authorization through the operating agency (DBHDD) with oversight by the Medicaid Agency.

Referral and related activities to help the participant obtain needed services, including activities that help link the eligible individual with medical, social, educational providers, and other programs or services that are capable of providing services to address identified needs and achieve goals in the care plan.

- Monitoring and follow-up activities that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the participant. Monitoring includes direct observation, and follow-up to ensure that service plans have the intended effect and that approaches to address challenging behaviors, medical and health needs, and skill acquisition are coordinated in their approach and anticipated outcome. Monitoring includes reviewing the quality and outcome of services and the ongoing evaluation of the satisfaction of waiver participants and their families/caregivers/legal guardians with the ISP. These activities may be with the participant, family members, providers, or other entities, and may be conducted as frequently as necessary, and at least on an annual basis, to help determine: whether services are being furnished in accordance with the participant's service plan; whether the services in the care plan are adequate to meet the needs of the participant; whether there are changes in the needs or status of the participant. If changes have occurred, the individual service plan and service arrangements with providers will be updated to reflect changes.
- Care Management Services may include contacts with individuals that are directly related to the identification of the participant's needs and care, for the purposes of assisting participants' access to services, identifying needs and supports to assist the participant in obtaining services, providing Care Coordinators with useful feedback, and alerting Care Coordinators to changes in the participant's needs.

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- Care Management Services also assist participants and their families or representatives in making informed decisions about the participant-direction option and assist those who opt for participant-direction with enrollment and access to this option.

### **3.3 Clinical Consultative Services**

Clinical Consultative Services are provided by professional experts in psychology, social work, counseling, behavior management and/or criminology. These specialized services are provided to youth who have specialized diagnoses/needs which may require an expert to differentiate assessment, treatment, or plans of care. Clinical Consultative Services that are not covered by the State Plan and are necessary to improve the participant's independence and inclusion in their community and to assist unpaid caregivers and/or paid support staff in carrying out individual treatment/support plans. Home or community based consultation activities are provided by professionals in psychology, social work, counseling, behavior management or criminology. The service includes assessment, development of a home treatment/support plan, training, technical assistance and support to carry out the plan, monitoring of the participant and other providers in the implementation of the plan and compensation for participation in the Child and Family Team meetings. Crisis counseling and stabilization and family or participant counseling may be provided. This service may be delivered in the participant's home, other community home such as foster care, in the school, or in other community settings as described in the Individual Services Plan to improve consistency across service systems.

### **3.4 Community Transition Services**

Community Transition Services are: non-recurring set-up expenses for individuals who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses.

Community Transition Services are: non-recurring set-up expenses for individuals who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include:

- a. security deposits that are required to obtain a lease on an apartment or home;
- b. essential household furnishings and moving expense required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens;
- c. set-up fees or deposits for utility or service access, including telephone, electricity, heating and water;
- d. services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy;

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- e. moving expenses; and
  - f. necessary home accessibility adaptations.

Additionally, non-recurring expenses to facilitate independent transportation opportunities, such as driver's license, driver's training or vehicle registration in instances where a vehicle has been donated are allowable. Community Transition Services are furnished only to the extent that they are reasonable and necessary as determined through the service plan development process, clearly identified in the service plan, and the person is unable to meet such expense or when the services cannot be obtained from other sources such as DFCS Independent Living Program, Rehabilitation Act. Community Transition Services do not include monthly rental or mortgage expense; food; regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes. Community Transition Services may not be used to pay for furnishing or setting up living arrangements that are owned or leased by a waiver provider.

### **3.5 Customized Goods and Services**

Customized Goods and Services are individualized supports that youth who have severe emotional disturbances or mental illness may need to fully benefit from mental health services. It includes services, equipment or supplies not otherwise provided through this waiver or through the Medicaid State Plan that address an identified need in the individual service plan and meet the following requirements: the item or service would decrease the need for other Medicaid services; AND/OR promote inclusion in the community; AND/OR increase the participant's safety in the home environment; AND, the participant does not have the funds to purchase the item or service or the item or service is not available through another source. The specific Customized Goods and Services must be clearly linked to a participant behavior/skill/resource need that has been identified and documented in the approved ISP prior to purchase or delivery of services. Goods and services purchased under this coverage may not circumvent other restrictions of waived services, including the prohibition against claiming for the costs of room and board. The Care Coordinator may provide support and assistance to the participant/representative in budgeting and directing goods or services to be purchased that will include the supplier/vendor name and identifying information and the cost of the service/goods. A paid invoice or receipt that provides clear evidence of purchase must be on file in the participant's records to support all goods and services purchased. Customized Goods and Services could include tutoring; parenting skills; homemaker services, structured mainstream recreation, therapeutic or day support activities; mentor or behavioral aid; a utility deposit to help stabilize a child's behavioral health crisis; environmental modification to the participant's residence to enhance safety and ability to continue the living arrangement, among other customized goods and services to provide flexible community services and to maintain stability in their residence.

### **3.6 Expressive Clinical Services**

Expressive Clinical Services are not covered by the State Plan and are necessary to improve the participant's independence and inclusion in their community and to assist unpaid caregivers and/or paid support staff in carrying out individual treatment/support plans.

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### 3.7 Family Peer Support Services

Family Peer Support Services are participant centered services with a rehabilitation, recovery and maintenance focus designed to promote skills for coping with and managing mental illness symptoms related to the participant's treatment plan while facilitating the utilization of natural resources and the enhancement of community living skills and participation. These services promote participant socialization, recovery, self-advocacy, development of natural supports, and access to services through information and assistance. Training may include, but is not limited to: individual and group training on diagnosis; medication management; treatment regimens including evidence based practices; behavior planning, intervention development and modeling; skills training; systems mediation and self-advocacy; financial management; socialization; individualized education planning; and systems navigation. Services are directed toward achievement of the specific participant goals defined in the approved Individual Service Plan (ISP), and must be approved by the Care Coordinator in advance. Training services are available for individuals who provide support, training, companionship or supervision to participants served in the waiver and these services must be directly related to their role in supporting the participant in the areas specified in the CFT Action Plan. For purposes of this service, individual is defined as any person, who lives with or provides care to a waiver participant, and may include a parent, caregiver, foster parent, legal guardian, relative, grandparents, family member in the home, family home respite provider, neighbor, friend, companion or natural support who provides uncompensated behavioral care, training, guidance, companionship, or support to a child/youth served in the waiver. Peer or family peer supports may be provided to assist the unpaid caregiver in meeting the needs of the participant. This service may not be provided in order to train paid caregivers or school personnel. FFP is also available as compensation to the providers of this service for participation on the Child and Family Team meetings.

### 3.8 Financial Support Services

Financial Support Services are services or functions that assist the family or participant to:

- a) Manage and direct the disbursement of funds contained in the participant-directed budget;
- b) Facilitate the employment of staff by the family or participant by performing employer responsibilities as the participants agent, and
- c) Performing fiscal accounting and making expenditure reports to the participant or family, Care Coordinator and state authorities.

Financial Support Services are provided to assure that participant directed funds outlined in the Individual Service Plan are managed and distributed as intended. The Financial Support Services (FSS) provider receives and disburses funds for the payment of participant-directed services under an agreement with the Department of Community

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Health, the State Medicaid agency. The FSS provider files claims through the Medicaid Management Information System for participant directed goods and services. Additionally, the FSS provider deducts all required federal, state and local taxes. The FSS provider also calculates and pays as appropriate, applicable unemployment insurance taxes and worker compensation on earned income. The FSS provider is responsible for maintaining separate accounts on each member's participant-directed service funds and producing expenditure reports as required by the Department of Community Health and the Department of Human Resources. When the participant is the employer of record, the FSS provider is the Internal Revenue Service approved Fiscal Employer Agent (FEA). The FSS provider conducts criminal background checks and age verification on service support workers. The FSS provider executes and holds Medicaid provider agreements through being deemed by the state to function as an Organized Health Care Delivery System or as authorized under a written agreement with the Department of Community Health, the State Medicaid agency. The FSS provider must not be enrolled to provide any other Medicaid services in Georgia. Financial Support Services must be authorized prior to service delivery at least annually in conjunction with the Individual Service Plan development and with any ISP revisions.

### **3.9 Respite**

Respite services provide safe and supportive environments on a short-term basis for participants unable to care for themselves because of the absence or need for relief of those persons who normally provide care for the participant. Additionally, Respite Services may be provided for support or relief from the caretaker of the youth participating in the Waiver. This service reduces the risk of out-of-home placements at a higher level of care. Federal financial participation will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. Respite is available twenty-four (24) hours/seven (7) days a week. Respite Services may be in quarter-hour increments or overnight, and may be provided in-home or out-of-home in the following locations: (1) Participant's home or private place of residence, (2) The private residence of a respite care provider, (3) Foster home ÿ Group home. The need and plan for Respite Services must be documented in the approved ISP prior to service delivery at least annually.

### **3.10 Supported Employment**

Supported Employment consists of ongoing supports that enable participants with severe emotional disturbances or mental illness for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who because of their serious mental illness, need supports to perform in a regular work setting. Supported Employment services consist of ongoing supports that enable participants with severe emotional disturbances or mental illness for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who because of their serious mental illness, need supports to perform in a regular work setting. It provides one-to-one intensive on-going supports in preparing for, securing,

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and maintaining competitive employment in a regular work setting. Supported Employment may include assisting the participant to locate a job or develop a job. Supported employment is provided in a variety of settings, particularly work sites where persons without disabilities are employed. The service includes activities needed to sustain paid work by participants and includes supervision and training. When these services are provided, payment is made only for the special adaptations, supervision, and training required by the participants receiving waiver services as a result of their disabilities, but does not include payment for the supervisory activities rendered as a normal part of the business setting. These services are provided to enable eligible individuals to choose, obtain or maintain individualized, competitive employment, in an integrated work environment, consistent with their interests, preferences and skills. Documentation is maintained in the file of each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.). Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
2. Payments that are passed through to users of supported employment programs; or
3. Payments for training that is not directly related to an individual's supported employment program. Supported Employment services include transportation of participants to community work sites. Transportation provided through Supported Employment is included in the cost of doing business and incorporated in the administrative overhead cost. Separate payment for transportation only occurs when the distinct Transportation Services are authorized. Supported Employment services must be authorized prior to service delivery at least annually in conjunction with the Individual Service Plan development and with any ISP revisions. Supported employment services may be provided individually or in group settings, and to obtain a job for a participant.

### **3.11 Waiver Transportation**

Waiver Transportation Services enable waiver participants to gain access to waiver and other community services, activities, resources and organizations typically utilized by the general population, as specified in the Individual Service Plan. Waiver Transportation Services enable waiver participants to gain access to waiver and other community services, activities, resources and organizations typically utilized by the general population, as specified in the Individual Service Plan. These services do not include transit provided through Medicaid non-emergency transportation. Waiver Transportation services are only provided as independent waiver services when transportation is not otherwise available as an element of another waiver service. Whenever possible, family, neighbors, friends or community agencies, which can provide this service without

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charge, are to be utilized. Transportation services are not intended to replace available formal or informal transit options for participants. The need for Waiver Transportation services and the unavailability of other resources for transportation must be documented in the ISP. Transportation services are not available to transport an individual to school (through 12th grade). Transportation to and from school is the responsibility of the public school system or the waiver participant's family. Waiver Transportation services must not be available under the Medicaid State Plan, IDEA or the Rehabilitation Act. Waiver Transportation services must be authorized prior to service delivery, and must be authorized in the ISP development and with any ISP revisions. Waiver Transportation Services do not exceed \$1,500 annual maximum.

### **3.12 Youth Peer Support Services**

Youth Peer Support Services are designed to promote socialization, recovery, wellness, self-advocacy, development of natural supports, and development/maintenance of community living skills. These services are only for participants who opt for participant-direction. The participant determines the amount of Youth Peer Support Services, if any, and the specific services that the Youth Peer Support will provide. These services must be included in their approved Individual Service Plan. Youth Peer Support Services help participants and their families define and/or direct their own services and supports and to meet their participant-direction responsibilities. It facilitates the participant (or the participants family or representative, as appropriate) in arranging for, problem-solving and decision making in developing supportive community relationships and other resources that promote implementation of the Individual Service Plan. This service is available to assist participants in identifying immediate and long-term needs, developing options to meet those needs and accessing identified supports and services. Practical skills training is offered to enable families and participants to independently direct and manage waiver services. Examples of skills training include providing information on recruiting respite care workers and providing information on effective communication and problem-solving. The service/function also includes providing information to ensure that participants understand the opportunities and responsibilities involved in directing their services. Youth Peer Support Services do not duplicate Care Management Services or Financial Management Services. Youth Peer Support Services do not include procurement, fiscal and accounting functions included in Financial Management Services. Community Guides cannot provide other direct waiver services, including Care Management, to any waiver participant. Youth Peer Support agencies cannot provide Care Management Services. The specific Youth Peer Support Services to be received by a waiver participant are specified in the Individual Service Plan. An individual serving as a representative for a waiver participant in self-directed services is not eligible to be a Youth Peer Support for that participant. Youth Peer Support Services must be authorized prior to service delivery by the Care Coordinator at least annually in conjunction with the Individual Service Plan development and with any ISP revisions.

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#### 4.0 Service Requirements

1. Ensuring all youth served meet the Psychiatric Residential Treatment Facility (PRTF) Level of Care
2. Enrolling all youth into the program
3. Ensuring that all families are given their choice of service and service provider(s)
4. Ensuring that everything possible is done for the youth to maintain them in the community before institutional care is presented as an option.
5. Ensuring that the Care management Entity (CME) receives notification of the referral within 2 business days of receipt by the Operating Agency, DBHDD
6. Ensuring that the youth is receiving the clinical services in the community necessary to maintain the youth safely in the community.
7. Ensuring that an individualized crisis and safety plan is developed for each youth
8. Reviewing all additional services and supports for each youth, in accordance to policy guidelines, at least quarterly.
9. Reviewing all service plans within 5 business days of receipt of a completed packet.
10. Tracking of services and dollars spent.

Services may continue to be provided to individuals who reach the age of 21 while in the CBAY program as long as the individual was receiving the services immediately before reaching age 21 and all other continued stay criteria are met. Individuals must be discharged or transitioned to other appropriate adult services prior to age 22.

#### 5.0 Description of Youth/Young Adults Served

##### 5.1 Target Population

Children, Adolescents, and Young Adults ages 21 or younger who are Uninsured or have Medicaid eligibility and:

- Require an intensive program in an out-of-home setting due to behavioral, emotional, and functional problems which cannot be addressed safely and adequately in the home;
- Have a Mental Health Diagnosis; Co-Occurring Substance-Related Disorder and Mental Health Diagnosis; Co-Occurring Mental Health Diagnosis and Mental Retardation/Developmental Disabilities

Youth/Young Adults with the following conditions are **excluded** from admission because the severity of cognitive impairment precludes provision of services in this level of care:

- Severe and Profound Mental Retardation

The following diagnoses are not considered to be a sole diagnosis for this service:

- Personality Disorders
- Rule-Out (R/O) diagnoses

Youth/Young Adults with the following conditions are **excluded** from admission unless there is clearly documented evidence that a psychiatric diagnosis is the foremost consideration for psychiatric intervention:

- Organic Mental Disorder
- Traumatic Brain Injury

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Youth/Young Adults with the following conditions are **excluded** from admission unless there is clearly documented evidence that an additional psychiatric diagnosis is the foremost consideration for psychiatric intervention:

- Conduct Disorder

Youth/Young Adults with the following conditions are **excluded** from admission unless there is clearly documented evidence that a psychiatric diagnosis is the foremost consideration for this psychiatric intervention:

- Mild Mental Retardation
- Moderate Mental Retardation
- Autistic Disorder

Behavioral health issues must not include those behaviors that are indicative of the normal developmental process or delinquent behavior not associated with the identified behavioral health diagnosis.

## 5.2 Admission Criteria

All Youth/Young adult must meet the target population criteria as noted above and also meet one or more of the following:

CASII or LOCUS at or above a Level 6 or a CAFAS score of 140 or above and a home scale of 30 and one of the following

1. Youth/Young adult has shown serious risk of harm in the past thirty (30) days, as evidenced by the following:
  - A. Current suicidal or homicidal ideation with clear, expressed intentions and/or current suicidal or homicidal ideation with past history of carrying out such behavior; and **at least one of the following**:
    1. Indication or report of significant and repeated impulsivity and/or physical aggression, with poor judgment and insight, and that is significantly endangering to self or others.
    2. Recent pattern of excessive substance use (co-occurring with a mental health diagnoses as indicated in target population definition above) resulting in clearly harmful behaviors with no demonstrated ability of child/adolescent or family to restrict use.
    3. Clear and persistent inability, given developmental abilities, to maintain physical safety and/or use environment for safety.
2. The clinical documentation supports the need for the safety and structure of treatment provided in a high level of care and the youth/young adult's behavioral health issues are unmanageable as evidenced by **both**:
  - A. There is a documented history of multiple admissions to crisis stabilization units or psychiatric hospitals (in the past 6 months) and youth/young adult has not progressed sufficiently or has regressed; and **two of the following**:
    1. Less restrictive or intensive levels of treatment have been tried and were unsuccessful, or are not appropriate to meet the individual's needs, and

- 
2. Past response to treatment has been minimal, even when treated at high levels of care for extended periods of time, or
  3. Symptoms are persistent and functional ability shows no significant improvement despite extended treatment exposure.

**AND**

- B. Youth/Young adult and/or family has history of attempted, but unsuccessful follow through with elements of a Resiliency/Recovery Plan which had resulted in the exhibition of specific mental, behavioral or emotional behaviors that place the recipient at imminent risk for disruption of current living arrangement including:
  1. Lack of follow through taking prescribed medications,
  2. Following a crisis plan, or
  3. Maintaining family integration.

*Youth enrolled in the CBAY – MFP Program will also have to meet the criteria above, as well as have been in the PRTF for 90+ days, had one day paid for by Medicaid and be transitioning to a qualified house (a familial home or a group home with fewer than 4 youth that are unrelated). Youth enrolled in CBAY – BIP will have to meet the criteria above as well as one of the following: diversion from PRTF, been in the PRTF less than 90 days or transitioning off of the CBAY-MFP program and continue to meet the PRTF level of care.*

## **6.0 Referral Processes**

CBAY admissions are not considered emergent and must be authorized by the External Review Organization.

### **6.1 Referral Process into the CBAY Program through Money Follows the Person (MFP)**

The ERO is responsible for determining if the youth/young adult meets clinical criteria. The referring PRTF faxes to the ERO:

- a) The PRTF Enrollment Packet Cover Sheet and Referral Review Form
- b) A current Psychiatric evaluation (to include current diagnosis, current medications, and current symptoms) that has been completed within sixty (60) days of the application submission date.
- c) A Psychological evaluation completed within two (2) years that contains a valid assessment of cognitive functioning. [Under rare circumstances (e.g. youth/young adult is too unstable to be evaluated, there is no immediate access for a psychological evaluation, etc.) the ERO may determine a psychological evaluation is not necessary when the psychiatric assessment provides a thorough and valid psychosocial history, as well as cognitive functioning information; and/or a psychological evaluation that is over two (2) years old contains information that has not changed significantly – in these cases, the ERO will determine if a psychological evaluation is needed and will document in the youth/young adult's record why the omission of a current psychological evaluation is acceptable.]

- d) Psychosocial summary, including a complete placement history, completed within sixty (60) days of the application submission date.
- e) If applicable, a psychosexual evaluation completed within the past two (2) years.
- f) MFP-CBAY Enrollment Packet
  - i. If the youth is under 18 years of age, and not emancipated, the legal guardian/custodian must sign the Treatment Choice Form
  - ii. If the youth/young adult is emancipated or 18 years or older, the youth/young adult must sign the form, unless iii. (below) applies. If emancipated a copy of the court order must be submitted.
  - iii. If the young adult is 18 years or older and has a legal guardian, then the legal guardian signs the Treatment Choice Form and a copy of the court order must be submitted.
- g) Court order indicating DJJ Commitment, if applicable.
- h) Screen shot of Medicaid Portal for the youth/young adult showing type (if any) of Medicaid coverage.

Once all documents are received by the ERO Care Management Department via fax, an application packet is considered complete and eligible for clinical review. If approved for CBAY/MFP the referring PRTF, Parent/legal custodian/young adult with no guardian, and CME staff determine the course of CBAY/MFP services and treatment. If denied CBAY/MFP, the Medicaid member has appeal rights.

## 6.2 Referral Process into the CBAY Program through Balancing Incentive Program (BIP)

The ERO is responsible for determining if the youth/young adult meets clinical criteria. The referring PRTF faxes to the ERO:

- a) The PRTF Enrollment Packet Cover Sheet and Referral Review Form
- b) A current Psychiatric evaluation (to include current diagnosis, current medications, and current symptoms) that has been completed within sixty (60) days of the application submission date.
- c) A Psychological evaluation completed within two (2) years that contains a valid assessment of cognitive functioning. [Under rare circumstances (e.g. youth/young adult is too unstable to be evaluated, there is no immediate access for a psychological evaluation, etc.) the ERO may determine a psychological evaluation is not necessary when the psychiatric assessment provides a thorough and valid psychosocial history, as well as cognitive functioning information; and/or a psychological evaluation that is over two (2) years old contains information that has not changed significantly – in these cases, the ERO will determine if a psychological evaluation is needed and will document in the youth/young adult's record why the omission of a current psychological evaluation is acceptable.]
- d) Psychosocial summary, including a complete placement history, completed within sixty (60) days of the application submission date.
- e) If applicable, a psychosexual evaluation completed within the past two (2) years.
- f) CBAY Enrollment Packet

- i. If the youth is under 18 years of age, and not emancipated, the legal guardian/custodian must sign the Treatment Choice Form
- ii. If the youth/young adult is emancipated or 18 years or older, the youth/young adult must sign the form, unless iii. (below) applies. If emancipated a copy of the court order must be submitted.
- iii. If the young adult is 18 years or older and has a legal guardian, then the legal guardian signs the Treatment Choice Form and a copy of the court order must be submitted.
- g) Court order indicating DJJ Commitment, if applicable.
- h) Screen shot of Medicaid Portal for the youth/young adult showing type (if any) of Medicaid coverage.

Once all documents are received by the ERO Care Management Department via fax, an application packet is considered complete and eligible for clinical review. If approved for CBAY/MFP the referring PRTF, Parent/legal custodian/young adult with no guardian, and CME staff determine the course of CBAY/MFP services and treatment. If denied CBAY/MFP, the Medicaid member has appeal rights.

## 7.0 Enrollment Process

1. PRTF submits Lateral Transfer application to APS
2. Within 5 days ERO determines if referral meets Level of Care(LOC)
3. If referral meets LOC :
  - a. ERO sends referral, including Enrollment Packet and Clinical Documentation to [cbayreferrals@dbhdd.ga.gov](mailto:cbayreferrals@dbhdd.ga.gov)
  - b. The Enrollment Packet includes:
    - Treatment Choice Form
    - Unified Release of Information
    - Overview & Consent
    - Referral Form
    - Authorization for Use or Disclosure
    - Informed Consent for Participation
    - MDS
    - Referral Clinical Documentation including (approval letter and clinical support documentation)
    - APS Continuing Stay Data
4. Within 1-2 business days CBAY Quality and Data Coordinator check all portals i.e., CBAY Referrals.
  - Enroll youth in Synthesis
  - Enter youth in PPL (Public Partnership) TPA
  - Inform appropriate CME – Viewpoint Health or Lookout Mountain of referral
  - Waiver Coordinators & C&A Specialist will:

- 
- a. Print all documents and scan each individually to the I drive
  - b. Create Folder
  - c. Check Medical Eligibility
  - d. Check CID Number
  - e. Create budget in TPA
  - f. Enter youth in Synthesis and Access Data base
  - g. Send referral email to CMEs & Regions

#### **A. Saving the Referral**

1. Open the referral mailbox.
2. Look for any emails that should read: Referral Summary PRTF to CBAY/MFP (lateral transfer).zip
3. Highlight the subject line with lime green from the categories box after clicking on the subject line
4. Print the cover letter.
5. Save the zip file to the I drive by clicking on it without opening it with a single left click.
6. Then a pop up box will open with several options, chose save link as . . .
7. It is saved to the I Drive By going to computer, I drive, Programs and Policies, CBAY, Referrals and Save.
8. In referrals, save the file (unzipped) with LastName\_FirstName followed by current date, such as 5-5-2013 (\*See alternative saving mode in 2c below).
9. After saving, open up the email (password is 2013@Cbay) to print the contents of the referral.
10. Print the sets of information that you will see when you open up the zip.
11. Some sets of information require printing in the Photo Printing Process. In which case just follow the prompts.

#### **B. CBAY Folder Creation and Processes - Check these steps off on the CBAY Internal Checklist as you go.**

1. Check the file to see if the following articles are present. If not, then request them from the referring provider as the date of admission to CBAY cannot start until the file is complete. This includes having complete signatures for the following paperwork based on youth's funding source:
  - a. **CBAY Youth:**
    - i. Treatment Choice
    - ii. Unified Release of Information
    - iii. CBAY Overview and Consent
    - iv. MDS
  - b. **CBAY MFP Youth:**
    - i. CBAY MFP Treatment Choice
    - ii. CBAY MFP Unified ROI

- 
- iii. CBAY MFP Overview & Consent
  - iv. MDS
  - v. CBAY MFP Referral Form
  - vi. MFP Authorization for Use or Disclosure (2)
  - vii. MFP Informed Consent for Participation

**c. CBAY BIP Youth:**

- i. Treatment Choice
  - ii. Unified Release of Information
  - iii. CBAY Overview and Consent
  - iv. MDS
2. After checking that all forms are present, scan each document individually in an email to yourself. Then:
- a. Open each email and save by the name of the document to a new file in MFP Uploads. This is a working file in I drive; Prog\_Pol; CBAY; Referrals; and MFP Uploads. Name the file LastName\_FirstName
  - b. When all of the documents are in the file, zip it by:
    - i. Right click the file
    - ii. Go to send to
    - iii. Choose zip
    - iv. Now the file is zipped
  - c. Once zipped, the file can be stored under the child's original file in referrals under LastName\_FirstName. (\*Alternative saving mode).
3. For MFP CBAY youth:
- a. When the entire file is ready, upload it to DCH. Open the File Zilla by clicking on the Fil Zilla icon on your desktop. The user name is dbhdd-cbay; the password is Winter 2013.

**C. Medicaid Eligibility**

- 1. Go to <https://portal.dch.ga.gov/Citrix/MetaFrame/auth/login.aspx>
- 2. Sign in
- 3. Choose the DCH Intranet logo
- 4. A gray box that warns users not to open unless they are authorized opens
- 5. Click OK
- 6. Another box may opens that has a red circle with an x on it
- 7. Close that box
- 8. The DCH Intranet pops up
- 9. Go to the address section even if it still says connecting
- 10. Enter <https://home.gammis.com/home/>
- 11. The Georgia Department of Health site opens
- 12. Sign in with your password
- 13. Choose Interchange
- 14. The Georgia MMIS box will open up
- 15. To the upper left on the gold bar choose member

- 
16. Enter the last name, first name and DOB
  17. Hit enter
  18. The Medicaid form will open up
  19. Scroll down to the navy bar that reads Member Maintenance
  20. To the right is a list of areas to add or modify
  21. If you do not see benefit plan, click on another area in that list and then scroll up just a little bit. Benefit Plan is at the top of the middle column.
  22. When you see Benefit Plan click on that
  23. Scroll down to a section that reads Benefit Plan
  24. Under the column that reads End Date look for a date that ends in 12/31/2299
  25. Look for one of these categories which will be regular Medicaid insurance:
    - i. SSI
    - ii. Adoption Assist
    - iii. Child Welfare Foster Care
    - iv. State Funded Adoption Assist
  26. If you see TXIX Title XIX Medicaid, highlight and click on that
  27. The type of Medicaid will be seen under Aid Category Data Alternatively, CMO Insurance will be one of these categories:
    - i. RSM,
    - ii. LIM
    - iii. Peachcare
  28. If so, then go to Member Maintenance Managed Care and highlight PMP assignments
  29. This will show the name of their present insurance which will show an end date of 12/31/2299
  30. Children enrolled in the CMOs will be enrolled in the same manner, but please note the particular CMO on the purple enrollment checklist. CMEs are required to partner with the CMO to ensure that the child has their medical care to the same extent as Medicaid enrolled children.

