# POLICIES

# AND

# PROCEDURES

# FOR

# MONEY FOLLOWS THE PERSON

## GEORGIA DEPARTMENT OF COMMUNITY HEALTH

## MEDICAID DIVISION

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# Chapter 600: Overview, Authority and Recruiting

## *600.1 Introduction, Goals and Objectives*

In May 2007, the Centers of Medicare and Medicaid Services (CMS) awarded Georgia the Money Follows the Person (MFP) Rebalancing Demonstration grant established by the Deficit Reduction Act of 2005 and amended by the Affordable Care Act of 2010. Money Follows the Person is a ten year demonstration grant awarded to the State of Georgia and is administered by the Department of Community Health (DCH). As the State Medicaid Authority, DCH acts as the overall coordinator for MFP policy and operational issues and the administrator of the MFP rebalancing demonstration project.

The MFP demonstration project operates through two interagency agreements – an agreement with the Department of Human Services, Division of Aging Services (DHS/DAS), and the Department of Behavioral Health and Developmental Disabilities, Division of Developmental Disabilities (DBHDD-DD). These interagency agreements increase capacity and leverage the resources and expertise of multiple agencies while assuring the continued provision of HCBS after the one-year MFP transition period. MFP is designed to transition 2,142 qualified Medicaid members from inpatient facilities (hospitals, nursing facilities, and intermediate care facilities for members with developmental disabilities) to qualified community residences.

MFP supplements and expands the current Olmstead Initiative using transition services and waiver programs that offer alternatives to institutional placement for Medicaid eligible individuals. In concert with Georgia's Olmstead Plan, MFP is transitioning older adults, and participants with developmental and physical disabilities. To ensure continued collaboration between MFP and the Olmstead Planning Committee, the Commissioner of Medicaid (DCH) has designated the Deputy Chief of Medicaid to serve on the Olmstead Planning Committee. The MFP Project Director reports to the Deputy Chief of Medicaid.

- Olmstead Initiative - The Georgia's Olmstead Initiative has evolved over time to identify areas to make quality community services more available and accessible to Georgians with disabilities within the resources available; to call for more consistency in statewide plans for identifying those who are eligible for community placement and evaluating their needs for services; and to call for more person-centered planning to closely involve the individual and family in deciding what services are suitable.
- Georgia Home and Community Based Waivers
    - Elderly and Disabled Waiver –Though this waiver program maintains a wait list for eligible individuals, 100 waiver slots are

held for older adult MFP participants and MFP participants with developmental and physical disabilities of all ages to transition each year of the project into the Elderly and Disabled Waiver program, ensuring that services are sustained after the MFP one-year transition period.

- Independent Care Waiver Program (ICWP) for Persons with Physical Disabilities and/or Traumatic Brain Injury (TBI) between the ages of 21 and 64. Through this waiver DCH has appropriated an additional 100 slots per year for MFP participants with physical disabilities and/or TBI between the ages of 21 and 64 to transition into the ICWP waiver.
- New Options Waiver (NOW) and Comprehensive Supports Waiver (COMP) for Persons with Developmental Disabilities (DD). Under the Interagency Agreement with DBHDD-DD, the State has a yearly appropriation for an additional 150 waiver slots in COMP for persons transitioning using MFP.

**Goals and Objectives of Georgia's MFP Demonstration**
MFP addresses the four demonstration objectives outlined in the Deficit Reduction Act of 2005 and amended by the Affordable Care Act of 2010:

**Objective 1: To increase the use of home and community-based, rather than institutional, long-term care services.**

In an effort to provide additional alternatives to institutional stays, MFP will utilize Home and Community Based Waiver Services (HCBS) coupled with MFP transition services to resettle Medicaid eligible, qualified individuals currently residing in inpatient facilities (i.e. hospitals, nursing facilities, ICFs) for a minimum of 90 consecutive days. There are some limitations to the 90 consecutive day eligibility policy--short-term rehabilitation stays of less than 90 days will not count toward meeting MFP eligibility criteria. For example, if an individual enters a nursing facility for 90 days of rehabilitation following surgery, and the stay is not intended to be a long-term, the 90 day stay will not count toward MFP eligibility. If the stay is longer than 90 consecutive days, the remainder of the stay after 90 consecutive days may be counted toward MFP eligibility.

Once transitioned, participants will receive HCBS waiver services as long as they meet waiver Level of Care criteria. Participants will receive all State Plan services for which they are eligible and that are appropriate to meet their needs, including mental health services, non-Medicaid federally funded services, State funded programs and local community funded services.

Through marketing, development of supportive peer networks and identifying individuals who prefer to transition to community settings, the State will move toward rebalanced spending in favor of home and community-based services and

supports. Over the period of the grant, the State will:

- Transition 2,142 persons to community settings,
- By Calendar Year 2016, achieve increase in HCBS expenditures to 50% as compared to long-term services and support (LTSS) expenditures,
- Use the enhanced Federal Medical Assistance Percentage (FMAP) rate to reinvest savings realized by the State into additional waiver services.

**Objective 2: To eliminate barriers and mechanisms, whether in State law, State Medicaid Plan, State budgets, or otherwise, that prevent or restrict the flexible use of Medicaid funds to enable Medicaid-eligible individuals to receive support for appropriate and necessary long-term services in setting of their choice.**

MFP stakeholders identified numerous barriers to effective systems for resettlement and explored ways to eliminate these barriers to transitioning to the community from institutions. Chief among the identified barriers were:

- Lack of available, affordable, accessible and integrated housing and rental subsidies for participants with limited income and no community supports,
- Lack of financial resources for one-time expenditures needed to transition,
- "Fear of the unknowns" associated with relocation,
- Lack of a coordinating system for planning and service delivery among State, regional and local entities, and
- Lack of a unified information and referral system to all waivers that linked interested participants to services and resources needed for transition.

MFP funding supports a broad range of transition services, including resettlement assistance, through local peer support networks that assist participants/members with community knowledge, experience and local resources. The MFP Housing Manager and workgroup members will continue to develop opportunities and resources to assist MFP participants with housing options and increase the State's ability to address long and short term goals for expanding Georgia's supply of affordable, accessible and integrated housing.

MFP is funding transition services (see *Appendix B: MFP Transition Services Table*) to help people resettle in the community. MFP will enhance current systems for accessing information and services by incorporating an ongoing team approach to training. A team approach to training will improve coordination between systems. All field personnel under contract to deliver services to MFP participants (i.e. MDSQ OCs, TCs, LTC ombudsmen), DBHDD DD/MFP office staff, DHS/DAS/MFP office staff, waiver case managers and interested field personnel from stakeholder organizations will participate in team training.

MFP developed a collaborative resource network by building on the Aging and Disability Resource Connection (ADRC) Network, the Georgia Centers for

Independent Living, Long Term Care Ombudsmen and the DBHDD Regional Network and other service points. The collaborative resource network has resulted in a transparent, easily accessible and open system for obtaining services, long-term care information and resources, knowledge of where to go for assistance and how to obtain basic information. These processes will strengthen the coordinating systems for planning and service delivery and unify referral processes across all waivers.

**Objective 3: To increase the ability of the State Medicaid Program to assure continued provision of home and community-based long-term services to eligible individuals who choose to transition from an institution to a community setting.**

Planning for MFP takes into account available resources and the responsibility to provide 'choice' to Medicaid beneficiaries' eligible for long-term services and support. For the state to facilitate the movement of individuals from institutional settings to community-based settings, requests for appropriations for waiver services or 'slots' will be made for each budget period. MFP participants will not be referred to a waiver program waiting list unless the number of qualified MFP candidates exceeds the reserved capacity of the waiver. Through reserved capacity in HCBS waiver programs, transitioning participants enter these waivers immediately upon discharge from the institution.

The state continues HCBS services to transitioned individuals beyond the demonstration period. These transitioned individuals may continue to receive waiver services as long as they meet the institutional level of care criteria for services offered in Georgia's HCBS waivers. At any point that they no longer meet waiver criteria, participants are assisted with Medicaid State-Plan services, non-Medicaid services and state and community services as their needs and eligibility require.

**Objective 4: Ensure that a strategy and procedures are in place to provide quality assurance for eligible individuals receiving Medicaid home and community-based long term services and support and to provide for continuous quality improvement in such services and support.**

Most MFP participants enter an appropriate waiver on the day of discharge from the inpatient facility. They are afforded the same level of safeguards as those available to other Medicaid members enrolled in existing waivers as described in 1915c waiver Appendix H. Through an ongoing process of discovery, remediation and improvement, the Department of Community Health (DCH) assures that each waiver provides for a Quality Management Strategy (QMS). All problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. DCH continues to implement and improve the Quality Management Strategy for each waiver as specified in 1915c Appendix H.

MFP participants receive the same or additional assurances and safeguards available to MFP participants enrolled in HCBS waivers. The following reports are regularly generated and reviewed to meet the QMS assurances: 1) level of care determinations, 2) service plans, 3) identification of qualified providers, 4) participant health and welfare, 5) waiver administrative oversight and evaluation of QMS, 6) financial oversight of the waivers, 7) risk management processes, 24/7 emergency backup and critical incident reporting systems.

MFP field personnel are required to report critical incidents and participant complaints occurring during the transition process; from the date the participant signs the *MFP Informed Consent for Participation* and throughout the MFP service period (in segments or consecutive days, but for a total period not to exceed 365 calendar days). All MFP field personnel are required to provide details of and implement process improvement plans. Complaints about MFP transition services can be made to any MFP field personnel, DBHDD DD/MFP office staff, DHS/DAS MFP office staff or DCH staff. See Appendix AB: *MFP Sentinel Event Form* and Appendix AE: *MFP Participant Complaint Form* for the reporting tools. *Sentinel Event Forms and Participant Complaint Forms* are reviewed by DCH/MFP staff and reported to CMS.

## *600.2 The MFP Policy & Procedure Manual*

The *MFP Policy and Procedures Manual* contains a Table of Contents, chapters, sub-sections and appendices. Chapters are identified in the order that represents a general process flow of a participant entering MFP from referral through continuity of care post demonstration.

Chapters and sub-sections are numbered for easy referencing. Each section gives information about a particular topic. For example, this Section (600.2) contains information on the arrangement of information in the MFP Policy and Procedure Manual. The appendices are generally arranged to match the flow of participant processes. For example, *Appendix C, Tri-fold Recruiting Brochure*, is a tool used by MFP field personnel to recruit potential participants. Acronyms and abbreviations are alphabetically listed.

The *MFP Policy & Procedures Manual* is written for MFP field personnel who are implementing the Demonstration. The structure of each chapter and section is consistent and includes policy statements, topics, procedures, guidance, documentation and references. Policy Statements are brief definition or statements of the policy which governs a topic. Procedures provide instructions to field personnel for implementing policies. Further Guidance sections contain specific examples of how the field personnel are to apply the policy, under specific conditions (who, specific conditions and how). The Reference statement tells the reader where to find related information. References are used to avoid duplicating text contained in other sections and chapters. Subheadings accompany lengthy narratives for easy reference. Vertical lists use bullets when actions occur

in no prescribed order. If actions occur in a specific sequence, lists are numbered to identify the sequence. Subheading including, FOR FURTHER GUIDANCE, NOTE or EXCEPTION identify additional information made available for reference in the Appendices. The complete name of an abbreviation or acronym is written in the first use in each section; thereafter in the section, the acronym or abbreviation is used.

EXCEPTION: Because of the frequent use of abbreviations and acronyms listed below, they are written only once per section:

| | |
|---|---|
| AAA | Area Agency on Aging |
| ACA | (Patient Protection and) Affordable Care Act of 2010 |
| ADRC | Aging and Disability Resource Connections |
| CCSP | Community Care Services Program, waiver services |
| CIL | Center for Independent Living |
| CM | Case Manager (refers to case managers, care coordinators, and support coordinators) |
| CMS | Centers for Medicare and Medicaid Services |
| DAS | Division of Aging Services within DHS |
| DBHDD | Division of Behavioral Health and Developmental Disabilities |
| DCH | Department of Community Health |
| DHS | Department of Human Services |
| DFCS | Division or Department of Family and Children Services |
| DRA | Deficit Reduction Act of 2005 |
| FMAP | Federal Medical Assistance Percentage |
| HCBS | Home and Community Based Services |
| ICF | Intermediate Care Facility |
| ICWP | Independent Care Waiver Program |
| ITP | Individualized Transition Plan |
| MAO/PMAO | Medical Assistance Only/Potential Medical Assistance Only |
| MDS/MDSQ | Minimum Date Set, MDS Section Q |
| MFP | Money Follows the Person Demonstration Project |
| PSS | Personal Support Services |
| SILC | State Independent Living Council |
| SOURCE | Service Options Using Resources in Community Environment |

In addition to those conditions for participation in the Medicaid Program which are outlined in Part I Policies and Procedures for Medicaid/PeachCare for Kids Manual applicable to all Medicaid Providers, Money Follows the Person (MFP) providers must adhere to the policies and procedures in this manual and to all applicable Standards.

## *600.3 MFP Project Benchmarks*

MFP measures the progress of five benchmarks, two specifically required by CMS and three required by DCH. Stakeholders identified these benchmarks to focus on lasting improvements and enhancements to the home and community based long-term services and support to enable money to follow the person from

the institution into the community. Continuous reviews, participant assessments, surveys, data collection, community reviews and stakeholder input provide feedback about progress toward meeting the benchmarks and the services being provided. This feedback will be used to continuously adjust project activities to assure that the benchmarks and stakeholder interests are met.

The two required CMS benchmarks are:

1. **The projected numbers of eligible individuals in each target group who will be assisted in transitioning each calendar year of the demonstration:**

   MFP will transition 2,142 participants from institutional care to community-based settings. Focus will be placed on three specific populations:

   - older adults
   - participants with developmental disabilities
   - participants with physical disabilities/TBI

**Table 600.3.1 MFP Transitions by Target Group**

| 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** |

2. **Increasing HCBS expenditures under Medicaid for each year of MFP.** Georgia will increase the HCBS expenditures under Medicaid each year of the demonstration by transitioning individuals out of inpatient facilities to community settings.

   As indicated in the table below:

   - DCH reports annual increases in Medicaid HCBS spending for all HCBS populations served,

- DCH anticipates 2-3% annual increases in all HCBS spending CY2012 – CY2016
- Rebalancing funds will be reinvested in the MFP demonstration for the development of new services that support MFP participants and growth of HCBS infrastructure.

**Table 600.3.2 Total Georgia Medicaid HCBS Spending**

| Calendar Year | **HCBS Expenditures** | **Transition Expenditures (MFP)** | **Total HCBS Expenditures** | **% Increase in HCBS** |
|---|---|---|---|---|
| **Actual 2010** | $801,738,252 | $6,115,062 | $807,853,314 | |
| **Actual 2011** | $820,388,057 | $16,189,468 | $836,577,525 | 3% |
| **Projected 2012** | $954,317,756 | $22,428,008 | $976,745,764 | 14% |
| **Projected 2013** | $973,404,111 | $27,203,634 | $1,000,607,745 | 2% |
| **Projected 2014** | $992,872,194 | $28,170,167 | $1,021,042,361 | 2% |
| **Projected 2015** | $1,012,729,638 | $29,172,464 | $1,041,902,102 | 2% |
| **Projected 2016** | $1,039,566,973 | $30,211,904 | $1,069,778,877 | 3% |

**Three additional benchmarks have been selected by stakeholders**

**3. Improving Processes for Screening, Identifying and Assessing Candidates for Transitioning to increase the rate of successful transitions by 5% each year of the demonstration.**

This benchmark sets up indicators that measure the performance of Georgia's system for transitioning participants. These indicators are designed to track and measure outputs and outcomes of screening, assessment and successful resettlement in the community, based on the current system in place as compared to the MFP system.

