



Highlights from Recent Studies of the Money Follows the Person (MFP) Demonstration

**Presentation for the National Association of State
Mental Health Program Directors**

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Roadmap

- **Overview of the Money Follows the Person (MFP) demonstration**
 - The demonstration
 - The national evaluation
- **Prevalence of mental health conditions among MFP participants**
- **Highlights from recent work**
 - High performing programs for people with mental health conditions

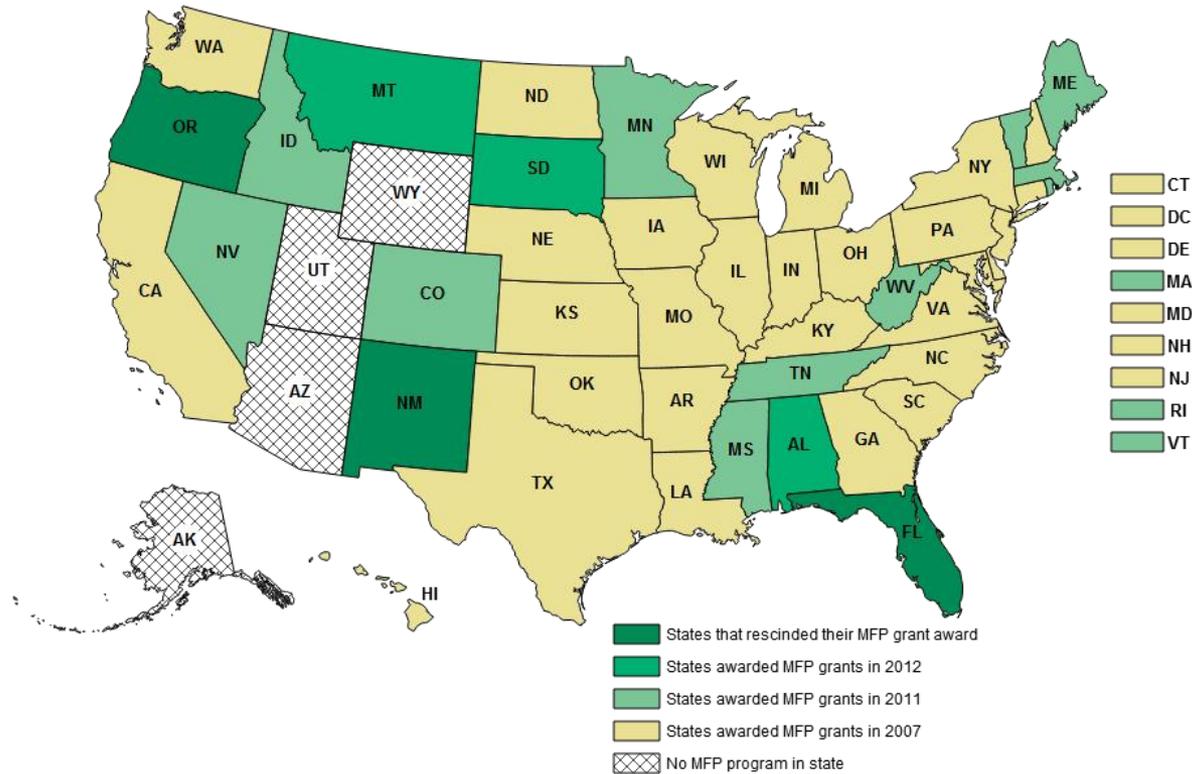
Money Follows the Person Demonstration

Principal Aims

- Reduce reliance on institutional care
- Develop community-based long-term care opportunities
- Enable people with disabilities to participate fully in their communities