#### D. CID Number Check

1. Go to <https://careconnection-prtf.apshealthcare.com/Login/logon.aspx>
2. Sign in
3. Enter child's last name, Medicaid ID and social security number if available
4. Hit search
5. Several continuing stays and perhaps a discharge will populate.
6. Click on the latest one and a great deal of information will be available including the CID #.
7. Log out.

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(If there is no CID#, contact Theresa Smith. She is available at tssmith@dhr.state.ga.us and 404-657-0639 or 770-210-1574. She is very helpful.)

1. Budget created in the TPA

8. Open up the TPA and go to the consumer search tab
9. Click on enroll a new consumer
10. Enter the information in these fields  
(if the CID # is missing, start to enter 0s.
  - i. A temporary number can be created by entering 0s and then watch for numbers to automatically populate in a drop down box. Add new numbers to the 0s to create a new number.
  - ii. Remember to go back later and add the CID# when it is available.
11. Click on save at the bottom of the form
12. Then click on consumer search again
13. The newly entered name will come up
14. Click on referrals
15. Click on new budget
16. Enter the start date and the end date should populate automatically. The start date is generally the APS date unless information is missing in the APS packet, or if the child has CMO coverage (see CMO above).

**E. MDS entered**

1. Click on consumer profile
2. Click on MDS at the bottom of that page
3. Click on the time period
4. Fill in the blanks from the initial MDS in the referral package.
5. If there are blanks, put 888 for I do not know, or 999 for NA.
  1. Identify the CME
6. This is on the Treatment Choice form

**F. Enter info into Access database**

1. Start Button
2. My computer
3. J Drive
4. CBAY
5. Old CBAY Internal Database Production
6. Username
7. Password
8. Log In

ID	Last Name	First Name	Medicaid ID	DOB	CBAY Start Date	CME	Enrollment #	Waiver Coord.	Discharge
652	Johnson	Antonio J	11109192015	1/4/2002	3/29/2012	MAAC	2	Theresa	<input type="checkbox"/>
653	Johnson	Chase	111776788743	3/3/1998	7/28/2011	MAAC	1	Toni	<input type="checkbox"/>
812	Juarez	Navarro	111284697302	2/3/1996	8/28/2012	MAAC	1	Theresa	<input type="checkbox"/>
842	Keye	Keri	11108124947	4/8/1998	9/24/2012	MAAC	1	Toni	<input type="checkbox"/>
852	King	Rochanda	11182924796	4/4/1996	5/29/2013	GRN	1	Toni	<input type="checkbox"/>
892	Klugh	Antonin	111219381136	3/7/2000	3/24/2013	GRN	1	Adell	<input type="checkbox"/>
914	Krieger	Julia	22211108200	4/23/1999	7/24/2011	MAAC	1	Toni	<input type="checkbox"/>
421	Larson	Brittany	11189196806	6/26/1996	7/26/2011	MAAC	1	Toni	<input type="checkbox"/>
700	Lawson	Dareyon	111716068642	3/7/1996	5/2/2013	Chris Kids	1	Theresa	<input type="checkbox"/>
858	Lewis	Darshon	111091467984	4/29/2002	6/4/2013	Lookout Mountain	2	Toni	<input type="checkbox"/>
722	Locke	Adilyn	111786644762	9/22/2000	7/23/2012	Chris Kids	1	Toni	<input type="checkbox"/>
802	Maddox	Kathlin	111789718700	6/4/1998	8/28/2012	MAAC	2	Adell	<input type="checkbox"/>
832	Martin	Alexandra	222112294272	3/7/1998	9/21/2012	MAAC	1	Toni	<input type="checkbox"/>
804	Martin	Justin	111205045024	2/16/2002	8/28/2012	Chris Kids	2	Adell	<input type="checkbox"/>
748	Martyn	Jacob	111312187278	9/9/2006	6/9/2012	MAAC	1	Adell	<input type="checkbox"/>
772	Martel	Nicholas	222111166680	12/10/1990	8/3/2012	GRN	1	Adell	<input type="checkbox"/>
898	McCrary	Charles	111076576043	3/10/2003	8/21/2012	MAAC	1	Adell	<input type="checkbox"/>
812	Meeks	Austin	111938854845	3/8/2001	7/12/2011	GRN	2	Toni	<input type="checkbox"/>
813	Michael	Samuel	111527978451	9/16/2001	2/28/2012	Chris Kids	1	Theresa	<input type="checkbox"/>
261	Mitshell	Kaleb	111887391706	6/13/2001	6/2/2012	MAAC	1	Theresa	<input type="checkbox"/>
828	Mitshell	Tyrin	11131273019	11/21/1999	9/28/2012	MAAC	2	Toni	<input type="checkbox"/>
732	Mitshell	Zanaudica	111399709532	2/27/2003	6/18/2012	MAAC	1	Adell	<input type="checkbox"/>
842	Murphy	Deanna	111324240311	9/9/1997	5/24/2013	GRN	1	Theresa	<input type="checkbox"/>
761	Muscol	Ashley	111261880971	4/12/1996	6/7/2013	MAAC	2	Adell	<input type="checkbox"/>
717	Pattor	Makeema	111453407377	2/12/1998	3/17/2012	MAAC	1	Adell	<input type="checkbox"/>
881	Peavy	Tommy	111838347739	6/3/1998	6/12/2013	GRN	1	Toni	<input type="checkbox"/>
Total									

**New Youth Tab**

**Enter General Info Tab Information**

- Medicaid Info
- Medicaid Id Number
- First Name

**Dates**

- DOB
- APS Approval Date
- Date of Receipt



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10. Punch all of the referral information with the 2 hole paper punch

11. Place in this order:

- i. APS cover sheet, Referral Summary, Document Checklist, Unified Release of Information, MFP Overview and Consent, MFP Referral form, MFP Informed Consent, MFP Health Information Release, Referral Review Form, Treatment Choice
- ii. Referral information
- iii. MDS
- iv. Communications
- v. (Blank at this time)
- vi. DRF forms

**G. Emailing information to the CME, et al.**

1. Send an email to the identified person at the CME:

2. CC the following persons:

- a. Director, Child and Adolescent Mental
- b. CME Director
- c. The Regional Child and Adolescent representative(s) (listed below)
- d. The Waiver Coordinators
- e. The CBAY Child and Adolescent Specialist

3. The contents of the email should read:

(CME Name),

Please find attached the CBAY MFP packet for this Region (Where the child lives), (County of residence). (Name of child) has been accepted into CBAY MFP waiver effective (Budget date). Care Management has been authorized effective that date. To access billing for Family Support and Training, please notify me or your waiver coordinator via email which agency that will be providing this service.

The Consumer ID for this Referral is: (enter here)

Your Waiver Coordinator for this Referral is: (enter here).

If you have any difficulty opening the attached document, please notify me.

(Signature of sender)

4. Attach the zip file from the I drive.

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## 8.0 Review Process

1. Click Demographics- **Note: Make sure that all paperwork (cover sheet, MDS, DRF, sign in sheet,) is accounted for if not then contact Wrap Supervisor to inform of missing documents.**

- a. Put in Last Name of Youth
- b. Click Team List Tab
- c. Print Team List (use for review purposes)
- d. Click Forms Tab
- e. Click Cover Sheet for CBAY Individualized Service Plans
- f. Click on the corresponding cover sheet (matching the email notification in CBAY Notifications)
- g. Approve the Cover Sheet
- h. Print the Cover Sheet
- i. Then click Back Button
- j. Click Forms Tab
- k. Click Document Review Form (DRF)
- l. Click on the corresponding DRF from Wrap Supervisor (WS)- check for completion & print
  - If a non-required / Interim plan (3 month, 4 month, 6 month, 7 month, 9 month, 10 month)
    - Interim plans are only reviewed by the CBAY Coordinator or the Health and Welfare Coordinator if there is a TPA request, a significant safety concern or an ECFTM.
- m. If a required plan (14 days, 30 days, 2 month, 5 month, 8 month, 11 month, Discharge)
  - Click on Minimum Data Set (in Forms Tab)
  - Click on corresponding MDS- check for completion

2. Click on Action Plan **Note: Make notes of your review feedback so it can be recorded on the CBAY Coordinator's DRF.**

- a. Put in Last Name of Youth
- b. Click ACTION PLAN/Narrative Tab
- c. Click Print- Review in Pop up if the sign-in form is completed with youth, family, and team members present signatures
  - If an Interim Plan (if not skip to "Click Strengths Tab")
    - Read ACTION PLAN Narrative in ACTION PLAN/ Narrative Tab
    - Review only the indicated Need Statement and Strategy which has been instructed to be indicated on the Cover Sheet for all Interim Plans
    - When completed Go to Demographics
    - Put in Last Name of Youth
    - Click on Forms Tab
    - Click on Interim DRF
    - Click on New Button

- Complete a DRF with the Information Needed (Self-Explanatory)-  
**Note: Not all Interim plans require review of Safety & Crisis Plan this is at the discretion of team and state personnel.**
  - When completed enter the Action Plan Status number
    - For Responses 1, 2, 3, 5, 6, & 7 – Click Approve/Deny/Required Action Button & send email notification to the Wrap Supervisor so they are alerted that feedback is ready.
      - For Response 1
        - Send email notification to the Wrap Supervisor with indication of due date when paperwork will be expected
        - If not received by due date then response become a 7 then click Approve then click Print and File
        - Plan will not be reviewed until all proper documents are received. If documents are received within appropriate allotted time then the Plan can be approved with associated ACTION PLAN (see instructions to get back to this section)
      - For Response 2
        - Plan Not reviewed due to no changes
      - For Response 4
        - Send email notification to the Wrap Supervisor with indication of due date when information will be expected
        - If not received by due date then response become a 7 then click Approve then click Print and File
          - Approve associated ACTION PLAN (see instructions to get back to this section)
        - If received in allotted time then change response then click Approve then click Print and File
          - Approve associated ACTION PLAN (see instructions to get back to this section)
- d. Click Strengths Tab- Review & Cross Reference with Team List Copy
- e. Click Domain Review Tab

- 
- Click on Most Recent Domain Review folder corresponding with the plan you are reviewing- Note: If marked Medium or High then Explanation Required
  - f. Click Vision Tab- Review
  - g. Click ACTION PLAN/Narrative Tab
    - Click on Most Recent ACTION PLAN folder corresponding with the plan you are reviewing
    - Read Narrative- Note: Make sure it is descriptive of meeting details and of youth's behaviors as well as any other needed updates (ie. Change of custody, change of team members, etc.
  - h. Click Needs Tab
    - Click each Need folder (do not review those indicated as *pending*)
      - Review the following sections in each Need folder:
        - Need Text (Need Statement)
        - Benchmarks (Expected Outcomes)
        - Strengths- Review which team members strengths are associated with this need
        - Strategies (Strategy Updates are required for each strategy unless it is a 14 day plan)
  - i. After reviewing all Need Folders- Click on Demographics
  - j. Put in Last Name of Youth
  - k. Click on Forms Tab
    - Click DRF
    - Click New Button
    - Complete a DRF with the Information Needed (Self-Explanatory)
    - When completed enter the Action Plan Status number
      - For Responses 2, 3, 5, 6, & 7 – Click Approve Button & send email notification to the Wrap Supervisor so they are alerted that feedback is ready.
        - For Response 1
          - Send email notification to the Wrap Supervisor with indication of due date when paperwork will be expected
          - If not received by due date then response become a 7 then click Approve then click Print and File
          - Approve associated ACTION PLAN (see instructions to get back to this section)
        - For Response 4
          - Send email notification to the Wrap Supervisor with indication of due date when information will be expected
          - If not received by due date then response become a 7 then click Approve then click Print and File

- Approve associated ACTION PLAN (see instructions to get back to this section)
- If received in allotted time then change response then click Approve then click Print and File
- Approve associated ACTION PLAN (see instructions to get back to this section)

**3. After completing all steps and approving ACTION PLAN & DRF**

- Go to Demographics
- Put in Last Name of Youth
- Go to Forms
- Go to MDS
- Click on Corresponding MDS
- Approve MDS (if appropriate)
- Print MDS

**4. Additional Enrollment Steps (MFP CBAY YOUTH ONLY)**

- a. Upon approval of the Action Plan Waiver Coordinator fills out MFP Authorization of Services document to include:
  - Pre – transition Care Management and Family Support Peer and approves services in PPL-TPA.
- b. Waiver Coordinator uploads to FTP Site:
  - Enrollment Packet
  - 14 Day Action Plan
  - Discharge Day Checklist
  - Authorization for MFP Transition Services
- c. Waiver Coordinator upload to FTP Site:
  - All required Quarterly Action Plans and Quarterly updated Authorizations for MFP Transition Services forms.
- d. Waiver Coordinator upload to FTP Site:
  - Enrollment Status Change Form at day 365 or with other status changes during enrollment.
- e. As Sentinel Events happen:
  - Health and Welfare Coordinator will upload Sentinel Event forms to FTP site within 72 hours of receipt from CME.

---

## 8.1 TPA PROCESS

### Complete New Budget Process/Enter MDS

1. Open TPA (<https://fms.publicpartnerships.com/PPLPortal/Login.aspx>)
2. Enter user name and password login
3. Consumer search
4. Consumer Last name search
5. Referrals
6. Budget detail
7. Care coordination check provider
8. Family support Partner check provider
9. New budget
10. Create New budget
11. Budget detail
12. Create new service referral
13. Select Care Management
14. Select provider name
15. Enter note: Care Coordination
16. Add 3 Units and create
17. Create new service referral
18. Select family training and support services
19. Select provider name
20. Enter note: Family Training and Support
21. Enter 240 units and create
22. Back to consumer profile
23. MDS Form
24. Select budget period
25. Enter MDS Form following formatted questions and save

## 8.2 MFP CBAY FORMS

### Complete MFP CBAY Authorization for MFP Transition Services Form

1. Check Initial Authorization or Updated Authorization
2. Participant First Name, Last Name
3. Participant Medicaid ID#
4. Participant Date of Birth
5. Participant Address
6. Participant City and Zip Code Phone Number Other Contact Name
7. Anticipated Transition Date

- 
- 8. COS Waiver Type MFP CBAY
  - 9. Vendor will be DBHDD
  - 10. **MFPCBAY /Pre Transition Services - 1 Month of Services**
  - 11. Care Management 1 Unit(s) Authorized Dollars is \$721.05
  - 12. Family Support and Training Services 80 Unit(s) Authorized Dollars \$1,662.40.
  - **MFPCBAY Transition Services 11 Months of continued services**
  - 13. Complete Pre-Transition Services portion only and dependent upon release of youth from PRTF within 29 Days . (To be completed with the 14 Day Action Plan).
  - 14. Care Management 11 Unit(s) Authorized Dollars is \$7931.55
  - 15. Family Support and Training Services 880 Units(s) Authorized Dollars \$18286.40
  - **MFP CBAY Transition Services Portion ( Quarterly Plan Review or Changes for TPA requests).(Please do not enter anything in the Post Transition Services portion).**  
Complete the following Post Transition Services, which are to be reviewed quarterly and/or based on the need, Services are approved with prior authorization.
  - 16. Behavioral Assistance Services
  - 17. Respite Services
  - 18. Customized Goods and Services (CAP \$ 2,000.00/Annual)
  - 19. Supported Employment Services
  - 20. Community Transition Services (CAP \$ 1,500.00 Annual)
  - 21. Youth Peer Support Services
  - 22. Clinical Consultative Services
  - 23. Expressive Clinical Services
  - 24. Transportation Services
  - 25. Financial Support Services

Once Forms are Authorized by the CBAY Coordinator upload Form(s) to the FTP site

Upload the Following Action Plan(s) to the FTP Site:

- 14Day

- 
- 1 Month
  - 2 Month
  - 5 Month
  - 8 Month
  - 11 Month
  - Any Additional Interim Plans that are submitted for review due to changes.

#### 9.0 Denial, Reduction or Termination of Service

CBAY Staff will follow processes and procedures as established in DBHDD Policy 01-105.

#### 10.0 Discharge Process

1. In the 11 month plan the CME will notify the CBAY Coordinator via the MFP-CBAY Treatment Choice Form of the transition plans for discharge or graduation at the end of the current authorization. Complete the MFP - CBAY Treatment choice form for youth in CBAY. Complete the MFP Treatment Choice Form for youth participating within the payment source Money Follows the Person. If youth discharging due to more than 30 consecutive days in a PRTF then following procedures will be completed.
  - If MFP CBAY youth, a MFP Notice of Denial or Termination form will be completed and sent via certified mail from DBHDD in accordance with DBHDD Policy 01-105 and uploaded to the DCH FTP site.
  - If BIP or 1915c youth, a Notice of Denial or Termination form will be completed and sent via certified mail from DBHDD, in accordance with DBHDD Policy 01-105.
2. The CME will indicate in the Action Plan and the Action Plan notes that the team is planning discharge or graduation.
3. The CME Wrap Supervisor will notify the assigned CBAY Coordinator via CBAY Notifications of the youth discharge.
4. The wrap supervisor will need to submit the CBAY/Wraparound Discharge form into synthesis.
5. The CBAY Coordinator will review the discharge form to assure accuracy and completion.
6. The CBAY Coordinator will approve the discharge in synthesis and print the form.
7. The CBAY Coordinator will access the ACTION PLAN tab in synthesis to make sure there are no Action Plans for the youth that are still not approved.
8. The CBAY Coordinator will access the TPA site to edit the budget so that it will match the discharge date from the CME.
9. The CBAY Coordinator will review for accuracy and complete the MDS completed and submitted by the CME in synthesis.
10. The CBAY Coordinator will complete CBAY Discharge Checklist( Green form)

---

## 11.0 Quality Improvement

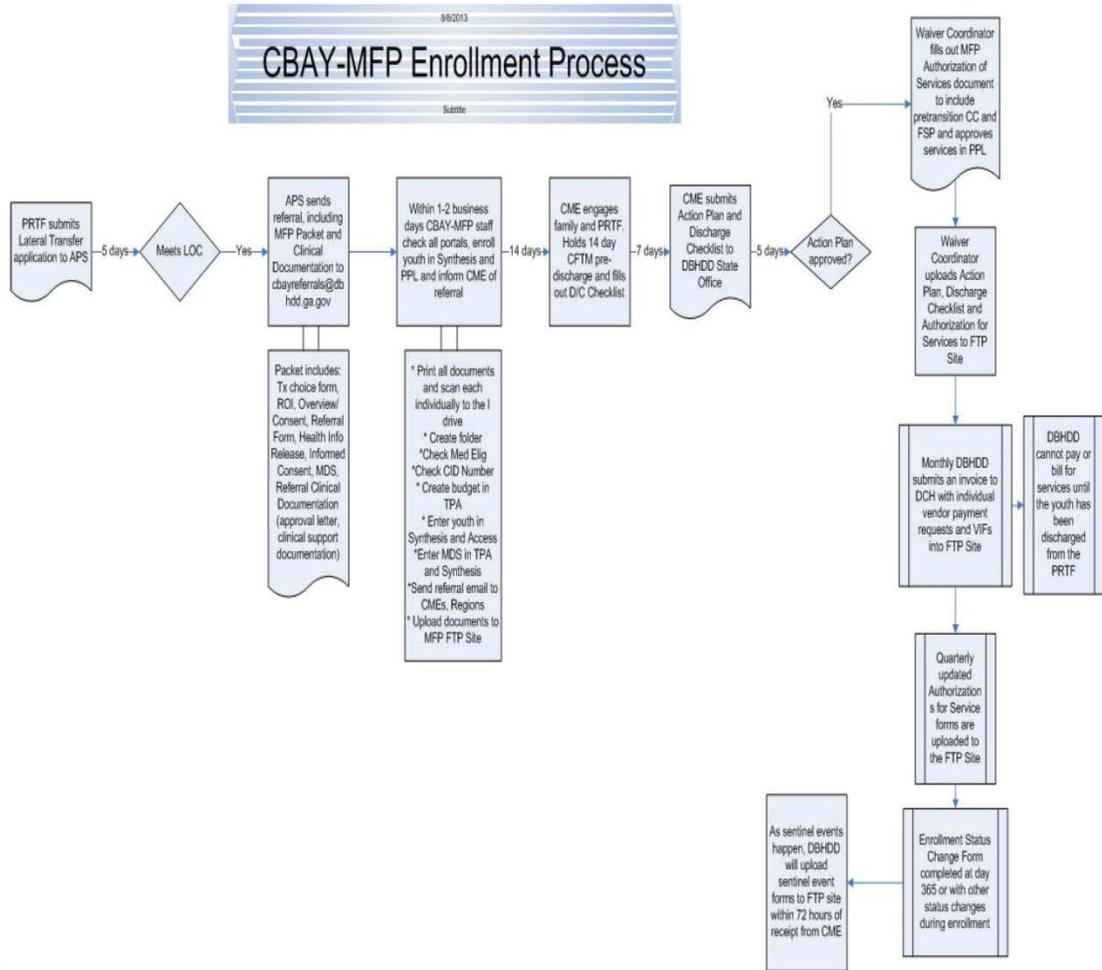
Continuous Quality Improvement (CQI) is the process by which we review the documentation of our efforts, and establish strategies for improvement in the service delivery process based on this review. All CME sites participate in a CQI process outlined by the CBAY/CME Quality Council, as documented in the CBAY/CME Quality Improvement Plan.

### Standards of Practice

- All sites will participate in the CBAY/CME Quality Council
- All sites will participate in the CME QA/Evaluation workgroup of the CBAY/CME Quality Council.
- The CME site will randomly select a sample of charts for review by the Peer Review Team.
- Feedback is provided to the site regarding the individual records selected (this feedback form remains in the chart) and feedback regarding general trends and summary of the review is provided to the CME Director. The Peer Review Team will use Wraparound Assessment forms to document the feedback and Corrective Action plans developed.
- All site review results are submitted to the State CBAY/CME Program Director within fifteen days of the audit.
- Sites should conduct regular internal audits of all active cases, including correction and feedback activities that are documented and managed by the CME Director.
- QA Staff should give an update on CQI results and trends to the CBAY/CME Quality Council QA/QI workgroup quarterly.
- Sites also participate in a semi-annual administrative review by the State Department of Behavioral Health and Developmental Disabilities to ensure that CME adheres to contractual obligations for fiscal reporting and use of contract funds for personnel, training and other site-specific activities.
- Will participate in all Quality Improvement, Evaluation, Training and Fidelity Monitoring Activities through the Center of Excellence, CHIPRA Grant or any other mechanism DBHDD chooses to utilize.

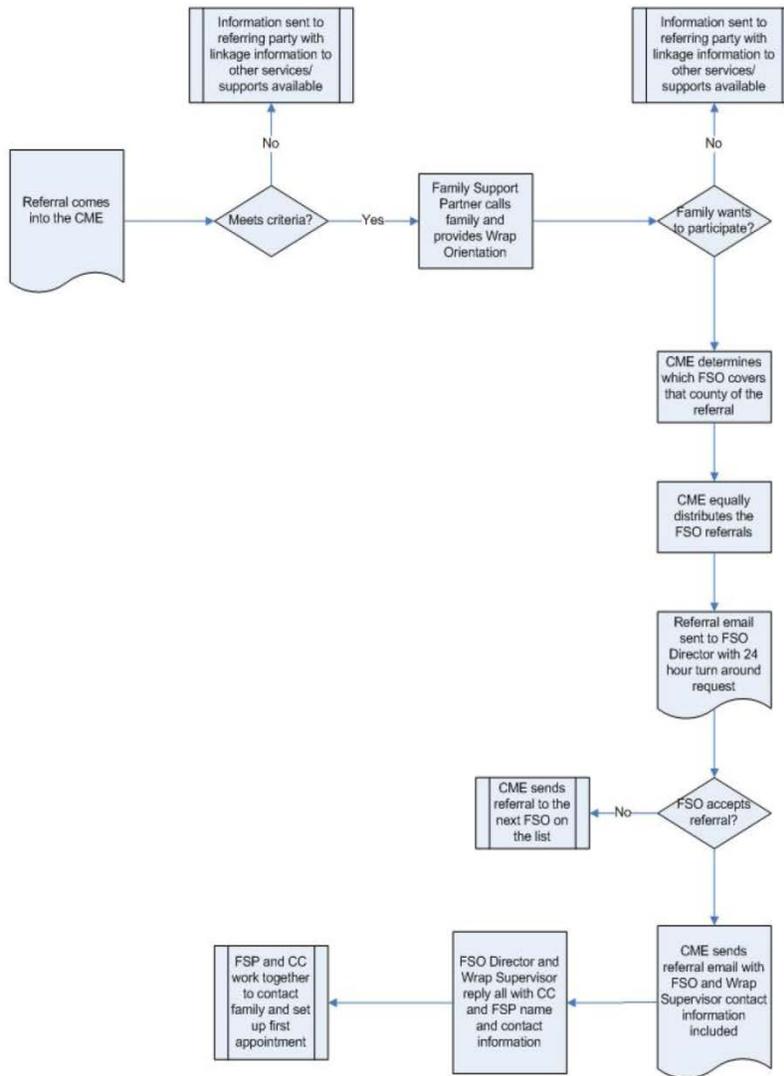
CMEs are subject to review by the Department of Community Health, and the Department of Behavioral Health and Developmental Disabilities, the DBHDD External Review Organization, Centers for Medicare and Medicaid Services, and the appropriate accreditation agency.

