Money Follows Person Sustainability Plan

April 30, 2015

GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Nathan Deal, Governor

Clyde L. Reese III, Esq., Commissioner

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April 30, 2015

Mr. Jeff Clopein
Project Officer
Center for Medicaid and CHIP Services (CMCS)
7500 Security Boulevard
Baltimore, MD 21244

Dear Mr. Clopein:

I write to extend my commitment on behalf of the State of Georgia to the Money Follows the Person (MFP) sustainability initiative. Georgia's investment in transitions of individuals from long term care institutions to the community and rebalancing overall is now firmly rooted in our MFP work, reinforced through our Balancing Incentive Payment Program grant, and through the Sustainability Plan to follow, you will see our ongoing plans through FY 2020 and beyond.

Georgia is proud of its accomplishments in long term care transitions and success in increasing access to community-based services and supports. Georgia will continue to pursue the transition of individuals from institution to community as well as opportunities to divert individuals from institutional stays. Our goal is to transition 400 persons annually across all aging and disability populations.

We will additionally continue to support our Options Counseling work as part of the HCBS access infrastructure. The majority of our MFP demonstration services will be converted into existing Home and Community Based Waiver Services. The enhanced match funding we have earned through MFP activities will be tapped to cover the administrative and benefit costs of transition through 2020. We will also be leveraging our enhanced match funding to infuse enhanced quality standards through the creation of a standardized case management certification program and a new information technology utility that the will enable cross-waiver quality measure analyses.

In mutual acknowledgment that commitments of future administrations may not align with those of the current, Georgia agrees to financially sustain the necessary staff and benefit coverage to continue the work and ensure that the positive impact of the MFP project becomes the cornerstone for rebalancing state and federal dollars to enrich Georgians' healthcare and quality of life.

Respectfully Submitted,

Linda K. Wiant, Pharm.D.
Chief of Medicaid

1. Executive Summary and Plan

The Georgia Money Follows the Person (MFP) Sustainability Plan results from informed decision-makers at every level – current and former MFP participants, family members, advocates, evaluators, and state administrators and leadership. Their real experiences and the related data collected drive the conceptual framework for the Sustainability Plan.

The three domains of Georgia's Sustainability Plan are:

1. Integrating ongoing administrative support for rebalancing initiatives into the infrastructure including Options Counseling and staff resources
2. Sustaining transition supports from institution to community through conversion of demonstration services into home and community-based services (HCBS) waivers
3. Strengthening Georgia's HCBS infrastructure by:
    - Revisiting and revising as necessary the design of case management to ensure enhanced and uniform practices and consistent outcomes with a focus on person-centered planning and service delivery
    - Establishing a standardized electronic information technology system to collect quality outcome data and investigate the viability of centralizing components of various HCBS information systems for quality management purposes

The goals of the plan are to transition 400 individuals per year from institutional settings while continuing to support diversion opportunities through ongoing work of Options Counselors. As a system, Georgia will continue to prioritize community placement of individuals who have experienced an institutional stay. Several MFP demonstration services will be converted to transition services (pending CMS approval). Key transition services include, but are not limited to:

- Transition Case Management
- Transition Setup and Move-In Service
- Transition Environmental Modifications
- Transition Adaptive Technology, Related Services and Supplies
- Transition Peer Support

For the purposes of increasing opportunities for transition, Georgia will relax certain criteria that are required currently under MFP:

- An institutional stay must be of a duration of at least 30 days rather than 90 days
- Qualifying residences will include no more than 6 unrelated individuals

Georgia will include in its departmental budgets requests to add sufficient resources for transition services to support discharge of individuals and maintain the infrastructure to support diversion and transition. Georgia will assume the administrative and benefit costs fully in 2021.

2. Stakeholder Involvement

a. Process

At its foundation, the process for developing the Sustainability Plan was rooted in the practice of routine stakeholder meetings in which Georgia has engaged during the MFP demonstration. MFP staff convenes ongoing quarterly meetings of stakeholders throughout the state by teleconference/webinar in order to outreach to individuals and partner agencies with an interest in rebalancing efforts in Georgia as well as to share information about MFP work. Two groups, the Steering Committee and the Evaluation Advisory Committee, meet quarterly and have robust participation from participants, family members, advocates, and state agencies who serve people who are elderly and/or disabled.

As an administrative arm of the MFP demonstration program, staff of the Division of Aging Services (DAS) has had ongoing input into the program's Policy and Procedure Manual revisions each year. Key stakeholders were assembled on an ad hoc basis to address needed changes in operational protocol. In addition to key stakeholders, the input of Options Counseling and Transition Coordination staff (employed through DAS's area agencies on aging) has been realized through participation in ad hoc sub-committees which have addressed special interest areas such as Marketing, Employment, Housing, and Quality Assurance.

Representatives in each of these roles serve on the MFP Steering and/or Evaluation Advisory Committees.

Specific to public input opportunities around the Sustainability Plan, Georgia made available the following:

- Forums to gather input into the planning for sustaining transitions have included the following groups: members of the target populations including former and current MFP participants, home and community based services providers and family members/guardians, Aging and Disability Resource Connection (ADRC) and Centers for Independent Living directors and staff were given an opportunity to provide input into the overall MFP project evaluation process.
- Focus groups for all of the above mentioned groups were conducted between January 16, 2015 and February 24, 2015 and selected individual participants were interviewed by telephone in February and March to fill gaps in voluntary participation.

The methodology for the focus groups was as follows:

1) A purposive sample (n=154) of former MFP participants was identified using the MFP Participant Tracking Database. Our approach was to meet with a representative sample of participants and stakeholders who were able and willing to travel to focus groups and participate in in-depth discussions to

help us gain insight and understanding and generate a productive discussion based on the following inclusion/exclusion criteria:

- Former MFP participants who signed a *MFP Informed Consent for Participation*
- Former MFP participants who completed a baseline Quality of Life survey
- Former MFP participants in approximately equal numbers from each MFP population–
  - Older Adults (OA),
  - Physical Disability/TBI (PD/TBI),
  - Individuals with Intellectual and Developmental Disabilities (IIDD)
- Former MFP participants in approximately equal numbers living in one of three areas in the state
- Former MFP participants in approximately equal numbers of either gender

These former MFP participants received a recruiting letter (n=154) informing them of the Sustainability Plan and requirement for stakeholder engagement. The letter detailed the forum/focus group events and informed them that they would be called and requested to participate. Follow-up phone calls were made to participants receiving informational letters. Interested persons were scheduled into a focus group in their area of the state: central, south or north (Decatur, Albany or Tifton, respectively). Participants were encouraged to bring family

members, guardians/advocates or caregivers to the focus group. See Tables 2.1-2.4 below for focus group attendee demographics.

2) A purposive sample of professionals and providers were recruited based on the following –
    - MFP field personnel, managers, providers and contractors, and MFP/BIP Steering Committee Members were invited to attend a forum/focus group in lieu of attending the regularly scheduled Steering Committee Meeting in Atlanta at the Department of Community Health on 1/28/15. Attendance was in person or via webinar.