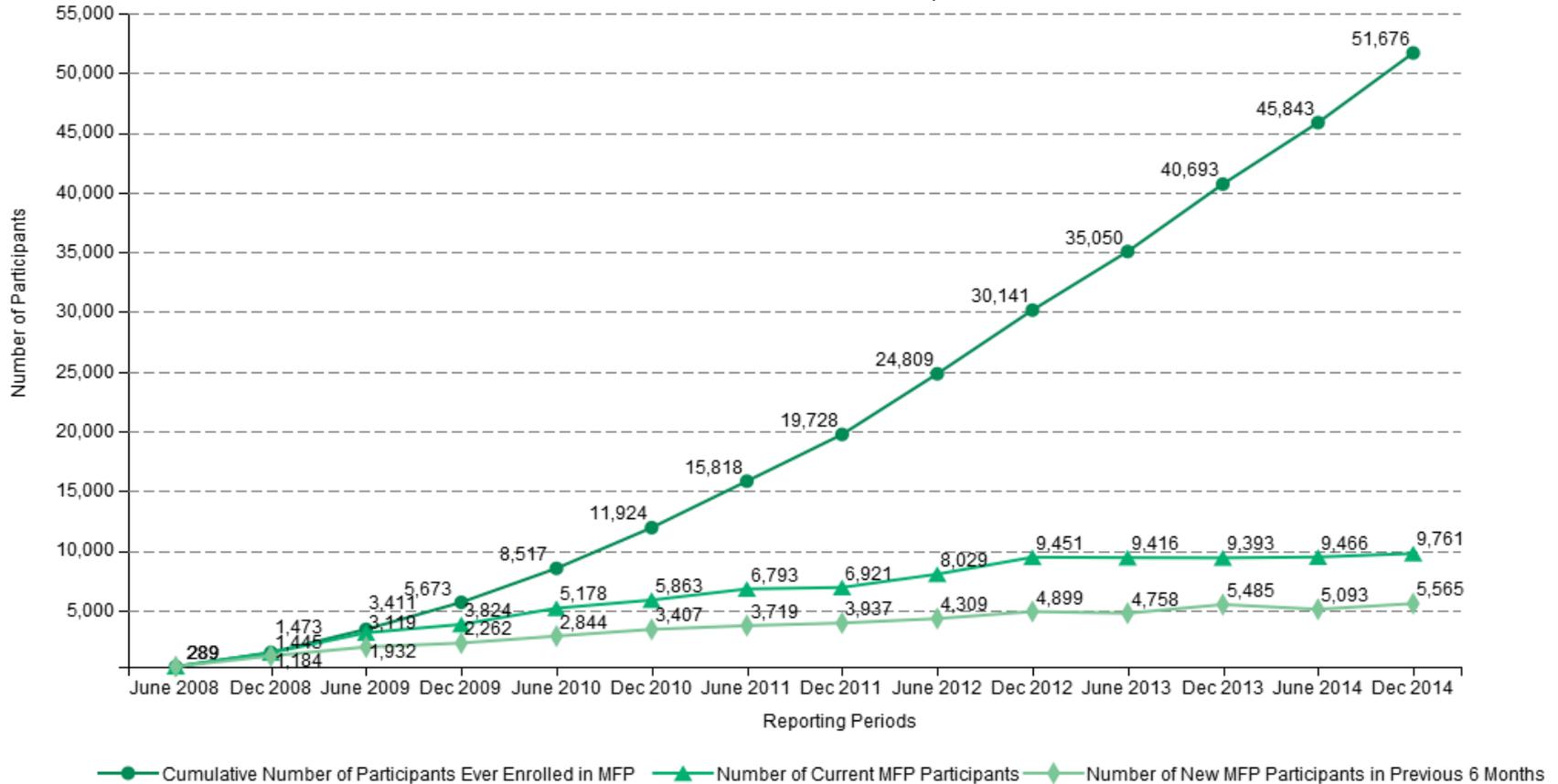


43 States and the District of Columbia Participate in MFP



Transitions to Date

Semiannual Cumulative Number of Transitions, Number of Current MFP Participants, and Number of New Participants in the Previous Six Months, 2008 - 2014



Source: MFP grantees' semiannual progress reports.

