Georgia Department of Community Health

Money Follows the Person Rebalancing Demonstration: An Overview

Presentation to: All Audiences

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RL Grubbs, Policy Specialist

MFP
MONEY FOLLOWS THE PERSON

Date: June 2012

Georgia Department of Community Health

Mission

The Georgia Department of Community Health

We will provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight.

We are dedicated to A Healthy Georgia.

What is MFP?

- Rebalancing demonstration project funded by CMS
  - Single largest investment in Medicaid Long-Term Support Services
  - 42 States and D.C. utilizing $2.25 billion
  - Grant through the Federal Deficit Reduction Act of 2005 and amended through the Affordable Care Act of 2010
  - Shift Medicaid long-term spending from institutional to home and community-based services (HCBS)

Who Does What: Project Staff, Interagency Agreements & Contracts

Department of Community Health
Commissioner

Department of Community Health
Chief, Medicaid Division

Department of Community Health
Deputy Chief, Aging & Special Populations

Project Director, MFP Demonstration

- **Planning & Policy Specialist**
- **Housing Manager**
- **Accountant**
- **Data & Reporting Manager**
- **Data Specialist**

Department of Human Services, Division of Aging Services
Lead MDSQ Options Counselor, Lead MFP Transition Coordinator
Supervisor, Long-Term Care Ombudsmen

Aging & Disability Resource Connections (ADRCs)
MDSQ Options Counselors
MFP Transition Coordinators, Long-Term Care Ombudsmen

Department of Behavioral Health and Developmental Disabilities
Division of Developmental Disabilities
Deputy, Assistant Commissioner
Lead Transition Specialists, Transition Consultant

Department of Behavioral Health and Developmental Disabilities
Division of Developmental Disabilities
Planning List Administrators, Case Expeditors

Georgia State University (GSU)
Georgia Health Policy Center (GHPC)
External Evaluator and Evaluation Specialists

University of Georgia,
Institute of Human Development & Disability (UCED)
Director, MIG/MFP Employment Initiative, Director, Employment First Georgia

Goals of MFP

- Medicaid-eligible persons receive support for HCBS in settings of their choice
- Increase use of HCBS waiver services
- Encourage self-direction of personal support services (PSS)
- Increase the ability of the State to provide HCBS
- Eliminate barriers in State law, State Medicaid Plan and State budgets that prevent or restrict the flexible use of Medicaid funds

Five Project Benchmarks

1. Transition 2142 participants by the end of CY 2016
2. Increase HCBS expenditures each year
3. Improve MFP processes (screening, ITPs, discharges and completed transitions) to increase the rate of successful transition each year
4. Increase HCBS expenditures relative to institutional LTSS expenditures each year
5. Increase number of participants living on their own or with family instead of in a group setting each year

Benchmark #1: Transition 2,142 by Target Population and Calendar Year (CY)

Calendar Year	Older Adults	Developmental Disabilities	Physical Disability/TBI	Totals
Actual 2008	2	20	1	**23**
Actual 2009	42	110	43	**195**
Actual 2010	63	88	94	**245**
Actual 2011	64	168	72	**304**
Projected 2012	50	150	75	**275**
Projected 2013	50	150	75	**275**
Projected 2014	50	150	75	**275**
Projected 2015	50	150	75	**275**
Projected 2016	50	150	75	**275**
Totals	**421**	**1136**	**585**	**2142**

MFP Target Populations & HCBS Waivers

- Aged (65+), Blind and Disabled participants can enter
  - Elderly and Disabled Waivers (CCSP/SOURCE)
- Adults ages of 21 - 64 with physical disabilities and/or TBI can enter the
  - Independent Care Waiver Program (ICWP)
- Adults and children with DD can enter
  - NOW--New Options Waiver
  - COMP--Comprehensive Waiver

MFP Eligibility Criteria

- Most MFP participants enter an existing waiver and meet the following requirements--
  - Reside in an inpatient facility (nursing home, hospital or ICF) for at least 90 consecutive days, short-term rehab stays are not counted
  - Receive Medicaid benefits for facility services for at least one day during their stay
  - Continue to meet institutional level of care criteria
  - Need HCBS services in order to successfully reside in the community
  - Transition to a 'qualified residence' type

MFP Transition Services (Slide 1 of 2)

- Peer Community Support
- Trial Visits with Personal Support Services
- Household Furnishings
- Household Goods and Supplies
- Moving Expenses
- Utility Deposits
- Security Deposits
- Transition Support
- Transportation
- Life Skills Coaching

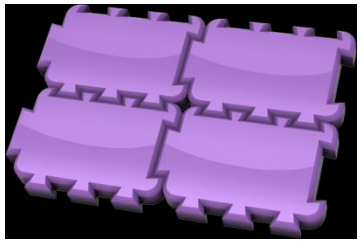
MFP Transition Services (Slide 2 of 2)

- Skilled Out-of-Home Respite
- Caregiver Outreach & Education
- Community Ombudsman
- Equipment, Vision, Dental & Hearing Services NEW
- Specialized Medical Supplies NEW
- Vehicle Adaptations
- Environmental Modifications
- Home Inspection NEW
- Supported Employment Evaluation NEW

MONEY FOLLOWS THE PERSON

Planning for Transition

- Outreach and Recruiting
- Complete Screening and Application to Appropriate Waiver
- Convene Circle of Friends/Circle of Support
- Person-Directed Planning to Complete the ITP
- Community Access (Locate Housing, Transportation, etc)
- Authorize MFP Services
- Complete Quality of Life Survey
- Day of Discharge & Follow-up During 365 Days of MFP
- Support Post-Demonstration



Transition Team

- MFP participant
- MFP Field Personnel (OC, TC, PLA, CE)
- Circle of Friends-family members, etc.
- NF discharge planner
- waiver case manager
- Providers and other individuals as requested by participant (i.e. peer supporter) or deemed necessary

Individualized Transition Plan (ITP)

- Person-Directed Planning and the ITP:
  - existing supports/strengths
  - goals, needs, and barriers
  - support needed to live in the community
  - what MFP will provide (services)
  - action steps/tasks for transition and who is responsible for each task
  - budget
  - waiver service needs
  - signatures

After Discharge

- 365 days of MFP services from discharge date
- Waiver services begin on date of discharge
- Transition Coordinators make monthly contact
- Waiver case managers follow regular waiver procedure for contact
- Community Ombudsman may make face-to-face visits at 1, 6, and 11 months
- Quality of Life survey is conducted by surveyor at 12 and 24 months post-discharge

Three MFP Qualified Residence Types

- A home owned or leased by the individual or the individual's family member,
- An apartment with an individual lease, with lockable access and egress, which includes living, sleeping, bathing and cooking areas over which the individual or the individual's family has domain and control
- A residence, in a community based residential setting, in which no more than 4 unrelated individuals reside

Thanks You! Questions?

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Housing Specialist (TBD)