A focus group facilitator script was developed. Each of the focus groups addressed the following broad evaluation questions –

- What about the MFP Demonstration is working and what is not working?
- What is missing from the current work of the MFP Demonstration?
- What needs to be done to sustain MFP in the future?

Facilitators mitigated the challenges associated with dissenting or conflicting opinions by creating a trusting atmosphere, supporting all opinions to be expressed, keeping discussions focused and on topic, and maintaining a neutral point of view. Participants were encouraged to talk about each question. Data was collected from all focus groups. Notes and transcripts were content analyzed. The

resulting focus group report is a synthesis of the ideas and recommendations and yielded direction and input for the Sustainability Plan.

b. Summary of Stakeholders Counts

Table 2.1

Sustainability Stakeholders by Type	Count
Former MFP Participants	10
Family Members	1
Advocates	4
MFP Field Personnel	7
Agency Providers or Administrators	9
Other: Evaluator, Wavier Case Managers/ Service Coordinators	5
Total	**36**

Table 2.2

Former MFP Participants by Age	Count
18 to 44 years of age	
45 to 64 years of age	3
65 years and over	7
Total	**10**

Table 2.3

Former MFP Participants by Population	Count
Older Adults	4
Physical Disability	3
Intellectual/Developmental Disability	3
Total	**10**

Table 2.4

Former MFP Participants by Gender	Count
Female	5
Male	5
Total	**10**

c. Summary of Comments from Stakeholder Public Input

Comments are based on stakeholder input per participant groups, agency partners, contractors, other professionals, waiver case managers and providers.

Results in Summary:

- Physically Disabled Focus Group (Decatur) - Group participants overall were pleased with the direction and assistance they received from MFP field personnel and program. Having MFP funds available to make security and utility deposits and obtain basic household supplies was very important.
- Older Adults Focus Group (Albany) - Communications between MFP field personnel and participants and their case managers are critical success and MFP has protocol and infrastructure supports in place to ensure information is being shared. However, participants told us that they experienced problems in this area. Communication breakdowns caused problems during initial meetings and assessments most notably. As we further refine the role of the Transition Case Manager and implement our sustainability, we will look to identify triggers for points of contact to strengthen the protocol and infrastructure to expand the role of the Transition Case Manager and enhance the coordination and partnership with the waiver case manager.
- Developmentally Disabled Focus Group (Tifton) - Comments from the family and caregivers highlighted some areas that had not been addressed, i.e., a concern that individuals were brought into communities that were not prepared for them.

State administrative staff recognizes the need for transition coordination to include more partnership and community coalition building. Our plan is to strengthen the relationships at the state agency level to ensure a concerted and thoughtful plan for better engaging communities is implemented.

- Providers and Professional Stakeholders Focus Group (Atlanta, GA/webinar) - Group participants told us that MFP field personnel needed more training: MFP field personnel needed to be more skilled in completing health assessments, person-centered planning, helping participants build a circle-of-support and use of peer supporter to reduce the workload of the Transition Coordinator. This feedback drives our sustainability plan component to establish a standardized training and certification for case managers.

3. State's Plan for Continuing Transitions

a. Georgia's Plan for Continuing Transitions

Georgia will continue to actively support Medicaid-eligible individuals to transition out of institutions. Georgia has long demonstrated a commitment to providing services and support that enable its citizens to receive care in settings that are appropriate to individual needs and support independence, inclusion, and integration. Based on past and present commitment, the State plans to

continue actively supporting the transition of eligible individuals out of institutions in a safe and efficient manner. Additionally, Georgia will do this in concert with our No Wrong Door initiative and with a comprehensive approach that allows us to maximize leveraging of additional resources and more thoroughly accomplish common goals through the Balancing Incentive Payment Program and Testing Experience and Functional Tools grant.

Modifications to Georgia's transition work focus heavily on the creation of the "Transition Case Manager" role which will be boosted by enhancements to current case manager qualifications for the provider of this service. These enhancements will be aligned with updated policy, protocols and practice for transitions from long term care institutions in the state.

- The role of Transition Case Manager will require participation in competency-based training to include knowledge of Medicaid and Medicaid waivers and Options Counseling in Georgia.
- Georgia will utilize rebalancing funds in an effort to standardize case management services across all waivers to increase the quality of transitions. Georgia will engage in an initiative to design and validate a curriculum and certification process for all case managers to raise the bar and standardize practices leading to increased stability in the community for transitioned individuals who are better supported to exercise choice and control as well as enjoy improved health, safety and welfare.

b. Populations included in the ongoing support

Georgia's demonstration focuses on the needs of specific populations: individuals who are aging, have intellectual/developmental disabilities, have physical disabilities, have traumatic brain injury, or are youth with mental illness. As further evidence of Georgia's commitment to rebalancing, in 2013, services to youth with behavioral health diagnoses residing in Psychiatric Residential Treatment Facilities (PRTF) were added to the MFP target population and assisted to return to their homes in the community. This population currently receives robust services in the community through the MFP demonstration. Georgia's ongoing transition efforts will include this population by funding both administrative and services costs through use of re-balancing funds.

c. Institutions Targeted

Georgia will continue to target the same institutions/inpatient facilities as during the demonstration: nursing facilities, intermediate care facilities for intellectual/developmental disabilities, hospitals and psychiatric residential treatment facilities. Specific to the intellectual/developmental disabilities (I/DD) populations, ICFs will continue to be targeted until all such institutions are closed. As fewer individuals with I/DD are available for transition, focus will shift to those individuals with I/DD in nursing facilities.

All Nursing facilities in the State of Georgia (355) are targeted for Options Counseling to identify Medicaid eligible members desiring to transition to a community setting. Options Counselors have established relationships with all nursing facilities which are aware of the requirement to refer individuals requesting to leave the facility based on Section Q of the Nursing Home Minimum Data Set (MDS) Survey assessment.

d. Estimate of funds necessary to continue meeting the submission of MFP grant and programmatic reporting requirements

Georgia currently contracts with Georgia State University's Health Policy Center (GHPC) to conduct, analyze, and report on the 1st and 2nd year follow up Quality of Life Surveys. MFP staff will continue to submit the required financial (ABCD) and Data File reports to CMS and Mathematica. Table 3.1 estimates the funds necessary to continue meeting these programmatic requirements.

Table 3.1

Activity	Responsible Party	Cost
External Evaluator/QOL Surveys (1 and 2 year follow up) as directed by CMS	Georgia Health Policy Center- GHPC	$1,162,551 (total) 2016-2020
Reporting to CMS	Medicaid Staff (1FTE) Data and Reporting Manager	$84,000 (per year)
Accounting/ABCD Reports	DCH Finance Office Accountant II (1FTE)	$77,000 (per year)
Total through 2020		$1,967,551

Since 2010, Quality of Life Survey (QOL) data obtained by Georgia Health Policy Center staff has indicated that significant increases have occurred in the number of respondents that "like" where they live outside of the Nursing Facility and feel they had a choice in selecting their community residence. The MFP evaluation has allowed the State of Georgia to see the quantitative and qualitative advantages of individuals being able to transition back to a community setting such as their own home or an apartment. Post transition survey respondents also reported higher levels of choice and control in decision making about personal daily activities. This contract with GHPC is valuable to the continuity of our quality management and improvement initiatives in this endeavor.