**APPENDIX A**



# CME/FSO REFERRAL PROCESS

TUESDAY, APRIL 02, 2013

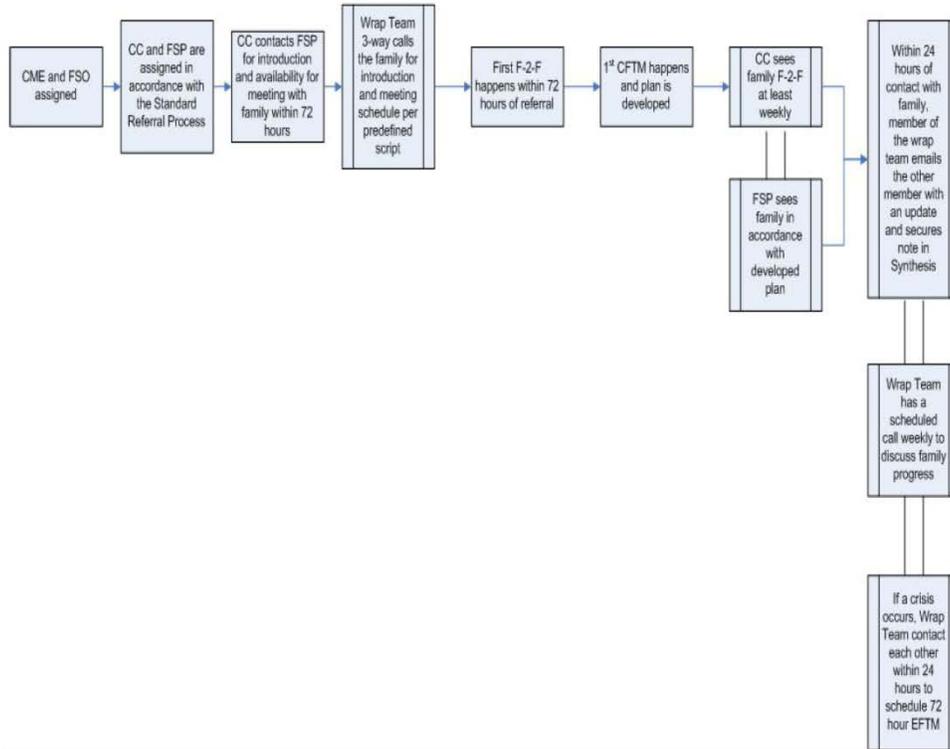


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**APPENDIX B**

# Wrap Team Minimum Communication Process

7/25/2013



Appendix I: MFP Referral Form



**Money Follows the Person  
Referral Form**

Date of referral (mm/dd/yyyy): \_\_\_\_\_

Person making referral: \_\_\_\_\_

Agency making referral: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Person Referred-Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_

Inpatient Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Admission Date to inpatient facility (mm/dd/yyyy): \_\_\_\_\_

Anticipated Referral: CCSP  SOURCE  ICWP  Date Referred: \_\_\_\_\_

NOW  COMP  \_\_\_\_\_  Date Referred \_\_\_\_\_

Currently on wait list for: CCSP  SOURCE  ICWP

NOW  COMP  \_\_\_\_\_

**Interested Parties:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Pertinent Information:** \_\_\_\_\_

Return completed referral by **Email** to: [gamfp@dch.ga.gov](mailto:gamfp@dch.ga.gov); or by **Fax** to: 404-463-2889; or **mail** to:

Money Follows the Person (MFP)  
Georgia Department of Community Health/Medicaid Division  
2 Peachtree St. NW, 37<sup>th</sup> Floor  
Atlanta, GA 30303  
Website: [dch.georgia.gov/mfp](http://dch.georgia.gov/mfp)

For questions or assistance making a referral, contact the MFP Project Director at: 404-651-9961. For question or assistance making a MDS Section Q referral, contact the Aging & Disability Resource Connection (ADRC) at 1-866-552-4464, Local Contact - \_\_\_\_\_

## **APPENDIX J: Reserved**

## APPENDIX K : Sample Medicaid Card

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

**Member ID #: 123456789012**  
Member: Joe Q Public  
Card Issuance Date: 12/01/02

**Primary Care Physician:** Dr. Jane Q Public  
285 Main Street  
Suite 2859  
Atlanta, GA 30303  
Phone: (123) 123-1234 X1234

**Plan:** Georgia Better Health Care  
**After Hours:** (123) 123-1234 X1234

Verify eligibility at [www.ghp.georgia.gov](http://www.ghp.georgia.gov)

If member is enrolled in a managed care plan, contact that plan for specific claim filing and prior authorization information.

Payor: For Non-Managed Care Members  
Customer Service: 404-298-1228 (Local) or 1-800-766-4456 (Toll Free)

ACS, Inc.	SXC, Inc.	Mail Paper Claims to:
Member: Box 3000	Rx BIN-001553	SXC Health Solutions, Inc.
Provider: Box 5000	Rx PCN-GAM	P.O. Box 3214
Prior Authorization: Box 7000	SXC Rx Prior Auth	Lisle, IL 60532-8214
McRae, GA 31055	1-866-525-5827	Rx Provider Help Line 1-866-525-5826

This card is for identification purposes only, and does not automatically guarantee eligibility for benefits and is non-transferable.

KPFS

**APPENDIX L: Aging and Disability Resource Connection List**

Revised 04/2014

<b><i>Planning &amp; Service Area</i></b>	<b><i>ADRC Name, Address &amp; Phone</i></b>
<p><b>Atlanta Region</b></p> <p>Cherokee Clayton Cobb DeKalb Douglas Fayette Fulton Gwinnett Henry Rockdale</p>	<p><b>Atlanta Regional Commission</b></p> <p>40 Courtland Street, N.E. Atlanta, GA 30303-2538 Phone: 404-463-3333 <b>Toll Free: 800-676-2433</b> Website: <a href="http://www.agewiseconnection.com">www.agewiseconnection.com</a></p>
<p><b>Central Savannah River Area</b></p> <p>Burke Richmond Columbia Screven Glascok Taliaferro Hancock Warren Jefferson Washington Jenkins Wilkes Lincoln McDuffie</p>	<p><b>Central Savannah ADRC</b></p> <p>3023 Riverwatch Parkway Suite A, Bldg 200 Augusta, GA 30907-2016 Phone: 706-210-2018 <b>Toll Free: 888-922-4464</b> Website: <a href="http://www.csrardc.org">www.csrardc.org</a></p>
<p><b>Coastal Area</b></p> <p>Bryan Bulloch Camden Chatham Effingham Glynn Liberty Long McIntosh</p>	<p><b>Coastal ADRC</b></p> <p>127 F Street Brunswick, GA 31520 Phone: 912-262-2862 <b>Toll Free: 800-580-6860</b> Website: <a href="http://www.coastalgeorgiardc.org">www.coastalgeorgiardc.org</a></p>
<p><b>Georgia Mountains</b></p> <p>Banks Dawson Forsyth Franklin Habersham Hall Hart Lumpkin Rabun</p>	<p><b>Georgia Mountains ADRC</b></p> <p>Physical Address: 508 Oak St., Ste 1, 30501 Mailing Address: P. O. Box 2534 Gainesville, GA 30503-2534 Phone: (770)538-2650 <b>Toll Free: 800-845-5465</b> Website: <a href="http://www.legacylink.org">www.legacylink.org</a></p>

<b><i>Planning &amp; Service Area</i></b>	<b><i>ADRC Name, Address &amp; Phone</i></b>
Stephens Towns Union White	
<b>Heart of Georgia Altamaha</b> Appling Montgomery Bleckley Tattnall Candler Telfair Dodge Toombs Emanuel Treutlen Evans Wayne Jeff Davis Wheeler Johnson Wilcox Laurens	<b>Heart of Georgia Altamaha ADRC</b> Physical Address: 331 West Parker Street Baxley , GA 31513-0674 Phone: (912)367-3648 <b>Toll Free: 888-367-9913</b> Website: www.georgiaadrc.com
<b>Middle Georgia</b> Baldwin Peach Bibb Pulaski Crawford Putnam Houston Twiggs Jones Wilkinson Monroe	<b>Middle Georgia ADRC</b> Physical Address: 175 Emery Highway , Suite C Macon , GA 31217-3679 Phone: (478)751-6466 <b>Toll Free: 888-548-1456</b> Website: www.georgiaadrc.com
<b>River Valley</b> Chattahoochee Quitman Clay Randolph Crisp Schley Dooley Stewart Harris Sumter Macon Talbot Marion Taylor	<b>River Valley ADRC</b> 1428 Second Avenue PO Box 1908 Columbus, GA 31902-1908 Phone: 706-256-2900 <b>Toll Free: 800-615-4379</b> Website: <a href="http://www.lcrdcaaa.org">www.lcrdcaaa.org</a>

<b><i>Planning &amp; Service Area</i></b>	<b><i>ADRC Name, Address &amp; Phone</i></b>
Muscogee Webster	
<b>Northeast Georgia</b>  Barrow Newton Clarke Oconee Elbert  Greene Walton Jackson Jasper Madison Morgan	<b>Northeast Georgia ADRC</b>  305 Research Drive Athens, GA 30610 Phone: 706-583-2546 <b>Toll free: 800-474-7540</b> Website: <a href="http://www.negrdc.org">www.negrdc.org</a>
<b>Northwest Georgia</b>  Bartow Murray Catoosa Paulding Chattooga Pickens Dade Polk Fannin Walker Floyd Whitfield Gilmer Gordon Haralson	<b>Northwest Georgia ADRC</b>  Physical Address: 1 Jackson Hill Dr. Rome, GA 30161 Mailing Address: PO Box 1798 Rome, GA 30162-1798 Phone: 706-802-5506 <b>Toll Free: 888-759-2963</b> Website: <a href="http://www.northwestga-aaa.org">www.northwestga-aaa.org</a>
<b>Southern Georgia</b>  Atkinson Cook Bacon Echols Ben Hill Irwin Berrien Lanier Brantley Lowndes Brooks Pierce Charlton Tift	<b>Southern Georgia ADRC</b>  1725 South Georgia Parkway, West Waycross, GA 31503-8958 Phone: 912-287-5888 <b>Toll Free: 888-732-4464</b> Website: <a href="http://www.segardc.org">www.segardc.org</a>

<b><i>Planning &amp; Service Area</i></b>	<b><i>ADRC Name, Address &amp; Phone</i></b>
Clinch Turner Coffee Ware	
<b>Southwest Georgia</b>  Baker Lee Calhoun Miller Colquitt Mitchell Decatur Seminole Dougherty Terrell Early Thomas Grady Worth	<b>SOWEGA ADRC</b>  1105 Palmyra Road Albany, GA 31701-1933 Phone: 229-432-0994 <b>Toll free: 800-282-6612</b> Website: <a href="http://www.sowegacoa.org">www.sowegacoa.org</a>
<b>Three Rivers</b>  Butts Pike Carroll Spalding Coweta Troup Heard Upson Lamar Meriwether	<b>Three Rivers ADRC</b>  Physical Address: 13273 Hwy. 34 East Franklin, GA 30217 Mailing Address: PO Box 1600 Franklin, GA 30217-1600 Phone: 706-407-0033 <b>Toll Free: 866-854-5652</b> Website: <a href="http://www.scaaa.net">www.scaaa.net</a>

## **APPENDIX M1: Documentation & Information for Housing Searches**

Field personnel guide participants through the housing search using various tools. To the greatest extent possible, participants should be engaged in their housing search. Together with field personnel, the participant must identify the following:

- A realistic budget – generally, 1/3 of the participant’s income is a guideline for housing expenses,
- Budget range for rent and utilities
- Living arrangement
- Needed household furnishings
- Utilities and security deposit amounts and when they are due
- Moving costs
- Housing modifications that may be needed
- Target date for moving

Depending on the participant’s preference of qualified residence, TCs assist participants to gather and organize documentation needed to complete rental applications, including:

- State issued ID (must be current)
- Birth Certificate
- Social Security card
- Proof of Income (e.g. bank statements, SSI/SSD award letter)

When searching for subsidized housing and/or submitting applications for rental assistance programs, assist participants with the following:

- Obtaining and reviewing credit reports, correcting incomplete and inaccurate information
- Finding assistance to pay past unpaid utility bills
- Obtaining and reviewing criminal history/background reports
- Obtaining and organizing documents needed to complete rent-controlled and subsidized housing applications
- Obtaining utility information and connecting utilities

Familiarize yourself with local and regional housing availability based on the following broad category types:

- Affordable rental housing
- Low-income Housing Tax Credit (LIHTC)/private rental housing
- Non-subsidized affordable housing (by county)
- Affordable housing for older adults (HUD 202)
- Subsidized housing (HUD 811)
- Public housing through Public Housing Authorities (PHAs)
- Roommate/Housemate matching assistance programs
- Personal Care Homes, Assisted Living Facilities and Community Living Arrangements (Host Homes) that meet qualified resident guidelines

Familiarize yourself with the following terms used in housing searches:

- **Area Median Income (AMI)**-refers to the middle or midpoint income for a particular area. The term is used to estimate the "average" income for a particular area.
- **Affordable Housing**-is a vague term generally defined as housing where the occupant pays no more than 30% of gross income for total housing costs, including utilities.
- **Public Housing**-is housing that a Public Housing Authority operates. A criminal background check is required in all Public Housing buildings.
- **Public Housing Agency (PHA)**-is a public agency created by state or local government to finance or operate low-income housing.
- **Housing Choice Vouchers (formerly Section 8)**-is a federally funded rent subsidy program for low income persons. Local public housing authorities (PHA) receive funds from HUD to administer the Housing Choice Program. PHAs determine eligibility for the program and the amount of the rental assistance. The renter is required to pay 30% of her/his adjusted income for rent. If the PHA determines that the renter/family is eligible, it will issue a rental voucher or certificate. The renter is responsible for finding a suitable rental unit. The rental unit must meet minimum standards for health and safety, as determined by the PHA.
- **Based On Income (BOI)**-means that rent will be (in most cases) 30% of adjusted gross monthly income.
- **Single Room Occupancy (SRO)**-is a building in which tenants occupy single private spaces, but share cooking facilities and/or bathrooms. Generally known as a boarding house, this type of housing does not meet MFP qualified residence requirement.

### **Environmental Scans and Housing Issues**

Using environmental scans, describe the environmental barriers that participants may encounter and what strategies can be used to remove identified barriers. In most cases, the amount of personal supports services (PSS) the participant will need can be reduced by increasing the accessibility of the environment (removing barriers to access), increasing the independent living skills of the participant, and by using appropriate assistive technology. If cognitive challenges are present, describe how the participant will be supported/assisted in activities. As appropriate, provide a description of the following, based on choice of residence:

- Mobility device(s) used
- entering and leaving the residence (ramp or a zero-step entrance)
- climbing/descending interior stairs (railings and grab bars, etc)
- moving around inside the residence (wider doorways, etc)
- using the bathroom (toileting, bathing/shower benches, large-grip grooming tools, roll-in shower, grab bars, ADA toilet, hand-held shower, etc.)
- using the bedroom (lower shelves and clothing racks, Hoyer lift for transfers, etc.)
- using the kitchen (knee space under sinks, lower cabinets, large grip cooking utensils, food prep, eating, etc.)
- using the laundry facilities (washer/dryer)
- control ambient conditions (doors, windows, lights, AC/Heat, telephone, TV, reachers, large-button phones, environmental control systems, etc.)
- who will evaluate accessibility; who will obtain bids for environmental modifications

If the participant is entering an apartment and/or submitting applications for housing assistance, the following are described:

- who will obtain credit reports to review
- who will investigate and how will past unpaid utility bills be paid
- who will obtain a criminal history/background
- what documents will be needed to complete housing applications
- who will obtain utility information and connect utilities
- the rationale for improving health, welfare, safety and independence using MFP services, waiver services, State Plan and community services

### **Qualified Residence On-site Assessment**

Using environmental scans to assist participants to review housing on site. An environmental scan is used to evaluate the dwelling. The assessment includes a review of how the participant will:

- get around the neighborhood during the day and after dark, access transportation and services, use sidewalks, lights and crosswalks, etc.
- enter and leave the residence, and presence of ramp or need for a ramp or zero-step entrance
- climb/descend interior stairs and presence of railings and grab bars, etc
- move around inside the residence and presence of/need for wider doorways, hallways, etc
- use the bathroom facilities including toilet, tub/shower, sinks, storage, etc and needed modifications,
- use the bedroom and presence of/need for lower shelves and clothing racks, etc.
- use the kitchen and the presence of/need for knee space under sinks, lower cabinets, access to appliances,
- use the laundry facilities and access to the washer/dryer, etc.
- control ambient conditions (doors, windows, lights, AC/Heat, telephone, TV, etc.
- furniture available/needed
- pet/service animal accommodations
- will the participant live independently or share housing
- will rental assistance be needed, who will investigate
- what needs to be done about utilities deposits, when and by whom
- what needs to be done about security deposits, when and by whom
- what needs to be done about home modifications, when and by whom
- who will handle change of address information
- who will provide keys to care providers

### **Further Guidance on Apartment Complex Application Fees**

Some apartment complexes charge a fee to complete an application for a rental unit. If the participant has resources to pay these application fees, then field personnel should expect the participant to do so. This will help the participant focus on apartment complexes that meet pre-

defined criteria (affordability, accessibility, distance from services/family etc) and at the same time help the participant gain experience managing finances/budgeting. If the participant cannot pay these fees out-of-pocket, then these fees can be covered using funds in the Security Deposits service category. If the security deposit needed to secure the unit depletes all the funds available in that service category, then funds from the Transition Support service category may be used to pay application fees. This service is intended to support transition only and expenses will be authorized on a case-by-case basis by MFP Project Director. Field personnel verify that the MFP participant is being charged the same fee as everyone else who makes application to the complex. MFP participants with HCVs should not be paying more for application fees than anyone else seeking to rent a unit in the complex.

### **Further Guidance on Housing Discrimination**

MFP field personnel should report housing discrimination encountered during the housing search. The Fair Housing Act (Regulations at 24 CFR Part 100) prohibits discrimination based on race, color, religion, national origin, sex, familial status, and disability. The Fair Housing Act prohibits discrimination by any person or entity involved in housing or housing related transactions, including in the terms and conditions offered with respect to housing. This might include:

- Refusal to rent
- Refusal to provide reasonable accommodations
- Refusal to make or allow structural changes needed to enable use of housing
- Overbroad or illegal inquiries into disability, including the requirement that the person with a disability has the “ability to live independently”
- Refusal to allow unrelated persons to live in community (zoning issues)
- Imposition of different terms or conditions of housing
- Failure to construct accessible housing as required by federal laws

Fair Housing Act applies to housing whether private or publicly funded. This applies to a broad range of housing options including traditional apartments, single family homes, units for rent or sale, group homes, congregate living, assisted living facilities and personal care homes. Under the Fair Housing Act, MFP participants are qualified to receive reasonable accommodations, modifications and affirmative minimal accessibility. Examples of reasonable modifications include:

- Widening doorways to make rooms more accessible for persons using wheelchairs
- Installing grab bars in bathrooms
- Lowering kitchen cabinets to a height suitable for persons in wheelchairs
- Adding a ramp to make a primary entrance accessible for person in wheelchair; or altering a walkway to provide access to a public or common use area

Georgia Fair Housing Law requires that persons with disabilities be given reasonable accommodations in regard to rules, policies, practices or services. A tenant or applicant must request that the landlord make the accommodations and may be requested to provide a doctor's statement indicating that the accommodation is necessary. A disability is a physical or mental impairment which substantially limits one or more major life activities. This protected class

includes those who have a disability, have a history of having a disability, and those who are regarded as having a disability.

It is prohibited, as discriminatory, for a landlord to refuse to make reasonable accommodations in rules, policies, practices or services when such accommodations may be necessary to afford a person with a disability the equal opportunity to use and enjoy a dwelling. Examples of reasonable accommodations include a landlord's waiving of a no pet rule for a tenant who needs to use an animal assistant and reserving parking places close to accessible apartments for mobility impaired tenants.

Housing discrimination based on the participant's race, color, national origin, religion, sex, family status, or disability is illegal by federal law. If the participant has been trying to rent a home or apartment and field personnel or the participant believe that the participant's rights have been violated, field personnel assist participants to file a fair housing complaint. Field personnel contact DCH MFP office to inform office staff of the Fair Housing Act complaint. There are several ways to file a complaint:

Follow the link to the HUD site and complete and submit the complaint form online at <http://www.hud.gov/complaints/housediscrim.cfm>, or print out and complete the complaint form, and mail it to:

Office of Fair Housing and Equal Opportunity  
Department of Housing and Urban Development  
Room 5204  
451 Seventh St. SW  
Washington, DC 20410-2000

Complaints can be filed with the HUD office in Georgia:  
Atlanta Regional Office of FHEO  
U.S. Department of Housing and Urban Development  
Five Points Plaza  
40 Marietta Street, 16th Floor  
Atlanta, Georgia 30303-2806  
(404) 331-5140  
1-800-440-8091  
TTY (404) 730-2654

There are also private agencies which help investigate allegations and prepare complaints. Although this agency is located in the Atlanta area, it will provide advice to TCs and participants in other parts of the state:

Metro Fair Housing Services  
1083 Austin Avenue, NE  
P. O. Box 5467  
Atlanta, Georgia 30307  
(404) 221-0147  
(800) 441-8393

## **APPENDIX M2: Working With Older Adults and People with Disabilities**

On *the ITP*, describe the hearing, vision, personal mobility and dexterity needs and goals of the participant, and the impact of current functioning on activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Describe how field personnel, transition team, waiver case manager, other medical specialists (Audiologist, Speech Language Pathologist/therapist, seating and mobility clinic specialist, physical therapist, occupational therapist, etc.) and local DME and AT vendors will assist in obtaining information, doctor prescriptions and letters of medical necessity needed to obtain DME and assistive devices. Include a description of the needs of the participant, the request for MFP Transition Services and a rationale for why each service is needed.

### **For Participants with Hearing loss, describe:**

- the hearing loss in behavioral terms, how does it affect the participant's performance in ADLs and IADLs, is the loss temporary or permanent, mild, moderate or severe, onset
- the participant's use of residual hearing
- the benefits of amplification, auditory training, or speech reading (lip reading) for maintaining or improving independence
- for severe loss, hearing aid use, how and when the participant is using/not using the hearing aids
- electro-magnetic interference (EMI-high-pitched noises produced by telephones and other electronic household devices) that the participant with a hearing aid is experiencing and the need for hearing aid equipped with telecoil (T-Coil-allows the user to directly couple the hearing aid with compatible telephones and assistive listening devices and to reduce EMI)
- rationale for improved health, welfare, safety and independence through the use of hearing aids and/or other assistive listening devices (ALDs) obtained using MFP services funds, waiver funds, State Plans funds, community funds, etc.
- the process to assist the participant to schedule an appointment with an audiologist for hearing checkup

### **Assistive Technology for Hearing Loss**

Describe the assistive listening devices (ALDs) the participant with residual hearing might benefit from. Would the participant be able to use the telephone if the sound were amplified? Would s/he be able to participate in community events using a wireless amplification system (audioloop, FM, or infrared) to augment standard public address and audio systems by providing signals that can be received by special receivers or hearing aids? Would the participant benefit from devices that provide feedback in alternative ways? For example, would the participant's independence and safety be improved through the use of smoke detectors, doorbells, telephone ring signalers or alarm clocks that link audible feedback to visual signals and/or tactile feedback? Could the participant benefit from captioning for access to information via the TV?

For participants who are deaf or have experienced hearing loss, the importance of access and use of the telephone can't be overstated in improving and maintaining independence and safety in the community. Who will assist the participant to determine if s/he would benefit from the use of a

teletypewriter (TTY)? TTYs are used to communicate by text over regular telephone lines. Case managers, family and friends and those without TTYs can use Telecommunications Relay Services (TRS) to communicate with the TTY user. TRS allows participants with speech or hearing loss to communicate with family, friends, caregivers and anyone in the world using the telephone. Locally, the Georgia Telecommunications Equipment Distribution Program (GATEDP) provides a variety of specialized telecommunications equipment to qualified applicants who have difficulty using a standard phone. GATEDP staff offers assistance selecting telecommunications equipment and training on how to use it properly. Make a connection between the needs of the participant and the request for MFP Transition Services.

### **Working with Deaf Participants**

Deaf participants may or may not use sign language for communication. If the deaf participant uses sign language, the TC should conduct all meetings with the deaf participant using a qualified sign language interpreter. When the participant doesn't use sign language, the TC will need to cue the deaf participant about the topic of conversation during the ITP meeting. Describe how the deaf participant communicates (if without sign language). The TCs should encourage deaf participants to speak for themselves, even when friends, family and/or nursing facility staff may try to answer for the deaf participant.

### **Working with Participants with Visual Disabilities**

Describe:

- the visual disabilities in behavioral terms, how the vision loss affects ADLs, IADLs, use of corrective lenses/prescription eye glasses and the date they were last seen by a vision care specialist
- if blind, describe the training the participant has received in orientation and mobility, use of a Hoover Cane, and/or a dog guide
- access to print and other media, essential for independence
- how the participant wants to receive information--for participants with low vision, describe the mix of print and other media; for participants with vision, describe use of large print; for blind participants, describe Braille use and media other than print for access to information
- rationale for improved independence and safety through the use of adaptive/assistive devices obtained using MFP service funds, waiver funds, State Plans funds, community funds, etc.
- the process to assist the participant to schedule an appointment with a vision care specialist

### **Assistive Technology for Vision Loss**

The participant and nursing facility staff may be unaware of recording and text-to-speech computer applications (also known as screen readers) that use information technology to read digitally produced materials and content. Participants may be unaware that they can receive information on audiotape. Inquire as to the participant's knowledge and preferences.

In addition to access to media, participants may be unaware of other technology that may increase or help them maintain their independence. Variable intensity lamps are used for reading to cut down on glare. View scanners (known as CCTV), reading machines (that use optical character recognition to convert print to speech), Braille translators (that convert to Braille), and synthetic speech devices may be used to deliver information. The TC must determine if the

participant's independence will be maintained or improved through the use of devices with spoken outputs (talking watches, clocks and rulers) or products that use audible cues. Provide a rationale for the purchase of these AT devices using MFP services funding, waiver funds, State Plan funds, community or other funding resources.

### **Further Guidance on Working with Blind Participants**

Not all blind and visually impaired people read Braille. Since listening is reading for many people that are blind, describe how/who the participant relies on to read aloud to them. Make connections between the needs of the participant and the request for MFP services.

### **For Participant with Mobility and/or Dexterity Limitations**

Describe -

- the mobility and/or dexterity limitations in behavioral terms, how the limitations affects ADLs, IADLs
- the needs and goals for equipment and assistive devices for ADLs and IADLs, observe the participant using the equipment and describe whether it appears to work well or whether it appears to need to be improved
- current equipment and the condition, the devices/DME that the participant owns, the age of the equipment and how it was obtained
- rationale for improved health, welfare, independence and safety through the use of DME/adaptive/assistive devices obtained using MFP service funds, waiver funds, State Plans funds, community funds, etc.
- the process to assist the participant to schedule an appointment with a seating and mobility clinic/specialist

### **Further Guidance on Working with Participants with Mobility Limitations**

If the participant's equipment (wheelchair, cushion, cane, crutches, walker, scooter, etc.) appears to be worn out, work with the waiver case manager to determine eligibility for a new device. If the device is not being used, explain the non-use. Did the participant stop using the device because it didn't work well, didn't fit, etc? Ask the participant if there are other devices that s/he has used in the past that would help her/him be more independent. Do not assume that because of severity of disability, the participant will not be able to use a wheelchair or other mobility assistance device. If the participant is vent dependent, ask about the age and function of the equipment. If the participant uses oxygen, ask about the age and function of the equipment. Ask about portable oxygen equipment needed for travel. When was the equipment last checked by a respiratory therapist/technologist?

For wheelchair users, describe process used by the participant to prevent skin breakdown, including the condition of the seating cushions and bed mattress. Describe how the participant transfers (with/without assistance, sit-to-stand, lateral, etc.) and the type of transfer assistance is used/needed (transfer board, a Hoyer lift, etc.). If the participant is experiencing skin breakdown or discomfort, the TC works with the NF clinical staff to refer the participant to a seating and mobility clinic such as Shepherd Center, Emory Center for Rehabilitation Medicine, Warm Springs Rehabilitation Center and/or Children's Healthcare of Atlanta. At the specialty clinic, the participant must be evaluated by a Certified Complex Rehabilitation Specialist, a PT or OT who

is also an Assistive Technology Provider (ATP).

Because most nursing facilities do not have wheelchair accessible bathrooms in resident rooms, the TC investigates and describes the use of equipment that will be needed for bathing, bowel and bladder program and personal care.

### **Assistive Technology for Participants with Mobility and Dexterity Limitations**

Most disabilities result in more than one limitation. For example, some people with severe cerebral palsy have dexterity, mobility, cognitive and language/communication limitations. Aging often leads to reductions in vision, hearing, mobility and dexterity. TCs recognize that participant's function will vary and will be unique to the individual and will most likely be different from someone else with the same disability. Mobility limitations may affect the participants balance, coordination, sensation, and movement of head, hands, body, legs and/or feet. Participants with mobility limitations have reduced ability or control in turning, bending, or balance; slowness with walking; difficulty in kneeling, sitting down, rising, standing, walking, and /or climbing stairs or ladders. On the other hand, participants with dexterity limitations may have reduced ability to lift, reach or carry objects. Dexterity limitations affect the participant's ability to manipulate objects and/or use arms, hands, or fingers.

