

# Georgia Money Follows the Person (MFP) – An Overview

Presentation to



# DCH Mission

## ACCESS



Access  
to affordable,  
quality health  
care in our  
communities

## RESPONSIBLE



Responsible  
health planning  
and use of  
health care  
resources

## HEALTHY



Healthy  
behaviors and  
improved  
health  
outcomes

# DCH Initiatives

## FY 2009 and FY 2010

### FY 2009

- Medicaid Transformation**
- Health Care Consumerism**
- Financial and Program Integrity**
- Health Improvement**
- Solutions for the Uninsured**
- Workforce Development**
- PeachCare for Kids™ Program**
- Stability**
- Customer Service**

### FY 2010

- Medicaid Transformation**
- Health Care Consumerism**
- Financial and Program Integrity**
- Health Improvement**
- Workforce Development**
- Customer Service**
- Emergency Preparedness**

# What is Money Follows the Person?

- 5 year demonstration project funded by CMS across the US
  - Single largest investment in Medicaid LTC
  - 30 States and D.C. utilizing \$1.4 billion
  - Grant opportunity through the Federal Deficit Reduction Act of 2005
  - Shift Medicaid long-term spending from institutional to home and community-based services (HCBS)

# Goals of MFP in Georgia

- 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

# Six Georgia MFP Benchmarks

1. Transition 618 persons to HCBS waivers
2. Increase HCBS expenditures related to LTC each year
3. Reduce the number of DD beds in State ICFs/MR by the end of the demonstration
4. Increase the rate of successful transition each year
5. Establish trusted, visible, reliable Point-of-Entry system
6. Increase the number of participants choosing self-directed Personal Support Services (PSS)

# MFP Benchmark--Scope of MFP

Transition 618 eligible participants

CY	Older Adults	DD	PD/ABI	Totals
2008	2	20	1	23
2009	42	110	43	195
2010	30	110	60	200
2011	30	110	60	200
Totals	104	350	164	618

# Target Populations and HCBS Waivers

- Older Adults (60+) may enter
  - Elderly and Disabled Waiver (CCSP/SOURCE)
- Adults with physical disabilities and/or ABI may enter-
  - Elderly and Disabled Waiver –or—
  - the Independent Living Care Waiver (ICWP)
- Adults and children with DD may enter the
  - NOW--New Options Waiver
  - COMP--Comprehensive Waiver

# Basic Eligibility Requirements

- Most MFP participants will enter an existing waiver and must meet the following requirements--
  - Reside in an inpatient facility (nursing home, hospital or ICF-MR) for at least 6 months
  - Receive Medicaid benefits for facility services for at least one day
  - Continue to meet institutional level of care criteria
  - Need HCBS services in order to successfully reside in the community
  - Transition to an approved community-based residence

# MFP Demonstration & Supplemental Services (Slide 1 of 2)

- Peer Community Support
- Trial Visits with Personal Support Services or PCH
- Household Furnishings
- Household Goods and Supplies
- Moving Expenses
- Utility Deposits
- Security Deposits



# MFP Demonstration & Supplemental Services (Slide 2 of 2)

- Skilled Out-of-Home Respite
- Caregiver Training
- LTC Ombudsman
- Equipment and Supplies
- Vehicle Adaptations
- Environmental Modifications
- Transition Support
- Transportation



# Planning for Transition

- Outreach and Recruiting
- Screening and Referral
- Person-Directed Planning
- Circle of Friends
- Community Access (Housing, Transportation, etc)
- Self-Direction
- Support Post-Demonstration
- Quality of Life Survey and Evaluation



# Transition Team

- Transition Coordinator, participant, family members, friends, NH discharge planner, waiver case manager, provider, and other individuals as requested by participant or deemed necessary
- Develop Individualized Transition Plan (ITP)
- Ongoing planning and necessary supports for living in the community

# Transition Plan

- Person-Directed Planning and the ITP:
  - existing supports/strengths
  - goals, needs, and barriers
  - supports needed to live in the community
  - what MFP will provide
  - who will take what action steps for transition
  - budget
  - waiver 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
- LTCO may make face-to-face visits at 1, 6, and 12 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

**Thank You!**

Questions?