4. Demonstration Services and Services Funded by Administrative Funds

a. Retention – include which waiver(s) or SPA will be amended or added including timeframes for submittal to CMS

b. Target Population

Georgia will amend four (4) 1915(c) waivers as part of the sustainability plan. All Transition services indicated as being added in the Section 4.c-d table are applicable to all waivers and all populations unless indicated otherwise. Target populations include Older Adults (OA), Physical Disability/Traumatic Brain Injury (PD/TBI), Intellectual and Developmental Disabilities (IDD).

Table 4.1

Waiver to be Amended	Target Population	Submittal to CMS	Effective Date
Elderly & Disabled Waiver • Community Care Services Program • SOURCE (Service Options Using Resources in the Community Environment) Program	OA, PD	Between 1-1-2017 and 7-1-2017	1-1-2018

New Options Waiver (ID/DD)	IDD	By 7-1-2017	1-1-2018
Comprehensive Supports Waiver (ID/DD)	IDD	By 7-1-2017	1-1-2018
Independent Care Waiver Program (Physical Disabilities)	PD, TBI	Between 1-1-2017 and 7-1-2017	1-1-2018

c. Name and definition of service

d. State's decision to retain, retain with modifications, or delete service

Items 4.c and 4.d are described in the Table 4.2 beginning on next page. See Appendix A for crosswalk of services.

Table 4.2

Name of Service	Service Definition	Rationale/Comment
Demonstration Services *listed below are targeted to all populations unless indicated otherwise. Target populations include Older Adults (OA), Physical Disability/Traumatic Brain Injury (PD/TBI), Intellectual and Developmental Disabilities (IDD).*		
Peer Community Support *Retained with modifications*	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 new wavier service called "Transition Peer Community Support" will be added to each waiver. Georgia has a long history in recognizing the value of peer support services and we believe them to be an essential component to community stability by helping individuals becoming empowered to manage their service and overall living needs.
Personal Support Services -Trial Visits *Deleted*	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	This MFP demonstration service will be deleted for several reasons. First, focus groups with former participants and current providers did not indicate that this service was useful in achieving a successful transition. Second, the MFP Service Utilization Study indicated that this demonstration service was used very little by participants. Most Personal Support Services

	personal care home or community residential alternative and/or assist the provider to identify, develop and improve staff skills necessary to accommodate the needs of the participant.	(PSS) providers train beneficiaries/family members and volunteer caregivers in the beneficiaries' care routines either immediately prior to or immediately following discharge from the inpatient facility. Finally, beneficiaries entering 1915c waivers the Elderly and Disabled Waiver and ICWP cannot opt for self-directed PSS until they have worked with a PSS provider for at least six months. During this period the beneficiary/family members and volunteer caregivers gain experience necessary to manage PSS. These factors together indicated that the MFP demonstration service was underutilized and too similar to existing practices for management/self-direction of PSS.
Household Furnishings *Retained with Modifications*	This service provides assistance to MFP participants requiring basic household furnishings to help them transition back into the community. This service provides initial set-up assistance with a	The state will retain and modify this service to create a new 1915c wavier service called, "Transition Setup and Move-in Service." The Transition Setup and Move-in waiver service will be offered to eligible members transitioning from inpatient stays of at least 30 consecutive days. The

	qualified residence.	service will be added to existing 1915c waivers, including NOW/COMP, CCSP/SOURCE and ICWP. Transition Setup and Move-in Service is designed to assist an eligible transitioning member to pay housing application fees, make security deposits, pay first month's rent, make utility deposits for a qualified residence and other essential services as determined to be medically necessary on a case-by-case basis without which the home would not be firmly established and/or community stability would be at risk.
Household Good and Supplies *Retained with Modifications*	This service provides assistance to participants requiring basic household goods. This service is intended to help the participant with the initial set-up of their qualified residence.	The state will retain and modify this service to create a new 1915c wavier service called, "Transition Setup and Move-in Service."
Moving Expenses *Retained with Modifications*	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	The state will retain and modify this service to create a new 1915c wavier service called, "Transition Setup and Move-in Service." See description of modified service and rate under the

	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.	subheading, "Household Furnishings."
Utility Deposits *Retained with Modifications*	This service is used to assist participants with required utility deposits for a qualified residence. This service can be used to pay past-due utility bills in order to re-connect utilities to a qualified residence.	The state will retain and modify this service to create a new 1915c wavier service called, "Transition Setup and Move-in Service."
Security Deposits *Retained with Modifications*	This service is used to assist participants with housing application fees and required security deposits for a qualified residence.	The state will retain and modify this service to create a new 1915c wavier service called, "Transition Setup and Move-in Service."
Transition Support *Retained with*	This service provides assistance to help participants with unique transition expenses such as obtaining documentation (e.g. ID cards, Social	The state will retain and modify this service to create a new 1915c wavier service called, "Transition Setup and Move-in Service."

Modifications	Security Card, and establishing bank account), accessing roommate match services, or paying for temporary housing while permanent housing is being readied. This service provides funding for needs that are unique to each participant, but necessary for a successful transition.	
Life Skills Coaching *Service to Be Deleted*	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, 3) participate in individual and group activities designed to reinforce skill development, and 4) evaluate the impact of the training. This service requires structured, customized training/coaching based on the results of the ITNA.	This MFP demonstration service will be deleted for several reasons. First, focus groups with former participants and current providers did not indicate that this service was useful in achieving a successful transition. Second, the MFP Service Utilization Study indicated that this demonstration service was used very little by participants, in part because the service was added late in the demonstration. Similar services are provided by Centers for Independent Living. Because CILs are partners in the MFP/rebalancing network, participants will be made aware and have access to this core service offered by the CILs.