For the purpose of this benchmark, a successful transition is considered to be (1) a Medicaid eligible older adult or person with a disability, (2) who needs HCBS services to reside in the community, (3) who transitions to a qualified community-based residence and (4) who resettles in the community for a minimum of 365 days, with or without interruptions in that period due to re-institutionalizations. As funds are realized by the state based on the enhanced FMAP, these funds will be used to develop HCBS waiver service "slots." The following lists several performance indicators that can be tracked for each system (current and MFP):

- Number of completed MFP screenings
- Number of MFP participants discharged from inpatient facilities, assigned to MFP and entering home and community services
- Number of fully completed transitions (365 days in the community)

A manual tracking Excel spreadsheet is used to collect and analyze data beginning with the first MFP screenings in September 2008. Currently,

potential candidates are identified through the use of the Minimum Data Set, Section Q (MDSQ). The screening process includes an interview to explain the transition process and provide information on and assistance with applications for home and community based services. The following table reports the transition tracking system performance data. The numbers are projected based on MFP Benchmark #1.

**Table 600.3.3 MFP Transition Tracking System**

| Performance Indicators | Actual CY2008 | Actual CY2009 | % Increase | Actual CY2010 | % Increase | Actual CY2011 | % Increase |
|---|---|---|---|---|---|---|---|
| **Completed transition screenings (not DD)** | 4 | 126 | 97% | 367 | 66% | 327 | -12% |
| **Completed ITPs/ISPs** | 22 | 204 | 89% | 298 | 32% | 299 | 0% |
| **Transitioned/ Discharge to HCBS Waiver** | 22 | 198 | 89% | 249 | 20% | 286 | 13% |
| **Completed 365 days of MFP** | 0 | 22 | 100% | 184 | 88% | 237 | **22%** |
| **Performance Indicators (2012 – 2016)** | **Projected CY 2012** | **Projected CY2013** | **Projected CY2014** | | **Projected CY2015** | **Projected CY2016** | **% Increase** |
| **Completed SEPs/ISPs** | 278 | 320 | 368 | | 423 | 486 | 15% |
| **Transitioned/ Discharge to HCBS waiver** | 275 | 303 | 333 | | 366 | 403 | 10% |
| **Completed 365 days of MFP** | 275 | 301 | 316 | | 332 | 349 | **5%** |

The MFP Transition Tracking System allows the state to track, analyze, and report on the performance of the system. Transition Tracking System data continues to be collected, analyzed, trended and reported to the MFP Evaluation Advisory Team.

**4. Increase HCBS expenditures relative to institutional long-term expenditures under Medicaid for each year MFP.**

MFP increases the HCBS expenditures under Medicaid each year of the demonstration program versus institutional long-term care by transitioning individuals out of nursing homes and Intermediate Care Facilities (ICF).

As indicated in the table below:

- DCH anticipates an overall expenditure increase in LTC and all of the community based programs by CY 2016.
- Projected 2% increase in Institutional Expenditures and 2-3% increase in LTSS Community Expenditures (from Benchmark #2).

**Table 600.3.4 Long-Term Care Services- Rebalancing Process**

| Calendar Year | HCBS Expenditures with 440 | Transition Expenditures (MFP) | Institutional Costs (COS 110 and 160) | Rebalancing % |
|---|---|---|---|---|
| **Actual 2010** | $801,738,252 | $6,115,062 | $1,030,426,149 | 44% |
| **Actual 2011** | $820,388,057 | $16,189,468 | $1,015,048,007 | 45% |
| **Projected 2012** | $954,317,756 | $22,428,008 | $1,030,273,727 | 49% |
| **Projected 2013** | $973,404,111 | $27,203,634 | $1,045,727,833 | 49% |
| **Projected 2014** | $992,872,194 | $28,170,167 | $1,056,185,111 | 49% |
| **Projected 2015** | $1,012,729,638 | $29,172,464 | $1,061,466,037 | 50% |
| **Projected 2016** | $1,039,566,973 | $30,211,904 | $1,066,773,367 | 50% |

**5. Increase number of participants living on their own or with family instead of in a group setting.**

DCH/MFP along with contractor agencies DHS/DAS and DBHDD DD and the State Housing Finance Authority (DCA), will collaborate to increase the available options of affordable, accessible, supportive and integrated housing in an unprecedented effort to remove barriers to community living experienced by Medicaid members and MFP populations (older adult and people with disabilities).

DCH/MFP is participating in the state-wide HUD Section 811 housing development initiative being led by the Department of Community Affairs (DCA). The DCH/MFP Housing Manager will create a coordinated system that links institutional residents in need of housing with MFP and HCBS waiver services to housing agencies with available housing resources.

MFP will identify, monitor and report on the following housing development goals:

- Number and location of MFP participants returning to live with family members (discharge day list)
- Number and location of MFP participants returning to home owned by participant
- Numbers selecting this option as 1st Choice during the planning phase

**Table 600.3.5 Baseline Count of Housing Choice**

| Housing Choice<br>Calendar Year | DAS Regions | Preferred<br>01 - Own Home | 02 - Fam home | Grand Total |
|---|---|---|---|---|
| CY2008 | Central Savannah River | | 1 | 1 |
| CY2008 Total | | | 1 | 1 |
| CY2009 | Atlanta | 3 | 17 | 20 |
| | Central Savannah River | 3 | 6 | 9 |
| | Middle GA | | 1 | 1 |
| | NE GA | 1 | 1 | 2 |
| | NW GA | | 2 | 2 |
| | Three Rivers | | 1 | 1 |
| | (blank) | 1 | | 1 |
| CY2009 Total | | 8 | 28 | 36 |
| CY2010 | Atlanta | 7 | 23 | 30 |
| | Central Savannah River | | 6 | 6 |
| | Coastal GA | 1 | 2 | 3 |
| | GA Mountains | 2 | 4 | 6 |
| | Middle GA | 1 | 3 | 4 |
| | SW GA | 1 | 4 | 5 |
| | Three Rivers | | 1 | 1 |
| | (blank) | | 1 | 1 |
| CY2010 Total | | 12 | 44 | 56 |
| CY2011 | Atlanta | 5 | 16 | 21 |
| | Central Savannah River | 4 | 10 | 14 |
| | Coastal GA | 3 | 3 | 6 |
| | GA Mountains | 1 | 3 | 4 |
| | Middle GA | 1 | 2 | 3 |
| | NE GA | 1 | | 1 |
| | River Valley | 1 | 2 | 3 |
| | Southern GA | 5 | | 5 |
| | Three Rivers | 1 | 3 | 4 |
| | (blank) | 2 | 2 | 4 |
| CY2011 Total | | 24 | 41 | 65 |
| CY2012 | Atlanta | 1 | 3 | 4 |
| | Central Savannah River | 1 | 5 | 6 |
| | Coastal GA | 1 | 2 | 3 |
| | GA Mountains | 1 | 2 | 3 |
| | Heart of GA | 1 | 1 | 2 |
| | Middle GA | 1 | 1 | 2 |
| | NE GA | 1 | 1 | 2 |
| | NW GA | 2 | | 2 |
| | River Valley | 1 | | 1 |
| | Southern GA | 1 | | 1 |
| | SW GA | 1 | 2 | 3 |
| | Three Rivers | | 1 | 1 |
| | (blank) | 2 | 3 | 5 |
| CY2012 Total | | 14 | 21 | 35 |
| Grand Total | | 58 | 135 | 193 |

During CY2012, baseline data will be collected and trended and projections will be made for grant years 2013 – 2016. Results will be reported at Quarterly MFP Steering Committee meetings.

## *600.4 MFP Transition Services*

MFP offers transition services to qualified MFP eligible participants. HCBS waiver services and MFP transition services are used to help people resettle in the community. See Chapter 603 in this Manual for a more complete description of each of the following MFP Transition Services:

- **Peer Community Support**
- **Trial Visits with Personal Support Services/PCH**.
- **Household Furnishings**
- **Household Goods and Supplies**
- **Moving Expenses**
- **Utility Deposits**
- **Security Deposits**
- **Transition Support**
- **Transportation**
- **Life Skills Coaching**
- **Skilled Out-of-Home Respite**
- **Caregiver Outreach and Education**
- **Home Care Ombudsman**
- **Equipment, Vision, Dental and Hearing Services**
- **Specialized Medical Supplies**
- **Vehicle Adaptations**
- **Environmental Modifications**
- **Home Inspection**
- **Supported Employment Evaluation**
- **Community Transition Financial Services/FI Services Fee**

## *600.5 MFP Field Personnel*

**Professional Development Requirements**
Professional development is critical for all MFP field personnel working under interagency agreements, contracts and fee-for-service. The *MFP Policy and Procedures Manual* provides policy guidance for all field personnel working with

MFP participants. The *MFP Policy and Procedures Manual* contains minimum guidance for professional development of these field personnel. Minimum requirements include attending trainings as directed by DCH/MFP, developing and demonstrating knowledge, skills and attitudes (KSAs) in core and specialized competencies and participating in surveys, forums and other data collection and evaluation activities as required by the Project Director. Core competencies are needed by field personnel for successful implementation of the project. The general objectives and instructional aims of training and development include:

- MFP eligibility criteria, scope and benchmarks,
- MFP transition service descriptions, rates and maximum costs per service,
- Participant rights and responsibilities, including rights under the ADA
- Disability etiquette and working with older adults,
- Independent living philosophy, dignity of risk and informed choice,
- Obtaining and working referrals
- Consent, release of information, screening, and enrollment
- Obtaining, reviewing and verifying health information,
- Obtaining and verifying information on income and resources,
- Using Person-centered transition planning and completing the Pre/Post-Individualized Transition Plans
- Obtaining documentation for enrollment in MFP and in HCBS waivers,
- HCBS qualified waiver services, Medicaid State Plan services, non-Medicaid services, community and regional resources,
- Identifying and using community resources, agencies and networks
- MFP complaint and critical incident reporting processes,
- HIPAA and HIT processes and written records requirements
- Tools for identifying affordable, accessible and integrated housing and developing relationships with community housing providers,
- Advocacy systems and working with advocates
- Community transportation options and Non-Emergency Transportation
- Working with waiver case managers and other professionals
- Authorizing MFP transition service expenditures and working with fiscal intermediaries
- Conducting the baseline Quality of Life survey,
- Discharge day and moving participants into the community,
- Post-discharge planning process, completing the Post-ITP, follow-up and authorizing additional MFP services
- MFP services and support documentation and reporting requirements

MFP Related and Specialized training objectives include (but are not limited to) the following:

- Procurement of assistive technology (AT) devices and services and Durable medical equipment (DME)
- working with clinicians,

- other training and development as required by CMS/MFP and deemed necessary for achieving MFP benchmarks/project outcomes

**Roles and Responsibilities**

- Offer statewide transition services to older adults, participants with developmental disabilities and those with physical disabilities/TBI.
- Attend mandated meetings, trainings, forums and participate in continuous quality improvement and evaluation activities
- Distribute MFP, HCBS and Medicaid outreach, marketing and educational materials to targeted inpatient facilities, targeted community providers, Minimum Data Set Section Q (MDSQ) and non-MDSQ referrals and their families/friends.
- Obtain referrals from a variety of referral sources
- Offer options counseling to all MDSQ referrals and all non-MDSQ referrals. Review material and assist with understanding available options.
- Obtain signed informed consent and release of information (see *Appendix D1 Authorization For Use or Disclosure of Health Information and Appendix D2 MFP Consent for Participation)* from inpatient facility residents (or guardian, as appropriate) desiring to participate in MFP.
- Conduct face-to-face interviews using the *MFP Transition Screening Form* (see Appendix G) with all persons who sign the informed consent (*Appendix D2 MFP Consent for Participation)*. Explain the transition process and build a participant profile as provided for in the screening tool, and conduct a review of inpatient records to verify information obtained in the screening interview.
- Assist participants to secure personal identification documents.
- Assist participants to complete a waiver application, prepare for a waiver assessment and work with waiver case managers/care coordinators.
- Assist with the development of the participant's circle-of-support/ transition team, engage in person-centered transition planning and complete the *Pre/Post-Individualized Transition Plan* (see Appendix O1 and O2). Follow-up with transition team members to ensure all assigned task are completed.
- Assist participants to use strategies to locate and secure qualified housing, including the identification of affordable housing options, income-based public and private subsidized housing and rental assistance vouchers (where and when available),
- Assist participants to identify, locate and use transportation options,
- Authorize MFP transition services that are selected by the participant/family and justified in the Pre/Post Transition Plans.

- Track expenditures for transition services; maintain accountability and documentation of activities, limitation and individual service caps; complete required documentation and forward to MFP project staff as requested using the format, forms and documents provided.
- Facilitate financial arrangements for the procurement of MFP transition services**;** approve invoices for MFP services; submit invoices for payment to Fiscal Intermediaries.
- Arrange for and conduct the *Quality of Life* (QoL) baseline survey 30 days to two weeks prior to discharge but not more than 10 days after discharge and arrange for a surveyor to conduct the QoL Survey at 11 months post community placement.
- Complete the *Discharge Day Checklist* (see *Appendix* R) and assist the participant with moving day activities and status change activities (i.e. visits to agencies such as Social Security Administration).
- Make face-to-face (F2F) documented follow-up contact with the participant within 30 calendar days post-discharge; complete the post-transition planning process.
- Make monthly documented contact (F2F or phone call) during the 365-day MFP period, facilitate and document post-discharge communication with participants, vendors/providers and waiver case managers/care coordinators**.**
- Transition targeted numbers by population as required and verified by DCH/MFP. To be officially counted, a transitioned participant must complete the MFP service period (in segments or consecutive days, but for a total period not to exceed 365 calendar days).
- Report participant complaints, critical incidents/sentinel events, use of 24/7 emergency backup system and changes in participant status to DCH MFP based on standards of promptness (see Table 604.7.1).
- Submit all reports and other requested documentation as requested by DCH/MFP project staff based on standards of promptness (see Table 604.7.1).
- Other responsibilities as required by CMS/DCH/Medicaid/MFP and necessary to achieve the goals, benchmarks and outcomes of the project.

## *600.6 Integration of MFP Services and Waiver Services*

Medicaid HCBS waiver services and MFP transition services are integrated to assist eligible participants resettle in the community. This section identifies procedures for service delivery for each population to be served through MFP and mechanisms used to place eligible participants into Medicaid HCBS waivers. Populations targeted include qualified Medicaid recipients who have resided in an inpatient facility (i.e. hospital, nursing facility, ICFs) for a period of at least ninety

(90) consecutive days and who have expressed interest in resettlement (see Chapter 601.2 *MFP Eligibility Criteria* for more details). Current HCBS waives serve older adults, adults and children with physical disabilities, persons with traumatic brain injury, and persons with developmental disabilities.

Field personnel complete the *MFP Transition Screening Form* to gather information about the participant's background, housing needs, income and resources, health care needs, functional needs, and information needed to complete and submit an application to the most appropriate HCBS waiver. Each waiver uses a different assessment tool to determine waiver eligibility and to plan for services and supports. Not only do MFP field personnel arrange for a set of wrap-around MFP services, they are responsible for coordinating with waiver case managers/care coordinators to ensure that waiver assessments are completed and that waiver services are adequate. Finally, field personnel assist MFP participants to locate and transition into a qualified residence.

Once in the community, MFP field personnel follow-up with participants to complete the Post-ITP within 30 days of discharge and work with the participant to determine if additional MFP services are needed. The post-discharge planning process and completion of the Post-ITP require face-to-face (F2F) follow-up with the participant and are documented in case notes. For the purpose of continuous quality improvement, field personnel ask participants about their level of satisfaction with MFP transition services and with qualified HCBS waiver services and assist participants to resolve problems or issues that may arise.

Transitioned participants receive qualified HCBS waiver services as long as they meet waiver criteria. Participants receive all State Plan services for which they are eligible and that are appropriate to meet their needs, including mental health services, non-Medicaid federally funded services, state funded programs, and local community support system funded services. **Table 600.6.1** identifies these services.