### **Further Guidance on Environmental Control Systems**

(ECS) are systems that control household appliances, TV, radio, thermostats. ECS can be used to lock/unlock doors, open doors and close doors. Using ECS, participants with mobility and dexterity limitations can control these and other household devices using simple switches (toggles, remote controls, wheelchair joysticks, sip-n-puff switches, voice controlled switches, etc.). Low-cost ECS systems (X-10 modules and controllers) are available from Radio Shack and Lowes. High-tech ECS can be sourced using [www.assistivetech.net](http://www.assistivetech.net) and [www.abledata.com](http://www.abledata.com). ECS are important because they can often reduce the amount of personal supports services (PSS) needed by the participant, thus reducing the overall costs to support the participant in the community. Additional sources of funding for ECS include loans for home renovations. As appropriate, TCs provide rationale/justifications for ECS purchase using MFP Equipment and Supplies funding, wavier funding, State Plan, community or other funding resources.

### **Further Guidance on the use of Personal Computers by Participants**

MFP participants may be able to use **personal computers** for many things that will help them maintain or increase their health, welfare, safety and independence. Participants with dexterity limitations and severe physical disabilities can use many devices to adapt computer to their needs. With computer access and training in computer software, participants have access to environments, to goods and services, to work and to other people. TCs recognize that participants may use computers for augmentative communication, correspondence, calculating, searching, sorting and storing important information, purchasing goods and services, creating music, art and multimedia, to engage in vocational pursuits, and to control environments using ECS. For example, participants might create and manage a household budget, manage their personal supports services (PSS), print checks, pay bills and do their banking online. Workplace trends indicate that most new jobs created today require knowledge and skills in the use of personal computers and productivity software. Participant's vocational pursuits may be enhanced by learning to use computer productivity software, input adjustment utilities and alternative

input/output devices. As appropriate, TCs provide rationale/justifications for personal computer and computer access software and adaptive input/output device purchases using MFP Equipment and Supplies funding, waiver funding, State Plan, community or other funding resources.

In addition to MFP and waiver services funding for the purchase of these items, there are additional community resources for obtaining personal computers and adaptive computer software and devices. Contact the Georgia Tools for Life, Assistive Technology Resources Centers (ATRCs) at <http://www.gatfl.org/>. These state-wide agencies maintain a bank of AT equipment for short-term loans to assist participants to ‘try out’ an assistive/adaptive device for fit and utility. Assessment and training services are also available. For participants with acquired brain injuries and/or spinal cord injuries, contract the Brain and Spinal Injury Trust Fund at [www.bsitf.state.ga.us](http://www.bsitf.state.ga.us).

### **Working with Participants with Cognitive Limitations/Challenges**

Generally, cognitive challenges or limitations involve difficulty with one or more basic functions of the brain: perception (listening, reading), expression (speaking, writing), memory and processing skills. MFP participants with cognitive challenges may have diagnoses including Traumatic Brain Injury (TBI), Acquired Brain Injury (ABI), stroke, dementia and/or learning disability (LD). Field personnel identify how the participant will perform ADL and IADL tasks in relation to the environment and the tools/compensatory strategies used to accomplish/participant in the following:

- bathing, dressing, personal care, feeding, bowel and bladder program and transfers
- telephone use, shopping, food preparation, housekeeping, laundry, transportation use
- community access, medication management, money management
- reading, writing, listening, speaking, time management and remembering tasks
- how will these tasks be managed during the transition period
- how will they be managed post-transition

The presence of cognitive challenges will impact independence. During the completion of the SEP, a discussion of these tasks with the participant is necessary in order to **assess needs**, **identify barriers** and **compensatory strategies** (including assistive technology and assistance). In most cases, the amount of personal supports services (PSS) the participant will need can be reduced by increasing the accessibility of the environment (removing barriers to access), increasing the independent living skills of the participant, and by using appropriate assistive technology. The information that results from this review is captured in the *ITP*.

### **Assistive Devices and Compensatory Strategies for Participants with Cognitive Challenges**

To assess the participant’s needs in context, plan a shopping trip. Much can be learned about money management by accompanying the participant on a shopping outing to locate and price household items needed for resettlement. To assist with money management, assess whether the participant will benefit from online banking, direct deposit and/or the use of a talking calculator. Assess whether paid support will be necessary. Assess the need for assistance with medication management. Will the participant benefit from a personal medication management system?

Would the participant benefit from a note taker/electronic organizer to receive auditory

reminders about appointments, record messages, etc? For participants with time management and prompting needs, consider whether the participant will benefit from timers and/or devices designed to cue or prompt with instructions and aid in time management. For participants who get disoriented, get lost or have difficulty remaining in one place, consider the use of tracking and signaling devices. For assistance with writing, assess whether the participant will benefit from word prediction and word completing software and/or the use of a talking word processor. Additional information on assistive devices that may assist participants with cognitive challenges and communication, vision, hearing and/or mobility challenges is covered in this section.

### **Working with Participants with Speech/Language/Communication Challenges**

If the participant has used an AAC device in the past, but currently doesn't have the device, stop the process of transition planning and assist the participant to gain access to an AAC device (funding is available through Medicaid). Once the participant has access to AAC, transition planning can continue. AAC devices are examples of auxiliary aids, and services, and are considered reasonable accommodations that are required by the Americans with Disabilities Act (ADA). Describe:

- the communication needs and goals of the participant in behavioral terms,
- the methods used to communicate (verbal, non-verbal, uses gestures, communication board, Augmentative & Alternative Communication device (AAC), assistive telephone technology, TTY, etc.); any specific signals a person may give to communicate (ex. "whine" means doesn't feel well; "hand to head" means headache, etc.)
- the use of any AAC devices used now and in the past
- goals for improved health, welfare, personal communication, independence and safety
- rationale for use of AAC, adaptive/assistive devices obtained using MFP service funds, waiver funds, State Plans funds, community funds, etc.
- scheduled appointment with a Certified Complex Rehabilitation Specialist (CCRS)/Speech/Language Pathologist/Therapist for a communication evaluation for AAC/Assistive Technology

### **Further Guidance on Working with Participants using AAC Devices**

If the participant has used an AAC device in the past, but currently doesn't have the device, stop the process of transition planning and assist the participant to schedule an appointment with a Certified Complex Rehabilitation Specialist/Speech/Language Therapist, knowledgeable in AAC devices. Once the participant has access to an AAC device (funding is available through Medicaid), transition planning can continue. AAC devices are examples of auxiliary aids, and services, and are considered reasonable accommodations that are required by the Americans with Disabilities Act (ADA). With assistance from a specialist, obtain and testing lower-cost AAC devices available for short-term trial (loaners) from Georgia Tools for Life/Assistive Technology Resource Centers (ATRCs). If the participant also uses a power wheelchair, facilitate the communication between the CCRS/SLP and the seating specialist to ensure that the AAC device is mounted appropriately on the powerchair. The benefits for increasing the participant's independence through the use of environmental control systems can't be overstated. Identify the connections between participant needs service availability.

### **APPENDIX M3: MFP Participants and Personal Support Services**

The amount of PSS can be reduced by increasing the accessibility of the environment and applying appropriate assistive technology. To understand how much PSS the participant may need, based on the choice of living arrangements, have the participant complete a two-day log of inpatient facility staff assistance in the inpatient facility. If the participant is able, ask her/him to note the time and the service provided by nursing facility staff over the consecutive weekdays. Note the time it took to complete each service. This time study will help the participant get a good general idea of the amount of PSS the participant may need. Use the results of the time study to describe:

- The amount and frequency of assistance in ADLs (eating, toileting, grooming, dressing, bathing, and transfers, etc.)
- The amount and frequency of assistance in IADLs (shopping and food prep, managing finances, household chores, using the phone, participating in community events, etc.)
- assistive technology devices needed for ADLs and IADLs
- who will assist the participant with information needed to make informed choices of assistive technology devices
- amount of time sleeping each day and nightly sleep patterns
- training and supports necessary for the participant to direct PSS

Many MFP participants have not used Personal Support Services (PSS) and may need guidance and training in learning how to manage PSS staff. Section 603.5, Trial Visits – Personal Support Services is designed to provide an opportunity for the participant to acquire this skill. Use Trial Visits – PSS to arrange for a pre-transition visit to the community to provide the participant with the opportunity to learn how to manage PSS staff. Life Skills Coaching (see 603.13) and Caregiver Outreach and Education (603.15) can also be used by participants and volunteer caregivers to help them learn to manage PSS.

### **APPENDIX M4: Working With the Circle-of-Support**

Although each participant's goals are the primary driver for everything the circle does, the relationships that are formed are not just one way. Circle members will all have different knowledge and interests and through synergy, many new opportunities and possibilities previously unknown to the participant, can be considered. An important function of the circle is to regularly re-visit the person-centered plans that are created, to keep the direction current in terms of what the person really wishes to achieve. A circle properly facilitated is empowering to all of the individuals involved.

### **APPENDIX M5: Discharge Day/Moving Day and Follow-up Activities**

#### **Changes to the Participant's Social Security Check**

For participants receiving Social Security Disability (SSDI) or Social Security Retirement checks, these checks come to the participant or their designee, and the participant pays the inpatient facility for services. Discharge on the 1<sup>st</sup> day of the month is the best option for participants receiving SSDI and Social Security Retirement checks, because the participant does

not incur charges from the nursing home and can instead use the funds to cover rent, utilities, food and other living expenses.

The process is different for participants receiving Supplemental Security Income (SSI). Checks to these participants have been stopped completely, and the checks are going directly to the nursing facility to pay for facility services. A face-to-face visit with the local Social Security Administration (SSA) office is required to reverse the check from the inpatient facility back to the participant. When the participant leaves the inpatient facility, s/he must bring discharge paperwork to the meeting with SSA as proof of discharge. MFP field personnel accompany the participant to the SSA office on the day of discharge. The SSA representative completes necessary paperwork to stop the check from going to the inpatient facility and redirects it to the participant. In other words, the SSI check will come to the participant and not the inpatient facility. This reversal process can take 6 to 8 weeks to occur. Once the participant receives her/his SSI check, it will be retroactive to the discharge date. Participants with SSI must be aware that they will be without funds until this process is completed by SSA. MFP transition services should be used to assist the participant with necessary household goods and supplies during this period. Discharge on the last day of the month or first day of next month is best option for these participants.

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#### **Review of Individualized Transition Plans and Identifying Additional Service Needs**

A review of the Individualized Transition Plan (ITP) is completed during the first 30 days after discharge to the community. This review is a continuation of pre-discharge transition planning and field personnel are required to complete it with assistance from the transition team. For more information on completing initial ITP, see Chapter 601.9. It may be difficult to identify all services and support necessary pre-discharge, so a review of the ITP is required to address the unique nature of each participant's goals, needs, barriers and living situation.

Using a scheduled meeting of the circle-of- support/transition team post-discharge, MFP field personnel assist the team to review the goals, barriers/needs and plans for achieving the goal as listed in the ITP, questions 4 – 15 (plus legal issues). Field personnel facilitate a discussion using the guide below to identify if goals in the ITP are relevant, realistic and achievable along with the progress that has/has not been made toward the goal. The team may want to update the goals in the ITP and discuss the services and supports that are in place. Field personnel and participants determine if additional services and support are needed (see Appendix M – 6). Field personnel assist participants to make action plans (must answer - what, why, when, how and who) and take the steps necessary to obtain additional services and/or locate additional support needed to achieve revised ITP goals. Together, field personnel and participants review the following areas of the ITP:

- **Q4. Review of Housing Goals**
  - Appropriate to the participant's needs
  - Have modifications been completed and are the working properly
  - Are additional modifications needed to assist the participant to live more independently

- Is the rent being paid, or have rental assistance or subsidies been obtained, are the payment working as expected
- If there is a roommate, how is this working out
- Are additional household furnishings or household good and supplies needed
- **Q5. Review of Personal Goals/Desired Outcomes**
  - Has the short-term goal been realized
  - What is the next short-term or long-range goal, action plans, tasks, responsibilities
  - What barriers to community participation need to be addressed
  - Has the independent living skills training been completed, what other training is needed
  - Has the Quality of Life survey been schedule/completed
  - What has been achieved as a result of peer support, what else needs to be achieved
  - Are there supports and services that the participant needs but is not receiving at this time
- **Q6. Review of Healthcare, Health and Nutrition Goals**
  - Are medications/dosages current, are they self-administrated, what assistance is needed, have these issues been worked out
  - Does the participant have a pharmacy and are current prescriptions set up for refill at the designated pharmacy, with appropriate Medicaid and Medicare/private insurance information
  - Has the Primary Care Physician been established, have follow-up appointments with the PCP and specialists been completed
  - Are special diet/restrictions in place and is the participant getting adequate nutrition
  - Are there supports and services that are needed, but not being receiving at this time
  - Are there mental health needs and/or substance abuse needs that should be addressed
  - Does the participant acknowledge these needs and does she/he want assistance
  - How would the participant prefer to have these needs addressed
- **Q7. Review of Sensory/Communication Goals:**
  - Have appointments been made with vision care specialists, have hearing aids been checked, have dental appointments been made,
  - Is speech/language therapy needed to reach personal communication goals
- **Q8. Review of 24/7 Emergency Backup Plan**
  - Have risks to health, welfare and safety been identified
  - Has the individualized contingency plan for emergency back-up for each identified risk been put in place and is it operating effectively
  - Are plans for equipment failures, transportation failures, natural disasters, power outages and interruptions in routine care in place and have they been tested
  - Has the participant made contact with all persons who are included in the

participant's backup contacts (Primary Care Provider, DME vendor, pharmacy, home health agency, waiver case manager, agency providing personal support services (PSS), backup provided by circle-of-friends, etc.)

- **Q9. Review of Affective/Social/Recreation/Community Participation**
  - What social and recreational activities or hobbies are being engaged in, are there other social/recreational activities that are of interest, is the participation routine and integrated
  - What supports and/or assistive devices are needed for participation in social, faith and recreational activities, are there other assistive devices that would facilitate communication/social/recreational and community event participation
  - If the participant has so chosen, is she/he involved in a religion of choice, has she/he been supported in reintegrating into religious services of choice
  - Have celebrations been planned for the participant's birthday, holidays and/or special occasions (i.e. 1<sup>st</sup> anniversary of move out date)
  
- **Q10. Review of Household and Personal Care Goals**
  - If the participant has PSS, how is it working, are the hours of assistance sufficient
  - Can the participant provide adequate direction to her/his PSS staff
  - Does the participant need additional information on how to effectively manage PSS
  - What progress has been made in achieving independence in ADLs and IADLs
  - What independent living skills has the person attained and what additional training is needed, from whom and how will Life Skills Coaching be obtained
  
- **Q11. Review of Assistive Technology and/or Durable Medical Equipment Goals**
  - Is durable medical equipment (DME) needed to maintain and/or improve current functioning, health, welfare and safety of the participant, including transfers/lifting/positioning (shift positions in bed, pressure relief in wheelchair, etc.)
  - Are assistive technology (AT) devices needed to maintain and/or improve current function in ADLs and IADLs, control of environments and AT needed to improve or maintain health, welfare and safety and can they be obtained using Equipment (EQS) and/or Specialized Medical Supplies (SMS)
  - Have DME and assistive technology devices been procured and are they working, have users and support staff been trained in their use (shower transfer bench/chair, wheelchairs, commodes, beds, Hoyer lifts, etc.)
  - Are other supports needed to assist in the job search and/or employment setting, including assistive devices for computer access and communication, adapted workstations, ergonomic tools, training (pre-employment, job search, etc.)
  
- **Q12 Review Community Access and Transportation Goals**
  - Is accessible public and/or private transportation available locally
  - Is use being made of available options, including para-transit and non-emergency medical transportation (NET), has certification for para-transit and NET been completed

- Is training needed on how to use available options, has a travel trainer been identified for Life Skills Coaching
  - Have travel vouchers been investigated/obtained
  - Have vehicle adaptations been completed
  - Is there additional needs that have been identified
  - If transportation is needed for employment, has vocational rehabilitation been contacted for assistance/additional resources
- **Q13. Review of Vocational/Employment Goals**
    - Does the participant want to volunteer or work
    - Does the participant want to be employed, full-time or part-time
    - Does the individual have a job, if not, what efforts are being undertaken to refer the participant using Supported Employment Evaluation (SEE) service
    - What can be done to assist the participant to find employment, including providing information on community employment providers, vocational rehabilitation services, job clubs, one-stop career centers, etc.
    - Are other supports needed to assist in the job search and/or employment setting, including assistive devices for computer access and communication, adapted workstations, ergonomic tools, training (pre-employment, job search, etc.)
  - **Q15. Review of Financial Issues**
    - Has a budget been developed and are all expenses being tracked, are discussions and problem solving occurring on a regular basis to ensure that financial issues are adequately addressed
    - Has the budget for PSS being carefully watched and managed
    - If the participant is self-directing PSS, how is this working, is there a need for additional assistance and/or training to perform these tasks
  - **Review of Legal Issues**
    - Have any legal issues been resolved, if not what needs to be done to resolve these
    - Is assistance needed to resolve them form legal aid

#### **APPENDIX M6: Further Guidance on Requests for Additional MFP Services**

The following scenario is presented to help clarify the use of the *Authorization MFP Transition Services* (see Appendix R) and the *Request for Additional MFP Transition Services* (see Appendix X). Field personnel facilitate Joe Participant's ITP meeting and the team determines that he needs furniture, household goods, and a wheelchair ramp, as he is moving back home to live with relatives. These items are included in the ITP, along with the rationale for them. Field personnel then submit an authorization form to FI and DCH MFP authorizing the estimated amounts for each of these categories of needed MFP services. At this point, furniture and household goods can be purchased close to the discharge date, and quotes can be obtained for building the ramp (the *Quote Form for MFP Transition Services* will also be sent to DCH MFP and the FI once quotes are obtained). After discharge, the FI is billed using the *Vendor Import File* for the authorized items and includes appropriate documentation (receipts for furniture and household goods, invoice/receipt and *Vendor Payment Request* from the vendor selected to build the ramp). The FI pays the contractor for building the ramp.

Several days after transitioning home, before the completion of the *ITP*, Joe Participant falls while taking a shower and injures himself. After talking with Joe and his relatives, MFP field personnel convenes the transition team and they determine that Joe needs to have grab bars installed in his shower to make it safer. Field personnel update the *ITP* and the *Request for Additional MFP Transition Services* (see Appendix X). These are submitted to DCH MFP. Another authorization form is completed authorizing additional funds for Environmental Modification for the grab bars (assuming funds are available within the maximum budget of \$25,000), and the “revision” box is checked on the *Authorization for MFP Transition Services* and sent to the FI and DCH MFP.

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**APPENDIX N: Transportation Resources**

**Medicaid Non-Emergency Transportation (NET) program**

NET provides transportation through a NET Broker system. Five NET regions have been established in the State—North, Atlanta, Central, East and Southwest. The Department has contracted with a Broker in each of the five NET regions to administer and provide non-emergency transportation for eligible Medicaid members. The Brokers are reimbursed a monthly capitation rate for each Medicaid member residing within their region.

Medicaid members who need access to medical care or services covered by Medicaid and have no other means of transportation must contact the Broker servicing their county to arrange for appropriate transportation. Non-emergency transportation is provided only in the absence of other transportation. Each Broker is required to maintain toll free telephone access for transportation scheduling services Monday thru Friday from 7:00 a.m. to 6:00 p.m. Effective January 1, 2007, contracts for the Non-Emergency Transportation Services Broker program were awarded to LogistiCare, Inc. and Southeastrans, Inc. The contact information and coverage area, for each broker, are listed in the table below:

<b>Region</b>	<b>Broker / Phone number</b>	<b>Counties served</b>
North	Southeastrans Toll free 1-866-388-9844 Local 678-510-4555	Banks, Barrow, Bartow, Catoosa, Chattooga, Cherokee, Clarke, Cobb, Dade, Dawson, Douglas, Elbert, Fannin, Floyd, Forsyth, Franklin, Gilmer, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Hart, Jackson, Lumpkin, Madison, Morgan, Murray, Newton, Oglethorpe, Oconee, Paulding, Pickens, Polk, Rabun, Rockdale, Stephens, Towns, Union, Walker, Walton, White, Whitfield
Atlanta	Southeastrans 404-209-4000	Fulton, DeKalb
Central	LogistiCare Reservations: 1-888-224-7981 Where’s my ride? 1-866-429-4061 <a href="https://memberinfo.logisticare.com">https://memberinfo.logisticare.com</a>	Baldwin, Bibb, Bleckley, Butts, Carroll, Clayton, Coweta, Crawford, Dodge, Fayette, Hancock, Heard, Henry, Houston, Jasper, Johnson, Jones, Lamar, Laurens, Meriwether, Monroe, Montgomery, Peach, Pike, Pulaski, Putnam, Spalding, Telfair, Treutlen, Troup, Twiggs, Upson, Washington, Wheeler, Wilcox, Wilkinson
East	LogistiCare Reservations: 1-888-224-7988 Where’s my ride? 1-866-213-6853	Appling, Atkinson, Bacon, Brantley, Bryan, Burke, Bulloch, Camden, Candler, Charlton, Chatham, Clinch, Coffee, Columbia, Effingham, Emanuel, Evans,

	<a href="https://memberinfo.logisticare.com">https://memberinfo.logisticare.com</a>	Glascoek, Glynn, Jeff Davis, Jefferson, Jenkins, Liberty, Lincoln, Long, McDuffie, McIntosh, Pierce, Richmond, Screven, Taliaferro, Tattall, Toombs, Ware, Warren, Wayne, Wilkes
Southwest	LogistiCare Reservations: 1-888-224-7985 Where's my ride? 1-877-972-5461 <a href="https://memberinfo.logisticare.com">https://memberinfo.logisticare.com</a>	Baker, Ben Hill, Berrien, Brooks, Calhoun, Chattahoochee, Clay, Colquitt, Cook, Crisp, Decatur, Dooly, Dougherty, Early, Echols, Grady, Harris, Irwin, Lanier, Lee, Lowndes, Macon, Marion, Miller, Mitchell, Muscogee, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Talbot, Taylor, Terrell, Thomas, Tift, Turner, Webster, Worth

## Other Transportation Resources

**MFP Transportation (Transition Service)** This service assists participants with gaining access to community services and resources required during the pre-transition period and is provided when transportation is not otherwise available. **How It Works:** This service does not replace Medicaid Non-Emergency Transportation or ambulance services. Transportation funds can be used for making trial visits to the community, viewing apartments and personal care homes to find a suitable, qualified residence, obtaining needed documents such as personal identification, and for going home on the date of discharge. **Rate:** Based on need. One unit = one-way or round trip, ends on day 365 of the participant's MFP period of participation.

**Public Transportation:** [http://www.grta.org/commuter\\_options/home.htm](http://www.grta.org/commuter_options/home.htm)

**Para-transit:** Paratransit services may be available in the participant's current or chosen country of residence. Check for paratransit services by county of residence

**Own vehicle** Specially designed transportation aids are available to meet transportation needs. These include van lifts and ramps for wheelchairs and scooters and/or driving controls that can be installed in SUVs, vans, pickups and cars. If the participant or participant's family own a vehicle, MFP funds can be used to adapt the vehicle for the participant's use. The Vehicle Adaptation service provides funding to assist participants to pay for vehicle adaptation to a vehicle that is privately owned by the participant or their family.

**How It Works:** The TC assists the participant to obtain three quotes for the needed adaptations. Vehicle adaptations include the installation of driving controls (when applicable), a lift or ramp for wheelchair or scooter access, wheelchair tie-downs and occupant restraints, special seats or other modifications that are needed to provide for the safe access into and out of and operation of the vehicle. This service does not cover repairs to the vehicle or to the adaptations once they are installed and operational. **Rate:** Based on need. Ends on day 365 of the participant's period of participation. Three quotes must be obtained for all vehicle adaptations. Refer to Section 605.6 for instructions on completing the quote form. Additionally, if the owner of the vehicle is not the participant, a notarized letter giving the owner's permission for the adaptations must be obtained.

**Dial-A-Ride Transportation for Seniors (DARTS):** check for this in county of residence

**Rural 5311 transportation providers** Rural communities with 50,000 residents may have

access to DOT 5311 transit providers. Some 5311 transit providers have vans with lifts. Contact local County Commissioner's offices for more information.

**Transportation from family, friends, volunteers, church members, etc**

**Georgia Department of Vocational Rehabilitation:** <http://www.vocrehabga.org/>

**Community based agencies with low-cost transportation options (FODAC, etc.):**  
<http://www.fodac.org/>

APPENDIX O: Individualized Transition Plan



MFP INDIVIDUALIZED TRANSITION PLAN (ITP)

Participant FName: \_\_\_\_\_ MI \_\_\_\_\_ LName: \_\_\_\_\_

Individualized Transition Plan (ITP)

1. MFP PARTICIPANT INFORMATION

Participant First Name: \_\_\_\_\_ MI: \_\_ Last Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Medicaid ID # \_\_\_\_\_ Medicare # \_\_\_\_\_

Inpatient Facility Name and Address: \_\_\_\_\_

City, Zip and County: \_\_\_\_\_

This is an (check only one):  Initial ITP -OR-  Updated ITP Date: \_\_\_\_\_

2. IMPORTANT PLANNING DATES

Projected Discharge/Move-out Date: \_\_\_\_\_ Actual Discharge/Move-out Date: \_\_\_\_\_

3. Waiver Name (if known) \_\_\_\_\_

Waiver Case Manager/Care Coordinator Name \_\_\_\_\_

CM/CC Phone \_\_\_\_\_ Email \_\_\_\_\_

4. HOUSING CHOICE/LIVING ARRANGEMENTS

Check if participant will live with family. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Check if participant has someone that she/he wants to live with.

Name \_\_\_\_\_

Contact Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Check the housing choice expressed by the participant/family. Is housing choice needed?

Check Housing Choice	Participant / Family Has? Y/N	Participant / Family Needs? Y/N
<input type="checkbox"/> 01- Home owned by participant		
<input type="checkbox"/> 02- Home owned by family member		
<input type="checkbox"/> 03- Apt/house leased by participant, not assisted living		
<input type="checkbox"/> 04- Apartment leased by participant, assisted living		
<input type="checkbox"/> 05- Group home of no more than 4 people/ PCH		

(Continue narrative on back or add additional pages as needed)

Note to field personnel: All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed ITPs to DCH MFP via FTP.



## MFP INDIVIDUALIZED TRANSITION PLAN (ITP)

**Participant FName:** \_\_\_\_\_ **MI** \_\_\_\_\_ **LName:** \_\_\_\_\_

**Note:** If “Participant/Family Needs” is marked “Y”, describe problem/issue, strategies for resolving, and tasks that must to be done to secure choice:

\_\_\_\_\_

Discuss and complete the following:

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Justification for MFP Services (Include in Part A): \_\_\_\_\_

\_\_\_\_\_

### 5. PERSONAL GOALS/ DESIRED COMMUNITY OUTCOMES

Personal Goals/ Desired Community Outcomes	Barriers to Achieving Goals/Needs	Plan/Resources for Barrier Removal

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Justification for MFP Services (Include in Part A): \_\_\_\_\_

\_\_\_\_\_

### 6. HEALTH AND NUTRITION GOALS:

List Health Related Needs	Who can help? What resources are available to help?	Health Improvement Goal

(Continue narrative on back or add additional pages as needed)

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## MFP INDIVIDUALIZED TRANSITION PLAN (ITP)

**Participant FName:** \_\_\_\_\_ **MI** \_\_\_\_\_ **LName:** \_\_\_\_\_

Ex: Rx med supply, specialized medical supplies, skin care/wounds, bowel/bladder program, etc.