Skilled Out-of-Home Respite *Service to Be Deleted*	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 period of MFP 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 the service can be used by a participant who is waiting for environmental modifications to be completed to their qualified residence.	This demonstration service will be deleted because data from the MFP Services Utilization Study indicated that it was used very little by participants. In addition, former participants and current professionals and providers did not indicate that it was useful in achieving a successful transition. Finally, the demonstration service is too similar to existing respite waiver services.
Caregiver Outreach & Education *Service Retained with Modifications*	This service provides outreach, information, referral and education to caregivers who support MFP participants. This service includes; 1) an assessment that identifies caregiver's needs of support and sources of a stress, 2) consultation and education with a qualified specialist to develop a Caregiver	The state will retain and modify this service to create a new 1915c wavier service called, "Transition Caregiver Outreach & Education." The Transition Caregiver Outreach & Education waiver service will be offered to eligible members in the Elderly and Disabled Waiver, and ICWP Waiver. A similar service already exists in the

	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. This service is not provided in order to educate paid caregivers.	NOW and COMP Waivers.
Home Care Ombudsman *Service to Be Deleted*	This service provides regular monthly contacts made by a qualified home care ombudsman, who is not a state employee, for review of a transitioned participant's health, welfare and safety; engages in advocacy for participants to respond to and resolve complaints related to MFP and waiver services and how these services are provided.	This demonstration service will be deleted because it was not highly utilized nor one of the services that participants indicated as most critical. We plan to shift some elements of the Home Care Ombudsman's role to the Transition Case Manager.
Equipment, Vision, Dental and Hearing Services *Retained with Modifications*	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 or Medicare. Items	The state will retain and modify this service, along with *Specialized Medical Supplies* to create a new 1915c wavier service called, "Transition Adaptive Technology, Related Services and Supplies." The *Transition Adaptive Technology, Related*

	and services obtained must be necessary to enable participants to interact more independently and/or reduce dependence on physical supports and enhance quality of life.	*Services and Supplies* will be added to the Elderly and Disabled Waiver. Access to adaptive equipment was identified as most needed for success by elderly and disabled participants and transition coordinators. The other waivers already include a similar service.
Specialized Medical Supplies *Retained with Modifications*	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 approved in the ITP/ISP and that are not otherwise covered by Medicaid or Medicare.	The state will retain and modify this service, along with *Equipment, Vision, Dental and Hearing Services* to create a new 1915c wavier service called, "Transition Adaptive Technology, Related Services and Supplies." The *Transition Adaptive Technology, Related Services and Supplies* will be offered to eligible members transitioning from inpatient stays of at least 30 consecutive days. The service will be added to the Elderly and Disabled Waiver. The Independent Care Waiver Program, New Options Waiver and Comprehensive Supports Waiver already include similar services.
Vehicle	This service enables individuals to interact more independently, enhancing	This demonstration service will be deleted because data from the MFP Services Utilization

Adaptations *Service to Be Deleted*	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.	Study indicated that the service was used very little by participants. In addition, former participants and current professionals and providers told us that participants had more success identifying and using public and paratransit transportation options. Finally, the demonstration service duplicated existing vehicle adaptation services found in NOW, COMP and ICWP. Vehicle adaptation services were also available through vocational rehabilitation for participants utilizing these services.
Environmental Modifications *Retained with Modifications*	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	The state will retain and modify this service along with the Home Inspection Service to create a new wavier service called, “Transition Environmental Modifications and Home Inspections.” The new waiver service will be offered to eligible members transitioning from inpatient stays of at least 30 consecutive days. The service will be added to the Elderly and Disabled Waiver. The Independent Care Waiver Program, New Options Waiver and Comprehensive Supports Waiver already include a

	independence in ADLs.	similar service.
Home Inspections *Retained with Modifications*	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 that must be addressed prior to beginning environmental modifications 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 modifications.	The state will retain and modify this service along with Environmental Modifications to create a new wavier service called, "Transition Environmental Modifications and Home Inspections." The service will be added to the Elderly and Disabled Waiver and a similar benefit already available in the Independent Care Waiver will be modified to add Home inspections.

Supported Employment Evaluation *Retained with Modifications*	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.	The state will add Supported Employment Services to the waivers where not already in place. The service will be added to the Elderly & Disabled Waiver and the Independent Care Waiver Program.
Fiscal Intermediary *Retained with*	Currently the Demonstration utilizes services of a Fiscal Intermediary (FI). The FI provides financial services for payments of demonstration services	"Financial Management Services" which provide the functions of a Fiscal Intermediary are already available through each 1915c waiver. However, access to Financial Management Services (FMS) is

modifications	offered to participants. The fee paid per transition for the FI service is at a regular/non-enhanced FMAP rate.	available only to those who select participant direction. The state will modify the service definition to allow the FMS provider to also support transition specific costs for which a traditional provider is not available (i.e., transition setup and move-in costs).
Administrative Services *listed below are targeted to all populations. Target populations include Older Adults (OA), Physical Disability/Traumatic Brain Injury (PD/TBI), Intellectual and Developmental Disabilities (IDD).*		
Options Counseling *Service to be retained*	Currently, DCH/Medicaid Division maintains an Interagency Agreement with the Department of Human Services/Division of Aging Services (DHS/DAS) to perform options counseling and transition screenings to assess potential MFP participants identified through MDSQ referrals. Options Counselors conduct face-to-face	The current Interagency Agreement that provides the administrative funding for Options Counselors will be refined and reissued as a new administrative contract which will include revised agreements under the sustainability plan.

	visits and screen potential participants. They assemble much of the documentation necessary to complete the participant's Initial Transition Plan and are responsible for following up on the participant's transition stability throughout the first 365 days of services.	
Transition Coordination Services *Retained with Modifications*	Transition Coordinators provide transition counseling and coordination services to MFP participants through interagency agreements. After screening and enrollment are completed, a person-centered transition planning team is convened and planning for transition begins. The Transition Coordinators develop Individualized Transition Plans (ITPs) with participants	The state will retain the current work of the MFP Transition Coordinator and modify and enhance it to create a new wavier service called, "Transition Case Management." Transition Case Managers' (TCMs) role will be refined to specify qualifications and will expand responsibilities to close gaps identified in demonstration and stakeholder feedback. For example, in addition to the current Transition Coordinator role, the new TCM will be responsible for convening the

	working with the transition team to match participant needs to MFP transition services, Medicaid state-plan services and other community services where available, ensuring effective use of each type of service. They additionally collaborate with the transition team and waiver case manager to document 24/7 emergency backup, crisis and stabilization management plans. MFP TCs assist participants in locating qualified housing, ensure environmental modifications provide sufficient accessibility, and assist participants to identify and use local transportation options. Finally, MFP TCs coordinate referrals to peers who have successfully resettled in the community.	circle-of-support, engaging in person-centered planning, with added milestones to demonstrate and effective working relationship with the waiver case manager, transition and waiver service authorization, enhanced service monitoring, post-discharge for 12 months.