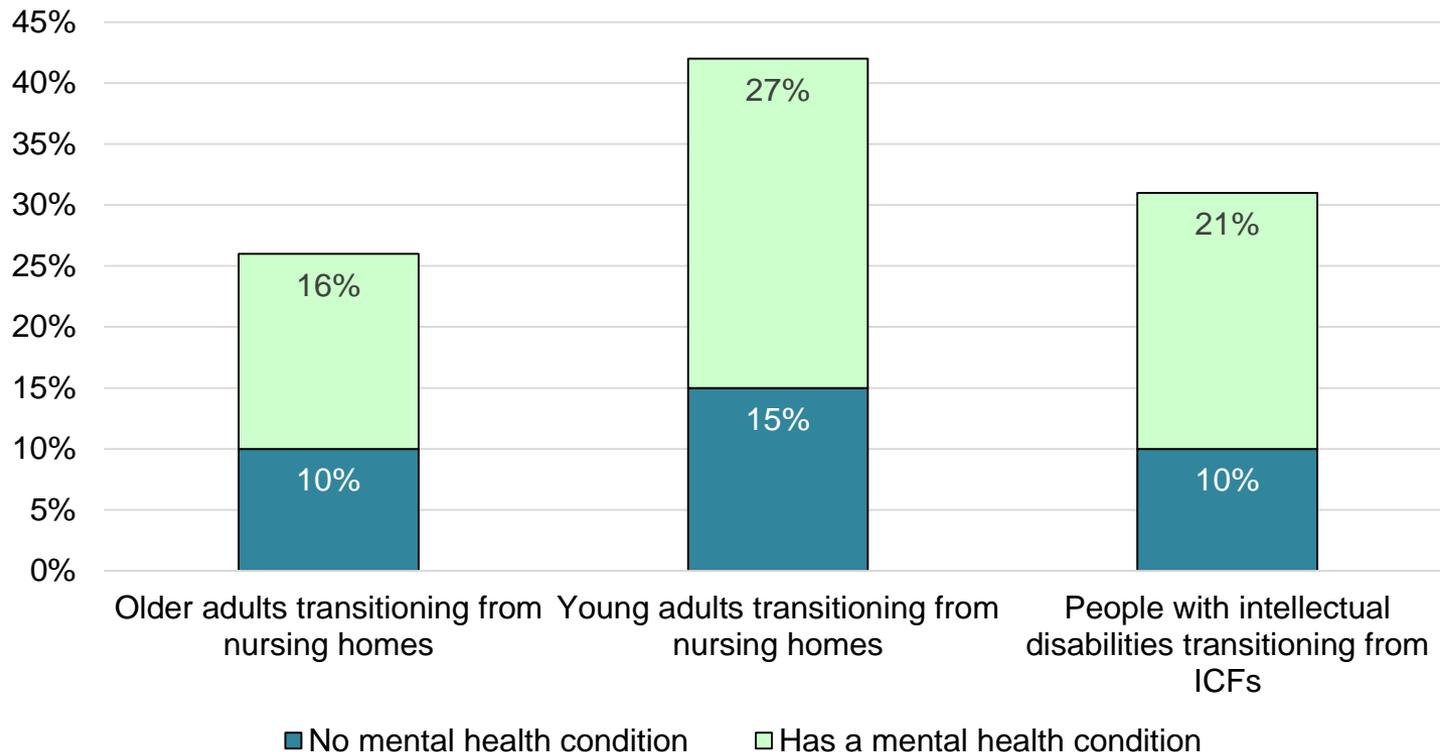
The National Evaluation of MFP Began in 2007

- **Two primary goals:**
 - **Assess implementation**
 - **Estimate outcomes by targeted population**
 - Older adults in nursing homes
 - Young adults in nursing homes
 - People with intellectual disabilities in intermediate care facilities
 - People with mental health conditions
- **Key research questions:**
 - **What are the demonstration's effects on transition rates?**
 - **Is MFP helping states rebalance their LTSS expenditures?**
 - **To what extent are MFP transitions successful?**
 - **How does MFP affect post-transition outcomes and expenditures?**
 - **How do MFP participants fare in the community? What is their quality of life?**

MFP Participants with Mental Illness (MI)