List Nutrition Related Needs	Who can help? What resources are available to help?	Nutrition Improvement Goal

Ex: diet and restrictions, food preferences, preparation strategies, food supplies, etc.

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Justification for MFP Services (Include in Part A): \_\_\_\_\_

### 7. SENSORY/COMMUNICATION GOALS

Includes – vision, hearing, dental, mobility, speech/language and general communication goals.

Sensory/Communication Goals	Barriers to Achieving Goals/Needs	Plan/Resources for Barrier Removal

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Justification for MFP Services (Include in Part A): \_\_\_\_\_

(Continue narrative on back or add additional pages as needed)

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## MFP INDIVIDUALIZED TRANSITION PLAN (ITP)

Participant FName: \_\_\_\_\_ MI \_\_\_\_\_ LName: \_\_\_\_\_

### 8. 24/7 EMERGENCY BACKUP PLANS:

List Risks to Health/Safety	Describe Plan to Address Risk	Emergency Backup Plan

Ex: natural disasters, power outages, PSS doesn't show up, equipment failures, falls/injuries, etc.

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Justification for MFP Services (Include in Part A): \_\_\_\_\_

### 9. SOCIAL/RECREATIONAL GOALS

Activity Goals	Barriers/Needs	Plan

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Justification for MFP Services (Include in Part A): \_\_\_\_\_

(Continue narrative on back or add additional pages as needed)

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## MFP INDIVIDUALIZED TRANSITION PLAN (ITP)

Participant FName: \_\_\_\_\_ MI \_\_\_\_\_ LName: \_\_\_\_\_

### 10. HOUSEHOLD/PERSONAL CARE GOALS (from Screening-Q36/DON-R)

Goals	Barriers/Needs	Plan

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Justification for MFP Services (Include in Part A): \_\_\_\_\_

### 11. ASSISTIVE TECHNOLOGY (AT) AND/OR DURABLE MEDICAL EQUIPMENT (DME) USE AND NEEDS (from Screening, use Q34 and Q35)

Assistive Tech/DME Needs	Who can help/Resources?	Plan (who does what)

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Justification for MFP Services (Include in Part A): \_\_\_\_\_

(Continue narrative on back or add additional pages as needed)

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## MFP INDIVIDUALIZED TRANSITION PLAN (ITP)

Participant FName: \_\_\_\_\_ MI \_\_\_\_\_ LName: \_\_\_\_\_

### 12. COMMUNITY ACCESS/TRANSPORTATION GOALS

Goals	Barriers/Needs	Plan

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Justification for MFP Services (Include in Part A): \_\_\_\_\_

\_\_\_\_\_

### 13. EMPLOYMENT GOALS – supported, customized, competitive and/or self-employment or volunteer/work without pay (complete if applicable)

Goals	Barriers/Needs	Plan

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Justification for MFP Services (Include in Part A): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Continue narrative on back or add additional pages as needed)

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## MFP INDIVIDUALIZED TRANSITION PLAN (ITP)

Participant FName: \_\_\_\_\_ MI \_\_\_\_\_ LName: \_\_\_\_\_

### 14. OTHER ISSUES (Unique to Participant and Necessary for Transition)

Goal/Issue	Barriers/Needs	Plan/Resource

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Needed MFP Service: \_\_\_\_\_ ; Budgeted Amount \_\_\_\_\_

Justification for MFP Services (Include in Part A): \_\_\_\_\_

### 15. INCOME and RESOURCES – Create a budget for community living

Budget Categories	Monthly Amounts/Costs	Notes
Monthly Income (all sources)		
Housing (rent, utilities) costs		
Food costs		
Debts		
Medical, health care, prescription drugs costs		
Personal items, movies, entertainment costs, etc.		
Transportation costs		
Other		
Other		
Other		

(Continue narrative on back or add additional pages as needed)

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## MFP INDIVIDUALIZED TRANSITION PLAN (ITP)

**Participant FName:** \_\_\_\_\_ **MI** \_\_\_\_\_ **LName:** \_\_\_\_\_

**PART B: WAIVER and OTHER SERVICES:**

Use the table below to list the generic types of waiver services that will be needed by the participant/recommended by the team.

<b>GENERIC WAIVER and/or OTHER SERVICE</b> <small>(i.e. Personal Support Services)</small>	<b>RATIONALE</b> <small>(describe how service will work with MFP services to support participant in the community)</small>

**TRANSITION PLAN ASSIGNMENTS:**

Assignment	Person Responsible	Projected Date of Completion	Actual Date of Completion

**Recommended Assignments: Who will assist with the following -**

- Conduct Housing Searches; Arrange Environmental Modifications/Home Inspections
- Arrange Community Transportation Services/Travel Training
- Resolve Legal Issues
- Arrange Peer Support/Independent Living Skills Training/Life Skills Coaching
- Arrange Counseling/Behavioral Health Needs
- Schedule Home Care Ombudsman Visits; Arrange Caregiver Outreach and Training
- Locate Community Pharmacy for Refills of Rx Medications
- Locate Primary Care Physician/Clinic; Schedule Medical/Dental/Specialist Appointments
- Complete Waiver Enrollment; Select Case Mgt/Care Coordinator, Service Providers
- Complete Quality of Life Survey
- Referrals for Durable Medical Equipment and Assistive Technology

(Continue narrative on back or add additional pages as needed)

**Note to field personnel:** All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed ITPs to DCH MFP via **FTP**.



## APPENDIX P: Startup Household Goods and Supplies Worksheet

Appendix P: Startup Household Goods and Supplies Worksheet

ITEMS	OWNS/FAMILY	DOLLAR GENERAL	WALMART	DOLLAR TREE	BIG LOTS	TARGET
<b>Kitchen</b>						
Dishes						
Silverware						
Kitchen Knives						
Glasses						
Cups						
Tea Pitcher						
Tupperware						
Pots/Pans						
Cookie Sheet						
Cooking Utensils						
Can Opener						
Measuring Cups						
Salt/Pepper Shakers						
Pot Holders/Mitt						
Kitchen Trash Can						
Kitchen Towels						
Dish Cloths						
Dish Drainer						
Ice Trays						
<b>Cleaning</b>						
Paper Towels						
Laundry Detergent						
Round Laundry Basket						
Bleach						
All Purpose Cleaner						
Pine Cleaner						
Glass Cleaner						
Dish Liquid						
Glade Spray						
Lysol						
Broom						
Mop						
Mop Bucket						
Dust Pan						

MFP\_Household\_Goods\_Supplies\_Worksheet

**Appendix P: Startup Household Goods and Supplies Worksheet**

ITEMS	OWNS/FAMILY	DOLLAR GENERAL	WALMART	DOLLAR TREE	BIG LOTS	TARGET
Dust Cloths						
Toilet Brush						
Trash Bags						
Light Bulbs						
<b>Bedroom</b>						
Blanket						
Sheet Set						
Pillow						
Alarm Clock						
Toilet Tissue						
Tissues						
<b>Bathroom</b>						
Bath Towels						
Hand Towels						
Wash Cloths						
Shower Curtain						
Shower Hooks						
Small Trash Can						
<b>Toiletries</b>						
Shampoo						
Soap						
Lotion						
Toothpaste						
Mouthwash						
Razors						
Hand Soap (Pump)						
<b>Other</b>						
Speaker Phone/big #						
Coasters						

Grand Total: All Stores  
(Cheapest Prices)

MFP\_Household\_Goods\_Supplies\_Worksheet

APPENDIX QA: Waiver Determinations and Recommendations Deskaid, Page 1



## Recommending a Waiver for Transition



	CCSP	SOURCE	ICWP	NOW/COMP
 <b>Participant Profile</b>	<ul style="list-style-type: none"> <li>Elderly or has disability (no age limit) and who meets an intermediate nursing home level of care</li> </ul>	<ul style="list-style-type: none"> <li>Elderly or has disability (no age limit) and who meets an intermediate nursing home level of care</li> <li>Must be receiving SSI or Public Law Medicaid</li> </ul>	<ul style="list-style-type: none"> <li>More severe physical disability or traumatic brain injury (TBI), aged 21 to 64, meets skilled nursing facility or hospital level of care</li> <li>Generally younger and desires to live independently</li> </ul>	<ul style="list-style-type: none"> <li>Developmental disability before age 21, such as intellectual disability and/or a closely related condition and who meets ICF/ID institutional level of care</li> </ul>

This document was developed under grant CFD 93.779 from the US Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS). Money Follows the Person is a demonstration grant (Award #1LICMS030163) funded by CMS in partnership with the Georgia Department of Community Health. However, these contents do not necessarily represent the policy of the US Department of Health and Human Services, and you should not assume endorsement by the federal government.

[dch.georgia.gov/mfp](http://dch.georgia.gov/mfp) - Waiver\_Determn\_Recommend\_Deskaid\_rev\_09\_2013

APPENDIX QA: Waiver Determinations and Recommendations Deskaid, Page 2




## Waiver Application Referral Contacts

Application Steps	Referral for CCSP contact...	Referral for SOURCE contact...	Referral for ICWP contact...	Referral for NOW/COMP contact...
<b>1. Initial Telephone Screening</b>	Aging & Disability Resource Connection (ADRC)	SOURCE Case Management Agency	Georgia Medical Care Foundation (GMCF) – ask for ICWP Team	DBHDD Regional Office – face-to-face screening based on completed application
<b>2. Face-to-Face Assessment</b>	CCSP Care Coordination Agency	SOURCE Case Management Agency	GMCF – ask for ICWP Assessment Team	DBHDD Regional Office
<b>3. Level of Care (LOC) Determination</b>	CCSP Care Coordination Agency	GMCF – SOURCE Case Management Agency gathers information	GMCF – ask for ICWP Assessment Team	DBHDD Regional Office
<b>4. LOC Form Name</b>	Appendix E/5588	Appendix F	DMA – 6	DMA – 6
<b>Obtain form from</b>	CCSP Care Coordination Agency	SOURCE Case Management Agency	Nursing Facility Social Worker, Discharge Planner or DON	DBHDD Regional Office
<b>5. Case Management</b>	CCSP Care Coordination Agency	SOURCE Case Management Agency	ICWP Case Management Agency	DBHDD Regional Office

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[dch.georgia.gov/mfp](http://dch.georgia.gov/mfp) - Waiver\_Determn\_Recommend\_Deskaid\_rev\_09\_2013

APPENDIX QB: MFP Transition Services and Rates Table Deskaid – Page 1

 <b>MFP Pre-Transition Services and Rate Table</b> Revised 01-15-13 				
Pre-Transition Service	MFP Service Code	Rate	Description (for full description, see MFP PPM Chapter 603)	Maximum Cost per Service
Peer Community Support	PES	1 unit = one hour contact, billable in quarter-hour increments, at \$50 per unit/hour; a maximum of 40 units/hours, for a total not to exceed \$2,000, ends on day 365 of the demonstration period. Rate includes all costs associated with delivery of service.	This service provides for face-to-face visits before, during and after transition, from a qualified and, where available, a certified peer supporter for the purpose of discussing transition experiences, problem solving and building connections to individuals and associations in the community. A case note is required to document each contact.	\$2,000
Trial Visit-Personal Support Services (PCH/CRA)	PSS	1 unit of personal support = the current rate provided by the appropriate wavier. 1 unit of residential services = 1 day at \$65 per day. In NOW/COMP, 1 unit of CLSS/CRA = 1 day at \$156, not to exceed \$1044 per member, ends on day 365 of the MFP demonstration period.	This service provides a brief period of personal support services or residential services during a trial visit to the community before transitioning. The purpose of this service is to give the participant an opportunity to manage and direct Personal Support Services (PSS) staff; interact with staff in the personal care home or community residential alternative and/or assist the owner/vendor to identify, develop and improve the PSS staff skills necessary to accommodate the needs of the participant. On a case-by-case basis, this service can be used post-transition by a participant whose PSS services are arranged but delayed.	\$1,044
Household Furnishing	HHF	Limited to \$1,500 per participant – ends on day 365 of the MFP demonstration period.	This service provides assistance to participants requiring basic household furnishings to help them transition back into the community. This service provides initial set-up assistance in a qualified residence.	\$1,500
Household Goods and Supplies	HGS	Limited to a maximum of \$750 per participant, to be used during the 365-day demonstration period. \$200 of the \$750 can be used for a one-time purchase of groceries.	This service provides assistance to participants requiring basic household goods (see Appendix P). This service is intended to help the participant with the initial set-up of their qualified residence.	\$750
Moving Expenses	MVE	Limited to a maximum of \$850 per participant – to be used during the 365-day demonstration period.	This service may include rental of a moving van/truck and staff or the use of a moving or delivery service to move a participant's goods to a qualified residence. Although this service is intended as a one-time set-up service to help establish a qualified residence, under certain circumstances it may be used throughout the 365-day demonstration period.	\$850
Utility Deposits	UTD	Limited to \$500 per participant – ends on day 365 of the MFP demonstration period.	This service is used to assist participants with required utility deposits for a qualified residence. On a case-by-case basis, this service can be used to pay past-due utility bills to re-connect utilities to a qualified residence.	\$500
Security Deposits	SCD	Limited to \$1,000 per participant – ends on day 365 of the MFP demonstration period.	This service is used to assist participants with housing application fees and required security deposits for a qualified residence.	\$1,000
Transition Support	TSS	Limited to \$600 per participant – ends on day 365 of the demonstration period.	This service provides assistance to help participants with unique transition expenses (obtaining documentation, accessing paid roommate-match services, etc.). This service provides funding for needs that are unique to each participant but necessary for a successful transition.	\$600
Transportation	TRN	1 unit = a one-way trip. Service is designed to cover the cost of multiple one-way or round trips totaling no more than \$500, can be used pre- and post-transition, ends on day 365 of the demonstration period.	This service assists participants with transportation needed to gain access to community services and resources (i.e., housing). This service is used when other forms of transportation are not otherwise available. This service does not replace the Medicaid non-emergency transportation (for medical appointments) or emergency ambulance services.	\$500
Life Skills Coaching	LSC	1 unit = one half-hour of contact training/coaching or group/individual training activities, billable at \$25 per half-hour, to a maximum of 60 units or 30 hours training/coaching, limited to \$1,500 per participant, ends on day 365 of the demonstration period. Rate includes all costs associated with the delivery of service.	This service provides for life skills coaching and independent living skills training. Participants must be assisted to: 1) complete an individualized training needs assessment (ITNA), 2) complete up to 30 hours of customized training focused on skill development, led by a qualified trainer/coach 3) participate in individual and group activities designed to reinforce skill development, and 4) evaluate the impact of the training. This service requires structured, instructor-led, customized training/coaching based on the results of the ITNA. The trainer/coach documents training/coaching with a case note and reports the results of the evaluation.	\$1,500
MFP service procedures are based on authorized and approved services as specified in the participant's transition service plan.			<b>Maximum Pre-Transition Services Not to Exceed</b>	<b>\$10,244</b>

[dch.georgia.gov/mfp](http://dch.georgia.gov/mfp) - TransitionServices\_Rates\_Table\_Deskaid\_rev\_09\_2013

APPENDIX QB: MFP Transition Services and Rates Table Deskaid – Page 2

		<h2 style="text-align: center;">MFP Post-Transition Services and Rate Table</h2> <h3 style="text-align: center;">Revised 01-15-13</h3>				
Post - Transition Service	MFP Service Code	Rate	Description (for full description, see MFP PPM Chapter 603)	Maximum Cost per Service		
<b>Skilled Out-of-Home Respite</b>	SOR	1 unit = \$134.17 per day, limited to 14 units or \$1,878.38 per member – ends on day 365 of the MFP demonstration period.	This service provides a brief period of support or relief for caregivers or family members caring for an elderly or disabled individual. This service will pay for up to 14 days during the MFP 365 day demonstration. The respite is done at a Georgia qualified nursing facility or community respite provider approved through a Georgia waiver program. On a case-by-case basis, this service can be used by a participant who is waiting for environmental modifications to be completed to their qualified residence.	\$1,880		
<b>Caregiver Outreach &amp; Education</b>	COE	1 unit = one half-hour of contact caregiver training, billable at \$25 per half-hour, to a maximum of 40 units or 20 hours, delivered by a qualified caregiver specialist, limited to \$1,000 per participant, ends on day 365 of the demonstration period. Rate includes all costs associated with delivery of service.	This service provides outreach, information, referral and education to caregivers who support MFP participants. This service includes 1) an assessment that identifies sources of a caregiver's stress, 2) consultation and education with a qualified, trained caregiver specialist to develop a Caregiver Support Plan with strategies to reduce caregiver stress and 3) assistance to identify and obtain local services and resources to meet the caregiver's needs. The qualified caregiver specialist documents activities with case notes. This service is not provided to educate paid caregivers.	\$1,000		
<b>Home Care Ombudsman</b>	HCO	1 unit = one hour contact at \$150 per hour, billable in quarter-hour increments at \$37.50, limited to \$1,800 per participant, ends on day 365 of the demonstration period. Rate includes costs associated with delivery of service.	This service provides regular monthly contacts made by a qualified home care ombudsman, for review of a transitioned participant's health, welfare and safety, advocacy for participants to respond to and resolve complaints related to MFP, and waiver services and how these services are provided. Service is limited to participants who transition into a qualified residence (see Appendix A for details). Three face-to-face (F2F) contacts are required, the first F2F contact must be completed within 30 days of discharge, additional monthly contracts (F2F or phone contacts) can be arranged as needed. A case note is required to document each contact.	\$1,800		
<b>Equipment, Vision, Dental and Hearing Services</b>	HGS	Limited to \$4,000 per participant – ends on day 365 of the MFP demonstration period.	This service provides equipment, vision, dental, hearing aids and related services and certain types of assistive technology and services that are not otherwise covered by Medicaid. Items and services obtained must be justified in the Pre-/Post-ITP/ISP and be necessary to enable participants to interact more independently and/or reduce dependence on physical supports and enhance quality of life. Covers normal and customary charges associated with one vision examination and one pair of basic prescription glasses. Covers normal and customary charges for one dental examination and cleaning and/or dental work necessary to maintain or improve independence, health, welfare and safety. Covers normal and customary charges for hearing aids and related services. Two quotes are required for purchase of a single piece of equipment costing \$1000 or more.	\$4,000		
<b>Specialized Medical Supplies</b>	SMS	Two quotes are required for the single purchase of specialized medical supplies costing \$1000 or more. Limited to \$1,000 per participant – ends on day 365 of the MFP demonstration period.	Service includes various specialized medical supplies that enable MFP participants to maintain or improve independence, health, welfare and safety and reduce dependence on the physical support needed from others. The service includes incontinence items, food supplements, special clothing, bed-wetting protective chucks, diabetic supplies and other supplies that are identified in the approved Pre-/Post-ITP/ISP and that are not otherwise covered by Medicaid. Ancillary supplies necessary for the proper functioning of approved supplies are also included in this service.	\$1,000		
<b>Vehicle Adaptations</b>	VAD	Two quotes are required for adaptations costing \$1000 or more. Price of the lowest quote, limited to \$6,240 per member – ends on day 365 of the MFP demonstration period.	This service enables individuals to interact more independently, enhancing their quality of life and reducing their dependence. Limited to participant's or the family's privately owned vehicle and includes such things as driving controls, mobility device carry racks, lifts, vehicle ramps, wheelchair tie-downs and occupant restraint systems, special seats and other interior modifications for access into and out of the vehicle as well as to improve safety while moving.	\$6,240		
<b>Environmental Modification</b>	EMD	Price of the lowest quote, limited to \$8,000 per member – ends on day 365 of the MFP demonstration period.	This service provides assistance to participants requiring physical adaptations to a qualified residence, including qualified residences under the Housing Choice Voucher or Other Housing Subsidy program or a community home on a case-by-case basis. This service covers basic modifications needed by a participant to ensure health, welfare and safety and/or to improve independence in Activities of Daily Living (ADL). Two scope/bids are required, three scope/bids are recommended. Total scope/bids of \$2,500 or more, require building permits. The MFP Home Inspection Service must be completed prior to beginning the environmental modifications and after modifications are completed to ensure participant health, welfare and safety, and quality work.	\$8,000		
<b>Home Inspection</b>	HIS	1 unit = one inspection with relevant report from a qualified inspector, billable at \$250, limited to \$1,000, ends on day 365 of the MFP demonstration period.	This service provides for homebuilding inspections, required before and after MFP Environmental Modifications (MFP-EMD) are undertaken. This service is used to identify and report on needed structural repairs to a qualified residence and to identify and make recommendations for appropriate and cost-effective environmental modifications before they are started. This service also provides for post-inspections after modifications are complete, to ensure quality work and compliance with relevant building codes and standards. The inspector providing the service must not be affiliated with the contractors providing environmental modifications.	\$1,000		
<b>Supported Employment Evaluation</b>	SEE	1 unit = one complete Vocational Discovery Process with Vocational Profile and referrals to a minimum of three community resources, limited to \$1,500 per participant, ends on day 365 of the demonstration period.	This service provides assistance to participants seeking career planning and supportive, customized and/or competitive employment. Participants engage in a guided/facilitated Vocational Discovery Process. Based on the Discovery Process, a Vocational Profile is completed. The Vocational Profile identifies a path to employment. These services may be procured from a qualified vocational/employment service provider. The provider is required to assist the participant to make connections to a minimum of three unique community resources necessary to support choices for supportive, customized and/or competitive employment.	\$1,500		
<b>MFP service procedures are based on authorized and approved services as specified in the participant's transition service plan.</b>			<b>Maximum Post-Transition Services Not to Exceed</b>	<b>\$26,420</b>		

[dch.georgia.gov/mfp](http://dch.georgia.gov/mfp) - TransitionServices\_Rates\_Table\_Deskaid\_rev\_09\_2013

APPENDIX QC: Benefits and Services for Participants Deskaid – Page 1

 <b>Benefits and Services for MFP Participants by Waiver</b> 		
Elderly/Disabled Waivers (CCSP/SOURCE)	Independent Care Waiver Program (ICWP)	New Options Waiver (NOW) and Comprehensive Waiver (COMP)
<ul style="list-style-type: none"> <li>• Adult Day Health</li> <li>• Alternative Living Services</li> <li>• Emergency Response Services</li> <li>• Enhanced Case Management</li> <li>• Financial Management Services for Consumer Directed PSS</li> <li>• Home-Delivered Meals</li> <li>• Home-Delivered Services</li> <li>• Out-of-Home Respite Services</li> <li>• Personal Support Services (PSS)/ (PSSX)/ Consumer Directed Services</li> <li>• Skilled Nursing Services</li> <li>• Home Health Services</li> </ul> 	<ul style="list-style-type: none"> <li>• Adult Day Care</li> <li>• Behavior Management</li> <li>• Case Management</li> <li>• Consumer-Directed PSS</li> <li>• Counseling</li> <li>• Enhanced Case Management</li> <li>• Environmental Modification</li> <li>• Financial Management Services for Consumer Directed PSS</li> <li>• Personal Emergency Monitoring</li> <li>• Personal Emergency Response</li> <li>• Personal Emergency Response Installation</li> <li>• Personal Support Services</li> <li>• Respite Services</li> <li>• Skilled Nursing</li> <li>• Specialized Medical Equipment and Supplies</li> <li>• Vehicle Adaptation</li> <li>• Adult Living Services</li> <li>• Home Health Services</li> </ul>	<ul style="list-style-type: none"> <li>• Community Residential Alternative (COMP only)</li> <li>• Adult Occupational Therapy Services</li> <li>• Adult Physical Therapy Services</li> <li>• Adult Speech and Language Therapy Services</li> <li>• Behavioral Supports Consultation</li> <li>• Community Access</li> <li>• Community Guide</li> <li>• Community Living Support</li> <li>• Environmental Access Adaptation</li> <li>• Financial Support Services</li> <li>• Individual Directed Goods and Services</li> <li>• Natural Support Training</li> <li>• Prevocational Services</li> <li>• Respite Services</li> <li>• Specialized Medical Equipment</li> <li>• Specialized Medical Supplies</li> <li>• Support Coordination</li> <li>• Supported Employment</li> <li>• Transportation</li> <li>• Vehicle Adaptation</li> <li>• Home Health Services</li> </ul>
<p>This document was developed under grant CFD 93.779 from the US Department of Health and Human Services, Centers for Medicare &amp; Medicaid Services (CMS). Money Follows the Person is a demonstration grant (Award #1LICMS030163) funded by CMS in partnership with the Georgia Department of Community Health. However, these contents do not necessarily represent the policy of the US Department of Health and Human Services, and you should not assume endorsement by the federal government.</p>		

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## Services for MFP Participants



**Medicaid State Plan Services for MFP Participants**

Search for providers using <https://www.mmis.georgia.gov/portal/> or MFP Participants call: 1-866-211-0950

 <ul style="list-style-type: none"> <li>• Ambulance Services</li> <li>• Diagnostic, Screening and Preventive Services (County Health Departments)</li> <li>• Dialysis Services</li> <li>• Durable Medical Equipment Services</li> <li>• Family Planning Services</li> <li>• Health Check (Early and Periodic Screening, Diagnosis and Treatment)</li> </ul>	<ul style="list-style-type: none"> <li>• Health Insurance Premiums Paid for Medicare Part A, Part B and Part D</li> <li>• Home Health Services (nursing, home health aide, and occupational, physical and speech therapy)</li> <li>• Hospice Services</li> <li>• Inpatient and Outpatient Hospital Services</li> <li>• Laboratory and Radiological Services</li> <li>• Medicare Crossovers – Medicaid payment for certain services not paid by Medicare</li> <li>• Mental Health Clinic Services</li> <li>• Non-Emergency Transportation Services</li> </ul>	<ul style="list-style-type: none"> <li>• Oral Surgery</li> <li>• Orthotic and Prosthetic Services</li> <li>• Pharmacy Services</li> <li>• Physician Services (Primary Care, Specialists and Physician Assistant Services)</li> <li>• Podiatric Services</li> <li>• Psychological Services (Behavioral Health Services)</li> <li>• Rural Health Clinic/Community Health Center Services</li> <li>• Surgical Services</li> <li>• Vision Care Services</li> </ul>
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**Other Community Services For MFP Participants May Be Available Through...**

<ul style="list-style-type: none"> <li>• Adult Protective Services – call 1-866-55AGING (1-866-552-4464) – Press “2”</li> <li>• Older Americans Act (Title III) Services; Social Services Block Grant Services; and Community Services Block Grant – <a href="http://aging.dhs.georgia.gov/programs-and-services">http://aging.dhs.georgia.gov/programs-and-services</a></li> <li>• Dept. of Behavioral Health &amp; Developmental Disabilities (DBHDD) Regional Offices – <a href="http://dbhdd.georgia.gov/regions">http://dbhdd.georgia.gov/regions</a></li> </ul>	<ul style="list-style-type: none"> <li>• Area Agencies on Aging (AAAs) – <a href="http://aging.dhs.georgia.gov/local-area-agencies-aging-aaas">http://aging.dhs.georgia.gov/local-area-agencies-aging-aaas</a></li> <li>• Aging &amp; Disability Resource Connections (ADRCs) – <a href="http://www.georgiaadrc.com/">http://www.georgiaadrc.com/</a></li> <li>• Brain &amp; Spinal Injury Trust Fund Commission – <a href="http://www.ciclt.net/sn/cit/bsitf/default.aspx?ClientCode=bsitf">www.ciclt.net/sn/cit/bsitf/default.aspx?ClientCode=bsitf</a></li> </ul>	<ul style="list-style-type: none"> <li>• Centers for Independent Living (CILs) – <a href="http://www.silcga.org/resources/find-cil-locations-in-georgia">http://www.silcga.org/resources/find-cil-locations-in-georgia</a></li> <li>• Community Service Boards (CSBs) – <a href="http://www.gacsb.org/">http://www.gacsb.org/</a></li> <li>• Friends of Disabled Adults and Children – <a href="http://www.fodac.org/">www.fodac.org/</a></li> <li>• Goodwill Industries Inc. – <a href="http://locator.goodwill.org/">http://locator.goodwill.org/</a></li> </ul>
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# Housing Searches & Resources