**Qualified HCBS Services Offered to MFP Older Adult Participants**
Older adult participants can be referred through the Area Agency on Aging (AAA) ADRC/Gateway network (see Appendix F), or if the older adult's resources are Supplemental Security Income (SSI) they can be referred to the SOURCE Network (see Appendix I: *SOURCE Providers*). ADRC/Gateway staff perform a telephone screening and refer to the case management agency to have the initial assessment completed. Both the ADRC/Gateway network and SOURCE Providers are statewide. The ADRC/Gateway network offers an extensive database of information about services for older adults and persons with all types of disabilities.

**Qualified HCBS Services Offered to MFP Participants with Physical Disabilities/TBI**
After completing the MFP screening, MFP field personnel assist participants to

make a referral to either the Independent Care Waiver Program (ICWP) or the Elderly and Disabled Waiver Programs (CCSP or SOURCE). After providing information necessary to make an informed choice, MFP field personnel assist participants interested in ICWP to contact the Georgia Medical Care Foundation (GMCF) to conduct the waiver assessment. Once the MFP participant has been approved for Independent Care Waiver Program (ICWP) Services, she/he is responsible for selecting an approved ICWP case manager.

If the participant selects CCSP, the referral can be made through the Area Agency on Aging (AAA) ADRC/Gateway network (see Appendix F), or if the physically disabled participant's resources are Supplemental Security Income (SSI) they can be referred to the SOURCE Network (see Appendix I: *SOURCE Providers*). AAA/ADRC/Gateway staff perform a telephone screening and refer to the case management agency to have the initial assessment completed.

**Qualified HCBS Services Offered to MFP Participants with Developmental Disabilities**

Two HCBS waivers for persons with developmental disabilities provide for the inclusion of supports needed beyond the transition process – the New Options Waiver (NOW) and the Comprehensive (COMP) waiver. Individualized supports are identified through person-centered planning and included in budget and purchase planning.

DD Planning List Administrators (PLAs) and Case Expeditors (CEs) are responsible for assisting in the screening of eligible individuals. A person-centered team planning process is used to identify an individual's preferences, strengths, capacities, needs and desire to transition into the community. Other members of the transition team may include persons who are closest to the individual (e.g. family members, friends and hospital staff).

**State Plan and Other Local Services Offered to MFP Participants**

MFP participants receive the full range of the qualified HCBS services included in the waiver in which they are enrolled. Participants are offered MFP Transition Services. See Appendix B: *MFP Transition Services Table* for a delineation of reimbursement rates and brief service descriptions. Transitioned participants receive qualified HCBS waiver services as long as they meet waiver criteria. Participants receive all State Plan services for which they are eligible and that are appropriate to meet their needs, including mental health services, non-Medicaid federal funded services, state funded programs, and local community support system funded services.

**Table 600.6.1 Benefits and Services for MFP Participants by Waiver**

| *Elderly/Disabled Waivers (CCSP/SOURCE)* | *Independent Care Waiver Program (ICWP)* | *New Options Waiver (NOW)* | *Comprehensive Waiver (COMP)* |
|---|---|---|---|
| ➢ Adult Day Health | ➢ Adult Day Care | ➢ Adult Occupational Therapy Svs | ➢ Adult Occupational Therapy Svs |
| ➢ Alternative Living Services | ➢ Behavior Management | ➢ Adult Physical Therapy Services | ➢ Adult Physical Therapy Services |
| ➢ Emergency Response Services | ➢ Case Management | ➢ Adult Speech and Language Therapy Services | ➢ Adult Speech and Language Therapy Services |
| ➢ Enhanced Case Management | ➢ Consumer-Directed PSS | ➢ Behavioral Supports Consultation | ➢ Behavioral Supports Consultation |
| ➢ Financial Management Services | ➢ Counseling | ➢ Community Access | ➢ Community Access |
| ➢ Home Delivered Meals | ➢ Enhanced Case Management | ➢ Community Guide | ➢ Community Guide |
| ➢ Home Delivered Services | ➢ Environment Modification | ➢ Community Living Support | ➢ Community Living Support |
| ➢ Out-of-Home Respite | ➢ Fiscal Intermediary | ➢ Environmental Access Adaptation | ➢ Community Residential Alternative |
| ➢ Personal Support Services (PSS)/(PSSX)/ Consumer Directed | ➢ Personal Emergency Monitoring | ➢ Financial Support Services | ➢ Environmental Access Adaptation |
| ➢ Skilled Nursing Services | ➢ Personal Emergency Response | ➢ Individual Directed Goods and Svs | ➢ Financial Support Services |
| | ➢ Personal Emergency Response Installation | ➢ Natural Support Training | ➢ Prevocational Services |
| | ➢ Personal Support Services | ➢ Prevocational Services | ➢ Specialized Medical Equipment |
| | ➢ Respite Services | ➢ Respite Services | ➢ Specialized Medical Supplies |
| | ➢ Skilled Nursing | ➢ Specialized Medical Equipment | ➢ Support Coordination |
| | ➢ Specialized Medical Equipment and Supplies | ➢ Specialized Medical Supplies | ➢ Supported Employment |
| | ➢ Vehicle Adaptation | ➢ Support Coordination | ➢ Transportation |
| | ➢ Adult Living Services | ➢ Supported Employment | ➢ Vehicle Adaptation |
| | | ➢ Transportation | |
| | | ➢ Vehicle Adaptation | |
| ***Other Non-Medicaid Services*** | | | |
| ➢ Adult Protective Services | ➢ Adult Protective Services | ➢ Adult Protective Services | ➢ Adult Protective Services |
| ➢ Caregiver Supports | ➢ Social Services Block Grant Svs | ➢ State Funded Services | ➢ State Funded Services |
| ➢ Older Americans Act Services | ➢ State Funded Services | | |
| ➢ Social Services Block Grant Svs | | | |
| ➢ State Funded Services | | | |

## *600.7 MFP Rebalancing Demonstration Authority*

The Federal 2005 Deficit Reduction Act (DRA, P.L. 109-171, Title VI, Subtitle A, Ch. 6, Subch. B, S 6071, 120 Stat. 102) established funding for the Money Follows the Person Rebalancing Demonstration. The MFP Rebalancing Demonstration was amended by the 2010 Patient Protection and Affordable Care Act (ACA, P.L. 111-148, Title II, Subtitle E, S 2403(a), (b)(1), 124 Stat. 304). See Appendix A to review the statute from the US Code of Federal Regulations in its entirety.

## *600.8 Structure and Administration of the MFP Project*

**The Georgia Department of Community Health**

The Georgia Department of Community Health (DCH) was created in 1999, with the responsibility for insuring over two million people in the State of Georgia, to maximize the State's health care purchasing power and to coordinate health planning for state agencies. DCH is designated as the "single State agency" for the administration of the Medicaid program under Title XIX of the Social Security Act.

In May 2007, the Centers of Medicare and Medicaid Services (CMS) awarded Georgia the Money Follows the Person (MFP) Rebalancing Demonstration grant established by the Deficit Reduction Act of 2005 and amended by the 2010 Affordable Care Act. The MFP grant affords Georgia the opportunity to further rebalance the system of care, allowing the State to eliminate barriers or mechanisms that prevent or restrict flexible use of Medicaid funds to enable Medicaid-eligible individuals to receive support for appropriate and necessary long-term services in the setting of their choice.

The Department of Community Health (DCH) is the administrator of the MFP Rebalancing Demonstration Project and is responsible for all aspects of its successful implementation. As such, it acts as the overall coordinator for policy and operational issues related to the MFP Demonstration and works with various stakeholders, State agencies, departments, local governments, community-based organizations, inpatient health care facilities (hospitals, nursing or sub-acute care facilities, or intermediate care facilities for persons with developmental disabilities), advocates, and consumer groups to implement the project at the local level.

Overall authority, administration, oversight and supervision of Georgia's MFP demonstration reside in the Medicaid Division in the Department of Community Health (DCH). DCH is the Lead Medicaid State Agency.

**MFP Staffing Plan**

The MFP Project Director and MFP State office staff is employed by DCH. DCH is responsible for administering and implementing Georgia's demonstration in

accordance with the approval of the *Georgia MFP Operational Protocol* by CMS. The Project Director provides direct management of the MFP project under the supervision of the Medicaid Division Deputy Director of Aging and Special Populations. A Planning & Policy Development Specialist undertakes planning and policy research and development for the project. A MFP Housing Manager undertakes planning tasks related to project housing benchmark and goals. A Data Reporting Manager undertakes all federal reporting for the project. A Program Specialist undertakes data management and record keeping for the project and an Accounting Specialist undertakes accounting tasks.

**Roles and Responsibilities under Interagency Agreements**
Georgia MFP currently operates through two interagency agreements – an agreement with the Department of Behavioral Health and Developmental Disabilities, Division of Developmental Disabilities (DBHDD-DD) to transition individuals with developmental disabilities from Intermediate Care Facilities (ICFs) and other state institutions. As of July 1, 2011 an agreement with the Department of Human Services, Division of Aging Services (DHS/DAS) was implemented to transition older adults and people with physical disabilities and/or TBI from nursing facilities.

The roles and responsibilities are similar under both agreements – both agencies conduct marketing, outreach, informed consent, information release, screening, complete waiver applications and engage participants in person-centered planning, develop transition plans and arrange for transition services. Both facilitate transitions into Georgia HCBS waivers.

Under the agreement with DBHDD-DD, planning list administrators and case expeditors (DD PLAs and CEs), working in ICFs, facilitate the development of Person-Centered Descriptions (transitions plans), waiver enrollment and discharge day planning. An Assistant Deputy Commissioner, two Transition Specialists and a Transition Consultant, employed by DBHDD-DD, coordinate transition activities with DD PLAs and CEs and manage certain transition activities; including, authorizing and procurement of MFP transition services, completing the QoL survey, working with FIs, complaints and critical incidents, follow-up post-transition, tracking and reporting, and they serve as liaisons to the DCH/MFP Project Director.

Under the agreement with DHS/DAS, Long-term Care Ombudsmen (LTCO), MDSQ options counselors and transition coordinators from the 12 Regional Aging and Disability Resource Connections (ADRCs) are responsible for information and referral of nursing facility residents to MFP and facilitating transitions. LTCOs are uniquely positioned to follow-up on nursing facility residents' complaints and inform residents and administrators of residents' rights, including the right to information and referral to MFP. ADRCs are the designated state referral source for MDS Section Q referrals. MFP field personnel obtain and work MDS-Q referrals and assist individuals with information on a range of Long

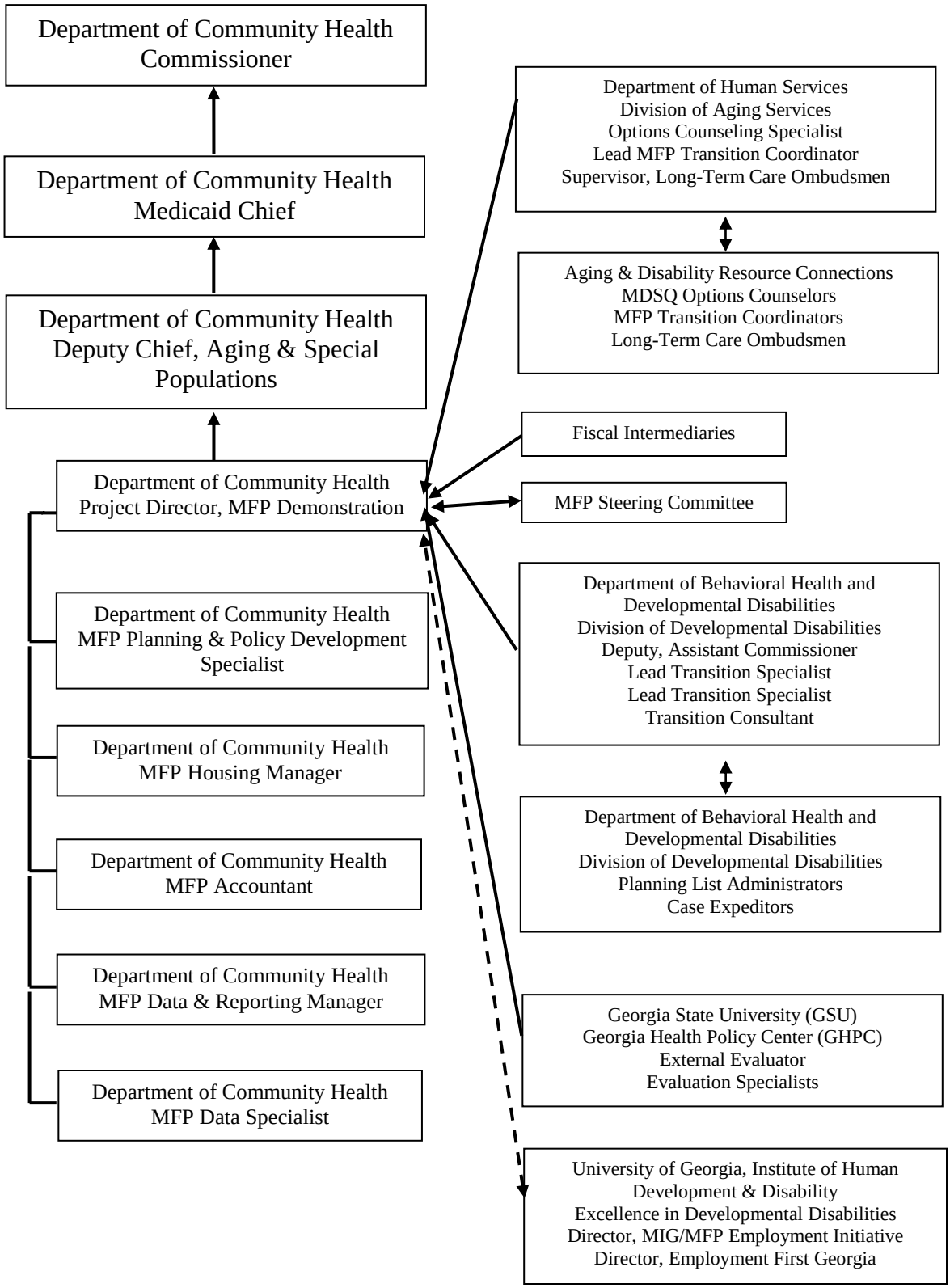
Term Support Services and when appropriate, make referrals to MFP.

Depending on location and resource availability, MFP field personnel assist, guide and support participants with all aspects of MFP; including informed consent, release of information, screening, waiver applications, convening the transition team, person-centered planning, completing the MFP pre and post-transition planning process, authorizing and procurement of MFP transition services, housing searches, completing the baseline Quality of Life (QoL) survey, discharge day planning, working with Fiscal Intermediaries, fielding complaints, reporting on critical incidents, following-up post-transition, tracking and reporting.

A Long-term Care Ombudsmen supervisor, a Lead Transition Specialist and a Options Counseling Specialist, employed by DHS/DAS, provide services under the agency agreement. The LTCOs report to the LTCO supervisor. In addition to coordinating the activities of MDSQ options counselors and MFP field personnel, the office staff is responsible for reporting, training and technical assistance. The LTCO supervisor, Transition Specialist and Options Counseling Specialist serve as liaisons to the MFP Project Director.

DCH/MFP has participated in training offered by the Medicaid Infrastructure Grant (MIG) with the University of Georgia, Institute of Human Development and Disability. An agreement/MOU for an MFP employment initiative and supported employment services for MFP participants are under development.

**Table 600.8.1 Georgia's MFP Demonstration Organizational Chart**



**Contractor Roles and Responsibilities**
MFP field personnel are responsible for assembling and facilitating the transition team for each participant, coordinating the array of MFP transition services and providers that will be needed at the time of or shortly after the move to the community, and arranging the time-sensitive transition services that are needed in order for the participant to resettle, including referrals for waiver assessments and support for the participant in identifying her/his circle-of-friends/personal support network.