5. Administrative Staff Positions

Current Staff Positions				
Job Title	FTE	Employed by DCH or DHS	Retain, Reduce, Combine, or Delete	Funding Source
MFP Program Director *Responsible for all aspects of managing the MFP program*	1.0	DCH	Retain for duration of grant and then combine into single Rebalancing Director	MFP Grant funds through 2020 then Rebalancing funds
MFP Data and Reporting Manager *Responsible for analysis of MFP participant data and producing required grant reports*	1.0	DCH	Retain for duration of grant and then delete with proposal to move into DCH DSS for ongoing rebalancing and LTSS support	MFP Grant funds through 2020 then Rebalancing funds
MFP Housing Manager *Responsible for increasing systemic improved access to housing and facilitating and individual transitions where needed*	1.0	DCH	Retain ongoing	MFP Grant funds through 2020 then Rebalancing funds
MFP Compliance Auditor *Responsible for quality auditing and controls*	1.0	DCH	Retain for duration of grant and then delete	MFP Grant funds through 2020
MFP Program Specialist *Data specialist and responsible for participant documentation and records keeping; other general support*	1.0	DCH	Retain for duration of grant and then assume under ongoing operations of LTSS unit	MFP Grant funds through 2020 then Rebalancing funds
MFP Planning and Policy Specialist *Responsible for the MFP operational protocol and*	1.0	DCH	Retain for duration of grant and then assume under ongoing operations of LTSS unit	MFP Grant funds through 2020 then Rebalancing funds

maintenance and promulgation of policy and protocol				
Federal Awards Accounting Manager Howard Leggett	0.13	DCH	Maintain at .13 FTE through 2018 and reduce to .04 FTE for 2019-2020	MFP Grant funds through 2020
Accountant II	1.0	DCH	Maintain at 1.0 through 2016, reduce to .5 FTE through 2018, reduce to .25 FTE through 2020 then delete	MFP Grant funds through 2020
Accountant I	1.0	DCH	Maintain at 1.0 through 2016, reduce to .5 FTE through 2018, reduce to .25 FTE through 2020 then delete	MFP Grant funds through 2020
Budget Analyst	0.25	DCH	Retain at .25% ongoing	MFP Grant funds through 2020 then Rebalancing funds
MFP Long Term Care Ombudsman Specialist	1.0	DHS/DAS	Reduce to 0.5 FTE for duration of grant then delete; Utilization of Home Care Ombudsman work doesn't warrant full time staff	MFP Grant funds through 2020
MDSQ Options Counseling Specialist	1.0	DHS/DAS	Retain ongoing	MFP Grant funds through 2020 then Rebalancing funds
MFP Data Analyst	1.0	DHS/DAS	Retain for duration of grant and then delete	MFP Grant funds through 2020
Transition Coordination Specialist	1.0	DHS/DAS	Retain for duration of grant and thereafter to be determined	MFP Grant funds through 2020 then Rebalancing funds
MFP Budget Specialist	1.0	DHS/DAS	Retain for duration of grant and then delete	MFP Grant funds through 2020

Job Descriptions for each follow below. The job descriptions for non-DCH staff are attached in Appendix B.

MFP Program Director

Project Director-Money Follows the Person (MFP)

MFP is a federally funded, community focused social service demonstration initiative awarded to States by the Centers for Medicare and Medicaid Services (CMS) to transition individuals from Long Term Care (Nursing Facilities and other Institutions) back to approved community settings.

- Oversees the implementation of the project's Strategic Plan based on an approved Operational Protocol and monitors compliance based on established program policies.
- Secures necessary resources (budget, personnel, equipment, etc.) to carry out project deliverables and established benchmarks
- Designs project components that are data driven and based on prior assessment and knowledge of capacity and resources.in order to achieve established outcomes
- Develops project position descriptions, hires, manages, develops and evaluates team members
- Leads project team, convenes team meetings, and assigns overall project tasks and activities
- Convenes quarterly community-based Steering/Stakeholder Committee and Evaluation Advisory Team meetings and prepare updates for Federal Project Officer and Georgia Department of Community Health State Medicaid Division leadership, as required
- Oversees development, execution and monitoring of Interagency Agreements for services between Department of Human Services, Department of Behavioral Health DD, MH and Department of Community Affairs (Housing)
- Oversees development, execution and monitoring of all project (vendor) contracts and provider agreements (i.e. Fiscal Intermediaries, External Evaluator) and uses the RFP process, as needed, to hire contractors to complete tasks
- Leads in development of contractor deliverables, completes annual vendor report cards (per finance department guidelines) and approves quarterly or monthly payments
- Develop/negotiate Memorandums of Understanding (MOUs) with entities as necessary to implement project goals and agenda
- Decision making skills are utilized, as required, to identify appropriate information, resources, and technical assistance necessary for success in completion of assigned tasks
- Demonstrated experience facilitating successful community meetings with diverse audiences to discuss complex and sensitive issues related to participant transitions. Lead periodic programmatic reviews, statewide monitoring /audits of vendors, quality assurance, and quality improvement
- Monitor grant expenditures monthly based on information provided (spreadsheet) by purchasing and prepares annual Federal Supplemental Budgets based on utilization

Policy Specialist

The Planning and Policy Development Specialist performs complex and comprehensive research for project planning and develops and revised the Operational Protocol and Policies and Procedures.

- researches policy, economic, sociological, demographic information and stakeholder requirements to support development of strategic, operational, tactical plans and project scopes of work,
- develops and revises as needed, project work breakdown structure based on scopes of works, project logic model, and performance measures, monitors and reports on project tasks and activities using Gantt Charts, flow charts and network diagrams,
- develops and revises as necessary, project operational protocol, policies and procedures manual, and all forms necessary to conduct project operations,
- develops and maintains project communications with external and internal stakeholders, convenes steering committee meetings, stakeholder forums, working groups, as needed for planning and policy development,
- undertakes development for new initiatives including employment,
- works with team members to carry out project scope and activities,
- Prepares, delivers and evaluates competency-based training for contractors, with assistance of internal and external subject matter experts,
- Prepares, revises and distributes project outreach and marketing materials, consumer materials and other reports or publications,
- Other duties as assigned

Housing Manager

Responsible for implementing State's efforts to develop an adequate supply of accessible, affordable housing.

Serves as DCH's liaison as a mandated partner with the Department of Community Affairs, HUD, various local housing authorities and the Department of Behavioral Health and Developmental Disabilities.

Responsibilities will also include serving as designated person for housing issues with members related to eviction and other Fair Housing Discrepancies. Participants will be referred or re-directed to appropriate services for assistance.

Qualification for the Housing Manager include knowledge of guidelines for home inspections, building codes and HUD 811 and 202 housing development programs.

The MFP Housing Manager will be responsible for the development of a strategic plan to connect participants to housing services by coordinating with local housing authorities, profit and non-profit housing providers and developing new qualified housing providers based on statewide needs. Georgia's Housing Manager will serve in partnership with other agencies as part of workgroups to initiate new funding sources and focus on the development of policies, procedures and other improvements to local, county and statewide housing initiatives that support and expand affordable housing for individuals with complex needs.

Quality Control-Monitoring Position

Provide programmatic oversight, management and review of program and clinical aspects of transition planning and coordination for qualified Money Follows the person participants including all in and "out of state" requests for transition services.