MFP Housing Type	Searchable Resource	
Housing Choice Vouchers – Tenant Based	Decatur Housing Authority – Voucher Administrator – contact Kimberly Daly, (404) 270-2133, <a href="mailto:kda@decaturha.org">kda@decaturha.org</a>	<p><b>1 Network</b> – Discuss housing needs and available budget. Network! Network! Network! Assist participants to tell family, friends, neighbors, etc. that they are looking for housing. Find out if family members have housing that can be modified to meet the needs of the participant. Review listings in local community publications, newspapers, etc. Depending on the situation, discuss housemate and roommate situations. Has the participant considered renting with a roommate?</p> <p><b>2 Rental Housing</b> – Assist participants to use available search tools to search for rental housing; <a href="http://www.georgiahousingsearch.org">www.georgiahousingsearch.org</a> (this resource can be searched by telephone at 877-428-8844; it can assist with locating Low Income Tax Credit units by entering "\$0.00 in the lower rent range), use ADRC resource at <a href="http://www.georgiaservicesforseiors.org">www.georgiaservicesforseiors.org</a>, and search for affordable (non-subsidized) and subsidized housing Based on Income (BOI). Assist participants to locate housing authorities, identify themselves as "at risk for institutional placement," make application and get on waiting lists.</p> <p><b>3 Group Living Situations</b> – Depending on the situation, assist participants to consider group living situations. Assist participants to locate Assisted Living Facilities, qualified Personal Care Homes (PCHs), or Community Living Arrangements (CLAs).</p>
TBRA – Housing Voucher – Tenant Based	Department of Community Affairs – Voucher Administrator <a href="http://www.dca.ga.gov">www.dca.ga.gov</a> or contact: <a href="mailto:HOMETBRA@dca.ga.gov">HOMETBRA@dca.ga.gov</a> or call (404) 982-3581, TTD (404) 679-4915 TBRA <a href="http://www.dca.ga.gov/housing/SpecialNeeds/programs/tbra.asp">http://www.dca.ga.gov/housing/SpecialNeeds/programs/tbra.asp</a>	
HUD 811 Program – Project Based	Department of Community Affairs – Voucher Administrator, contact Pat Brown, at <a href="mailto:patrick.brown@dca.ga.gov">patrick.brown@dca.ga.gov</a> or <a href="http://www.dca.ga.gov">www.dca.ga.gov</a> for application information	
Public Housing & Other Resources	<a href="http://www.hud.gov/offices/pih/pha/contacts/states/ga.cfm">www.hud.gov/offices/pih/pha/contacts/states/ga.cfm</a> /Public Housing <a href="http://211online.unitedwayatlanta.org/search.aspx/Shelter/Housing">http://211online.unitedwayatlanta.org/search.aspx/Shelter/Housing</a> <a href="http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm?&amp;weblistAction=search&amp;searchstate=GA">http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm?&amp;weblistAction=search&amp;searchstate=GA</a>	
HUD Approved Housing Counseling		
Low-Income Housing Tax Credit (LIHTC)	<a href="http://lihtc.huduser.org">http://lihtc.huduser.org</a>	
Affordable (subsidized/ Based on Income)	<a href="http://www.hud.gov/offices/pih/pha/contacts/states/ga.cfm">http://www.hud.gov/offices/pih/pha/contacts/states/ga.cfm</a> <a href="http://www.hud.gov/apps/section8/step2.cfm?state=GA%2CGeorgia">http://www.hud.gov/apps/section8/step2.cfm?state=GA%2CGeorgia</a> <a href="http://rdmfhrentals.sc.egov.usda.gov/RDMFHRentals/select_state.jsp">http://rdmfhrentals.sc.egov.usda.gov/RDMFHRentals/select_state.jsp</a> <a href="http://www.nahma.apartmentsmart.com/">http://www.nahma.apartmentsmart.com/</a>	
Housemate Match Services	Marcus Jewish Center of Atlanta, 678-812-4000	
Affordable (non-subsidized/ Market-Rate)	<a href="http://www.forrent.com">www.forrent.com</a> <a href="http://www.lowincomeapartmentfinder.com">www.lowincomeapartmentfinder.com</a> <a href="http://www.affordablehousingonline.com">www.affordablehousingonline.com</a>	

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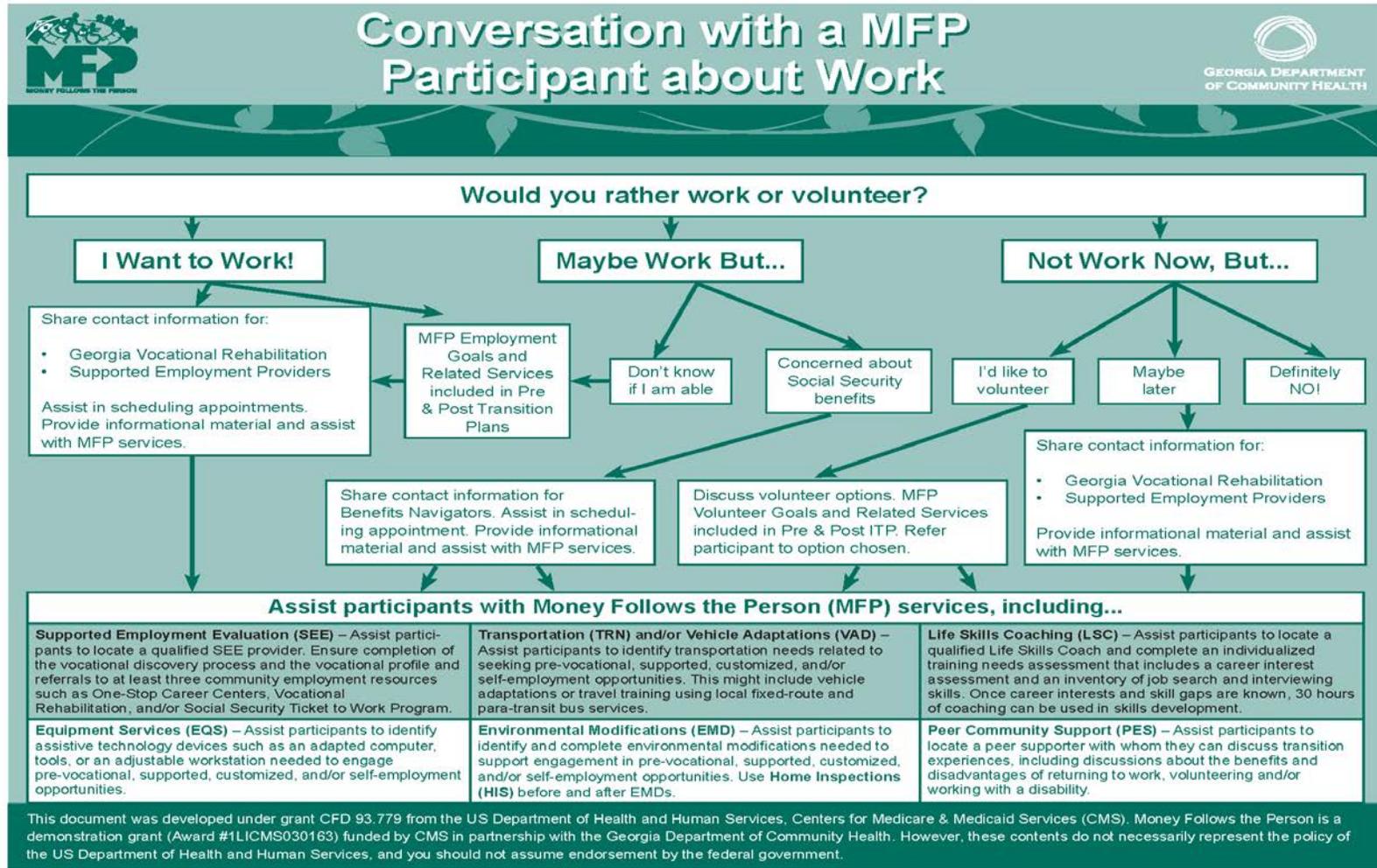
## Subsidized Housing Searches & Accessibility Reviews



Subsidized Housing Searches		Accessibility Reviews – Will the participant need assistance to:	
<p><b>What is needed to apply for subsidized housing?</b></p>	<ul style="list-style-type: none"> <li>• State ID or Passport</li> <li>• Birth Certificate or Proof of Citizenship</li> <li>• Verification of income</li> <li>• Some management companies may ask for additional information</li> </ul>	<p><input type="checkbox"/> Enter and leave the residence, using a ramp or zero-step entrance?</p>	<p><input type="checkbox"/> Climb/descend interior stairs, using railings and grab bars, etc.?</p>
<p><b>How is rent determined in subsidized housing?</b></p>	<p>A Public Housing Authority (PHA) using an awarded <b>Housing Choice Voucher (HCV)</b> calculates the maximum amount of housing assistance allowable. The maximum housing assistance is generally the lesser of the payment standard minus 30% of the family's monthly adjusted income or the gross rent for the unit minus 30% of monthly adjusted.</p> <p><b>Tax Credit Program</b> income limits are similar.</p> <p><b>Examples of deductions that can reduce rent:</b></p> <ul style="list-style-type: none"> <li>• Elderly or Disabled Deduction</li> <li>• Medical Expenses &amp; Disability Assistance Equipment Deduction</li> <li>• Child Care &amp; Dependent Expenses</li> </ul>	<p><input type="checkbox"/> Move around inside the residence, wheelchair access, needs wider doorways, hallways, etc.?</p>	<p><input type="checkbox"/> Use the bathroom facilities, tub/shower transfer bench/chair or roll-in shower, knee space under sinks, access to storage?</p>
<p><b>Know Your Rights</b></p> 	<p>Georgia Commission on Equal Opportunity <a href="http://qceo.state.ga.us/">http://qceo.state.ga.us/</a></p> <p>File a Fair Housing Complaint <a href="http://qceo.state.ga.us/to-file-a-complaint/">http://qceo.state.ga.us/to-file-a-complaint/</a></p> <p>Metro Fair Housing <a href="http://www.metrofairhousing.com/">http://www.metrofairhousing.com/</a></p>	<p><input type="checkbox"/> Use the bed/bedroom, transfers to/from the bed with lift, lowered shelves and clothing racks, dressing and grooming aids, etc.?</p>	<p><input type="checkbox"/> Use the laundry facilities, access to the washer/dryer?</p>
		<p><input type="checkbox"/> Clean and maintain the home, sweeping, dusting, mopping, etc.?</p>	<p><input type="checkbox"/> Control the environment (open/close doors, windows, turn lights on/off, control AC/Heat fans, control TV, etc., make/take phone calls, answer doorbell)?</p>
		<p><input type="checkbox"/> Get around the neighborhood during the day/after dark, use sidewalks, lights, crosswalks?</p>	

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APPENDIX QE: Employment, Work and Benefits Deskaid – Page 2



## How Employment May Impact MFP Participants' Social Security Benefits



	MFP Participants with SSI... SSI – Supplementary Security Income	MFP Participants with SSDI... SSDI – Social Security Disability Insurance
<b>Medical Coverage</b>	<b>Usually Medicaid</b>	<b>Medicare is Primary and Medicaid is Secondary</b>
<b>Effects of Earned Income on Cash Benefits</b>	<p style="text-align: center;"><b>Gradual Reduction in Relation to Earnings</b></p> <ul style="list-style-type: none"> <li>Monthly SSI cash benefit checks reduced in relation to earned income; as earnings increase, SSI decreases</li> <li>After the first \$85 of earned income, SSI check is reduced by \$1 for every \$2 earned</li> </ul>	<p style="text-align: center;"><b>All or Nothing</b></p> <p>Receive full monthly cash benefit checks for the first nine months of work regardless of earnings (called trial work period). If continuing earnings exceed the Substantial Gainful Activity (SGA) limit of \$1,040/mo. (\$1,740 for participants who are blind) then SSDI check stops after three more months. For the following three years, participant may be eligible to receive SSDI check if earnings are below SGA.</p>
<b>Effects of Earned Income on Medical Benefits and HCBS Waiver Services</b>	<ul style="list-style-type: none"> <li>Even if SSI cash benefits end, a participant may keep free Medicaid coverage until going over the "threshold limit" (in Georgia \$28,547 yr. for family of one)</li> <li>If free Medicaid coverage ends, participants can purchase coverage through the state's Medicaid Buy-In program. For information on the program, call 404-651-9982 or complete the application at <a href="http://www.gmwd.org">www.gmwd.org</a></li> <li>HCBS waiver services continue as long as full Medicaid coverage continues</li> </ul>	<ul style="list-style-type: none"> <li>After beginning work, Medicare coverage stays in effect for at least 7½ years</li> <li>If Medicare ends, participants may purchase Medicare coverage.</li> <li>HCBS waiver services continue as long as full Medicaid coverage continues</li> </ul>
<b>Examples of Work Incentives Available to Manage Benefits</b>	<ul style="list-style-type: none"> <li>Impairment Related Work Expense (IRWE)</li> <li>Plan for Achieving Self-Support (PASS)</li> <li>Property Essential to Self-Support (PESS)</li> <li>Student Earned Income Inclusion</li> <li>Blind Work Expenses</li> <li>Expedited Reinstatement (benefits quickly reinstated)</li> </ul>	<ul style="list-style-type: none"> <li>Trial Work Period</li> <li>Impairment Related Work Expense (IRWE)</li> <li>Expedited Reinstatement (benefits quickly reinstated if necessary)</li> </ul>
<b>Information and Resources</b>	<ul style="list-style-type: none"> <li>Participants should consult with experts on benefits issues to fully understand the impact of earnings on their benefits</li> <li>Benefits Navigation and Work Incentives Planning &amp; Assistance – <a href="https://gvra.georgia.gov/benefits">https://gvra.georgia.gov/benefits</a> and <a href="http://www.bpaoga.com">www.bpaoga.com</a></li> <li>Georgia One-Stop Career Centers; Find the center nearest you – <a href="http://wia.cybernetixs.com/">http://wia.cybernetixs.com/</a></li> <li>Georgia Vocational Rehabilitation – 404-232-7800; <a href="https://gvra.georgia.gov/vocational-rehabilitation-program">https://gvra.georgia.gov/vocational-rehabilitation-program</a></li> <li>Social Security Ticket to Work Call Center – 866-968-7842 / 866-833-2967 (TTY/TDD); <a href="http://www.choosework.net">www.choosework.net</a></li> <li>Georgia Medicaid Buy-In information at 404-651-9982 or <a href="http://www.gmwd.org">www.gmwd.org</a></li> </ul>	

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**APPENDIX QF: Workworks for Everyone: Employment Services and Support  
Orientation Manual**



**MONEY FOLLOWS THE PERSON**

Employment Services & Support:  
An Orientation Manual for Field Personnel

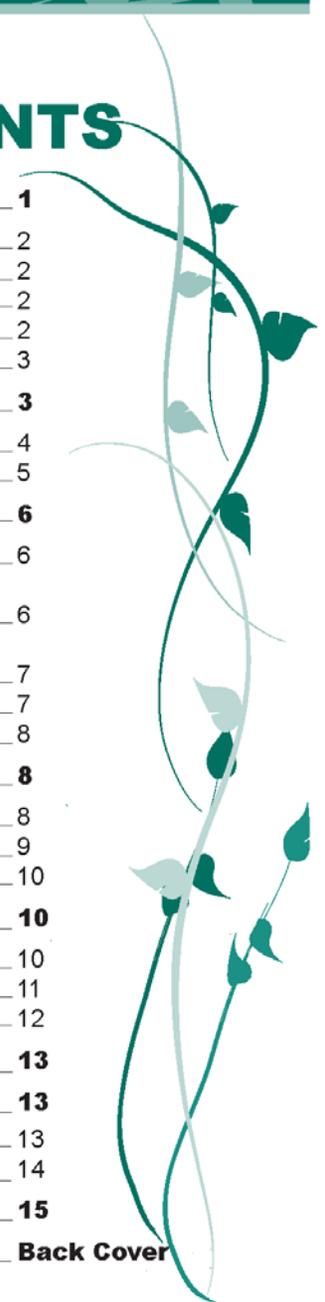
October 2013





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### INTRODUCTION

Older adults and people with disabilities have been “placed” in institutions sometimes against their will. A recent US Supreme Court decision (*Olmstead v LC*, 1999) requires an end to this practice. Money Follows the Person (MFP) is a rebalancing demonstration grant project funded by the federal Centers for Medicare & Medicaid Services (CMS) with the intent of shifting Medicaid long-term services and support (LTSS) from institutional care to Home and Community-Based Services (HCBS) in an effort to end unnecessary institutionalization of older adults and people with disabilities. The goals of MFP are to provide Medicaid-eligible participants comprehensive services and support using MFP services and HCBS waivers in settings of their choice; to increase use of HCBS waiver services; to encourage self-direction of personal support services; to increase the capacity of Georgia to provide HCBS; and, to eliminate barriers that prevent or restrict the flexible use of Medicaid funds. Along with community integration and independent living, there is a renewed focus on assisting participants with employment-related services and support to empower them to take responsibility for using all of their abilities to produce a life of quality for themselves and their families.

*This manual addresses one topic – employment as an option for participants served by MFP field personnel.*

Field personnel are responsible for providing information regarding how to access MFP employment-related services to prepare MFP participants for employment and/or pre-vocational\* and volunteer opportunities.

Throughout this manual, the phrase pre-vocational\* is set off by an asterisk. This is intentional and meant to bring attention to a very important consideration. For decades, people with disabilities have been told that they must be ready to work, implying that they required a great deal of upfront, intense services that focused on readiness, rather than natural supports, essential job matching and assistance with employer negotiations. While it's critical to think of the supports each person will need to be successful, the Centers for Medicare & Medicaid Services (CMS), along with advocates and policy makers across the country, have found that pre-vocational\* services should be focused, time-limited and aimed at finding a real job. For purposes of this manual, please refer to the CMS guidance text below whenever pre-vocational\* is referenced.

Pre-vocational\* services are not an end point, but a time-limited service for the purpose of helping someone obtain competitive employment. The full text of the Updates to the §1915 (c) Waiver Instructions and Technical Guide regarding employment and employment-related services can be found in the Technical Guide Version 3.6 (CMCS Informational Bulletin, Sept. 16, 2011; [http://www.ct.gov/dda/lib/dda/community/employment\\_informational\\_bulletin.pdf](http://www.ct.gov/dda/lib/dda/community/employment_informational_bulletin.pdf))



### EVERYONE CAN WORK!



*Aging and disability are universal human experiences. If you live long enough, you will experience them. Older adults and people with disabilities have a right to exercise citizenship, enjoy independence and be productive. (Conversations on Citizenship & Person-centered Work; edited by John O'Brien and Carol Blessing; 2011 Inclusion Press. [www.inclusion.com/bkccitizenship.html](http://www.inclusion.com/bkccitizenship.html)). Each MFP participant can work if he or she chooses to; MFP offers information and services related to this choice.*

### Benefits and Values of Work

Having a job or an occupation is an important determinant of self-esteem. It provides a vital link between the participant and society and enables people to exercise their citizenship, contribute to society and achieve personal fulfillment. To meet MFP eligibility criteria ([dch.georgia.gov/mfp](http://dch.georgia.gov/mfp)), most participants live just above or at the federal poverty level. Working may raise participant's income enough to help them create a new life in the community. While work is important for many reasons including financial gain, it may also help participants regain independence, maintain well-being, and develop feelings of dignity and worth.

The best place for learning work and other skills is the very environment in which the skill is required. If participants receive the services and support that assist them in learning skills on the job and in retaining jobs, they benefit from integration and inclusion rather than enduring segregation and exclusion. (Association of People Supporting EmploymentFirst, Establishing a National EmploymentFirst Agenda, October 2009, [www.apse.org/policy/positions.cfm](http://www.apse.org/policy/positions.cfm)).

### Positive Attitudes

*Attitudes that distort our relationships and interactions with older adults and people with disabilities are forms of prejudice that can become devastating for those to whom they are directed. Unsupportive attitudes lead to isolation and segregation of people and may hurt their pride and damage their confidence. Such attitudes may be more disabling than any result of aging or disability. These attitudes often reduce expectations of the participant's ability to perform at work, to socialize, and to live as independently as possible (Self-Advocates Becoming Empowered – SABE – Declaration of Self-Determination; November 1, 1997; [sabeusa.org/user\\_storage/File/sabeusa/Position%20State-ments/39\\_%20Self-Determination.pdf](http://sabeusa.org/user_storage/File/sabeusa/Position%20State-ments/39_%20Self-Determination.pdf)).*

### Positive Expectations

*When people are not treated fairly, there is no reason to expect them to behave normally. People do perform better when good performance is expected. Research has demonstrated the power of holding positive expectations of others. Positive expectations lead to the achievement of expected outcomes ([www.psychologytoday.com/blog/cutting-edge-leadership/200904/pygmalion-leadership-the-power-positive-expectations](http://www.psychologytoday.com/blog/cutting-edge-leadership/200904/pygmalion-leadership-the-power-positive-expectations)).*





To develop positive expectations concerning employment, follow five basic guidelines:

1. Focus and build on the participant's strengths, not weaknesses.
2. Express positive expectations about the participant's abilities.
3. Listen and pay attention to the participant.
4. Emphasize the participant's citizenship duties and responsibilities.
5. Have confidence in your own ability to help the participant solve problems. (Adele Patrick; Institute on Human Development and Disability, University of Georgia at Athens; 2012. [www.ihdd.uqa.edu/](http://www.ihdd.uqa.edu/))



### Words Matter

*Words reflect and influence attitudes and expectations. Language can play a significant role in creating and maintaining attitudinal barriers that are harmful to participants. Words indicate how we feel and think and they perpetuate belief systems. Your words and the manner in which you deliver them affect whether or not a participant feels respected.*

Older adults and people with disabilities are people first and our language should reflect that. "People-first" language is an objective way to acknowledge personal characteristics and to communicate and report about them ([www.peoplefirst.org/](http://www.peoplefirst.org/)). It is a respectful way of communicating and ends negative stereotypes while creating a climate in which a person can exercise his/her citizenship and make decisions about the future.

Using labels to describe a person identifies the person as the label. Saying a person has a disability rather than a person is disabled sounds like a subtle difference but the first reference suggests a person first who has a disability and the second suggests that the disability is who the person is. Finally, use the participant's name, when appropriate, and always refer to the participant rather than to a paper case or some other personal characteristic. (*Shaping Attitudes Through Person-First Language*; The University of Kansas Life Span Institute, Research and Training Center on Independent Living; Lawrence, KS. 1984. [www2.ku.edu/~lsi/news/featured/guidelines.shtml](http://www2.ku.edu/~lsi/news/featured/guidelines.shtml))



### MFP EMPLOYMENT-RELATED SERVICES AND SUPPORT

As soon as possible and appropriate in the pre-transition planning process, field personnel can begin to assess whether or not the participant wishes to work or engage in pre-vocational\* (e.g. training) or volunteer activities after transition into the community. Discuss the following MFP services with the participant and if the participant indicates interest, include justification for them in the Pre-ITP:

- **Life Skills Coaching (LSC)** – for development of pre-vocational\* activities and employment or volunteer-related tasks. Assist participants to locate a qualified Life Skills Coach and complete an individualized training needs assessment that includes a career interest assessment and an inventory of job search and interviewing skills. Once career interests and skill gaps are identified, 30 hours of coaching can be used in skills development.



- **Equipment, Vision, Dental and Hearing Services (EQS)** – includes equipment needed for pre-vocational\* activities, employment and/or volunteer activities, assistive technology, and services that are not otherwise covered by Medicaid such as an adjustable workstation, adapted computer, monitor, keyboard or mouse and/or tools needed for training, customized or self-employment.
- **Transportation (TRN) and/or Vehicle Adaptations (VAD)** – might include vehicle adaptations to a vehicle owned by the participant or family member or travel training using local fixed-route, para-transit bus service, dial-a-ride and/or other local transportation services. Assist participants to identify transportation needs and resources related to engaging in pre-vocational\* activities (e.g. training), employment or volunteering.
- **Supported Employment Evaluation (SEE)** – includes career planning services for employment, the Vocational Discovery Process and Vocational Profile and referrals to community employment resources.

In the post-transition planning process (e.g., the Post-ITP) after the participant has transitioned to the community, MFP field personnel complete (when applicable) Q10 Employment Goals within 30 days of transition. To complete Q10, field personnel facilitate a discussion of the participant's pre-vocational\* goals, employment and/or volunteer goals, identify barriers and needs and include a plan to achieve each goal. This plan includes specific references to MFP services and how they are used to achieve each goal.

In the event that MFP employment-related services were not included in the Pre-ITP, they must be included in the Post-ITP, *Part A: Request for Additional MFP Transition Services* with a statement of justification for each service. Field personnel complete *Part B: Other Services* when the participant is referred to pre-vocational\* activities, employment and/or volunteer resources in the community. Field personnel include any employment-related tasks for transition team members (circle of support) on the *Post-ITP-Discharge Transition Plan Assignments* page (<http://dch.georgia.gov/documents/mfp-forms>, see *MFP Pre- Post Individualized Transition Plan*).

### FACILITATING EMPLOYMENT-RELATED CHOICES



As you facilitate the discussion of employment-related choices, consider the following:

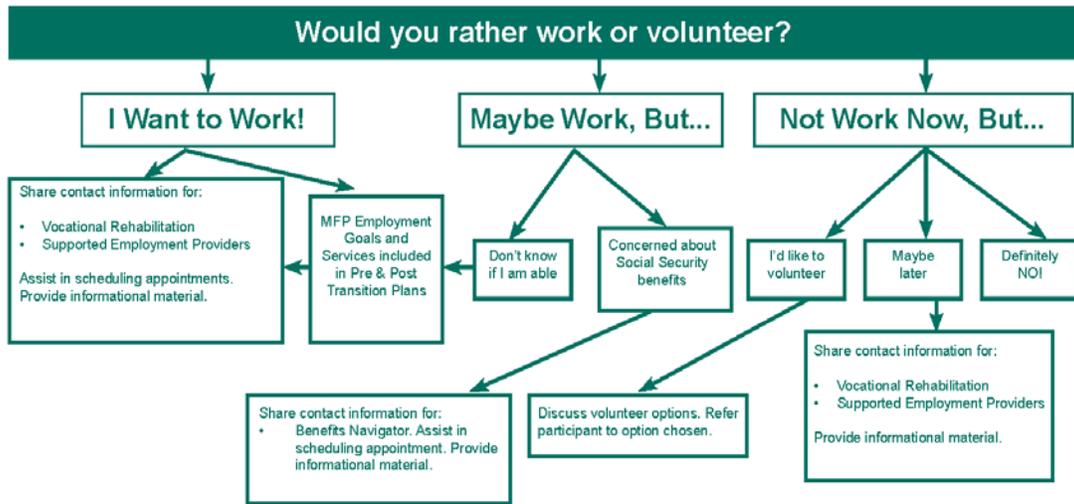
- Working-age participants must be supported to pursue a lifestyle of work!
- Presume that participants want to work.
- The decision to transition out of an inpatient facility precedes the decision to engage in employment-related services and activities.
- The participant chooses pre-vocational\* activities, work, or volunteer activities.
- Field personnel help participants assess whether pre-vocational\* options, work or volunteerism is the best fit for them.