**Fiscal Intermediaries**
Fiscal Intermediaries (FIs) provide services to MFP participants per agency agreements. Because MFP demonstration and supplemental services are non-traditional Medicaid services and do not continue after the 365 days of MFP, Fiscal Intermediaries are needed to 'front monies' for procurement of these services. Once MFP services are authorized, FIs 'charge up' participant's accounts. FIs pay invoices once required documentation is received. FIs then invoice DCH/MFP. DCH/MFP verifies invoices and reimburses FIs using demonstration grant funds. There are two financial management agencies enrolled with the Georgia Medicaid Program. However, any willing and capable provider is eligible to enroll at any time (for more detail see Appendix Q4: *Fiscal Intermediary Reimbursement Process and Text Description).*

**Project Evaluation**
Under a contract with Georgia State University, Georgia Health Policy Center (GSU GHPC) the MFP project conducts limited project evaluation activities. Under the contract, the GSU GHPC evaluation consultant designs, conducts, analyzes and reports results of studies to the MFP Project Director and MFP Advisory Team Workgroup in an effort to improve the project.

Under the contract, GSU GHPC engages in the following evaluation activities and conducts and reports on the following evaluation studies:

- Evaluation Advisory Team – convened quarterly to review evaluation reports, provide input and make recommendations for improvement to project activities, services, policies and procedures.
- Project Logic Model – revised annually to reflect changes in project scope, horizontal and vertical integration and to track project outputs, outcomes and impacts.
- Conducts Qualify of Life Surveys – conducts 1st and 2nd year follow-up Quality of Life (QoL) surveys.
- Develops and adds a mimimum of 10 questions to the Quality of Life Survey – added questions identify barriers to health, welfare and safety experienced by MFP participants residing in community settings.

- Analysis of Qualify of Life Survey data –performs quantitative, qualitative and matched analysis (baseline to 1st year follow-up) in an effort to understand the outcomes and impacts of the project and offer data that can be used by the project staff, Steering Committee and Evaluation Advisory Team to make and implement project improvements. Provides quarterly report of analysis.
- MFP Demonstration Service Analysis – performs quantitative analysis on MFP demonstration and supplemental service utilization. Provides quarterly report of analysis.

**MFP Steering Committee**

The MFP Steering Committee meets quarterly and is composed of representatives from all stakeholder groups including:

- Georgia State agencies - the DCH Medicaid Division Deputy Director for Long Term Care, MFP program staff and HCBS waiver program managers, representatives from the Department of Human Services Division of Aging Services (DAS) and the Department of Behavioral Health and Developmental Disabilities;
- Partnering agencies, the Area Agencies on Aging and Georgia Council on Aging;
- Legal and professional disability advocates including the Georgia Council of Developmental Disability (GCDD), Georgia Legal Aid Society, Georgia Advocacy Office, People First of Georgia, the Association of Retarded Citizens of Georgia, Georgia Centers for Independent Living (CILs), the director of the Georgia Independent Living Network (GILN) and LTC Ombudsmen from around the State;
- Vendors and service providers
- Housing officials from the State's Housing Finance Authority, the Department of Community Affairs and housing professionals from Metro Area Public Housing Authorities.
- State compliance and evaluation professionals.

Throughout the years of the demonstration, stakeholders may be asked to provide input using forums, work groups, surveys, interviews, observations and trainings. During implementation, successfully resettled waiver participants, family members and care givers will be asked to provide encouragement and support, such as sharing experiences, to MFP members resettling in the community. To increase full participation of stakeholders, meetings will be held throughout the state in accessible venues and transportation costs incurred by consumers will be reimbursed, if requested. These participatory methods strengthen MFP, empower full and direct stakeholder participation and assist the State to identify areas of development and improvement. Openness, transparency and sustainability are the

hallmarks of Georgia MFP. Methods that actively engaged stakeholders are necessary to produce the highest quality outcomes.

### *600.9 Outreach, Marketing and Education Strategies*

The overall goal of outreach, marketing and education efforts is that all points-of-entry and information and referral networks provide accurate information about MFP and accurate information about HCBS waiver programs. To achieve this goal, MFP field personnel and demonstration project partners focus on developing systematic outreach through all points-of-entry and Information & Referral networks.

Outreach, marketing and educational presentations, booklets and informational brochures, public service announcements (PSAs) and information posts on the DCH, DBHDD-DD, and DHS/DAS public websites should be used to inform the community about the MFP Demonstration and home and community-based waiver services (HCBS). Information about MFP and how it works has been added to already existing outreach, marketing, education and training undertaken by DCH. As needed, the DCH Office of Communications is available to prepare press releases, flyers, brochures (see Appendix C*: MFP Tri-Fold Recruiting Brochure*), color posters, postcards/handbills and other marketing materials based on the MFP Marketing Plan. MFP marketing and outreach materials and the *Participant Transition Planning Guide* are available for download from the MFP website (dch.georgia.gov/mfp).

As other outreach, marketing and recruiting materials are created by contracted agencies, such materials must be part of the overall MFP Marketing Plan and must be approved by the MFP Project Director. Outreach information about MFP can also be found in existing DCH Medicaid Division, Office of Aging and Special Populations' outreach materials (see Appendix E: *How To Obtain the Booklet, Home and Community Services, A Guide to Medicaid Services in Georgia*), web pages and fact sheets.

**MFP Targeted Outreach and Marketing Methods**

Outreach to nursing home discharge planners/social workers, nursing home resident councils, advocates and other points-of-entry is done to solicit and receive referrals for candidates who may be eligible for MFP.

MFP field personnel undertake targeted outreach and marketing through a variety of methods, including, face-to-face communication, relationship building, presentations, informational forums and distribution of outreach materials at interagency meetings. Written materials are available in plain English for better understanding for persons with cognitive impairments. Materials can be translated into Spanish and French (or other languages as provided by DHS's Limited English Proficiency and Sensory Impaired Customer Services Office), and materials can be made available in alternative formats for individuals who are

blind, low-vision, deaf and/or hard-of-hearing.

MFP field personnel focus on providing information about MFP along with information about all HCBS waiver services and options. MFP is marketed to a broad range of entities. MFP field personnel provide outreach, marketing and education targeted to:

- Professional Associations of hospital and facility/institutional discharge planners, social workers and rehabilitation hospitals,
- CIL networks, advocacy organizations including People First of Georgia, Georgia Advocacy Office and Atlanta Legal Aid Society and caregiver support groups,
- Georgia peer support networks,
- Point–of-entry systems, AAAs, ADRCs, ATRC/Tools for Life, waiver and other community based service providers who provide information and referral to all HCBS waivers,
- Professionals doing members' eligibility determination (i.e. DFCS regional supervisors)
- Selective physician offices, crisis intervention services,
- Senior Centers, Meals on Wheels, and Community Mental Health Centers.

### *600.10 Recruiting MFP Participants*

MFP field personnel engage in outreach to older adults, persons with physical disabilities and/or TBI and persons with developmental disabilities in nursing facilities across the state. MFP field personnel recruit older adults and people with physical and developmental disabilities using (but not limited to) the following strategies to recruit MFP participants:

- Obtain and follow-up on MDSQ referrals,
- Ask for and work referrals from point-of-entry networks,
- Ask for and work referrals from inpatient facility personnel (i.e. administrators, social workers, discharge planners),
- Make initial contact with inpatient facility residents and resident councils, family members, care givers, and/or guardians,
- Conduct outreach to persons in inpatient and institutional settings and provide these persons and/or their family members/friends with MFP outreach materials and contact information,

- Conduct face-to-face MFP screening and enrollment planning meetings with participants, family/friends/circles of support and discharge planners (social workers and/or facility administrators),
- Provide information about MFP (see Appendix C*: MFP Tri-Fold Recruiting Brochure*) and information about HCBS waivers and community resources (see Appendix E*: How to Obtain Home and Community Services; A Guide to Medicaid Services in Georgia*).

**Recruiting Participants Already on ICWP Waiting Lists**
If the MFP participant is already on the ICWP waiting list, GMCF does not conduct a reassessment on the MFP participant unless there has been a major change in the participant's health status since the date of their original assessment. Updated MFP screening and enrollment information is communicated to GMCF upon making the referral, so that GMCF can take the necessary steps to schedule a reassessment, when necessary. Participant health information is obtained during the screening and enrollment process and through reviews of resident records at the inpatient facility. The following process is used when referring a MFP participant, already on the ICWP waiting list, to GMCF for waiver assessment:

1) Sends a copy of the *MFP Transition Screening Form* with supporting documentation to GMCF.
2) Once the MFP participant is approved for ICWP, GMCF emails a copy of the approval letter to the MFP participant's appropriate MFP field personnel.
3) Assist the participant to select a case manager and continue the usual transition process once the participant received his/her ICWP waiver acceptance letter.
4) If the MFP participant does not respond and select a case manager within the allotted two weeks, GMCF will issue another letter, with a copy to the appropriate MFP field personnel.
5) Once a case manager is selected by the MFP participant, the process continues with pre-transition planning process and the completion of the Pre-ITP.
6) If changes in health status have occurred since the last assessment, the MFP participant will need to be reassessed by GMCF.

**Recruiting Participants for NOW and COMP**
Refer persons with developmental disabilities to the Department of Behavioral Health and Developmental Disabilities, Division of Developmental Disabilities MFP Office. The referral will be worked and routed to the appropriate Regional Office for the area where the MFP participant resides:

- Region 1 DBHDD Regional Office (Rome) 706-802-5272
- Region 2 DBHDD Regional Office (Augusta) 706-792-7733

- Region 3 DBHDD Regional Office (Tucker) 770-414-3052
- Region 4 DBHDD Regional Office (Thomasville) 229-225-5099
- Region 5 DBHDD Regional Office (Savannah) 912-303-1670
- Region 6 DBHDD Regional Office (Columbus) 706-565-7835

Typically, Regional DBHDD staff and case expeditors will transition these individuals using existing mechanisms and processes.

### *600.11 Sources of Referrals to MFP*

There are a number of sources from which MFP field personnel receive referrals and to which they make referrals. Referrals come from point-of-entry networks, from participants, family members, care givers, from guardians, from inpatient facilities, staff and resident councils, from hospital and rehab center discharge planners, from partnering agencies and organizations and from wavier case mangers. MFP field personnel schedule and complete the MFP screening and enrollment processes during face-to-face interviews. Once MFP candidates have completed and signed the informed consent and the health information release (see Appendix D1 and D2*)*, the *MFP Transition Screening Form* is completed (see Appendix G). Once the screening and enrollment are completed with supporting documentation, referrals to an appropriate waiver for waiver screening and assessment are completed.

**Referrals from Georgia State Psychiatric Hospitals**
Medicaid does not cover the services in an institution for mental disease (IMD). An IMD is a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care, and related services. Whether an institution is an institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care of individuals with mental diseases. To be eligible for MFP, participants must meet MFP eligibility criteria (see Section 602.1). Typically, these eligibility criteria prohibit persons in the state's psychiatric hospitals from accessing MFP, although some older adults (age 65+) may meet MFP eligibility criteria and should be screened.

# CHAPTER 601: Screening, Planning and Authorizations

## *601.1 Introduction*

This section describes MFP eligibility criteria, screening and enrollment tools and services authorizations. Procedures for how and when MFP participants are informed of their rights and responsibilities are reviewed. MFP participants receive MFP transition services, qualified waiver services, State Plan Services and community services for which they are eligible and that are appropriate to meet their needs. This chapter describes the transition planning process used by MFP field personnel including person-centered planning, MFP Transition Screening, Individualized Transition Plans, authorizations for MFP transition services and discharge day activities. This section concludes with a description of the Quality of Life (QoL) survey and waiting list procedures.

## *601.2 MFP Eligibility Criteria*

As provided for in the Deficit Reduction Act of 2005 and amended by the 2010 Affordable Care Act (see Appendix A for complete statute), MFP participants must meet the following eligibility requirements:

1. Live in an inpatient facility (i.e. nursing home, hospital or intermediate care facility) for at least 90 consecutive days (short-term rehabilitative stays don't count)
2. Be a Medicaid beneficiary for at least one day prior to transition
3. Meet institutional level of care
4. Move into a qualified residence (home, apartment or group setting with four or fewer unrelated adults)
5. Complete the MFP Transition Planning Process

**MFP Eligibility Requirements and Medicaid Payment**

A person must have resided in an inpatient facility for a minimum of 90 consecutive days (#1 above). There is a limitation to the 90 consecutive day eligibility policy--short-term rehabilitation stays will not count toward meeting MFP eligibility criteria. For example, at first contact with the inpatient/resident, field personnel ask about discharge plans. Generally facility staff and/or doctor begin to discuss either discharge or long term care (LTC) options with the patient as some point during rehab, often before the 30th day. If LTC options are being discussed with the inpatient, this should indicate to field personnel that in spite of the rehabilitation, the patient will still need LTC. When this is the case, the inpatient should be given options counseling and MFP should be discussed. Eligibility criteria apply and the patient will need at least 90 consecutive days stay in the inpatient facility. On the other hand, if discharge is being discussed with the patient, then the rehabilitation has had its intended effect. When this is the case, the inpatient may benefit from options counseling, but there is no need to proceed

with information about MFP or screening. Information obtained through self-report is verified during a review of facility records. Medicaid must have paid for the inpatient facility stay for at least one day (24 hour period) during the most current month (#2 above). Medicaid need not have paid for the entire 90 consecutive day stay. The participant needs to have received Medicaid for at least one day during their institutional stay. Participants who meet the minimum stay requirement (#1 above) and the Medicaid benefit requirement (#2), do not have to apply as a new Medicaid member and therefore do not have to wait another 90 consecutive days to qualify for MFP. MFP field personnel should also be aware that if an inpatient has not yet applied for Medicaid, but meets the facility requirement for minimum consecutive day stay (#1 above), the inpatient may apply for Medicaid and would only wait for one day to be eligible for MFP.

## *601.3 MFP Transition Checklist for Transfer to Community Placement*

Field personnel use the *Transition Checklist for Transfer to Community Placement* (see *Appendix J1*) as a general guide to the steps in the MFP transition planning process and as a way to track progress in the planning process. Not only does the *Checklist for Transfer to Community Placement* identify the general steps in the planning process, it also contains guidance about who should be involved at each step. Each step includes space to note action steps and results.

**Guidelines for Initial Meeting with Potential MFP Participants**
MFP field personnel pay particular attention to the first visit with a potential MFP participant. Make initial visits face-to-face. To establish rapport with the person, but be informal. Make small talk. Introduce yourself and tell the person that the purpose of your visit is to provide information about a new opportunity that may or may not be of interest to the nursing facility residents. Be informal and casual when describing MFP. Provide the person with MFP outreach and marketing materials (the recruiting brochure) and contact information.

If the person appears interested in learning more about MFP, find out whether the person has a guardian. If the person has a legal guardian, include the guardian in future MFP planning meetings. If the person doesn't have a guardian, complete the informed consent, release of information (see Appendix D1 and D2*)* and the *MFP Transition Screening Form* (see Appendix G*).*

## *601.4 Forms and Document Integrity Requirements*

Original forms and other documents prepared by MFP field personnel are submitted with all data elements completed. Forms and other documents submitted without all data elements will be returned for completion. Standards of promptness apply when forms and other documents are incomplete and returned. Penalties will be assessed for violations or standards of promptness, violations of HIPPA and Health Information Technology (HIT) requirements. Forms and other documents with original signatures may be scanned and submitted electronically. All MFP forms and other documents containing participant and transition service

information must be kept for five years after participants have completed their participation in MFP, pursuant to Medicaid Part I, Section 106 (R).

### *601.5 Participant Consent, Rights and Responsibilities*

MFP field personnel obtain signed informed consent from each participant (or guardian, as appropriate) using the *MFP Consent for Participation* (see Appendix D2). Field personnel obtain permission from each participant (or guardian as appropriate) for the release of all records that exist within the inpatient facility for review by obtaining the participant's signature on the *Authorization for Use or Disclosure of Health Information* (see Appendix D1).