Mental Health Conditions Are Common Among MFP Participants

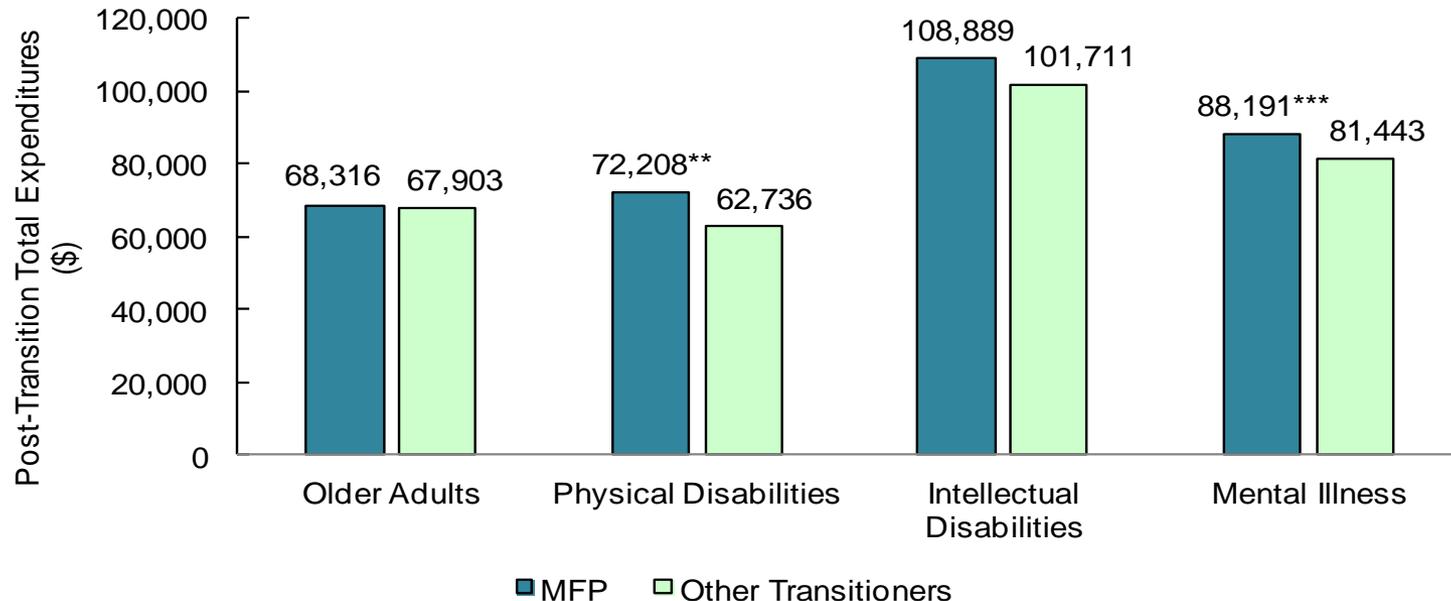
Percentage of MFP Participants with a Mental Health Condition Recorded in Claims by Target Population



Source: Mathematica analysis of Medicaid and Medicare claims records for MFP participants who transitioned between 2008 and 2010 (Irvin et al. 2014)

MFP Participants with Mental Illness Have Greater Post-Transition Expenditures Than Others

Average total expenditures during the 12 months after transition to community living for MFP participants and matched samples of other transitioners, by target population, 2008–2010



Source: Mathematica analysis of average Medicaid and Medicare expenditures for Medicaid beneficiaries who transitioned from institutional to community-based long-term services and supports from 2008 through 2010.