- Work is not optional for participants who are capable of working and who rely on public assistance to sustain themselves. (Adele Patrick; Institute on Human Development and Disability, University of Georgia at Athens; 2012. [www.ihdd.uga.edu/](http://www.ihdd.uga.edu/))

Use the following diagram as a guide to focus discussions with participants about employment-related options:

### CONVERSATIONS WITH PARTICIPANTS ABOUT WORK



#### Supported Employment Services

- Discovery and Vocational Profile
- Person-Centered Career Planning
- Customized Employment
- Self-Employment Assistance
- Identification of Needed Supports

#### Vocational Rehabilitation Services

- Counseling & Guidance
- Work Adjustment Training
- Post-secondary Support
- Vocational & Technical Training
- Supported Employment
- On-the-Job Training
- Work-readiness Training
- Deaf, Blind & Deaf/Blind Services

#### MFP Employment-Related Services

- Life Skills Coaching (LSC)
- Peer Community Support (PES)
- Transportation (TRN) and/or Vehicle Adaptation (VAD)
- Equipment, Vision, Dental & Hearing Services (EQS)
- Supported Employment Evaluation (SEE)

(Adele Patrick; Phillip Chase and Doug Crandell; Institute of Human Development and Disability, University of Georgia at Athens; 2012. [www.ihdd.uga.edu/](http://www.ihdd.uga.edu/))



### FIVE COMPONENTS OF EMPLOYMENT CHOICE



Adele Patrick; Phillip Chase and Doug Crandell; Institute of Human Development and Disability, University of Georgia at Athens; 2012. [www.ihdd.uga.edu/](http://www.ihdd.uga.edu/)

### RAPID ENGAGEMENT

- Quickly begin to learn about the participant and work on the Pre-Transition Individualized Transition plan (Pre-ITP).
- Develop the Post-Discharge Individualized Transition Plan (Post-ITP), include employment-related MFP services selected by the participant/transition team.
- Assist the participant in achieving the desired employment goals quickly.

### MFP SUPPORTED EMPLOYMENT EVALUATION (SEE) AND THE VOCATIONAL DISCOVERY PROCESS

"Discovery consists of looking at the same thing as everyone else and thinking something different."  
(Albert Szent-Gyorgyi, Hungarian physiologist.)

MFP offers all participants the Supported Employment Evaluation (SEE) service. This service provides assistance to participants seeking career planning and supported-employment, customized-employment, self-employment and/or competitive employment. Participants engage in a guided/facilitated Vocational Discovery Process. Based on the Discovery Process, a Vocational Profile is completed with the assistance of a qualified employment specialist; the Vocational Profile identifies a path to employment. These services are procured from a qualified vocational/employment service specialist/provider who is required to assist the participant to make connections to a minimum of three unique community resources necessary to support choices for supported, customized or competitive employment.

Field personnel assist participants to locate a qualified SEE provider. They also ensure completion of the vocational discovery process and the vocational profile and referrals to at least three community employment resources – see section on *Employment Service Providers* in this manual for more information on locating qualified SEE providers.

#### The Vocational Discovery Process:

- Is *not* a planning process; it is an information gathering activity that pinpoints who the participant is and his/her ideal conditions of employment.
- Explores the life of the participant to gain necessary information and perspective to help determine his/her wishes, values, and interests.
- Recognizes that each participant has many assets, traits, and abilities and disability is only one of these.



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- Forms a guide for job development and a foundation for person-centered career planning.
- Supports utilizing involvement and interaction with the participant in natural settings rather than in test settings.
- Provides a complete picture of a participant, rather than looking at one or two skill areas in the context of a segregated program.
- Focuses on the participant rather than job openings as the starting point for the employment process.
- Involves getting to know participants beyond how they are seen by teachers, service providers, counselors, and other paid staff.

For more on the vocational discovery process, see Dave Hammis and Cary Griffin; *Discovering Personal Genius*. [www.griffinhammis.com/training.asp](http://www.griffinhammis.com/training.asp).

### PERSON-CENTERED CAREER PLANNING AND THE TRANSITION PLANNING PROCESS



- Organizes truly individualized, natural, and creative supports and relies on the participant's strengths and preferences to achieve meaningful goals.
- Creates a team of people (circle of support) who know and care about the participant.
- Involves a transition team who works together to develop and share a dream for the participant's future, and to organize and provide the supports necessary to make that dream real.
- Reduces emphasis on the service system as much as possible.
- Creates an umbrella under which all planning for services and supports occurs.
- Focuses on the identification of the participant's/family's goals and needs and includes a plan to achieve desired life outcomes.
- Is based on what is most important to and for the participant/family as identified by the participant/family and the people who know and care about the participant.

### NATURAL SUPPORTS



- Natural support is any help, including relationships and interactions that allow a participant to get and keep a community job that is consistent with the typical work routines and social interactions of other employees. We all need natural supports in our environments.



- Natural support refers to using things that are available in the environment.
- Using natural supports also means relying on the same things that other people rely on – each other.

### LONG-TERM SUPPORTS



- A participant receiving MFP-supported employment evaluation (SEE) services must be assisted to make connections to community employment services and supports necessary for long-term employment retention.
- Reliable employment-related services and support in the community must be provided throughout the longevity of a participant's employment tenure.
- Ongoing support is the unique characteristic of supported employment that makes it possible for participants to maintain employment and is provided both at and away from the job site.
- These supports may be telephone calls, periodic onsite visits, or a combination of both types of contact.

### THREE COMMUNITY EMPLOYMENT SERVICE OPTIONS



Doug Crandell; Institute of Human Development and Disability, University of Georgia at Athens; 2012.  
[www.ihdd.uga.edu/](http://www.ihdd.uga.edu/)

### SUPPORTED EMPLOYMENT

Participants with severe disabilities receive supports which help them learn skills on-the-job and which help them keep their jobs.

Supported employment means:

- **Inclusion** – Participants are integrated into and are active members of the work environment. This involves such things as having friends, going to parties, chit-chat with co-workers at breaks, being on the bowling team. It means doing things that everyone does and being like everyone else.
- **Real Money For Real Work** – Participants who receive supported employment services are paid on the same pay scale as others who are doing the same job.
- **Choice** – Participants have a right to choose where they work, with whom they work, and what sort of job they would like to have. We can find ways to “listen” to those who have even the most severely limited communication skills.



- **Individualization** – All people are different. Capabilities of participants are not similar just because participants have similar disabilities. We all have unique personalities, skills, needs and desires.
- **On-Going Support** – On-going support is provided on an “as-needed” basis in the least invasive way possible. On-going support may include co-worker support, productivity aids and many other forms of “natural” supports as well as support from the job coach.

### CUSTOMIZED EMPLOYMENT



- Individualizing the employment relationship between employees and employers in ways that meet the needs of both.
- Is based on an individualized assessment of the strengths, needs and interests of the participant.
- Revealing multiple employment directions rather than a job description during the discovery process; vocational interests and revealed skills are used to create employment in the community.

### Fundamental principles of customized employment:

- Recognizes the participant as the source of information for exploring potential employment options through a person-centered process.
- Negotiates specific job duties and employer expectations with employers.
- Negotiates individualized jobs based on the needs, strengths and interests of the participant.
- Negotiates, amends and adapts the relationship between the employer and the participant for the participant.
- Meets the unique needs of the participant and employer.
- Offers any needed representation to assist participants in negotiating with employers.
- Occurs in integrated environments in the community alongside people who do not have disabilities.
- Results in a customized job that meets the participant's employment needs, conditions necessary for his/her success, and business needs for valued contributing employees.





- Results in at least minimum wage compensation.
- Creates employment through self-employment and/or business ownership.
- Facilitates a mixture of supports and funding sources.
- Provides supports as needed to maintain employment.

### SELF-EMPLOYMENT



- Is recognized as a viable employment option for MFP participants.
- Minimizes the fears of the prospective business-owner, as well as those of the rehabilitation and local small business development professionals who assist the participant.
- Does not require that a participant “get ready” to own a business if a customized approach is used.
- Focuses on the talents and interests of the participant and identification of his/her personal assets.
- Uses a strength-based rather than a deficit-based outlook.
- Customizes supports.

### OVERVIEW OF WORK INCENTIVES

For more information on Social Security Disability Insurance Work Incentives Program, see <http://www.socialsecurity.gov/disabilityresearch/wi/generalinfo.htm>



### SOCIAL SECURITY DISABILITY INSURANCE (SSDI)

- **Trial Work Period** – Nine months, not necessarily consecutive, during which a participant may earn any amount of money without losing SSDI as long as he/she continues to have a disability and reports the work activity.
- **Extended Period of Eligibility** – For 36 consecutive months, after the trial work period is completed and the participant continues to have a disability, he/she can receive an SSDI check for each month that earnings are below a certain amount.



- **Medicare Continuation** – Medicare health insurance can continue for seven years and nine months – sometimes longer – after a successful trial work period if the participant continues to have a disability.
- **Impairment-Related Work Expense** – This is a documented disability-related expense that is absolutely necessary for performance of a job. The Social Security Administration (SSA) deducts the cost of these expenses from gross earnings before determining eligibility for cash payments. Examples of these types of expenses may include wheelchairs, assistive technology or other specialized work-related equipment and certain special transportation costs.
- **Medical Recovery During Vocational Rehabilitation** – SSDI eligibility may continue if the participant has medically recovered from disability but is actively participating in a vocational rehabilitation program that will likely lead to self-support.
- **Ticket to Work** – While actively participating in the Ticket to Work program, a participant can get the help needed to find an appropriate job and can safely explore work options without losing SSDI benefits. While using the ticket:
  - The participant has access to "expedited reinstatement of benefits" – an easy return to benefits if the participant has stopped working.
  - The participant can continue to receive health care benefits.
  - The participant will not receive a continuing disability review.
  - The participant can still use other SSA programs and work incentives for the transition into work.

For more information, contact Social Security Ticket to Work Call Center – 866-968-7842 / 866-833-2967 (TTY/TDD); [www.chosework.net](http://www.chosework.net)

## SUPPLEMENTAL SECURITY INCOME (SSI)



For more information on Supplemental Security Income Work Incentives Program, see <http://www.socialsecurity.gov/disabilityresearch/wi/generalinfo.htm>

- **Ticket to Work** – Similar to the SSDI work incentive. See the description above.
- **1619A and 1619B** – Two different programs to help the participant keep Medicaid benefits while he/she tries to become self-supporting.
- **Student Earned Income Exclusion** – A student participant, up to 22 years of age who is disabled or blind and regularly enrolled in school, is allowed to earn income that is not counted for SSI income purposes.



- **Plan for Achieving Self-Support** – This is a document that the participant writes to set aside income or resources to reach a work goal. For example, the participant could set aside money to go to school, start a business or pay for work expenses such as transportation to and from work or attendant care. SSA does not count money set aside under this plan to determine the SSI payment amount.
- **Impairment-Related Work Expense** – This is a documented disability-related expense that is absolutely necessary for the participant to perform a job. Examples may include wheel chairs, assistive technology or other specialized work-related equipment and certain special transportation costs. An SSI beneficiary may recover the cost of these expenses through higher SSI payments. Additionally, this work incentive can also be used to establish eligibility for initial SSDI disability status.
- **Blind Work Expense** – For a participant who has blindness, this is a documented expense incurred because of disability and absolutely necessary to perform a job. Examples may include adaptive devices or guide dogs. Like an impairment related work expense, the participant may be able to recover 100 percent of those expenses through increased SSI cash payments.

### MEDICAID BUY-IN



For information on the Georgia Medicaid Buy-In program, call 404-651-9982 or complete the application at [www.gmwd.org](http://www.gmwd.org). Find information about the Medicaid Buy-in Program provided by the Benefits Navigator Program of Atlanta at [www.bpaoga.com/](http://www.bpaoga.com/)

If the participant's SSI cash benefits end after returning to work, the participant may keep free Medicaid coverage until going over the "threshold limit" in Georgia of \$28,547 a year for a family of one. If free Medicaid coverage ends, participants can purchase coverage through the state's Medicaid Buy-In program. Effective March 3, 2008, a participant is eligible for Georgia's Medicaid Buy-In program for workers with disabilities if he/she:

- Meets the citizenship and residency requirements for Medicaid eligibility.
- Is at least 16 years of age and under age 65.
- Is disabled based on the SSA definition of disability.
- Has earned income from employment or self-employment.
- Has disability income between \$600 and \$699 per month.
- Has earned income less than 300% of the Federal Poverty Level (FPL) based on family size.
- Has resources or assets less than \$4000 for a participant or \$6000 for a couple.



### INFORMATION AND RESOURCES/BENEFITS NAVIGATION

Encourage participants to consult with experts on benefits issues to fully understand the impact of earnings on their benefits.

- For personalized Benefits Navigation and Work Incentives Planning and Assistance (WIPA), visit: <https://gvra.georgia.gov/benefits> and/or: <http://www.bpaoga.com/>. 
- The WIPA programs at the Georgia Vocational Rehabilitation Agency service specific counties. Please see each website above to determine which organization provides the WIPA supports in each county. Be prepared to ask for the *Benefits Planning Query* (BPQY). Directions are below:
  - All Social Security Administration (SSA) offices nationwide including the agents at the toll-free number 800-772-1213 can process a request for a BPQY.
  - If the participant is interested in getting a BPQY, assist them to call their local Social Security office or 800-772-1213 and ask for it. It is mailed to the participant's address as shown on SSA's records. A signed consent is required only if the BPQY is sent to someone other than the participant; the participant's Representative Payee or the participant's Authorized Representative. Two signed Consent for Release of Information (SSA-3288) forms must include the Social Security Number (SSN) or the Claim Number of the worker under whose work record the benefits are paid. (The Claim Number appears on the beneficiary's Medicare card.)
- If you are assisting the participant to obtain information from SSA, you must have the MFP participant/beneficiary sign two Consent for Release of Information (SSA-3288) forms referenced above.
- If you or the participant don't know how to reach the SSA office, call 800-772-1213 or go to the Social Security website at [www.socialsecurity.gov](http://www.socialsecurity.gov) and click on the "Find your nearest Social Security office" item on the left side of the home page. Follow the instructions on this page and you will be provided with information about the field office that is responsible for the participant's record.

### EMPLOYMENT SERVICE PROVIDERS

#### GEORGIA VOCATIONAL REHABILITATION AGENCY (GVRA)



- GVRA helps participants with disabilities to become fully productive members of society by achieving independence and meaningful employment.



## MFP Employment Services & Support 2013

- Regional and unit office staffs provide services to eligible participants who can, will and want to work.
- Services necessary to meet a carefully determined work goal may include:
  - Counseling & Guidance
  - Post-secondary Support
  - Supported Employment
  - Work Readiness Training
  - Work Adjustment Training
  - Vocational & Technical Training
  - On-the-Job Training
  - Deaf, Blind & Deaf/Blind Services



Most funding for community employment services is available through GVRA. Services may be initiated by contacting appropriate GVRA staff found through <http://www.vocrehabga.org/contact1.html>.

### GEORGIA NETWORK OF SUPPORTED EMPLOYMENT PROVIDERS

When an MFP participant chooses work or is unsure of her/his ability to work, the participant has the right to choose referral to a Supported Employment Provider or the Georgia Vocational Rehabilitation Agency.

*WorkWorks for Everyone* (Medicaid Infrastructure Grant) maintains a website with an area designated for Georgia MFP field personnel. Within this area, MFP field personnel can access approved Supported Employment Providers by region, county and/or city. They will also be able to determine if the provider primarily serves participants with developmental disabilities, participants with mental illnesses and participants with any disabilities. The *WorkWorks for Everyone* website is currently being developed ([www.gasupportedemployment.com](http://www.gasupportedemployment.com)).

It is important to ask potential supported employment providers some basic questions:

- Do you currently use a person-centered career planning process?
- What are your employment success statistics (i.e., length of time from referral to first day on the job, average wages per hour for persons severed, retention/how long do people stay on their jobs at your agency, access to benefits such as paid leave, and health care)?
- What types of employers do you work with?
- Does your staff have the knowledge, skills and abilities to develop and support customized employment options?
- Do you currently work with anyone you've supported in self-employment?

Doug Crandell; Institute of Human Development and Disability, University of Georgia at Athens; 2012.  
[www.ihdd.uga.edu/](http://www.ihdd.uga.edu/).



### **VOLUNTEER OPPORTUNITIES**



Volunteer jobs (similar to pre-vocational\* services) are not required before a person starts a real job of their choosing for real pay. However, volunteer work is rewarding and beneficial to many people, both with and without disabilities. Field personnel are encouraged to become knowledgeable about volunteer opportunities in the communities where they serve transitioning participants. An excellent site to find volunteer opportunities and assist with matching participants who desire to volunteer may be found at *VolunteerMatch* ([www.volunteermatch.org/search](http://www.volunteermatch.org/search)). At this site, you will be asked to identify a city. For example, 1133 volunteer opportunities were found in the Atlanta area; 85 in Augusta; 42 in Rome; 91 in Athens; 90 in Savannah; and 35 in Valdosta.

As field personnel experience success in matching participants with volunteer opportunities, informational listings at the *WorkWorks for Everyone* website will include additional volunteer opportunities.



For questions regarding this publication or for more information about the Georgia MFP rebalancing demonstration project, contact:

Pam Johnson, Project Director  
Georgia Money Follows the Person  
[pajohnson@dch.ga.gov](mailto:pajohnson@dch.ga.gov)  
404-651-9961

R.L. Grubbs, Policy Specialist  
Georgia Money Follows the Person  
[rgrubbs@dch.ga.gov](mailto:rgrubbs@dch.ga.gov)  
404-657-9323

Georgia Department of Community Health  
Medicaid Division, Aging & Special Populations  
37<sup>th</sup> Floor  
2 Peachtree Street, NW  
Atlanta, GA 30303



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

## DISCLAIMER

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APPENDIX S: MFP Discharge Day Checklist



**MFP DISCHARGE DAY CHECKLIST**

<b>Discharge Date:</b>			
MFP Field Personnel Print Name:		Phone #:	
<b>MFP Participant Housing at Discharge</b>			
Participant Name:	Medicaid ID#	Date of Birth:	
New Address:	City:	Zip:	County:
Phone Number(s): ;		<b>MFP Target Population</b> (check only one): <input type="checkbox"/> OA (65+yoa) <input type="checkbox"/> PD <input type="checkbox"/> TBI <input type="checkbox"/> DD <input type="checkbox"/> MI	
<b>Housing Type:</b> <input type="checkbox"/> 01-Home owned by Participant <input type="checkbox"/> 02-Home owned by Family Member <input type="checkbox"/> 03-Apt/House Leased by Participant, Not Assisted Living <input type="checkbox"/> 04-Apt. Leased by Participant, Assisted Living <input type="checkbox"/> 05-Group Home of No More Than 4 People/PCH <input type="checkbox"/> <b>Lives with family (check for yes)</b>			
<b>Housing Subsidy:</b> If H3-Apt/House Leased by Participant, check box for housing subsidy used: <input type="checkbox"/> HS1- Sec8 HCV, <input type="checkbox"/> HS2-Project Based Rental Assistance/ Based On Income, <input type="checkbox"/> HS3- Low Income Housing Tax Credit, <input type="checkbox"/> HS4- Other Subsidy (specify) <input type="checkbox"/> HS5-No Subsidy/Market Rate			
<b>Services at Discharge: Item Key: N=Needed; O=Ordered; S = Secured; N/A=Not Applicable</b>			
Items (provide items for all that apply):			
_____ Environmental Modifications; _____ Home Inspections; _____ Security Deposit; _____ Utility Deposits; _____			
_____ Household items: _____; _____ Kitchen: _____; _____ Bath: _____; _____ Bed: _____			
_____ Food & Nutrition: _____			
_____ Health & Hygiene: _____			
_____ RX Medications _____			
_____ Medical Services/DME Equipment: _____			
_____ Assistive Technology Devices: _____			
_____ Life Skills Coaching/ Socialization: _____			
_____ Financial: _____			
_____ Transportation: _____			
_____ Other:(list) _____			
Waiver:	Waiver Case Manager/Care Coordinator/Planning List Admin/Case Expeditor:		Phone:
Waiver services ordered at discharge:			
_____			
_____			
Are providers identified to begin services upon discharge?: <input type="checkbox"/> Yes <input type="checkbox"/> No* If no, explain:			
Name of Community Pharmacy:		Name of Community Doctor/Clinic:	
24/7 Emergency plan reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			
Identify participant's unmet needs upon discharge and the plan to meet these unmet needs: (attach additional sheets as needed)			
<b>Follow-up Visits/Quality Management</b>			
<b>Home Visits:</b> Provide schedule for follow-up visits:			
<input type="checkbox"/> Field Personnel/TC: 1 <sup>st</sup> Scheduled Visit to review ITP: _____; 2 <sup>nd</sup> Visit, If Scheduled: _____			
<input type="checkbox"/> Waiver Case Mgr, <input type="checkbox"/> Care Coordinator, <input type="checkbox"/> Support Coordinator, <input type="checkbox"/> PLA Name: _____ Phone: _____			
1 <sup>st</sup> Scheduled visit: _____; 2 <sup>nd</sup> Visit, If Scheduled: _____			
<input type="checkbox"/> HC Ombudsman Name: _____ Phone: _____ 1 <sup>st</sup> Scheduled F2F visit (or NA): _____			
<input type="checkbox"/> Peer Supporter Name: _____ Phone: _____ 1 <sup>st</sup> Scheduled F2F visit (or NA): _____			
<b>Quality of Life Survey:</b> <input type="checkbox"/> Baseline Survey - <input type="checkbox"/> Completed <input type="checkbox"/> Scheduled: _____ <input type="checkbox"/> Rescheduled: _____ <input type="checkbox"/> NA			
<b>Participant Tracking</b>			
<input type="checkbox"/> MFP Field Personnel Signature: _____		Date Sent to coordinating agency: _____	

**APPENDIX T: Quote Form for MFP Transition Services**



**Quote Form For MFP Transition Services**

**Notice to MFP field personnel:** complete this *Quote Form* for equipment, supplies, vision and/or dental services costing \$1000 or more, ALL environmental modifications and/or all vehicle adaptations for MFP participants. In the table provided, list the licensed contractors or vendors and the amount of each quote. Check the quote selected. If a quote is selected that is not the lowest quote, provide a justification for the selected quote. MFP field personnel sign the form and attach supporting documentation. For assistance in locating qualified and licensed contractors Certified in Aging-in-Place (CAPS), contact DCH MFP Housing Manager.

Participant First Name: \_\_\_\_\_ Participant Last Name: \_\_\_\_\_  
 Participant Medicaid ID #: \_\_\_\_\_ Participant Date of Birth: \_\_\_\_\_  
 Inpatient Facility Name or NA: \_\_\_\_\_  
 Participant Address: \_\_\_\_\_ Participant City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Participant Phone Number: \_\_\_\_\_ Other Contact Name: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
 Date(s) of ITPs/Planning Meetings: \_\_\_\_\_ COS Waiver Name: \_\_\_\_\_

Vendor Name/Phone	MFP Transition Service	MFP 3 Digit Service Code	Quoted Amount	Check Accepted Quote
				<input type="checkbox"/>
				<input type="checkbox"/>

Total \$'s Authorized: \_\_\_\_\_

**Justification for selection of quote that is not the lowest:**

- Maximum allowed cost for Equipment, Vision, Dental and/or Hearing Services (EQS) is based on need and must be justified in the participant's transition/service plan (ITP/ISP). Two quotes must be obtained before a purchase can be authorized for a single piece of equipment costing \$1000 or more, or for vision, dental or hearing services costing \$1000 or more. See Section 603.17 for details.
- Maximum allowed cost for Specialized Medical Supplies is based on need and must be justified in the participant's transition/service plan (ITP/ISP). Two quotes must be obtained before a purchase can be authorized for a single medical supply costing \$1000 or more. See Section 603.18 for details.
- Maximum allowed cost for Vehicle Adaptations (VAD) is based on need and must be justified in the participant's transition/service plan (ITP/ISP). Two quotes must be obtained before a purchase can be authorized for vehicle adaptations costing \$1000 or more. See Section 603.19 for details.<sup>1</sup>
- Maximum allowed cost for Environmental Modifications (EMD) is based on need and must be justified in the participant's transition/service plan (ITP/ISP). Two itemized scope/bids are required before Environmental Modifications can be authorized. Building permits are required for EMDs totaling \$2,500 or more. See Section 603.20 for details. The Home Inspection service (HIS) must be completed before beginning environmental modifications and after environmental modifications are completed. See Section 603.21 for details.<sup>1</sup>

Owner/Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 MFP Field Personnel Name: \_\_\_\_\_  
 Region/Office: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Authorizing Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

<sup>1</sup> Environmental Modifications and Vehicle Adaptations must include a notarized document giving the owner's permission for services, if the owner is not the MFP participant.  
**MFP field personnel note:** (Step 1) Send this completed *Quote Form* to Fiscal Intermediary via **File Transfer Protocol (FTP)**. (Step 2) Send this completed *Quote Form* to the DCH MFP Office via FTP.







## APPENDIX W: MFP Monthly Update QOL Survey ‘Blue Form’ Report

\*Please fill in the necessary data for **[MONTH YEAR]**

Cumulative numbers from the beginning of your MFP program until the date indicated below	Baselines	One Year Follow-Ups	Two Year Follow-Ups
<u>Completed</u> from start of program until <b>[END OF PREVIOUS MONTH]</b>	All baselines completed in your state since beginning an MFP program	All One Year Follow-Up surveys (11 months after transitioning) completed in your state since beginning an MFP program	All Two Year Follow-Up surveys (24 months after transitioning) completed in your state since beginning an MFP program
<u>Refused</u> from start of program until <b>[END OF PREVIOUS MONTH]</b>	All beneficiaries who transitioned into the community, but refused to take the survey after the transition	All MFP-enrolled beneficiaries who completed the baseline survey, but refused to take the follow-up survey 11 months after transitioning	All MFP-enrolled beneficiaries who completed the baseline survey, but refused to take the follow-up survey 24 months after transitioning
<u>Missed</u> from start of program until <b>[END OF PREVIOUS MONTH]</b>	All beneficiaries who transitioned into the community, but were not administered the survey due to factors such as (but not limited to): <ul style="list-style-type: none"> <li>• Interviewers were unable to locate the beneficiary</li> <li>• Interviewers were unable to reach the beneficiary within 15 attempts</li> <li>• Beneficiary’s paperwork was misplaced</li> <li>• An interviewer forgot</li> </ul>	All MFP-enrolled beneficiaries who completed the baseline survey, but were not administered the follow-up survey due to factors such as (but not limited to): <ul style="list-style-type: none"> <li>• Interviewers were unable to locate the beneficiary</li> <li>• Interviewers were unable to reach the beneficiary within 15 attempts</li> <li>• Beneficiary’s paperwork was misplaced</li> <li>• An interviewer forgot</li> </ul>	All MFP-enrolled beneficiaries who completed the baseline survey, but were not administered the follow-up survey due to factors such as (but not limited to): <ul style="list-style-type: none"> <li>• Interviewers were unable to locate the beneficiary</li> <li>• Interviewers were unable to reach the beneficiary within 15 attempts</li> <li>• Beneficiary’s paperwork was misplaced</li> <li>• An interviewer forgot</li> </ul>
<u>Lost</u> (died, out of state, etc.) from start of program until <b>[END OF PREVIOUS MONTH]</b>	All beneficiaries who transitioned into the community, but died or moved out of state before a baseline was administered within the appropriate time frame.	All MFP-enrolled beneficiaries who completed the baseline survey, but died or moved out of state before the 11-month follow-up survey was administered within the appropriate time frame.	All MFP-enrolled beneficiaries who completed the baseline survey, but died or moved out of state before the 24-month follow-up survey was administered within the appropriate time frame.
<u>Completed</u> from start of program until <b>[END OF THIS MONTH, LAST YEAR]</b>	All baselines completed in your state from the beginning of the program to the end of this month last year.		
<u>Completed</u> from start of program until <b>[END OF THIS MONTH, TWO YEARS AGO]</b>	All baselines completed in your state from the beginning of the program to the end of this month two years ago.		