During the informed consent process, MFP field personnel are required to provide a copy of the booklet, *HCBS, A Guide to Medicaid Waiver Programs in Georgia* (see Appendix E, additional booklets available from the Georgia Health Partnership Portal using form DMA 292, located at: https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Forms/tabId/57/Default.aspx ).

Field personnel are expected to be familiar with the booklet and to review the information with the participant. When necessary, field personnel read to the participant the section in the booklet, *Your Rights and Responsibilities* and discuss the section with the participant. When necessary, field personnel read the *MFP Consent for Participation* to the participant and discuss it. Prior to obtaining the participant's signature on the consent form, participant's questions are answered and confidentiality of Personal Health Information (PHI) is discussed. The participant must be told that participation is voluntary and can be withdrawn at anytime. The participant must be told that MFP services are available for 365 calendar days and that HCBS waiver services will continue after MFP services end, as long as the participant continues to need waiver services.

**NOTE:** Obtain the participant's signature on the *MFP Informed Consent for Participation* and the *MFP Authorization for Use or Disclosure of Health Information*. Completing these forms (obtaining signatures) will allow for a review of the participant's facility records to verify information being reported by the participant/family. These two forms represent the participant's admission into MFP. ***Refusal to sign either of these forms denotes a "denial" into MFP.*** **The reason for the denial, "You did not cooperate in the planning process."**

### *601.6 Working with Guardians*

If the participant has a guardian, MFP field personnel must obtain copies of legal document(s) and review them to establish the extent of the surrogate decision making power that exists. In cases where the guardian is viable, field personnel obtain informed consent and release of information from the participant's guardian. During subsequent development of the *MFP Transition Screening Form* (see Appendix G) and the *MFP Individualized Transition Plan* (see Appendix Q1

and Q2), field personnel involve participants, family members/friends, caregivers, guardians, Ombudsman and waiver personnel (when possible) in transition planning.

**Strategies for Involving Guardians**
TCs use various strategies to inform potential MFP participants, family members, friends and/or guardians about MFP, including: providing outreach and marketing information, providing opportunities to discuss MFP options and services before signing the *Authorization for Release of Information and Informed Consent Form* (see Appendix D1 and D2), and providing opportunities to discuss traditional waiver options and MFP transitional services with the waiver case manager during waiver assessment.

If guardians are reluctant to participant in the MFP planning process, MFP field personnel use strategies to encourage the guardians to participate. Working with waiver case managers (CMs), field personnel identify current waiver participants who have successfully resettled in the community and who have guardians. Field personnel ask these guardians, if interested, to visit with guardians of institutionalized persons considering transition under MFP. Visits with guardians of successfully resettled waiver participants will help guardians considering transition to understand and weigh both the benefits and risks of resettlement. Discussions between guardians, participants, MFP field personnel and CM/CCs may be enough to move the process forward. If not, LTC Ombudsmen are called in to assist at the request of the participant, family members or guardian.

## *601.7 The Screening of Potential MFP Participants*

Field personnel are required to complete a *MFP Transition Screening Form* (see Appendix G) with each potential MFP participant. Just before beginning the screening (or before asking Q16 of the screening), candidates must sign the consent and release of information forms. Field personnel are required to complete each of the following sections of the screening:

**Participant Intent and Demographics:** Screener develops rapport and asks if the candidate is interested in transition. Screener completes demographics questions.

**Personal Data:** Screener lists persons participating in the screening and collects personal data on the candidate. Indicate the date the screening was completed. Include contact information for MFP field personnel that conducted the screening and completed the screening document.

**Background Data:** Screener asks questions about the candidate's background, including why the person entered the inpatient facility and contact information for family members living in the area and whether the candidate received waiver services in the past. Find out whether the candidate is on a waiting list for waiver services and if so, obtain the

waiver case manager contact information.

**Screener Reviews *Rights and Responsibilities of Medicaid Members*** with the participant **(**found in the *Home and Community Services: A Guide to Medicaid Waiver Programs in* Georgia, p. 24-25), and completes *MFP Consent to Participate and Authorization for Release of Information* (see Appendices D1 and D2). After signing the *Consent* the candidate is considered to be a MFP participant.

**Housing Options and Waiver Services History:** Ask questions to identify the housing choices available to the MFP participant. Code the response based on the following:

- Home owned by participant (01)
- Home owned by family member (02)
- Apartment leased by participant, not assisted living (03)
- Apartment leased by participant, assisted living (04)
- Group home of no more than 4 unrelated people (05)

If the participant intends to live with family, note the address/location of the home and who lives at the home. Inquire whether the participant has anyone that she/he wants to live with and note contact information and whether the participant has used HCBS waiver services in the past.

**Financial Data, Income and Resources:** Complete the Income and Resources Table. Complete a review of facility records to confirm self-reported information. Identify sources of income and other financial resources available to the participant. Determine if Medicaid is paying for the inpatient stay and ask if the participant is eligible for Medicaid, but subject to transfer of asset penalty.

**Healthcare Needs:** Include the self-reported disability/diagnoses on the *Screening Form.* Include the contact information for the doctor who treats the participant at the inpatient facility. Note whether the participant will need a new primary care provider or a new clinic in the community? Find out whether the participant needs assistance taking daily medications. Ask about specialized medical equipment (DME) and the about the use of assistive technology devices. Determine which equipment or devices need to be obtained, either because the participant doesn't own them or because the equipment is old/non-functional and needs to be replaced.

**Functional Needs:** Complete the functional needs assessment. Indicate participant responses in the table provided in order to identify unmet need for assistance in the community. In the third column (far right) indicate sources of assistance in the community, non-Medicaid resources available to assist the participant and assistive technology and durable medical equipment that the participant uses.

**Waiver Referral:** Discuss waiver options with the participant/family and identify how MFP transition services are integrated with HCBS waiver services. Assist the participant/family to decide which waiver application will be completed and submitted. Indicate the wavier referral and date of referral and the date the waiver application was submitted.

**Document Checklist:** attach requested documentation and send copies to appropriate agencies and DCH/MFP.

**NOTE Regarding Refusal of MFP and Ineligibility:** In a face-to-face meeting with an inpatient, field personnel are required to provide information about MFP, the HCBS booklet and a brochure about MFP. This information is reviewed with the inpatient. After the informed consent is explained to the inpatient and she/he **refuses** to give consent (to sign the informed consent), there is no reason to continue with the screening. In this situation, field personnel are required to obtain the inpatient's signature on Q39 of the MFP Screening Form. In such cases, the inpatient is to receive options counseling. Field personnel add the inpatient's information to a 'tickler' file and call back on the inpatient in the future and when appropriate, provide the option to participate in MFP. If during a face-to-face screening, an inpatient is found to be **ineligible** based on MFP eligibility criteria, then there is no reason to continue the screening. In such cases, the inpatient is to receive options counseling. Field personnel add the inpatient's information to a 'tickler' file and call back on the inpatient in the future and when appropriate, provide the option to participate in MFP when eligibility criteria have been satisfied. In both cases the *MFP Transition Screening Form* must be submitted even when the person being screened refuses participation or is found to be ineligible. If the person refuses participation, be sure to have the person sign and date Q39.

**Review of Medical Records**: Self-reported information from the inpatient is verified with facility staff and during the review of patient records. MFP field personnel obtain the participant's signature (or guardian as appropriate) on the *Authorization for Use or Disclosure of Health Information* (see *Appendix D1*). This will allow for the review medical records that the inpatient facility maintains on the participant, including the face-sheet, *Medication Administration Record (MAR)*, the Minimum Date Set (MDS) Resident Assessment Protocol (RAP) Summary, physician orders, therapy reports, clinical notes and Medicaid eligibility status. During review of medical records, field personnel review the MAR and the MDS RAP with clinical staff and with the participant to ensure that the information is up to date and reflects the participant's functional needs. Other medical records and assessments will be available on some participants, but the face-sheet, MAR and MDS RAP summary are available on all participants. If inpatient facility staff are not forthcoming with information and records, then

MFP field personnel are directed to remind facility staff of their obligation under Medicaid/Peachcare for Kids Part I, Section 106 (R), (S), (T) and (U), to disclose such information, or be considered in violation of this requirement and subject to provider adverse actions (Sections 400 and 500).

**MFP Eligibility Determination:** Field personnel are required to assess a participant's eligibility for the demonstration based on MFP eligibility criteria (for details, see Section 601.2). The screening and enrollment process provides information that can be used to make an eligibility determination for MFP. Field personnel are required to inform participants when participants are determined to be ineligible for MFP. For a detailed review of this process, refer to *Chapter 605, Section 605.5 Participant Denial or Termination from MFP*.

### *601.8 Minimum Requirement for Person-Centered Planning*

Person-centered transition planning focuses on what participants can and want to do in their lives. The planning process addresses participant's goals, needs, and preferences. The focus on person-centered planning helps insure that participants are included to the greatest extent possible, in defining the direction of their lives and identifying resources available to help them achieve their goals. The principles of person-centered planning are used throughout the screening, planning, discharge and follow-up phases of MFP. Facilitating person-centered planning is an essential role of MFP field personnel and as such, they are required to engage participants in all phases of the MFP transition process by doing the following:

- ensuring that the participant is included in meetings and decision-making during the transition process and assisting the participant to lead the meetings/make decisions, to the greatest extent possible
- explaining each step of the transition process to the participant, assisting the participant to prepare for transition planning meeting(s)
- directing questions and decision-making back to the participant, using questions such as: "what do you think?"
- assisting the participant to clarify her/his goals and choices
- encouraging/expecting the participant to do as much of the work as possible involved in planning the move to the community, e.g. calling the utility company and asking about rates, doing onsite reviews of housing, and/or identifying and using transportation options
- supporting the participant in managing the paperwork associated with the transition process. Paperwork will come directly to the participant from agencies and most will require timely responses. Assisting the participant to organize this paperwork and coaching her/him to make timely responses
- holding planning meetings in the community as often as possible.

Some MFP field personnel are trained facilitators and equipped to use personal

futures planning tools including, MAPs, PATHs and/or Life Books. These field personnel are encouraged (but not required) to use these tools to assist the participant to express a positive vision for their future, visualize their goals and then discover local community resources available to achieve these goals.

The circle-of-support is used to identify persons the participant wants to be involved in the person-centered transition planning process. MFP field personnel convene the circle-of-support on a formal basis as required in person-centered planning to complete and sign the *Pre-Individualized Transition Plan (Pre-ITP).* If the participant cannot identify community members, family members and friends to join the circle-of-support, MFP field personnel assist the participant to reach out to and develop these relationships while continuing the transition planning process. If the transition time-line will not allow for the development of relationships necessary for the circle-of-support, paid staff from the inpatient facility and community agencies are identified and asked to participate. At least one meeting must be convened with the circle-of-support/transition team to complete and sign the Pre-ITP.

During the transition planning meeting(s) with the transition team/circle-of-support, the team develops a plan for the participant's future. Through the process, field personnel facilitate the definition of the participant's future and set a positive and possible goal for within 6 months to a year (see Pre-ITP, 601.9 and Appendix O). Once the goal(s) is/are agreed upon, action plans are developed. The participant asks members of the transition team (circle-of-support) to enroll or volunteer to be of support. First steps are decided upon, as well as next steps to be accomplished by specific dates in the near future. The transition team works together to organize and provide the supports necessary to achieve the goal(s). MFP field personnel document the goals, needs, barriers and resources in the *Pre and Post-Individualized Transition Plans* (see Appendix O).

### *601.9 Pre-Discharge Transition Planning*

MFP field personnel use information gathered during the screening and meeting(s) with the participant/family and circle-of-support to complete pre-discharge transition plans (see *Pre-ITP*, Appendix O). The pre-discharge transition plan is completed prior to the day of discharge and contains the basic transition plan. Field personnel are required to complete the pre-discharge transition plan. The pre-discharge transition plan must be completed prior to all MFP transitions from inpatient facility/institutional settings to the community:

**Q1. Participant Information:** Information should be verified (obtained from inpatient facility records). Indicate the date of the Pre-ITP and whether the Pre-ITP is initial or an update to an existing Pre-ITP.

**Q2. Important Planning Dates:** indicate the projected discharge date. See Section 601.12 for important details regarding differences in discharge dates based on the HCBS waiver selected.

**Q3. Housing Choice/Living Arrangements:** If the participant intends to live with family, note the address/location of the home and who lives at the home. Inquire whether the participant has anyone that she/he wants to live with and note contact information. Note the housing choice expressed by the participant/family based on the following choices:

- Home owned by participant (01)
- Home owned by family member (02)
- Apartment leased by participant, not assisted living (03)
- Apartment leased by participant, assisted living (04)
- Group home of no more than 4 unrelated people (05)

**NOTE**: Identify whether the participant/family 'Has' the housing or 'Needs' the housing. If the participant is in 'need' of housing, describe problem/issue, strategies for resolving and tasks that must be done to secure the choice. **If the participant has living arrangements in place, move to Q4 Health and Nutrition Need/Goals.**

**Q4. Health and Nutrition Needs/Goals**: In the table provided, list needs related to health and nutrition. Will the participant need a new primary doctor or will she/he need to locate a new clinic in the community? Who will be responsible for assisting the participant in locating the personal doctor or clinic and making an appointment after discharge?

- current medications/dosages, how a 30 day supply of current medications will be obtained
- self-administration of medication and/or assistance needed
- medical supplies needed and source of supplies (bags and tubing formula, pump, syringes, etc.)
- chronic conditions and care routines,
- needed clinic visits, vision, hearing and/or dental services from an appropriate professional practitioner
- transfers/lifting/positioning needs (shift positions in bed, pressure relief in wheelchair, etc.)
- current skin care and wound care routines (if the participant has current skin and/or wound care needs. Note who will ensure that the participant makes and keeps appointments with a wound/seating clinic, prior to discharge)
- training needed by the participant and volunteer caregivers in transfers/lifting/positioning, skin care and other procedures

**Nutritional Goals**: List nutritional needs and goals in the table provided. The participant may need several weeks of food supply, due to period of time between day of discharge and arrival of social security check. If so, describe how this food will be obtained and who will assist the participant to obtain necessary grocery items.

- diet; dietary restrictions (food allergies, low fat, low sugar, low

sodium, etc.)

- food intake/preferences and food preparation strategies
- if needed, food stamps application at DFCS,
- if needed, food supplies from food banks, vouchers, etc.
- home health services to assist and continue to train the participant after discharge,
- services that are needed to ensure that the participant achieves health and nutritional goals.

**Q5. 24/7 Emergency Backup Plans**: List:

- risks to the MFP participant's health, welfare and safety based on transition to choice of residence type
- an individualized contingency plan for emergency back-up for each identified risk to health and safety in the preferred community living environment
- plans for equipment failures, transportation failures, natural disasters, power outages and interruptions in routine care
- how the 24/7 backup plan will function and be tested and updated; include a description of who will be included in the participant's backup contacts (Primary Care Provider, DME vendor, pharmacy, home health agency, MFP field personnel, waiver case manager, agency providing personal support services (PSS), backup provided by circle-of-friends, etc.).

**Q6. Other Issues:** Review issues unique to the participant and necessary for discharge; these issues might include but are not limited to:

- Family and/or friends involvement in the transition
- Housing searches; Environmental Modifications/Home Inspections
- Financial goals, barriers, resources to achieving goals
- Community Transportation Services/Travel Training
- Legal Issues
- Peer Support/IL Skills Training/Life Skills Coaching
- Behavioral Health Needs
- Waiver Enrollment; Preparing for Waiver Assessment
- Durable Medical Equipment and Assistive Technology

**Part A: MFP Transition Services:** using the table provided, list the MFP Transition Services selected by the participant/transition team, along with the rationale/justification for each service selected. Describe:

- why the MFP service is needed
- how the service(s) will be used to increase or maintain the health, welfare, safety and independence of the participant
- costs - costs must fall within maximum allowed for the service
- initials of participant/family for each MFP service selected

**Part B Waiver and Other Services:** Using the table provided, list the generic waiver and other services (i.e. State Plan, Community Services) needed by the participant, include recommendations from the waiver case manager (when available). Include a general explanation of how waiver and other services will work with MFP transition services to support the participant in the community.