**Highlights from Recent Study:
“The Right Supports at the Right Time: How
Money Follows the Person Programs Are
Supporting Diverse Populations
in the Community”**

Noelle Denny-Brown • Brynn Hagen • Ciara Bradnan • Susan Williams

Full report available at: <http://www.mathematica-mpr.com/our-publications-and-projects>

Motivation

- **People exiting long-term care facilities need diverse types of long-term services and supports (LTSS) to relocate to a residential setting and live successfully in the community.**
- **MFP grants allow states to:**
 - establish formal transition programs
 - cover pre-transition planning and up-front expenses
 - offer participants an enhanced set of home- and community-based services (HCBS) to sustain them during their first year in the community
- **The success of the MFP demo depends on grantees' ability to:**
 - establish effective transition programs
 - assemble a package of LTSS so those who transition can live in the community for as long as possible
 - sustain structural changes to improve access to HCBS

Research Questions

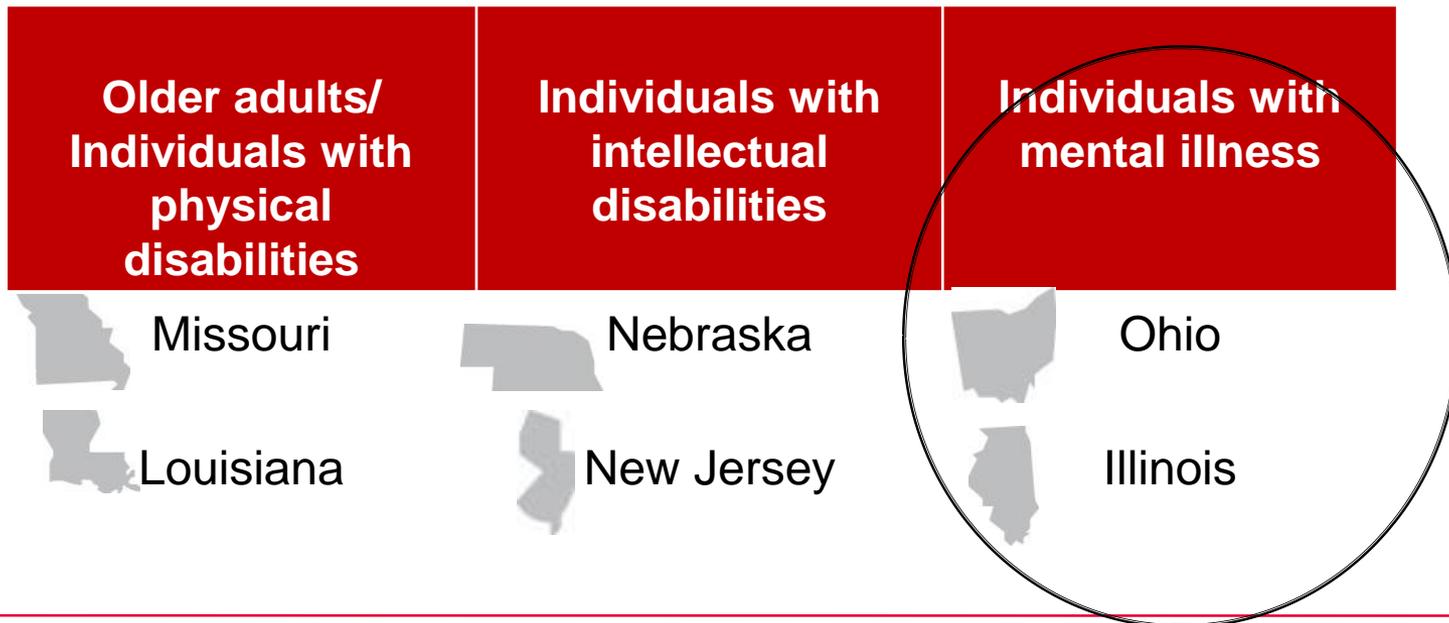
Which MFP programs appear to be serving people with diverse needs effectively?

What factors seem to contribute to effective LTSS system performance for each MFP participant group?

How are MFP programs leveraging the resources made available under the demonstration and other rebalancing initiatives to better serve diverse populations in HCBS settings?