Knowledge of key issues in transition planning such as:

- Plans and organizes the compliance audit by ensuring necessary admission documents are available for review
- Gathers data to determine compliance through onsite reviews and observation of program procedures
- Review of applications for services for accuracy and compliance with guidelines and regulations related to services available through the transition program
- Provide leadership along with Project Director in the review of sentinel events reported based on set standards of promptness and protocols
- Coordinate quality assurance functions related to coordination of care for all transition target population utilizing a "team staffing model".
- Assist in review of appropriate medical documentation to support actions related to expectations of nursing home staff and discharge planning
- Compile report of findings monthly in response to program goals and objectives of transitions
- Field visit with participants to ensure services and transition expectations are being met

Program Specialist –Data Entry Position

- Under general to limited supervision, collects and aggregates participant data from various sources and disseminated information through spreadsheets, and other systems to be used to provide Money Follows the Person (MFP) services.
- Reviews receipts and expenditures upon receipt from vendors and forwards claims/invoices to the appropriate finance officer.
- Maintains participant records and history of services revived in a data file for verification of MFP services rendered
- Utilizes spreadsheets to monitor participant eligibility for waiver services.
- Works with appropriate staff to ensure that the most accurate data is available for use in analysis
- Contacts appropriate staff/agency partners to verify unusual data movements and to collect missing data. May review data collection procedures to ensure accurate data is being collected and recommend modifications as necessary.
- Works to deliver requested data in a timely manner
- Verify member's files have all necessary documentation for Medicaid Conversion purposes.

Data and Reporting Manager

Responsibilities:

- Collects and evaluates statistical data and reports to identify agency/program performance trends.
- Provides consultation and technical assistance on program issues.
- Defines data requirements, gathers and validates information, applying judgment and statistical tests.
- Develops data quality tests to improve the accuracy of the survey data collected.
- Organizes and tabulates data using a variety of techniques and/or tools including software, databases, spreadsheets and analytical products.
- Publish data to web sites and/or create related data logs.
- Compile report findings monthly, quarterly, semiannually and ad hoc basis to CMS, Mathematica, and others
- Serves as subject matter expert in the automation and transmission of monthly and quarterly reports internally and to CMS.
- Designs, validates, and implements solutions for extractions and integration of data to support analysis.
- Provides interpretation of data, identifying quality issues and makes recommendations for data quality initiatives.
- Plans, develops, implements and maintains a system designed to coordinate and provide continuous and systematic evaluations for programs or initiatives.
- Ensure efficiency, effectiveness, and accuracy of all reporting and performance tracking
- Maintain a consistent, high quality, customer-focused orientation when conducting business and providing services or products to clients, the general public and other external customers.

Federal Awards Accounting Manager

Responsibilities:

- Review all MFP federal reports prepared by accounting personnel to ensure accuracy, adequate support and audit trail.
- Manage / supervise MFP financial reporting staff
- As issues arise, provide solutions and guidance to Budget, Accounting and Program staff.
- Perform MFP analyses as needed, and meet with appropriate DCH staff when called upon.
- Monitor cash situation of MFP program and advise as needed.
- Review Federal Allotment Submissions as needed.
- Assist with preparation of ad hoc reports, audit inquiries and financial internal control questionnaires. Initiate inquiries as needed when issues arise.

Accountant II

Responsibilities:

- Review available funding needs and advise when a shortfall is eminent.
- Prepare Federal FSR 425 form, ABCD Reports, CMS 64.9I and 64.10I form as required by CMS.
- Correctly classify and code Northwest Ga. payments related to its Fiscal Intermediary function. Monitor accounting system activity to ensure proper keying of input and catch any errors.
- Prepare for financial audit the MMIS Claims Reconciliation to the General Ledger monthly.
- Prepare Journal Entries on coding errors and do rerates for MMIS activity for interagency transactions.
- Assist with MFP Federal Allotment Requests by supplying actual numbers (Workbook) and appropriately classify activity. Also, assist in this process by cross checking numbers, extensions on projected data to prevent errors on submissions to CMS.

Accountant I

Responsibilities:

- Review MFP invoicing documentation for accuracy and completeness including making sure the audit trail is clear, receipts and discharges are fully accounted for.

- Rerate Monthly Claims from Medicaid to MFP as a result of MFP transitions.

- Analyze splits to ensure proper distribution is made on federal and state amounts booked. This entails identifying transactions that are incorrect, and following through so amounts will be correctly stated. Perform complex analyses as needed.

- Monitor federal draws versus expenditures to ensure the proper amounts are drawn for cash payments made by DCH. Follow through on on having draw adjustments as needed.

- Assist Accountant II in report preparation, schedules needed; etc as needed for annual federal allotment requests.

- Back up Michael Brooks when he is out of the office on leave for vacation or illnesses.

- Prepare various reconciliations and ad hoc MFP reports as needed.

MFP Budget Specialist

Responsibilities:

- Oversees project budget against expenditures and provides related reporting quarterly
- Establishes, maintains, and/or updates as necessary organization coding and budget trees to appropriately and accurately book expenditures and receivables
- Participates in regular meetings with MFP staff as needed to support annual budget submission to CMS
- Conducts historical tending analyses to accurately predict and project forecasted budgets
- Work closely with MFP Director on other duties as assigned

6. Rebalancing Fund Utilization

by September 30, 2020

Budget Summary					
Service	Program	# Enrollees	Average Annual Cost (State Share)	# Years	Total Cost
State Share for MFP enrollee benefits 2016-2017	ICWP	50	$12,703	2	$1,270,300.00
	E&D	150	$6,912	2	$2,073,600.00
	NOW	10	$4,507	2	$90,140.00
	COMP	22	$19,277	2	$848,188.00
State Share for new waiver transition benefits 2018-2020	Trans CM	400	$1,359	3	$1,630,368.00
	Trans Set-up&Move-In	400	$1,530	3	$1,836,000.00
	Trans Peer Support	50	$796	3	$119,340.00
	Trans Outreach & Ed	50	$340	3	$51,000.00
	Trans Adaptive Equip	200	$850	3	$510,000.00
	Trans Environ Mods	300	$3,400	3	$3,060,000.00
	Trans Supported Emp	100	$3,628	3	$1,088,340.00
State Share for traditional waiver services for transitioned individuals 2018-2020	ICWP	75	$12,703	3	$2,858,175.00
	E&D	250	$6,912	3	$5,184,000.00
	NOW	25	$4,507	3	$338,025.00
	COMP	50	$19,277	3	$2,891,550.00
Case Management Certification and Implementation	Curriculum Development - $250,000 (2016 only) Training/Certification Implementation - $50,000 Annual Management- $150,000				$1,050,000
EHR Quality Management System 2016-2020	EHR software standardization – customization and application - 1,500,000 (2016 only) Annual maintenance and TA - $750,000 Licenses – 1,000 x $200 each - $200,000 Training – semi-annual - $50,000				$4,700,000.00
Total					**$29,599,026.00**

a. Use of rebalancing funds prior to December 2014

Georgia has not used any rebalancing funds as of the date of this submission.

b. Planned future use of rebalancing funds

i. Existing projects

1. Beginning with the approval of Georgia's MFP Sustainability Plan, Georgia will begin utilizing rebalancing funds to cover the state share expenses associated with new MFP enrollments in 2016.

2. Options Counselor expenses will be covered through 2020 by administrative grant funds and are anticipated to be sustained through additional state fund appropriations to be requested in legislative budget proposals in 2019.