\*\*Just to clarify, the last two rows of the table asks for the **cumulative number** of completed baselines from the beginning of your MFP program until **THE END OF THIS MONTH, LAST YEAR** and the **cumulative number** of completed baselines from the beginning of your MFP program until **THE END OF THIS MONTH, TWO YEARS AGO**. This information is necessary for us to track the percentage of completed first year follow-ups and second year follow-ups.

### **Helpful Hints:**

- Submission of this monthly document is a requirement for all states participating in MFP.
- Follow-up surveys (both 11- and 24-month) should be administered after the initial transition into the community. Even if a participant was disenrolled or moved back into a managed care organization between the time of the transition and the one-year anniversary of the initial transition, the follow-up interview should still be conducted about 11 or 12 months after the initial transition. (When the 2-year follow-ups are done, the vast majority of people should not be eligible for MFP, so the MFP eligibility status doesn't affect the timing of follow-up interviews.)
  - For example, for an initial transition on 11/3/2010, the first year follow-up should be done about 11 or 12 months later and the second year follow-up about 24 months later, regardless of where the person is living or the person's MFP eligibility status (the person has to be alive). This means the first year follow-up for this individual should be due around 11/3/2011 and the second year follow-up should be around 11/3/2012.
- Baseline surveys should be administered no earlier than 1 month before transition and no later than 2 weeks after transition.
- Follow-up surveys should be completed no more than 60 days post-11 and -24 month follow-up dates. Keep in mind the follow-up dates are based on the beneficiary's transition date and not the baseline date.
- You should attempt to complete all follow-up surveys for MFP participants, regardless if they missed or refused any surveys at any point in time. If a participant missed the baseline survey, hopefully we will get their 1st and 2nd follow-ups and can use those for comparison.
- For non-MFP participants (i.e. those who don't transition out of managed care organizations or who move back into managed care organizations after living in the community), follow-up surveys should not be conducted. Follow up surveys are only conducted for MFP participants.

CMS pays for every baseline survey conducted, even if the person doesn't transition or participate in the program. You can find the full explanation in this document:  
[http://training.mathematica-mpr.com/file.php/11/General\\_Information/Helpful\\_guidelines\\_for\\_MFP\\_formatted\\_normal.pdf](http://training.mathematica-mpr.com/file.php/11/General_Information/Helpful_guidelines_for_MFP_formatted_normal.pdf)
- CMS may pay for repeated baseline interviews. We prefer the interview to be administered as close to the time of transition as possible, but know that's not always possible. Typically, if QoL administrators think something significant has changed since the previous baseline that may (or may not) change answers to the QoL questions, then it should be repeated.



APPENDIX Y: Participant Enrollment Status Change Form



**MFP Participant Enrollment Status Change Form**

**MFP Field Personnel:** complete the text boxes and check boxes provided to identify changes in the enrollment status of an MFP participant.

**Participant First Name:** \_\_\_\_\_ **Participant Last Name:** \_\_\_\_\_  
**Participant Medicaid ID#:** \_\_\_\_\_ **Participant Date of Birth:** \_\_\_\_\_  
**Participant Phone Number:** \_\_\_\_\_ **Other Contact Name:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_  
**Date of Discharge (mm/dd/yyyy):** \_\_\_\_\_ **Waiver:** - OR -  MFP CBAY

Check Type(s) of Status Change and add Dates	Check Reason
<input type="checkbox"/> Participation <u>Ended</u> or was <u>Suspended</u> <sup>i</sup> Date participation ended: _____ Or Date participation was suspended: _____	<input type="checkbox"/> Completed MFP period of participation (01) <input type="checkbox"/> Suspended eligibility (02) <input type="checkbox"/> Reinstitutionalized (03) <input type="checkbox"/> Died (04) – Date _____ <input type="checkbox"/> Moved (provide new address below) (05) <input type="checkbox"/> No longer needed services (06) <input type="checkbox"/> Other (07) Specify: _____
<input type="checkbox"/> Participant was <u>reinstitutionalized</u> Date reinstitutionalized: _____	<input type="checkbox"/> Acute care hospital stay, followed by long term rehabilitation (01) <input type="checkbox"/> Deterioration in cognitive functioning (02) <input type="checkbox"/> Deterioration in health (03) <input type="checkbox"/> Deterioration in mental health (04) <input type="checkbox"/> Loss of housing (05) <input type="checkbox"/> Loss of personal care giver (06) <input type="checkbox"/> By request of participant or guardian (07) <input type="checkbox"/> Lack of sufficient community services (08)
<input type="checkbox"/> Participant <u>reactivated/re-enrolled</u> Date participation began <sup>i,iii</sup> : _____	New Project End Date: _____
<input type="checkbox"/> Participant <u>moved</u> (fill in new address) Date moved: _____	New Street Address: _____ New City: _____ New Zip: _____ New County: _____ Check type of qualified residence used after move: <input type="checkbox"/> Home owned by participant (01) <input type="checkbox"/> Home owned by family member (02) <input type="checkbox"/> Apt. leased by participant, not assisted living (03) <input type="checkbox"/> Apt. leased by participant, assisted living (04) <input type="checkbox"/> Group home/PCH with no more than 4 unrelated people (05) <input type="checkbox"/> Participant lives with family members (check for yes)

Notes:

MFP Field Personnel Name: \_\_\_\_\_

Region/Office: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

<sup>i</sup> When an MFP participant is readmitted into an inpatient facility for a period of 30 days or less, the participant remains enrolled in MFP. When an MFP participant is readmitted into an inpatient facility for a period of time greater than 30 days (31 days or more), the participant is considered suspended from MFP. During the suspension, MFP field personnel are required to continue monthly contact with the participant and report the participant’s status. The suspended participant will be reactivated or re-enrolled prior to the completion of the MFP period of participation, back into MFP without re-establishing the 90-day institutional requirement.

<sup>ii</sup> Upon discharge from the inpatient facility, the MFP participant resumes their period of participation for any remaining days up to the maximum of 365 days. No inpatient days are counted toward the total of the 365 days of MFP. MFP field personnel revise the ITP prior to discharge back into the community.

<sup>iii</sup> When an MFP participant is suspended for 6 months or longer, the participant must be re-evaluated like a ‘new’ participant.

**Note:** Send completed form to the appropriate coordinating agency via File Transfer Protocol.

MFP\_Enrollment\_Status\_Change\_Form\_Revised\_043114

MFP14 CBAY13

APPENDIX Z: MFP Notice of Right to Appeal a Decision



Money Follows the Person
Notice of Right to Appeal a Decision

To: \_\_\_\_\_ Date: \_\_\_\_\_

If you disagree with a decision regarding your MFP transition services, you have a right to appeal the decision. You may request a fair hearing.

NOTICE OF YOUR RIGHT TO A HEARING

To request a hearing, you must ask for one in writing. Your request for a hearing must be received by the Department of Community Health within 30 calendar days from the date of this letter.

Department of Community Health
Legal Services Section
2 Peachtree Street, NW, 40th Floor
Atlanta, GA 30303-3159

If this action is sustained by a hearing decision, you may be held responsible for the repayment of continued services that were provided during the appeal.

The Office of State Administrative Hearings will notify you of the time, place, and date of your hearing. An Administrative Law Judge will hold the hearing. In the hearing, you may speak for yourself or let a friend or family member speak for you.

Georgia Legal Services Program

800-498-9469 (statewide legal services, except for the counties served by Legal Aid)

Georgia Advocacy Office

800-537-2329 (statewide advocacy for persons with disabilities or mental illness)

Atlanta Legal Aid

404-377-0701 (DeKalb/Gwinnett Counties), 770-528-2565 (Cobb County)
404-524-5811 (Fulton County), 404-669-0233 (S. Fulton/Clayton County)

State Ombudsman Office

866-552-4464 (Nursing Homes or Personal Care Homes)

MFP Field Personnel Signature

MFP Field Personnel (Print Name)

Telephone Number

## APPENDIX AA: Referral Letter for Housing Choice Voucher Program



### MFP Referral Letter for Decatur Housing Authority Sec 8/HCV Program



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

Georgia Department of Community Health • Medicaid Division • Money Follows the Person  
Two Peachtree Street, NW • 37<sup>th</sup> Floor • Atlanta, GA 30303 • 404-651-9961

Date of Referral Letter Submission: \_\_\_\_\_

This letter serves as official correspondence for the MFP direct referral process for the Decatur Housing Authority (DHA), *Housing Choice Voucher Program*.

The MFP participant (print name), \_\_\_\_\_, is being referred for application to the DHA *Housing Choice Voucher Program* by MFP field personnel (print name), \_\_\_\_\_.

The Decatur Housing Authority has entered into an agreement to assist MFP participants with a rental assistance voucher upon approval of the DHA *Application for Housing Choice Voucher Rental Assistance*. The Department of Community Health in partnership with the Department of Behavioral Health and Developmental Disabilities (DBHDD), and the Department of Human Services, Division of Aging Services (DHS/DAS) will provide the MFP participant with MFP transition services, Medicaid Home and Community services (waiver services) and State Plan services for which they are eligible and that are appropriate to meet their needs, including non-Medicaid federally funded services, state funded programs and local community funded services. DCH and Decatur Housing Authority, Housing Choice Voucher Program will collaborate to ensure that the MFP participant has the best opportunity for successful outcomes in the community.

The MFP participant/family has been screened, selected and referred by MFP field personnel and is hereby requesting an application for participation in the *DHA Housing Choice Voucher Program* in Dekalb county. The participant's screening is complete. The participant's Pre-ITP is in the process of being completed with an anticipated discharge date of: \_\_\_\_\_.

#### MFP Participant Information (Print)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Medicaid ID#: \_\_\_\_\_ SSN: \_\_\_\_\_ -- \_\_\_\_ -- \_\_\_\_\_

# in Household (include PCA if applicable) \_\_\_\_\_

#### Signature of MFP Participant Requesting Application \_\_\_\_\_

By signing, I understand and agree to the terms and expectations set forth in this official MFP referral for the *DHA Housing Choice Voucher Program*. Based on this official correspondence, I am hereby requesting a *DHA Application for Housing Choice Rental Assistance* for the number of household members listed above.

#### MFP Field Personnel Information

Note: the *Application for Housing Choice Rental Assistance* will be mailed to designated MFP field personnel. When field personnel receive the Housing Choice Voucher Application packet, **she/he and the MFP participant have 14 business days to complete and mail the application back to Decatur Housing Authority**, to the person at DHA the application was mailed from.

#### MFP Field Personnel Contact (print address for all correspondence)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

**Note: Complete and send this MFP referral letter to the DCH/MFP office** by File Transfer Protocol, attention:

MFP Housing Manger, DCH

2 Peachtree Street NW, 37<sup>th</sup> Floor, Atlanta, Georgia 30303

MFP\_Referral\_Decatur\_HA\_HCV\_Revised\_011513

## APPENDIX AB: MFP Sentinel Event Report



## MFP Sentinel Event Reporting Form

**MFP Field Personnel:** using the text boxes provided, complete this form when an MFP participant experiences a critical incident or sentinel event. An individual is considered a MFP participant if (s)he or a parent/legal guardian has signed the *MFP Consent for Participation* form.

**Date of Report:** \_\_\_\_\_ **Waiver Name:** \_\_\_\_\_ - Or  Check for MFP CBAY  
**Case Mgr/Care or Service Coordinator Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Participant First Name:** \_\_\_\_\_ **Participant Last Name:** \_\_\_\_\_  
**Participant Medicaid ID#:** \_\_\_\_\_ **Participant Date of Birth:** \_\_\_\_\_  
**Participant Address:** \_\_\_\_\_ **Participant City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_  
**Participant Phone Number:** \_\_\_\_\_ **Other Contact Name:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

**Provider (if applicable):** \_\_\_\_\_

**Name of the Inpatient Facility Admitted to: (or n/a ):** \_\_\_\_\_

**Address of the Inpatient Facility Admitted to: (or n/a ):** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_ **Location of Occurrence:** \_\_\_\_\_

**Type of Sentinel Event: (Check only one)**

- Abuse,  Neglect,  Exploitation,  Inpatient Facility Admit,  
 Emergency Room Visit,  Death,  Involvement with Criminal Justice System,  
 Medication Administration,  Other (specify): \_\_\_\_\_

**Brief summary of event:** \_\_\_\_\_

**Q1. What did the participant report (or check for NA )?**

**Q2. What were the adverse outcomes related to the event/injuries (describe in detail)?**

**Q3. Who witnessed to the event (list name and contact information)?**

**Q4. What action was taken by MFP field personnel at time of event (Discovery)?**



# MFP Sentinel Event Reporting Form

**Q5. MFP Field Personnel Action Plan (Do) - What will field personnel do to prevent this from happening in the future?**

**Q6. MFP Field Personnel Process improvement (Check) - What MFP processes were instituted to evaluate the effectiveness of the action plan and reduce risk to the participant?**

**Q7. What are the follow-up time frames (Act/Monitor) for evaluating effectiveness of the processes?**

**Q8. Who was notified about the event?**

	Name	Date	Time
Field Personnel Supervisor:			
Notified:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Physician:			
Notified:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Guardian/Family:			
Notified:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
MFP Project Director:			
Notified:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Agency Name:			
Notified:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Agency Name:			
Notified:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

MFP Field Personnel Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

MFP Field Personnel Signature: \_\_\_\_\_

**Note:** Send this completed form to the appropriate coordinating agency and then to DCH MFP by FTP.

APPENDIX AC: MFP Letter of Denial, Suspension or Termination



MFP Letter of Denial, Suspension or Termination

To: \_\_\_\_\_ Date: \_\_\_\_\_

Your participation in Money Follows the Person (MFP) has been given careful consideration. In accordance with Deficit Reduction Act of 2006, Money Follows the Person Demonstration P.L. 109-171, Title VI, Subtitle A, Chapter. 6, Subchapter B, Sec 6071, 120; as amended by the Affordable Care Act of 2010, P.L. 111-148, Title II, Subtitle E, Sec 2403(a), (b)(1), 124 Stat. 304, this letter is to inform you of a change in your participation.

A. **Denied** – According to the Georgia Money Follows the Person Policy and Procedures Manual Chapter 601.2, 601.4, 601.7 and 602.2, you have been determined **ineligible and are being denied participation in MFP** because:

- You have not resided in an inpatient facility (hospital, nursing facility, ICF/IDD, PRTF) for at least 90 consecutive days; short-term rehabilitative stays do not count. (D1)
- You have not been receiving Medicaid benefits for inpatient services provided by an inpatient facility. (D2)
- You do not require institutional level of care provided by an inpatient facility. (D3)
- You did not transition into a qualified residence. (D4)
- You did not cooperate in the transition planning process (describe process/steps and non-participation): \_\_\_\_\_ (D5)

B. **Suspended** – According to the Georgia Money Follows the Person Policy and Procedures Manual Chapter 604.6, you have been **temporarily suspended from participation in MFP** because:

- You have been readmitted to an inpatient facility for a period of thirty-one (31) days or more, but less than 6 months.

C. **Terminated** – According to the Georgia Money Follows the Person Policy and Procedures Manual Chapter 601.2, 601.4, 601.7, 602.2, 604.6, and Chapter 605.6 and 605.7, you have been determined **no longer eligible and are being terminated** because:

- You have been readmitted to an inpatient facility for a period of 6 months or more. (T1)
- You are no longer receiving Medicaid benefits. (T2)
- You have moved to a non-qualified residence. (T3)
- You no longer meet institutional level of care criteria. (T4)
- You have informed us that you no longer wish to participate in MFP. (T5)
- You have moved outside of the service area for the State of Georgia. (T6)
- You are a MFP CBAY participant and have been readmitted to an inpatient facility for 31 days or more. (T7)

\_\_\_\_\_  
MFP Field Personnel Signature

\_\_\_\_\_  
MFP Field Personnel (Print Name)

\_\_\_\_\_  
Telephone Number

**If you disagree with this decision, you may request a fair hearing. Your request should be sent to the following address:**



## MFP Letter of Denial, Suspension or Termination

To: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

### **NOTICE OF YOUR RIGHT TO A HEARING**

To request a hearing, you must ask for one in writing. Your request for a hearing must be *received* by the Department of Community Health within 30 calendar days from the date of this letter. You must include a copy of this *MFP Letter of Denial, Suspension or Termination*. Your request should be sent to the following address:

Department of Community Health  
Legal Services Section  
2 Peachtree Street, NW, 40<sup>th</sup> Floor  
Atlanta, GA 30303-3159

If this action is sustained by a hearing decision, you may be held responsible for the repayment of continued services that were provided during the appeal.

The Office of State Administrative Hearings will notify you of the time, place, and date of your hearing. An Administrative Law Judge will hold the hearing. In the hearing, you may speak for yourself or let a friend or family member speak for you. You may also ask a lawyer for help. You may be able to get legal help at no cost. If you want a lawyer to help, you may call one of these numbers:

**Georgia Legal Services Program**

800-498-9469 (statewide legal services, except for the counties served by Legal Aid)

**Georgia Advocacy Office**

800-537-2329 (statewide advocacy for persons with disabilities or mental illness)

**Atlanta Legal Aid**

404-377-0701 (DeKalb/Gwinnett Counties)

770-528-2565 (Cobb County)

404-524-5811 (Fulton County)

404-669-0233 (S. Fulton/Clayton County)

**State Ombudsman Office**

866-552-4464

APPENDIX AD1: MFP Enrollment End Letter



Money Follows the Person  
Enrollment End Letter



**DATE**

**PARTICIPANT NAME**

**PARTICIPANT ADDRESS**

**PARTICIPANT CITY, STATE ZIP**

Dear **PARTICIPANT NAME,**

On **DATE**, you discharged from an inpatient facility into the community using Money Follows the Person (MFP). Participation in MFP is limited to 365 calendar days. Your 365 days of enrollment in MFP will end on **DATE**.

You will continue to receive waiver services through the Medicaid HCBS Waiver, **NAME OF WAIVER,** so long as you continue to meet eligibility criteria for that waiver. Please contact **NAME OF WAIVER CASE MANAGER** at **CASE MANAGER PHONE NUMBER** if you have any questions regarding your waiver services.

In the near future, you will be contacted by a representative from the Georgia State University, Georgia Health Policy Center. This representative will be calling to conduct a follow-up to the **Quality of Life** survey you responded to before you left the inpatient facility. Your responses to the survey questions are extremely important to the success of Money Follows the Person, and we appreciate your time and your feedback about the MFP transition services you received.

Thank you for participating in Money Follows the Person. If you have any questions about this letter, you may contact MFP field personnel at the number below, or you may call the MFP State Office at the Georgia Department of Community Health Medicaid Division at 404-651-9961.

Sincerely,

\_\_\_\_\_  
MFP Field Personnel Print Name

\_\_\_\_\_  
Contract Phone #



**Money Follows the Person (MFP)  
Community Based Alternatives for Youth (CBAY)  
Enrollment End Letter**

**DATE**

**PARTICIPANT NAME**

**PARTICIPANT ADDRESS**

**PARTICIPANT CITY, STATE ZIP**

Dear **PARTICIPANT NAME**,

On **DATE**, you discharged from a Psychiatric Residential Treatment Facility (PRTF) into the community using Money Follows the Person (MFP), Community Based Alternatives for Youth (CBAY). Participation in MFP CBAY is limited to 365 calendar days. Your 365 days of enrollment in MFP CBAY will end on **DATE**.

If you are between the ages of 18 and 21, you will be contacted by a representative from Georgia State University, Georgia Health Policy Center. This representative will be calling to conduct a follow-up to the **Quality of Life** survey you responded to before you left the Psychiatric Residential Treatment Facility (PRTF). Your responses to the survey questions are extremely important to the success of MFP CBAY, and we appreciate your time and your feedback about the services you received.

Thank you for participating in MFP CBAY. If you have any questions about this letter, you may contact MFP CBAY field personnel listed below, or you may contact the state offices of MFP CBAY at:

Community Based Alternatives for Youth  
Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)  
2 Peachtree St., NW, 23<sup>rd</sup> Floor  
Atlanta, GA 30303

Sincerely,

\_\_\_\_\_  
MFP CBAY Representative - Print Name

\_\_\_\_\_  
Contact Phone #

**APPENDIX AE: MFP Participant Complaint Form**



**Money Follows the Person  
Participant Complaint Form**

**MFP Field Personnel:** using the text boxes provided, 1) enter the participant’s identifying information 2) summarize the issues and enter the action plan/process improvement/follow-up time frames, and 3) in the table provided, enter the vendor’s information and identify the service that is the focus of the complaint using the drop down menu. Complete a separate form for each complaint and for each service.

1) Participant First Name: Participant Last Name:  
 Participant Medicaid ID#: Date of Birth (mm/dd/yyyy):  
 Address: City: Zip: County:  
 Participant Phone Number: Other Contact Name:  
 Other Contact Phone Number:  
 Discharge Date (mm/dd/yyyy): Waiver Name: Or  Check for MFP CBAY  
 MFP Field Personnel Name: Phone:  
 Date of Complaint (mm/dd/yyyy): Name of Person Completing Form:

**Brief Summary of Complaint/Issues to Resolve:**

**Q1. Action Plan - What will be done to resolve the complaint and who will do what?**

**Q21. Process Improvement - What was instituted to evaluate the action plan and reduce risk to the participant?**

**Q3. Act/Monitor – What are the follow-up time frames for evaluating effectiveness of process?**

**Q4. Enter vendor name and contact information and use the drop down menu to select the service that is the focus of the complaint -**

Vendor Name and Contact Information	MFP Transition Service
Vendor Name and Contact Information	MFP CBAY Transition Service

**Note:** Send the completed form to the DCH MFP Office via FTP or by fax to the MFP Project Director at 770-408-5883.

**APPENDIX AF: Ombudsman Payment Request Form**



**Home Care Ombudsman Payment Request**

**MFP Home Care Ombudsman (HCO) Services Rendered for:**

<b>Participant Name:</b>	<b>Participant/Contact Phone:</b>
<b>Participant Address:</b>	<b>Participant City /Zip /County</b>

<b>Home Care Ombudsman Complete:</b>	
<b>Participant Medicaid ID#:</b>	<b>Participant Date of Birth:</b>
<b>Discharge Date:</b>	<b>Anticipated MFP End Date:</b>

**PAYMENT INSTRUCTION**

<b>HCO Name:</b>	<b>HCO Phone:</b>
<b>MAIL CHECK TO (if different):</b>	<b>Tax ID, FEIN or SS#:</b>
<b>Address:</b>	<b>City/State/Zip</b>

**DESCRIPTION OF MFP HOME CARE OMBUDSMAN (HCO) SERVICES**

<b>Service Dates and Description</b>	<b>Billed Amount</b>
<b>Total Check Amount</b>	

**HC Ombudsman note:** Check the appropriate box below to indicate how services were provided and documented -

- telephone call – contact must be documented in case notes, no participant signature required on this form
- in-person (face-to-face) – contact must be documented in case notes, participant signature required on this form

By signing this form, I attest that services were delivered/received consistent with the Individualized Transition Plan (ITP) or Person Centered Description and MFP Authorization for Services. I understand that Medicaid is the payer of last resort.

\_\_\_\_\_  
**MFP Participant Signature** **Date**

\_\_\_\_\_  
**Home Care Ombudsman Signature** **Date**

MFP Field Personnel (Print Name): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**HC Ombudsman note:** send this completed form to MFP field personnel via fax or file transfer protocol (FTP).

**MFP Field Personnel note:** once verified, send this completed form to the Fiscal Intermediary by **FTP**. Send this completed form to DCH MFP office by **FTP**.

# Money Follows the Person (MFP)

Money Follows the Person is a demonstration program through the Georgia Department of Community Health. MFP helps individuals move from living in a facility to living in the community. Each MFP participant has a right to be treated with dignity and respect, and to participate fully in decisions about his or her life, services, and supports.

## What we do

Long-Term Care Ombudsmen and Home Care Ombudsmen:

- Advocate for individuals who receive long-term services and supports
- Keep communication confidential
- Ask what the MFP participant wants
- Ask for permission from the MFP participant to take action
- Advocate for the MFP participant's wishes
- Empower the MFP participant to become his or her own advocate and problem solver

Long-Term Care Ombudsmen serve residents of nursing homes, personal care homes and assisted living communities. Long-Term Care Ombudsmen assist all residents while they live in the facility. A Home Care Ombudsman assists MFP participants in the community.

## How HCO works

- Make regular contact with each MFP participant – face to face and phone contact
- Check on the health, safety and adjustment to living in the community
- Serve participants in all parts of the state

## Examples of how HCOs help

- Talk with service provider to fix problems, such as a worker not showing up
- Help to get a needed ramp
- Advocate to add more services when needed



## Home Care Ombudsman Services Benefit

MFP includes as one of the benefits the Home Care Ombudsman service for the 365 days of participation

## Stopping Home Care Ombudsman Services

Each participant has the option to:

- Stop visits and telephone calls – just by letting the Home Care Ombudsman know
- Restart the service – just call the Home Care Ombudsman

**Call 1-866-552-4464**

# H.C.O.

## HOME CARE OMBUDSMAN

## MFP in a Personal Care Home

For each MFP participant who chooses to live in a personal care home:

- The Long Term Care Ombudsman that serves the residents of that personal care home will serve the MFP participant
- The ombudsman makes routine and unannounced visits quarterly and is available more frequently when needed

The Home Care Ombudsman Program is authorized through the Money Follows the Person demonstration project. The Long-Term Care Ombudsman Program is authorized by the Older Americans Act and Georgia law. The Office of the State Long-Term Care Ombudsman operates as a separate office within the Georgia Department of Human Services, Division of Aging Services (DAS). You may also reach your HCO or LTCO by calling the state office at phone number **1-866-552-4464**.



# H.C.O.

HOME CARE OMBUDSMAN

A Guide to  
**HOME  
CARE  
OMBUDSMAN**

**Contact:**  
**1-866-552-4464**

Office of the State  
Long-Term Care Ombudsman



2 Peachtree Street, N.W.,  
33rd Floor  
Atlanta, GA 30303  
1-866-552-4464  
Fax (404) 463-8384

**O**mbudsman  
**LONG TERM CARE**  
RESIDENTS' ADVOCATE

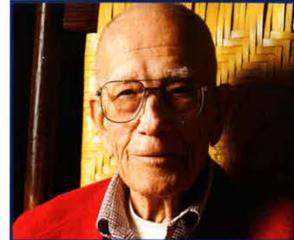
**Each participant  
has a right to be  
treated with respect,  
and to participate fully  
in decisions about his  
or her life, services  
and supports.**

YOUR HCO IS:

AND MAY BE REACHED AT:

**Online:**  
[www.georgiaombudsman.org](http://www.georgiaombudsman.org)

VARIETY OF NEEDS & AGES SERVED



A Guide to  
**HOME  
CARE  
OMBUDSMAN**

**Call 1-866-552-4464**

**H.C.O.**  
**HOME CARE OMBUDSMAN**

**Contact:**  
**1-866-552-4464**

# Disclaimer

This *MFP Policy and Procedures Manual* was developed under grant CFDA 93.779 from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). Money Follows the Person is a rebalancing demonstration grant (Award #1LICMS030163/01) funded by CMS in partnership with the state of Georgia Department of Community Health. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal Government.

For questions or comments concerning the *MFP Policy and Procedures Manual*, contact –

Pamela Johnson, MPA  
Project Director

Or

R.L. Grubbs, M.A., M.Ed.  
Planning & Policy Specialist

Money Follows the Person  
Georgia Department of Community Health  
Medicaid Division, Aging & Special Populations  
2 Peachtree Street, NW, 37<sup>th</sup> Floor  
Atlanta, GA 30303  
Phone: 404-657-9323  
Email: rgrubbs@dch.ga.gov