Case Studies

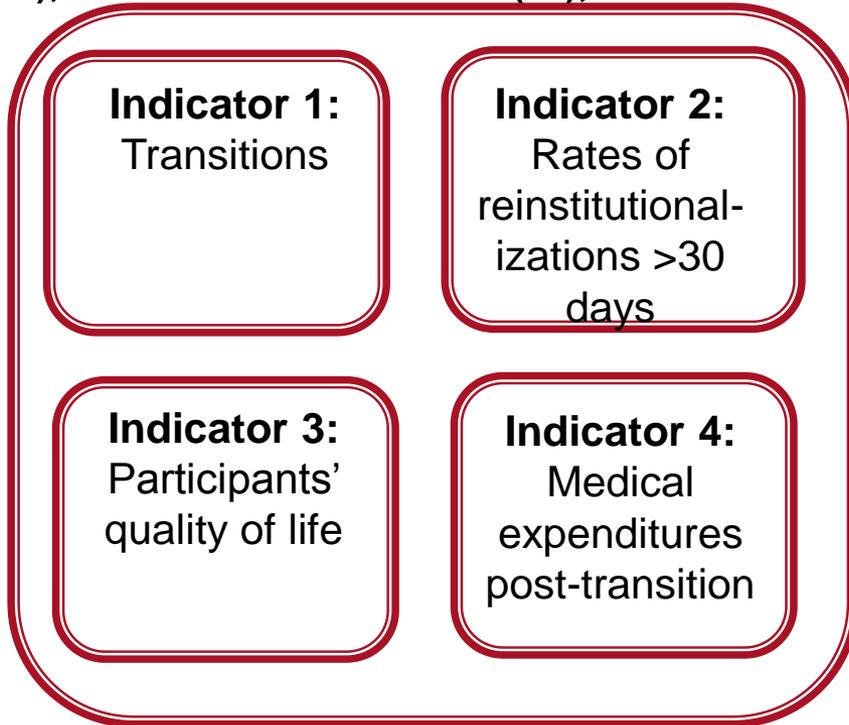
- Interviewed MFP program staff and state officials to learn about the factors that have contributed to their strong performance
- Prepared population specific case studies that examine how six MFP programs have used MFP funds to better serve populations



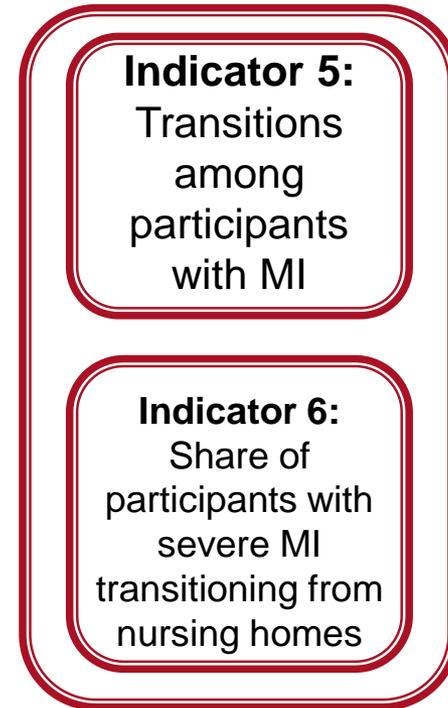
Performance Indicators

Assessed grantees' performance serving MFP participant groups on six indicators

Older adults & Individuals with physical disabilities (PD), intellectual disabilities (ID), or mental illness (MI)



Individuals with MI

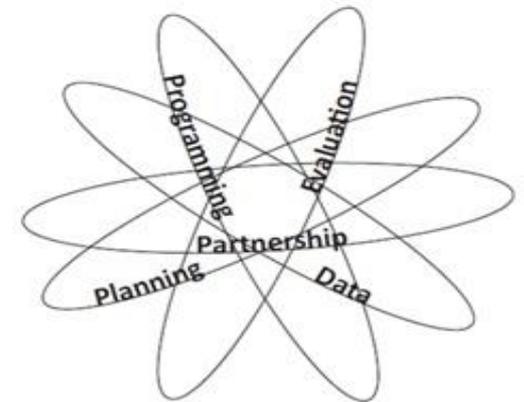




LESSONS
LEARNED

Applying Lessons Learned to Improve Transitions and LTSS System Performance

- MFP programs have acquired knowledge about what it takes to execute a successful transition and what is needed to effectively serve populations with complex needs.
- **Lessons Learned**
 - Early identification of an individual's needs and preferences is important to facilitate timely linkages to services
 - **Flexible funding offer states the ability to:**
 - Provide more intensive level of support in the community
 - Test new service models
 - Improve housing options
 - Improve service delivery





Ohio's MFP Program



Early identification of an individual's needs and preferences is essential

Ohio strengthened its assessment and transition processes.