**Transition Plan Assignments:** using the table provided, list the pre-transition, post-discharge and follow-up activity assignments for each member of the transition team and the projected completion date for each assignment. Specific names of team members are included (when possible).

**Signature Page:** MFP field personnel, the participant and each member of the transition team signs the signature page, indicating their agreement to participant in the transition and carry out their assignments.

MFP field personnel distribute copies of the completed and signed *MFP Pre-ITP* showing specific transition assignments to all persons having an assignment to complete. The completed Pre-ITP is distributed prior to discharge to assure timely implementation. The MFP participant, circle-of-support, family members, volunteers and support professional receive a copy. The completed copy is forwarded to DCH/MFP within three days of completion. The team reviews the Pre-ITP two to four weeks before the discharge date from the inpatient facility/institution, more often if needed and members receive updated Pre-ITP information when it is updated. After the Pre-ITP is completed, MFP field personnel complete the Quality of Life survey with the participant.

## *601.10 Authorizations for MFP Transition Services*

To authorize MFP services, MFP field personnel complete the *Authorization for MFP Pre and Post-Transition Services* (see Appendix S). Services included are those that were listed in the *Pre-ITP*, discussed at planning meeting(s) and selected by the participant. Field personnel complete all information requested on the *Authorization* form, including participant contact information. Enter the date of discharge. Check the *Initial Authorization* box, if the authorization is the first submitted for the participant's transition services. Check the *Revised Authorization* for any subsequent authorization. Select or write in the appropriate pre-transition services in the appropriate column. Indicate the dollar amount authorized for the services in the column for that purpose. Be aware that no authorized dollar amount can exceed the maximum allowed cost per services as specified on the *MFP Transition Services Table* (see Appendix B). Also, note that the total of all pre-transition services cannot exceed $10,244 in the 365 day demonstration period. Total the pre-transition dollar amounts and enter the total in the "Total Pre-Transition $'s Authorized" box.

Complete post-transition services authorized in the same manner. No authorized dollar amount can exceed the maximum allowed cost per services as specified on the *MFP Transition Services Table* (see Appendix B). Also, note that the total of all post-transition services cannot exceed $26,418 in the 365 day demonstration period. Total the post-transition dollar amounts and enter the total in the "Total Post-Transition $'s Authorized" box. Enter the MFP field personnel's contact information, save, print and sign the form. Send the completed form via File Transfer Protocol (FTP) to the Fiscal Intermediary for MFP. Send the completed form to the DCH/MFP Office via FTP. Use the most recently revised form.

Once submitted, the Fiscal Intermediary considers the initial authorization to be the official authorization for the participant. All MFP service needs that are known at the time are included on the authorization. If additional service needs are discovered after the Post-ITP has been completed, these additional services must be approved by DCH/MFP Project Director and/or Office staff. This process is described in Chapter 604.3, Request for Additional MFP Services.

### *601.11 Quality of Life Survey*

The Quality of Life survey is being conducted to help the Centers for Medicare and Medicaid Services (CMS) and DCH MFP to understand the perspectives and experiences of MFP participants as they resettle in the community. MFP field personnel receive training on conducting the QoL survey. The timeframe for completion of the survey face-to-face with the MFP participant is **30 days to two weeks before discharge or 10 days after discharge from the nursing facility**. Baseline Quality of Life interviews conducted after the transition to the community should be extremely rare interviews and missed baseline Quality of Life interviews should not occur. An independent agency under contract with DCH conducts the 2nd and 3rd administrations of the QOL survey. The 2nd QOL survey will be conducted at 12 months post-discharge. Field personnel arrange for a surveyor to complete the QOL survey during the 12th month of the participant's community placement. The surveyor contacts the appropriate MFP field personnel and the MFP participant to make arrangements to complete the follow-up survey either face to face or by telephone. The 3rd QOL survey will be conducted by agency surveyors at 24 months post-discharge.

### *601.12 Discharge Day/Moving Day Activities*

Discharge day planning involves several processes that are coordinated by MFP field personnel. Field personnel: 1) complete the *Discharge Day Checklist* (see *Appendix R)* and forwards to DCH/MFP office via FTP, 2) obtains documents regarding the termination of institution enrollment in the inpatient facility and forwards to the DCH/MFP, 3) if the discharging participant is a Social Security Income recipient, field personnel accompany the participant to the local Social Security Administration office and assist the participant to have her/his social security check redirected from the inpatient facility to the participant's bank account, and 4) assist with moving day activities and schedule face-to-face

follow-up visits within the first 30 days post-discharge to complete post-discharge transition planning (Post-ITP).

**Completing the *Discharge Day Checklist***

MFP field personnel provide contact information in the space provided at the top of the form. Include the date the form was completed. Include the participant's information including the participant's name, new address, DOB, phone number, city, state and zip code. Indicate the dispensation of the address change to DFCS, SSA or Other/Both. From the SEP, complete the items requested as indicated by the key (N=Needed; O=Ordered; S=Secured; N/A=Not Applicable). Provide a short description related to the status of MFP services/items (Home, Household items, Food & Nutrition, Health, Rx Medications, Medical Services/DME, Assistive Technology Devices, Social/Recreational, Financial, Transportation, Other). Indicate the waiver the participant is entering and the participant's waiver case manager's phone number. List the waiver services ordered at discharge. Indicate whether service providers are set to being delivery of services. List the name of the pharmacy that the participant will use. Indicate the status of the 24/7 emergency plan. Indicate if new participant needs have been discovered in the discharge planning process and how these new needs will be addressed.

In the Follow-Up Visits/Quality Management Section, fill in the dates requested for the 1st scheduled face-to-face visit from MFP field personnel, the waiver case manager's 1st scheduled visit and the visit from the Home Care Ombudsman (as applicable). Include the County DFCS Office contract, phone and email address. Indicate the status of and the date schedule to complete the Quality of Life survey. In the Participant Tracking Section, indicate who at the DCH/MFP office the completed form was forwarded to via FTP and the case manager who received the form. Finally, the completed form is signed by MFP field personnel.

**Changes to Social Security Payments and Medicaid Category of Aid**

On the day of discharge MFP field personnel have specific tasks that must be accomplished regarding changes to participants Social Security payments and Medicaid category of aid.

**Eligibility Process for SSI MFP Participants**

1. Upon discharge to the community, MFP field personnel obtain and send the DMA-59 to the DCH/MFP office via FTP.
2. Field personnel ensure that the participant visits the local Social Security Administration office in-person on the day of discharge. The participant requests that her/his SSI payment is reinstated and deposited directly to the participant's community bank account. Field personnel assist participants to setup a community bank account and provide direct deposit information and new community address/change of address to the SSA office.
3. DCH/MFP staff updates the participant's Medicaid category of aid and closes out institutional Medicaid, creates the MFP assignment plan and enrolls the participant in MFP for 365 days.

**Eligibility Process for Non-SSI MFP Participants**

1. Upon discharge to the community, MFP field personnel send the waiver communicator, DMA-6, and DMA-59 to DCH/MFP office.
2. DCH/MFP staff updates the participant's Medicaid category of aid and closes out institutional Medicaid, creates the MFP assignment plan and enrolls the participant in MFP for 365 days.

**Eligibility Process for MFP Participants Transitioning to SOURCE**

1. Once SOURCE Case Management has a DMA-6, MFP field personnel ensure that it is sent to DCH/MFP office via FTP.
2. In order to minimize delays and ensure services can begin promptly, discharge for SOURCE participants should happen on or close to the last day of the month, as early in the day as possible due to the required visit to the SSA office. In months where the last day falls on a weekend or holiday, it is recommended that discharges occur on or close to the last business day of the month.
3. Field personnel send the DMA-59 (also known as SOURCE Appendix F) to the DCH/MFP office as early as possible on the day of discharge. DCH/MFP office staff updates the participant's Medicaid category of aid and closes out institutional Medicaid.
4. Field personnel arrange for the participant to visit the local Social Security Administration office in-person on the day of discharge. For participants who remained on SSI while in the inpatient facility, this step will be to confirm discharge and new living arrangements, so that participants can begin receiving their full check deposited into their community bank account. For those who lost SSI eligibility while in the inpatient facility, this step will be to re-establish eligibility and receive a certification of eligibility letter (letter may be received that day or may be issued by SSA at a later date).
5. DCH/MFP office staff updates the Medicaid category of aid system with member SSI eligibility to complete termination of institutional Medicaid category of aid.
6. Once the Medicaid institutional category of aid has been ended, DCH/MFP office staff ensures that the system is updated and that the SOURCE and MFP assignment plans are retroactive to the date of discharge.

## *602.13 Waiting List for MFP Participation*

Funding for the MFP program is limited. Waiver services are limited. There are a limited number of waiver 'slots' of reserved capacity in each waiver. Therefore, only a certain number of participants receive services based on available funds. When reserved waiver capacity is exceeded, MFP uses a 'first-come-first-served'

approach to service delivery. The date of the initial MFP screening will be used to prioritize the MFP waiting list. This date can be found on the first page of the *MFP Transition Screening Form* (see Appendix G). An MFP participant will be selected from the waiting list, based on length of time on the waiting list. With regard to waiver waiting lists, the State will amend the MFP Operational Protocol to reflect the Olmstead agreement, as these protocols are developed and implemented.

# CHAPTER 602: HOUSING AND TRANSPORTATION

## *602.1 Introduction*

Locating affordable, accessible, integrated and safe housing can be a challenging barrier to transitioning to the community. As MFP field personnel work with participants to investigate and assess housing options, all housing needs must be discovered, including type of qualified housing, location, accessibility, number of beds/baths needed, neighborhood, access to services and availability of public/private transportation. It is often the lack of affordable and/or accessible housing that caused the person to enter the nursing facility in the first place. It is important to begin exploring available housing options with the participant as soon as possible, during the MFP Screening process as described in 601.7.

While most MFP participants will qualify for rental assistance or rental subsidy programs, there are often waiting lists for these programs. To avoid delays in moving, begin to identify and research housing options with participants/families during the screening process. Use and demonstrate housing search tools such as Georgia Housing Search (www.georgiahousingsearch.org) and include the participant's circle-of-support, peer supporters, housing specialists at Centers for Independent Living (CILs), ADRCs and AAA ADRC/Gateway offices in the housing search process. The participant's former neighbors and church members may be able to help find housing in the community. Other alternatives include personal care homes (with 4 or fewer unrelated adults), roommate match services and sharing housing with someone who has similar needs.

To assist participants to locate housing, field personnel 1) identify needs for and qualified housing types, 2) use housing search tools to locate housing options, 3) review housing resources, 4) assist with rental subsidy program (voucher) applications, 5) assist with the arrangement and management of home inspection and environmental modification services, 6), assist with making security and utility deposits for establishing a residence and 7) assist participants to identify and test/try out transportation options.

## *602.2 Types of Qualified Residences*

Field personnel must know and understand the definition of "qualified residence" and be able to assist participants in the housing search. The Federal 2005 Deficit Reduction Act (DRA, P.L. 109-171, Title VI, Subtitle A, Ch. 6, Subch. B, S 6071, 120 Stat. 102) established funding for the Money Follows the Person Rebalancing Demonstration. The MFP Rebalancing Demonstration was amended by the 2010 Patient Protection and Affordable Care Act (ACA, P.L. 111-148, Title II, Subtitle E, S 2403(a), (b)(1), 124 Stat. 304). See Appendix A to review the statute from the US Code of Federal Regulations in its entirety. The term ``qualified residence'' means, with respect to an eligible individual--

(A) a home owned or leased by the individual or the individual's family member;

(B) an apartment with an individual lease, with lockable access and egress, and which includes living, sleeping, bathing, and cooking areas over which the individual or the individual's family has domain and control; and

(C) a residence, in a community-based residential setting, in which no more than 4 unrelated individuals reside.

The statute does not provide an exhaustive list of all types of living situations; rather, it identifies components that must be present in a qualified residence and conversely, components that would disqualify a residence from consideration for MFP. Separation of housing and services often allows for greater levels of self-direction for MFP participants; however, some persons may prefer services and supports that are an integral component of their home in the community. A variety of living situations, including supportive housing arrangements are acceptable, but all residences should honor personal choice and control of MFP participants and afford opportunities for independence and community integration.

**A qualified residence can be described as:**

**(A) a home owned or leased by the individual or the individual's family member; the lease/deed must be held by the individual or the individual's family member.**

- If leased, the leaseholder must be the MFP participant or a family representative.
- If an MFP participant would like to share the home they own or lease with other private individuals, including other MFP participant(s), they may either:
    - Sublet or rent their home with a lease granting the other individual(s) exclusive possession to the space being leased or sublet; or
    - Enter into a co-ownership or co-leasing arrangement with the other private individual(s).

In either of these circumstances, all parties must retain independent and equal legal rights to enforcement of the lease and/or ownership responsibilities and, if the other parties are MFP participants, those individuals retain responsibility for meeting the qualified residence requirements.

**(B) an apartment with an individual lease, with lockable access and exit, and which includes living, sleeping, bathing, and cooking areas over which the individual or the individual's family has domain and control.**

- The dwelling must have a lease that is considered a legal document by all parties signing or referenced in the lease. The lease may be signed by someone other than the individual or the individual's family representative. The lease must not name anyone other than the MFP participant or a family representative as having domain and control over living, sleeping, bathing, and cooking areas of the dwelling.
- The building must give access to the community. For example, in order to assure security, safety or privacy many apartment complexes have gates, multiple doors, or security guard checkpoints leading to an exit on the street outside of the complex. Each tenant or their family representative must be provided a key, identification card, or keypunch number to easily get in or out of a complex or facility 24 hours a day.
- The apartment in which the MFP participant resides must be consistent with federal fair housing guidelines.

To be a qualified residence under MFP, leases should **not**:

- Include rules and/or regulations from a service agency *as conditions of tenancy* or include a requirement to receive services from a specific company;
- Require notification of periods of absence, e.g. a person who is absent from a facility for more that 15 consecutive days, or discuss transfer to a nursing facility or hospital;
- Include provisions for being admitted, discharged, or transferred out of or into a facility; or
- Reserve the right to assign apartments and change apartment assignments.

**(C) a residence, in a community-based residential setting, in which no more than 4 unrelated individuals reside.**

- This residence may be owned and operated by a person or organization other than the individual.
- A residence in which no more than 4 unrelated individuals reside and that is part of a larger congregate care setting (campus) separated from typical community dwellings would not be considered a qualified residence.
- Caregivers, such as personal attendants, are not counted in the four maximum unrelated individuals.

### *602.3 Housing Search Tools and Strategies*

Participants are guided though the housing search using various tools. See *Appendix M1: Documents and Information for Housing Searches* for additional information needed to conduct housing searches.

**Housing Search Strategies**
Begin the housing search early in the transition process and engage the circle-of-support, former neighbors, church members, volunteers and professionals in the housing search. Assist participants to ask friends and family members for housing referrals. Friends and family members may know of vacancies before landlords, in some cases.

Assist participants to use housing search tools including the **Georgia Housing Search** (Toll Free at 1-877-428-8844 or www.georgiahousingsearch.org) and affordable housing hotlines provided by nonprofit organizations. The Georgia Housing Search is free and provides a toll-free number for participants who are blind and/or do not have internet access. The website and toll-free number are bilingual. Participant will find available housing information on affordable units, amenities and on accessibility. Low Income Housing Tax Credit properties (LIHTC) can be identified using Georgia Housing Search tool.

