

MFP Annual Report Draft Notes

Purpose:

The state has received Medicaid Long-Term Services and Support (LTSS) Rebalancing grant funding and successfully transitioned over 2,000 members (or participants) from institutional care to Home and Community Based Services (HCBS) with a cost-effective approach that has been a 'win-win' for both qualified Medicaid beneficiaries and the state. It is time to tell the story about the successes of the MFP Rebalancing Demonstration and to be accountable to the state regarding the funding received and begin making the case for sustainability of the MFP demonstration grant components into HCBS regular waiver operations.

Who:

- Primary Target: State of Georgia legislators, Medicaid budget decision makers (Committee chairs of HHS, Appropriations)
- Secondary Target: Advocates, DCH staff and leadership, Health related Associations, Care Providers (institutional and community)

Elements with existing data:

- Discuss the growth of the older population and future need for LTSS (population and share of LTSS in the Medicaid expenditures)
- Total MFP demonstration grant funding received and spent (breakout of where the dollars went)
- What did the added/recommended MFP transition services do for members/participants and what was the cost?
- Status of benchmark progress (including transition numbers and target populations)
- Average length of stay (LOS) prior to transition- at discharge how long had they been in the institution
- Discussion of quality of care- qualified beneficiary's perception of quality of care, sentinel events
- Quality of life- Control module, happiness, etc.
- Lower conflict (Conflict free case management applies to HCBS but not institutional care)
- Description of the cost savings (from per person per month cost analysis)
- Quotes from participants
- What is the reinstitutionalization rate? (12 month)**

Potential elements with additional data analysis:

- Economic impact (keeping the dollars in Georgia), tracking of the Social Security dollars pre/post
- Change in the Certificate of Need (CON) in Nursing Home beds (when MFP started, what is the change—slowed the growth tied with eligible population) Are the beds in rehab or LTC?
- How long does it take to recoup the demonstration funding spent on additional services/transition coordination?

Approach:

- Charts and graphs
- Infographics
- PhotoVoice images and narrative
- PowerPoint & print (make it as clear and short as possible)

Recommendations:

Embed transition services and transition coordination/case management in HCBS waiver operations to continue managing the demand of LTSS on the state Medicaid budget, while also respecting the right of individuals with disabilities to live in the most integrated setting possible, as outlined in the *Olmstead v. L.C.* decision.