- **Trained behavioral health clinicians to serve as transition coordinators.**
 - The clinicians are assigned to MFP participants already linked to the behavioral health system, ensuring continuity of care.

- **Integrated the CAGE questionnaire into its readiness assessment tool to better screen for alcoholism and behavioral health while in the institution.**
 - The information that the tool provides enables staff to effectively match each participant's identified needs with appropriate services before the actual transition occurs.



Flexible funding offers states the ability to provide more intensive level of support

Ohio addressed identified gaps in services.

- **Analyzed its quality monitoring data and learned that many participants who returned to an institution did so within 90 days post-discharge.**
- **Extended transition coordination for 90 days post-discharge, leading to fewer reinstitutionalizations and emergency room visits.**
- **Transition coordinators can provide during the first 90 days:**
 - **Benefits coordination**
 - **Housing navigation**
 - **Assessment of service needs**
 - **Community linkages**
 - **Purchase of goods and services**



Flexible funding offers states the ability to test new service models

Ohio addressed barriers to transition.

- **In 2014, Ohio launched “Recovery Requires a Community.”**
 - **Uses state Medicaid dollars transferred to the Department of Mental Health and Addiction Services to help people with MI exit an institutional setting.**

- **Funds are projected cost savings and cover:**
 - **Specific non-Medicaid services (peer support) and supports (payment of utility arrears) needed by that individual to re-establish a residence in the community**
 - **Short-term gaps in coverage for waiver services**
 - **Transitional housing costs until individual secures a permanent source of housing assistance or income**

- **Available to those with MI who require temporary financial assistance to transition and/or remain stable in the community.**



Illinois' MFP Program



Improved Housing Options

Illinois (IL) improved housing options for participants.

- **Provides bridge subsidies to people with MI who are in need of housing.**
 - **Funding allows participants to move before a permanent source of funding for housing assistance is secured.**
 - **About 87 percent of Illinois' MFP participants with mental illness have used the bridge subsidies from 2009 - 2013 (University of Chicago at IL, 2013 Year End Report).**

- **Hired three housing coordinators to outreach to local public housing authorities, increase housing development, and create a statewide registry of available housing units.**





Improved Service Delivery

IL uses an assertive community treatment (ACT) team-based approach.

➤ **Transition coordinators match participants with an ACT team based on individual needs and preferences and availability of needed services.**

➤ **ACT team offers:**

- **Multidisciplinary treatment team**
- **Flexible treatment and supports**





Improved Service Delivery (*Cont.d*)

IL provides extensive educational supports.

➤ **MFP participants in IL have complex medical and behavioral health needs.**

- **A majority (73 percent) of MFP participants ever enrolled have a major mental health condition (UIC, 2013 Year End Report).**
- **High shares of participants with mental illness also have diabetes (51 percent), chronic obstructive pulmonary disease (40 percent), or congestive heart failure (39 percent) (UIC, 2013 Year End Report).**

➤ **IL partners with the UIC to provide educational supports to:**

- **Transition coordinators**
- **Providers**
- **Program staff**

Other Lessons Learned

- **Quality monitoring systems are key to tracking participants' outcomes.**
- **Strong partnerships with stakeholders are important to coordinate efforts.**

Comments and Questions?

Thank you!

For More Information

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- **Reports can be accessed at:**
 - [Medicaid.gov](http://www.Medicaid.gov)
 - <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/balancing/money-follows-the-person.html>
 - [Mathematica-mpr.com](http://www.Mathematica-mpr.com)
 - <http://www.disabilitypolicyresearch.org/our-publications-and-findings/projects/research-and-evaluation-of-the-money-follows-the-person-mfp-demonstration-grants>