3. MFP currently makes available demonstration services specific to youth with mental illness that mirror the scope of services previously provided under the Community Based Alternatives for Youth (CBAY) demonstration waiver. Rebalancing funds will continue to be used to make these services available under the sustainability plan through 2020.

ii. New projects

1. The state share of all new transition services added to the waivers will be covered by rebalancing funds beginning in January 2018.

2. The state will utilize rebalancing funds to design, develop, validate, implement, and evaluate a competency-based case management curriculum and training program to support ongoing wavier operations, integration, and stability. The goal is to raise the bar and standardize core case management service delivery across waivers. Rebalancing funds will be utilized to develop the curriculum and certification process and manage regular implementation of the training and certification.

3. Georgia will invest in quality by establishing standardized components for electronic health records maintained by case management agency for ease of pooling information for data analysis as well as including EHR information in the Georgia Health Information Network.

c. Plans for continuing rebalancing projects after September 30, 2020 including identification of assumed funding sources.

The state is committed to continuing access to home and community based services for individuals transitioning from institutions. By 2020, the state additionally will be looking to strengthen the infrastructure and activities for diversion as well.

d. If rebalancing funds have been used to pay for waiver slots, describe how the state will fund those slots after September 30, 2020.

Georgia will request sufficient General Assembly appropriations to continue transition services that will be embedded in waivers by January 1, 2018 and for administrative support of rebalancing staff and infrastructure supports.

7. Timeline for planned activities in 4, 5, and 6.

a. Projected submittal dates for each waiver, waiver amendment, SPA, and/or SPA revision
b. Legislative session(s) where funding and/or authorization will be requested

Table 7.1

Waiver to be Amended	Submittal to CMS	Legislative Session Authorization	Effective Date
Elderly & Disabled Waiver • Community Care Services Program • SOURCE (Service Options Using Resources in the Community Environment) Program	Between 1-1-2017 and 7-1-2017	Jan-Apr 2017	1-1-2018
New Options Waiver (ID/DD)	By 7-1-2017	Jan-Apr 2017	1-1-2018
Comprehensive Supports Waiver (ID/DD)	By 7-1-2017	Jan-Apr 2017	1-1-2018
Independent Care Waiver Program (Physical Disabilities)	Between 1-1-2017 and 7-1-2017	Jan-Apr 2017	1-1-2018
Preliminary Activities to Waiver Amendments			**Due Date**
Complete development of Eligibility Criteria/Conditions for new transition waiver services			1-1-2016
Complete development of new transition waiver service definitions			1-1-2016
Complete development of new transition waiver service provider qualifications			2-1-2016
Finalize rate methodology for basis of reimbursement for new transition services			6-1-2016
Establish prior approval processes (policy development, contract amendments)			6-1-2016
Establish GA MMIS functionality (Submit CSR, develop BRD, implement)			7-1-2016 to 12-31-2017

c. Projected dates for MFP staff to be converted to alternate funding or terminated/transferred

Georgia will maintain staff in the current pattern through 2017-2018. Over the next year, the state will solidify its revised staffing plan for sustaining rebalancing. The Department of Community Health and the State Agency on Aging will allocate funding in base budgets to assume the 50% cost of maintaining remaining staff managing the rebalancing work by July 2020 (depending on the position).

d. Projected last date referrals for MFP will be accepted

Georgia will accept referrals to MFP through October 31, 2017.

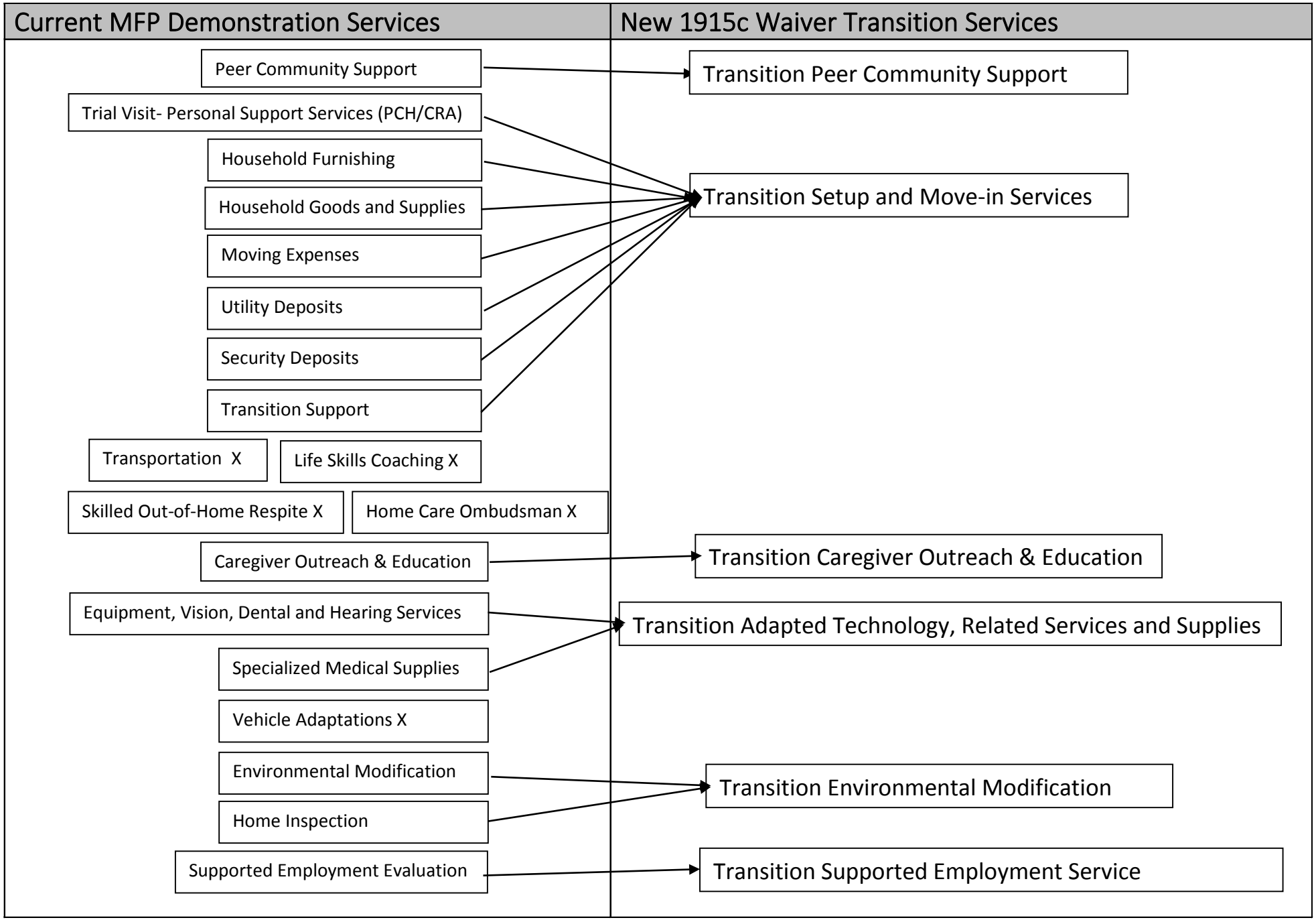
e. Projected last date for transitions

Georgia's projected last date for transitions to MFP is December 31, 2017.