MFP field personnel can apply for and receive access to tools behind the public interface. With the cooperation of Pathways, field personnel can gain access to the Special Needs Housing tools. To gain access to Special Needs Housing tools:

- Contact SocialServe at 1-877-428-8844 and request access to housing units targeting special populations
- SocialServe verifies membership in Pathways (to ensure confidentiality training) via a membership list provided by the Department of Community Affairs (DCA) on a regular basis
- If field personnel are not members of Pathways, their employing agency is informed about the need for personnel to compete the confidentiality training. There is no cost to field personnel to complete the confidentiality training and it is available at www.pcni.info
- Once completed, field personnel will be added to the Pathways list at www.pcni.info and SocialServe will provide system access logon to the employing agency.
- The employing agency is responsible for administration of system access logon for field personnel and other agency staff members. DCA monitors the employing agency for compliance.

In addition to Georgia Housing Search, participants should be assisted to locate and use housing resource lists form non-profit agencies including the United Way (call 2-1-1 or follow the link to http://www.unitedwayatlanta.org/docs/211/HousingDirectory.pdf ) and the County Task Forces for the Homeless. Assist participants to make contact with local housing specialists at Centers for Independent Living (CILs), Aging and Disability Resource Connections and at AAA ADRC/Gateway Networks. One ADRC, The Atlanta Regional Commission, maintains a database of resources for older adults, including housing resources, and can be accessed by calling ARC at 404-463-3333 or http://www.agewiseconnections.com.

Participants should be assisted to find affordable housing using online resources:

- http://www.hud.gov/apps/section8/index.cfm
- www.lowincomeapartmentfinder.com
- www.affordablehousingonline.com/
- www.forrent.com
- http://rdmfhrentals.sc.egov.usda.gov/RDMFHRentals/select_state.jsp
- www.senioroutlook.com for apartments for older adult participants, and
- Apartment finder magazines and local newspaper classified ads online.

Alternatives such as house sharing and roommates should be discussed (www.atlantajcc.org). Certain types of group living arrangements should also be investigated and are covered in more detail later in this chapter.

Often, it will be necessary and beneficial for participants to drive and/or walk or wheel around various neighborhoods, especially if the participant is looking for a house to rent. Before renting, drive/walk/wheel around the prospective neighborhood or complex in the evening when people are home, to get a better picture of what the neighborhood is like. Using environmental scans to assist participants to review housing on site. An environmental scan is used to evaluate the dwelling (see Appendix M1 for details).

### *602.4 Subsidized and Other Housing Resources*

In addition to housing searches for affordable housing, assist participants to search for subsidized housing. Three types of subsidized housing can be investigated: public housing owned by Public Housing Agencies (PHAs), subsidized housing not owned by PHAs and Housing Choice Voucher programs. Properties owned or managed by PHAs, with rent based on 30% of the household's income or approved flat rental rates, are located in senior communities, family communities and mixed income communities. Participants are assisted to apply directly at the community or communities where the participant wishes to live. Participants cannot apply to these properties at the PHA office, but must instead apply at the community or communities of choice. Most of these properties have long waiting lists for units. Generally, the property opens their waiting list once or twice a year. The best strategy is to start the housing search early and remain vigilant in watching for the community's waiting list to open. For a list of Georgia Public Housing Authorities, follow the link to
www.hud.gov/offices/pih/pha/contacts/states/ga.cfm

**Subsidized Housing not Owned by PHAs**
Properties not owned or managed by a local Public Housing Agencies, with rent based on 30% of household's income, should also be considered. The participant is assisted to apply directly at the property or by contacting the property manager. For a listing of the affordable, subsidized housing properties (not owned by PHAs) in Georgia, follow the link to http://www.hud.gov/apps/section8/index.cfm Properties that are subsidized indicate this using the letters BOI (based on income) and/or

LIHTC (low-income housing tax credit). These typically indicate that the rental rate of the unit is based on the tenant's monthly income. No pre-approval is needed to apply.

**Subsidized Housing and Criminal Background Checks**
To qualify for subsidized housing, the MFP participant and members of the participant's household must pass a criminal background screening. MFP field personnel inform participants that a criminal history that includes convictions for felonious drug and violent criminal activity may impact their ability to obtain subsidized housing. Participant with criminal histories should be assisted to identify other housing options when necessary.

High rise apartments should be considered in the housing search. Some high rise apartments are owned by PHAs and some are subsidized but not owned by a PHA. The high rise apartment must meet the MFP qualified residence requirements. The participant's lease cannot include any of the following stipulations:

- That the landlord has the right to assign/change apartments,
- Requiring the tenant to give notice of absences,
- Requiring the tenant to receive services offered in the building as a condition of tenancy (also known as bundling housing and services or permanent supportive housing). In other words, if the high rise apartment building offers a set of services to residents that they are required to use in order to live in the building, this would not meet MFP qualified residence criteria.

**Personal Care Homes**
Personal Care Homes are options that can be considered, as long as they meet the MFP qualified residence guidelines (four beds or less). Contact DCH/MFP office for lists of PCHs throughout the state. If wheelchair access is needed, request a listing that includes wheelchair accessibility. The DCH office of Healthcare Facility Regulation (HFR) has regulatory control of these homes. Questions regarding wheelchair or mobility device access in PCHs should be directed to the MFP housing manager and/or HFR.

As long as MFP participants transition into PCHs with 4 beds or less, they continue to be eligible for MFP transition services (for 365 calendar days after discharge) and there is no reason they would lose their waiver services. On the other hand, if the participant decides to move to a larger PCH, the participant would be at risk for losing waiver services. In the first 365 days waiver services are tied specifically to MFP. MFP funding created the waiver slot/services. At the end of the participant's 365 days of MFP, the slot/services becomes part of the regular waiver and the participant could then move to a PCH with more than 4 beds if they choose.

**Apartment Application Fees**
MFP Security Deposits funds can be used to pay apartment complex application fees**.** For more information on the payment of apartment complex application fees, see Appendix M1: *Documentation & Information for Housing Searches*.

**Housing Discrimination**
Field personnel are obligated to report housing discrimination encountered during the housing search. The Fair Housing Act (Regulations at 24 CFR Part 100) prohibits discrimination based on race, color, religion, national origin, sex, familial status, and disability. The Fair Housing Act prohibits discrimination by any person or entity involved in housing or housing related transactions, including in the terms and conditions offered with respect to housing. This might include:

- Refusal to rent
- Refusal to provide reasonable accommodations
- Refusal to make or allow structural changes needed to enable use of housing
- Overbroad or illegal inquiries into disability, including the requirement that the person with a disability has the "ability to live independently"
- Refusal to allow unrelated persons to live in community (zoning issues)
- Imposition of different terms or conditions of housing
- Failure to construct accessible housing as required by federal laws

If the participant has been trying to rent a home or apartment and the participant or MFP field personnel believes that the participant's rights have been violated, field personnel assist the participant to file a fair housing complaint. Contact DCH/MFP office to inform office staff of the Fair Housing Act complaint. There are several ways to file a complaint:

Follow the link to the HUD site and complete and submit the complaint form online at http://www.hud.gov/complaints/housediscrim.cfm, or print out and complete the complaint form, and mail it to:

Office of Fair Housing and Equal Opportunity
Department of Housing and Urban Development
Room 5204
451 Seventh St. SW
Washington, DC 20410-2000

There are also private agencies which help investigate allegations and prepare complaints. Although this agency is located in the Atlanta area, it will provide advice and assistance to participants in other parts of the state:
Metro Fair Housing Services
1083 Austin Avenue, NE
P. O. Box 5467
Atlanta, Georgia 30307
(404) 221-0147

(800) 441-8393

For more information on housing discrimination, see Appendix M1: *Documentation & Information for Housing Searches.*

### *602.5 Section 8 Housing Choice Voucher (HCV) Programs*

Several metro Public Housing Authorities (PHAs) and The Department of Community Affairs (DCA) have partnered with DCH/MFP. Under these partnerships, these agencies have set aside Housing Choice Vouchers for MFP participants. The goal of the initiative is to provide safe, decent and affordable housing to qualified MFP participants transitioning from institutional settings to qualified residences in the community. These partnerships provide limited Section 8 Housing Choice Vouchers that can be used by MFP participants in designated areas. The MFP Housing Manager communicates availability to field personnel. Field personnel provide assistance and the necessary supports needed for the MFP participant to take advantage of and participate in these Housing Choice Voucher (HCV) programs. Once the Pre-ITP has been completed, the participant is assisted with the following steps to secure a housing choice voucher.

1. Field personnel assist participants to complete the *MFP Referral Letter for Housing Choice Voucher Program* (see *Appendix AA*). The completed referral letter is legible and is forwarded to the MFP Housing Manager/MFP office.
2. Field personnel receive the HCV application packet for the participant,
3. Field personnel complete the *Application for Section 8 Rental Assistance* with the MFP participant and return the completed application to the appropriate housing agency within 15 days. The 15 day period is a HUD (federal) timeline and there are no exceptions.
4. Field personnel act as a facilitator during the application process. If the housing agency has questions regarding the application, they will contact field personnel and ask for additional information.
5. Field personnel receive the participant's determination status letter, (approval or denial for the program) and share this information with the participant.
6. Upon approval, field personnel attend the scheduled voucher briefing meeting with the MFP participant. This briefing meeting provides an overview of the policies and procedures of the HCV program. Field personnel are required to attend the briefing with the MFP participant to ensure that participant understands the requirements of participation in the HCV program. After the briefing, the voucher will be issued to the MFP participant from the PHA or housing agency. Once the HCV briefing has been completed, a direct line of communication has been established with the PHA or housing agency and all questions or issues that arise can be

resolved with the appropriate PHA or housing agency that issued the HCV.

7. Field personnel assist with the housing search for an appropriate community-based housing placement, (apartment, single family home or mobile unit). The landlord or property owner/management company must be willing to accept the Housing Choice Voucher. After the voucher briefing, the participant and field personnel are given 120 days to locate suitable housing. This period can be extended on a case-by-case basis. If an extension to the 120 days is needed, field personnel must contact the PHA or housing agency representative, provide them with a status briefing and a letter of request from the MFP participant asking for the extension.
8. Field personnel assist the participant to notify the PHA or housing agency as to the location of the identified housing selection. Field personnel assist with scheduling the housing inspection by PHA or the housing agency.
9. Field personnel accompany the participant to the housing inspection and to any scheduled contract signings and housing allocation plan meetings.
10. Field personnel ensure that the participant's transition services as specified in the Individualized Transition Plan (ITP) are provided and ensure that waiver services are provided to the participant as specified in the Care Plan/Plan for Services.
11. Field personnel track and report requested HCV program use data to DCH/MFP and as requested.

### *602.6 Home Inspection and Environmental Modifications*

Field personnel assist participants to manage environmental modifications. MFP provides funding to assist participants to undertake home inspections prior to and after completion of environmental modifications. Home inspections are used to identify and report on needed structural repairs to a qualified residence and to identify and make recommendations for appropriate and cost-effective modifications before they are started. Post-inspections are provided after modifications are complete, in order to ensure quality work and compliance with relevant building codes and standards. Contact DCH/ MFP housing manager for assistance in locating qualified home inspectors who are Certified Aging-in-Place Specialists (CAPS).

MFP provides funds to make physical adaptations to a qualified residence, including a qualified residence under the Section 8 Housing Choicer Voucher program or any 'qualified residence' on a case-by-case basis. The service can pay for such things as ramps, structural changes such as widening doorways, the purchase and installation of grab-bars and bathroom modifications. These modifications are done to maintain or improve the independence of the participant in ADLs and to ensure health, welfare and safety, and are intended to be for the sole benefit of the MFP participant. Two scope/bid quotes are required for home

modifications. Scope/bid quotes must come from licensed contractors and scope/bids must separate charges for labor and materials. Quotes from contractors must be based on using standard materials. Any materials used beyond basic/standard materials will be subsidized by the property owner.

**Making Modifications to Publicly-Owned Housing**
Environmental modifications to publicly-owned housing can be paid for using MFP funds and waiver program funds for that purpose. According to CMS MFP policy guidance, modifications within publicly-owned housing are permissible as long as there are no other sources of funding for these modifications, and as long as such modifications are not already the responsibility of the public housing provider. These modifications must be for the sole benefit of the individual in which the claim for home modifications would be made. For example, this policy should not be construed as allowing payment for public access ramps into the building or other accessibility items for the common areas of the building, for which the public housing provider is already required to make in accordance with the Americans with Disabilities Act of 1990 (ADA).

For more information or questions about MFP *Home Inspection (HIS)* and *Environmental Modification (EMD)* services, see Chapter 603, Section 603.19 or contact the DCH Housing Manager. After obtaining two quotes from two licensed contractors, complete the *Quote Form for MFP Transition Services* (Appendix T).

## *602.7 Security and Utility Deposits*

Once appropriate housing has been identified, assist participants to secure a qualified residence using MFP funds for application fees and security and utility deposits. The maximum allowed for security deposits is $1,000. In addition to security deposits, MFP funds may be used to make utility deposits for a qualified residence. The maximum allowed for utility deposits is $500. These funds can be used to turn on electricity, gas, water, telephone, cable and Internet service. These funds can be used to pay past due utility bills in order to reconnect services. For more information on MFP Home Inspection and Environmental Modification services, see Chapter 603, Section 603.9 and 603.10.

## *602.8 Transportation Options*

Transportation, or the lack of it, should help determine the location of the housing selected by the MFP participant. The importance of access to community services, especially health services, cannot be overstated. Transportation is essential for access to community services. Most urban areas have some form of public transportation; fewer have para-transit systems.

Georgia Department of Community Health (DCH) Medicaid Non-Emergency Transportation (NET) provides transportation for eligible Medicaid members who need access to medical care or services. NET provides services to members when other transportation is not available and eligibility is determined at the time of the

contact (see Appendix N: *Non-Emergency Transportation Broker System*).

Assist participants to conduct an inventory of transportation needs as outlined in the Post-ITP, Q9. This includes a review of where the person wants to go on a regular and/or intermittent basis. Review transportation that is necessary and/or the specialized transportation equipment that may be needed. Participants are assisted to complete application for local para-transit and other local transportation options (see Appendix Z: *Transportation Resources*).

In rural areas, transportation options are more limited and may only be available through volunteer services. Public transportation options and barriers are identified, investigated and tested, including local/county public and private transportation resources and options. Vouchers for travel assistance may be obtained (where and when available) through the ADRCs/ AAA/ADRC/Gateway offices and/or some Centers for Independent Living (CILs).

**Transportation Needs Assessment:**

- Transportation to look at potential qualified housing options
- Transportation from the nursing facility on moving day
- Moving services or assistance form circle-of-friends
- Arranging for public/private/para-transit
- Need for and arrangement for vehicle adaptation to personal vehicle
- Travel training, scheduling and testing para-transit and public/private transportation options
- Plan for getting the both regularly scheduled events and recreational trips
- Access to transportation for both short-term and on-going needs
- Applications for private/charity/van services

**Vehicle Adaptations Services**

MFP provides funding to assist participants to pay for vehicle adaptation to a vehicle that is privately owned by the participant or family member. Vehicle adaptations include the installation of driving controls (when applicable), a lift or ramp for wheelchair or scooter access, wheelchair tie-downs and occupant restraints, special seats or other modifications that are needed to provide for the safe access into and out of and operation of the vehicle. Obtain two quotes for the needed adaptations. This service does not cover repairs to the vehicle or to the adaptations once they are installed and operational. Once two quotes have been obtained from two experienced vendors, complete the *Quote Form for MFP Transition Services* (see Appendix T).

# CHAPTER 603: SCOPE OF MFP TRANSITION SERVICES

## *603.1 Introduction*

This section is designed to be a reference guide to MFP Transition Services. The Chapter begins with information on certification for vendors and service providers of MFP transition services. This is followed by headings that list and describe each MFP Transition Service. A description of how the service works and how it is used is followed by rate information and exclusions and special conditions that apply.