8. Estimated Budget Summary

	Budget Amount 2016	Budget Amount 2017	Budget Amount 2018	Budget Amount 2019	Budget Amount 2020	Total Request Amount
Personnel	$ 530,430.81	$ 541,039.42	$ 554,565.41	$ 571,202.37	$ 588,338.44	$ 2,785,576.45
Fringe Benefits	$ 318,597.96	$ 324,969.92	$ 333,094.17	$ 343,086.99	$ 353,379.60	$ 1,673,128.64
Travel	$ 80,543.28	$ 80,543.28	$ 88,950.00	$ 88,950.00	$ 88,950.00	$ 427,936.56
Equipment						$ -
Supplies	$ 10,500.00	$ 10,626.00	$ 10,753.51	$ 10,882.55	$ 11,013.14	$ 53,775.21
Contractual	$ 8,024,238.00	$ 8,224,843.95	$ 8,430,465.05	$ 8,641,226.67	$ 8,857,257.34	$ 42,178,031.02
Construction						$ -
Benefits	$ 17,183,782.44	$ 17,489,965.45	$ 17,896,362.33	$ 18,273,559.77	$ 18,657,999.26	$ 89,501,669.25
Total Direct Charges	$ 26,148,092.49	$ 26,671,988.02	$ 27,314,190.47	$ 27,928,908.36	$ 28,556,937.80	$136,620,117.13
Indirect Charges						$ -
Total Expense	**$ 26,148,092.49**	**$ 26,671,988.02**	**$ 27,314,190.47**	**$ 27,928,908.36**	**$ 28,556,937.80**	**$136,620,117.13**

The total budget summary above reflects the total federal dollars invested into rebalancing efforts including grant funding and rebalancing/enhanced match funding.


Current MFP Demonstration Services
New 1915c Waiver Transition Services
Peer Community Support
Transition Peer Community Support
Trial Visit- Personal Support Services (PCH/CRA)
Household Furnishing
Household Goods and Supplies
Moving Expenses
Utility Deposits
Security Deposits
Transition Support
Transition Setup and Move-in Services
Transportation X
Life Skills Coaching X
Skilled Out-of-Home Respite X
Home Care Ombudsman X
Caregiver Outreach & Education
Transition Caregiver Outreach & Education
Equipment, Vision, Dental and Hearing Services
Specialized Medical Supplies
Transition Adapted Technology, Related Services and Supplies
Vehicle Adaptations X
Environmental Modification
Home Inspection
Transition Environmental Modification
Supported Employment Evaluation
Transition Supported Employment Service

MFP Long Term Care Ombudsman Specialist- Division of Aging Services

Under general supervision, plans and provides training and technical assistance for community ombudsman services related to two initiatives to assist skilled nursing facility residents' return to living in the community.

Develops and implements state and federal reporting related to transitions based on Minimum Data Set (Section Q) MDS activities.

Organizes and executes the community ombudsman training as well as facilitating collaborations with partners including Area Agencies on Aging, other provider agencies, Centers for Independent Living (CILs) and other State Level Agencies.

Provides information and referrals on long term care issues to the public, residents and other agencies.

Assist State Long Term Care Ombudsman in advocating for policy, regulatory, and legislative changes in long term care specific to Medicaid populations.

Participates in long term care state level planning, development and evaluation activities related to the operation of the ombudsman program and other Medicaid funded initiatives.

ADRC MDS (Q) Options Counseling Specialist

Provide direction, support and feedback to the Area Agencies on Aging (AAA) for the ongoing operation and expansion of Options Counseling based on MDS (Section Q) and community options counseling.

Establish and maintain relationships with other agencies and organizations in the community

Collect and analyze data related to performance indicators and resources

Develop policies and procedures in accordance with laws and regulations related to primary programs

Monitor compliance and evaluate effectiveness and recommend improvements to existing policies including coursework and written exams

Provide technical assistance and training to internal and external service providers regarding policy interpretation and contractual services

Provide leadership for the statewide ADRC Advisory Council

Develop and maintain OC certification process for the Division of Aging Services including coursework, written and oral exams

Serve as subject matter expert for the ADRCs Options Counselor Program

MFP-Budget Specialist-Division of Aging Services

Prepare revenue and expenditure projections for the Money Follows the Person team at the Division of Aging Services

Validate billing and fiscal intermediary invoices

Prepare budget and expenditure reports

Serve as liaison and resource to Division of Aging Services contractors, Area Agencies on Aging and to budget, accounting and Department of Human Services state level staff

Serves on multidisciplinary teams to support program development and administration

MFP-Transition Specialist-Division of Aging Services

Provides direction, support and feedback to the Area Agencies on Aging for the ongoing operation and expansion of transition services

Establish and maintain relationships with other agencies and community organizations providing related services

Collect and analyze data related to performance indicators and services

Develops policies and procedures in accordance with laws and Department of Community Health Policies related to MFP

Monitors compliance and evaluates effectiveness, recommends improvements to existing policies

Serves as member of ADRC State Advisory Council

Serves as point of contact and subject matter expert for MFP Transition operations at DAS

DBHDD Staff for ID/DD Transitions

MFP Specialist

Job Responsibilities include:

- Under general supervision of the MFP Coordinator assists with enrollment and management of Money Follows the Person participants
- Maintain cumulative participant report, statistic report, and quality of life survey (QOL) spreadsheets and submit monthly to DCH along with enrollment documents and day of discharge forms for each participant.
- Assist in identifying eligible participants on the current priority list and work with hospital and regional staff to coordinate program enrollment and QOL assessment prior to discharge.
- Assisting in collecting Transition Fund receipts from providers and maintaining Transition Fund spreadsheets.
- Monitor critical incident notification for MFP participants, and complete sentinel event reporting for each applicable individual.
- Maintain a death report for each deceased individual who was enrolled in MFP program. Report incidents to executive leadership and update on report and Transition Database.
- Update MFP information in Transition database to enable generation of reports. Assist with other information updates as requested.
- Assist with quarterly and semi-annual reports for submission to DCH, as well as program updates and presentations during MFP Steering committee meetings.
- Collect applicable documents from Regional and hospital staff for program management.
- Scan documents, file, and manage transition services filing system, as well as assist with electronic filing.
- Complete data requests as needed.

Qualifications

Bachelors degree in a related field and four years of related experience Or Masters degree in a related field and two years of related experience.

DBHDD - Case Expeditor (6)

- Facilitate DD transition activities & meetings for state hospital transitions Provide TA & training on exceptional rates to providers.
- Acts as a liaison between family, regional, state office, and hospital staff for individuals transitioning from state hospitals.
- Assist consumers, providers, and stakeholders in linkages related to community and/or natural support connections.
- Conduct pre and post site visits of community placements identified for individuals moving from state hospitals to community settings.