## *603.2 Duplication of Wavier Services*

There are several MFP Transition Services that provide support to participants that are the same or similar to HCBS waiver services, including, Environmental Modifications, Equipment, Vision, Dental and Hearing Services, Specialized Medical Supplies, and Vehicle Adaptations. In the event that MFP grant funding is available to cover these services, the MFP Transition Service should be authorized and used before the participant uses the waiver service. By expending MFP grant funds before the waiver funds are used, participants may be able to preserve or prolong waiver benefits that have an annual or lifetime maximum that may be needed after the 365 days of MFP.

## *603.3 Qualified Vendors and Service Providers*

MFP is expanding opportunities to vendors and service providers by offering training. The MFP *Qualified Vendor and Service Provider (QVSP)* program is part of a larger effort to improve community infrastructure through a Direct Services Workforce (DSW) development initiative. Although initial training is limited, additional levels of qualification may be required.

The initial QVSP training will be made available to vendors and service providers of the following MFP services:

- Peer Community Supporters
- Trial Visit PSS Providers (PSS direct service workers)
- Life Skills Coaches
- Caregivers involved in Caregiver Outreach and Education
- Home Care Ombudsman

Vendors of these MFP services, providing services to participants must complete the initial training by the end of the calendar year. New vendors or service providers wanting to provide services should complete the initial QVSP training as soon as possible before initial contact with the MFP participant. The QVSP training must be completed within 30 days of initial contact with a MFP

participant. Note that PSS staffers (i.e. persons providing direct services) are included in this training requirement. The expectation is that each individual employed to provide PSS services will participate in the QVSP training.

The initial MFP QVSP certification involves three steps:

1) Go to the MFP website at www.dch.georgia.gov/mfp and locate the *MFP Overview Presentation* under the heading, "MFP Training – Webinars"
2) Review the 20 minute presentation
3) Locate the *MFP Overview Presentation Evaluation Form*; answer the questions on the form and complete the contact information. Save the completed form to your computer and email it to rgrubbs@dch.ga.gov

DCH/MFP office will mail out the QVSP Certificate of Completion after the *MFP Overview Presentation Evaluation Form* is received. The *QVSP Certificate of Completion* must be kept on file by the vendor and made available to MFP field personnel and/or DCH MFP office staff upon request.

### *603.4 Peer Community Support (PES)*

**Description**: This service provides for face-to-face visits to participants for the purpose of discussing transition experiences, problem solving, pursuing leisure and recreational opportunities in the community and building connections to individuals and associations in the community. A case note is required to document each contact. This service is delivered by a QVSP peer supporter (see 603.3 for additional details). The QVSP peer supporters may also be certified peer supporter through the Georgia Peer Support Network (see http://www.disabilitylink.org/docs/psp/peersupport.html for more details).

**How It Works**: As selected and justified in the transition plan, QVSP peer supporters engage participants in transition-related activities before, during and after transitions. QVSP peer supporters are typically individuals whose life experience are similar to that of the MFP participant. For example, a peer supporter may have a disability (that may or may not be similar to that of the participant) and may have resided in a nursing facility and have familiarity with the barriers faced during transition. Peer supporters assist participants to build circles-of-support, identify community resources, review available housing options, and/or use available transportation options to engage participants in community activities. Three face-to-face contacts are required, additional contacts can be arranged as needed. Participants have the right to suspend and resume periodic contacts during the 365 day demonstration period.

**Rate**: one unit = one hour contact, billable in quarter-hour increments, at $50 per unit/hour; a maximum of 40 units/hours, for a total not to exceed $2,000, ends on day 365 of the demonstration period. Rate includes all costs associated with delivery of service.

**Further Guidance on Peer Community Support**
If the QVSP peer supporter is available and the participant is interested in the service, it is recommended that the service be authorized for the entire amount. Early and frequent contact with the peer supporter will assist the participant to connect or re-connect to and establish themselves in the community. In many cases, the peer supporter will become friends with the participant, and this friendship will help to sustain the participant during discharge, throughout the 365 days of MFP, and will most likely continue post-MFP.

### *603.5 Trial Visits-Personal Support Services (PSS)*

**Description**: 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 1) to give the participant an opportunity to manage and direct 'qualified' (see QVSP 603.3) Personal Support Services (PSS) staff; or 2) to interact with staff in PCH or community residential alternative. In some cases it can be used to assist the PCH owner to identify, develop and improve the PSS staff skills necessary to accommodate the needs of the participant. This service is delivered by qualified PSS staff. On a case-by-case basis, this service can be used post-transition when PSS services are arranged but delayed.

**How it works**: As selected and justified in the transition plan, participants use this service to learn to direct or train qualified Personal Support Services (PSS) staff. Participants may need practice managing qualified PSS staff on a trial basis before leaving an inpatient facility. Post-discharge, if the participant's PSS services do not begin within the first 24 hours, this service can be used to fill the service gap. In some cases, the inpatient facility will arrange for assistance during a service gap (discharge until the beginning of waiver PSS). In some cases, arrangements can be made with family and friends for natural supports during this period. When other arrangements cannot be made, the participant can use Trial Visits-PSS. This service may be particularly helpful for participants who have limited natural supports from family and friends.

**PSS Rate**: This service pays for 1 unit of personal support = the current rate provided by the appropriate wavier. Service ends on day 365 of the MFP demonstration period. This service provides for PSS visits paid at the current rate funded through the waiver the participant will be entering. For example, participants entering the ICWP waiver can receive trial PSS visits with enrolled ICWP providers at a rate per hour that matches the rate paid in that waiver. The maximum number of trial PSS hours available will vary by waiver, but cannot exceed $1044 per member. Under ICWP, CCSP and SOURCE, PSS hours are not to be provided as continuous 24-hour care, but rather in blocks of time consistent with what the participant will be receiving once living in the community. If this service is used post-discharge, it should be integrated with natural supports when and where available.

**PCH/CLA Rate**: This service pays for 1 unit of residential services to be provided through an enrolled waiver Personal Care Home at the rate of $65 per day. In NOW/COMP, 1 unit of CLSS/CRA = 1 day, not to exceed $1044 per participant. Service ends on day 365 of the MFP demonstration period.

**Further Guidance on *Trial Visits-Personal Support Services***
If a PSS provider has already been identified to provide services through a waiver upon discharge, the participant may wish to use this service to have a trial visit with that provider. However, the hours provided through this service do not affect the number of hours that will be provided through the waiver once the participant has discharged.

### *603.6 Household Furnishings (HHF)*

**Description**: This service provides assistance to participants requiring basic household furnishings. This service is intended to provide for initial set-up assistance.

**How It Works**: During the transition planning process, participant's needs are discussed, including identifying any furnishings that they already own (still in their home, in storage, etc.), as well as furnishings available from family, friends, and other sources. As selected and justified in the transition plan, this service details remaining furniture needs and includes them in the transition plan, along with tasks for locating and pricing needed items. Basic household furnishings include but are not limited to items such as: table, chairs, bed, desk, dressers, or large appliances (such as a washer and dryer) that are needed to allow the participant to furnish a room in a PCH, a house or an apartment.

**Rate**: This service provides a maximum of $1,500 per participant to be used during the 365 day demonstration period.

**Further Guidance on Household Furnishings**
While this service is intended as a one-time start up service to help the participant establish a qualified residence, it is recognized that these funds may need to be used throughout the year in certain circumstances. This service does not provide for items such as televisions, stereos, DVD players, or purely decorative items (such as vases, wall art, etc.). Items like computers cannot be purchased for recreational and/or entertainment use – MFP funds are intended to enhance the participant's health and well-being, and purchase decisions are driven by need, not want. These items are intended for use by or for the participant, and are not intended to replace or upgrade the existing items in the home of a relative. However, it may be necessary to purchase items to supplement those available in the home of a relative in order for the participant to have items available for their own use.

### *603.7 Household Goods and Supplies (HGS)*

**Description**: This service provides assistance to participants requiring basic household goods (e.g., cookware, toiletries). This service is intended to help the participant with initial set-up assistance. This service may include a one-time purchase of groceries. Alcohol and tobacco products cannot be purchased with these funds.

**How It Works**: During the transition planning process, participant's needs are discussed, including any household goods and supplies that they already own, as well as items available from family, friends, and other sources. Selected and justified in the transition plan, this service details the remaining needs for household goods and includes them in the transition plan. Tasks for locating and pricing needed items are identified and delegated. Basic household goods and supplies include, but are not limited to the following; bedding, towels, washcloths, cooking items, cleaning supplies, plates and silverware, etc. See Appendix P: *Startup Household Goods and Supplies* for a list of recommended household startup items. This table can be used to assist the participant to identify what they already have and what is needed. The participant is encouraged and assisted to shop wisely.

Items such as a personal computer or laptop may be purchased if needed by the participant for health and welfare purposes such as connecting with disability support groups, making medical appointments, purchasing supplies or groceries, searching for and arranging transportation services, accessing weather alert information, attending classes, conducting employment searches or activities, etc. While this service is intended as a one-time start up service to help the participant establish a qualified residence, these funds may be used throughout the year in certain circumstances. If household goods and supplies are not identified during the initial transition planning meetings, requests for additional furnishings are identified in the post-discharge follow-up meetings and made to the DCH MFP office along with appropriate justification, using the *MFP Request for Additional Services* and *MFP Authorization for Services* forms (Appendices X and S).

**Rate**: Limited to a maximum of $750 per participant, to be used during the 365 day demonstration period. Of the $750 available, a one-time purchase of groceries can be made but cannot exceed $200.

**Further Guidance on Household Goods for Participants in PCHs**
The Division of Healthcare Facilities Regulation within DCH requires that Personal Care Homes provide certain basic furnishings to all residents, but additional items may be necessary to improve the health, safety and well-being of the participant while living in the PCH. These items might include a wardrobe for storing clothes and personal belongings and/or a desk for reading, writing or preparing work for school or employment. If these items were not identified during initial transition planning meetings, they should be identified during post-discharge follow-up meetings and made to the DCH MFP Office along with

appropriate justification, using the *MFP Request for Additional Services* and *MFP Authorization for Services* forms (see Appendices X and S).

### *603.8 Moving Expenses (MVE)*

**Description**: This service may include rental of a moving van/truck and staff or the use of a moving or delivery service to move a participant's goods to a qualified residence.

**How It Works**: During transition planning, the participant's circle-of-support is asked to assist the participant on moving day, either through the use of their personal vehicles or by providing labor for moving. Selected and justified in the transition plan, this service can then be used to obtain a truck rental, the services of a moving company, or delivery fees associated with newly purchased goods, as appropriate. This service provides assistance to participants who need to have their belongings moved to a qualified residence in the community from where they are located (i.e. in storage, with family or friends, or from the place of purchase).

**Rate**: Limited to $850 per participant during the 365 day demonstration period.

**Further Guidance on Moving Expenses**
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 the 365 day demonstration period.

### *603.9 Utility Deposits (UTD)*

**Description**: This service is used to assist participants with required utility deposits for a qualified residence.

**How It Works**: As selected and justified in the transition plan, these funds can be used to turn on electricity, gas, water, telephone, and cable and Internet service. These funds can be used to pay past due utility bills in order to reconnect services to the qualified residence. Field personnel have two options when arranging for payment of utility deposits.

Option 1: Negotiate with landlords or utility providers to accept payment once the participant has discharged from the facility and has moved into their qualified residence. In this case, request a completed *MFP Vendor Payment Request* form (see Appendix U) from the landlord or utility provider. The vendor completes the MFP Services Rendered For and Payment Instruction sections of the form and the description of the services rendered, including the amount billed. The vendor next submits this form to the MFP field personnel. Field personnel complete the form with the remaining participant information (Medicaid number, DOB). The completed form is submitted along with an invoice/receipt, a copy of the vendor's W-9 and the *Vendor Import File* (see Appendix V) to both the Fiscal Intermediary

and the DCH MFP office via secure transfer protocol. Once the information has been verified and approved, the Fiscal Intermediary issues payment directly to the landlord or utility company.

Option 2: When payment is required in advance of discharge, arrange to pay the landlord or utility company using an agency's company credit card or check. Once the participant discharges, submit the invoice/receipt from the landlord or utility company and the *Vendor Import File* (see Appendix V) to both the Fiscal Intermediary and the DCH MFP office via secure transfer protocol. Once the information has been verified and approved, the Fiscal Intermediary will reimburse the agency for the amount billed.

**Rate**: Limited to $500 per participant- ends on day 365 of the MFP demonstration period.

**Further Guidance on Utility Deposits**
On a case-by-case basis, this service can be used to pay past-due utility bills in order to re-connect utilities to the qualified residence. For payment options, see Further Guidance for Payment Options for Security and Utility Deposits below (603.10).

### *603.10 Security Deposits (SCD)*

**Description**: This service is used to assist participants with housing application fees and required security deposits for a qualified residence.

**How It Works**: As selected and justified in the transition plan, these funds can be used to pay the security deposit (flat fee, first and last month's rent, etc.) and/or application fees required to secure a rental unit that meets qualified residence criteria. Field personnel have two options when arranging for payment of security deposits.

Option 1: Negotiate with the landlord or apartment manager to accept payment once the participant has discharged from the facility and has moved into their qualified residence. In this case, request a completed *MFP Vendor Payment Request* form (see Appendix U) from the landlord or apartment manager. The landlord or apartment manager completes the MFP Services Rendered For and Payment Instruction sections of the form and the description of the services rendered, including the amount billed. The landlord or apartment manager next submits this form to the MFP field personnel. Field personnel complete the form with the remaining participant information (Medicaid number, DOB). The completed form is submitted along with an invoice/receipt, a copy of the vendor's W-9 and the *Vendor Import File* (see Appendix V) to both the Fiscal Intermediary and the DCH MFP office via secure transfer protocol. Once the information has been verified and approved, the Fiscal Intermediary issues payment directly to the landlord or apartment manager.

Option 2: When payment is required in advance of discharge, arrange to pay the landlord or apartment manager using an agency's company credit card or check. Once the participant discharges, submit the invoice/receipt from the landlord or apartment manager and the *Vendor Import File* (see Appendix V) to both the Fiscal Intermediary and the DCH MFP office via secure transfer protocol. Once the information has been verified and approved, the Fiscal Intermediary will reimburse the agency for the amount billed.

**Rate**: Limited to $1,000 per participant- ends on day 365 of the MFP demonstration period.

**Further Guidance on Funds for Security and Utility Deposits**
Under the guidelines of MFP, the funds for security and utility deposits are intended as one-time expenditures in order to assist the participant with securing and setting up a qualified residence in the community. Proper planning should be done in order to ensure that the residence selected will be safe, accessible, affordable and integrated and housing that meets the participant's needs. However, it is recognized that there may be occasions when it is necessary for the participant to change residence during the 365 day demonstration period, particularly if health and safety issue are identified. In these instances, it may be possible to use the MFP funds to pay new deposits, if the maximum limit has not yet been reached.

### *603.11 Transition Support (TSS)*

**Description**: This service provides assistance to help participants with unique transition expenses (obtaining documentation, accessing paid roommate match services, etc.). This service provides funding for needs that are unique to each participant, but necessary for a successful transition.

**How It Works**: As selected and justified in the transition plan, these funds may be used to help participants resolve transition barriers that are unique to each participant. For example, a participant may need to obtain a birth certificate or other necessary documentation that requires a fee, or the participant may need assistance to pay a rental unit application fee. Such needs are determined with the participant during planning. The participant is assisted to resolve the identified issues. In some instances, participants may have a need for additional funding in one of the other MFP transition services categories. For instance, a participant may have a past due electric bill that must be paid in order to have electricity turned on. If the amount of the past due electric bill and deposit depletes the funding available in the Utility Deposits category, the participant has no funds left to pay deposits for water, sewage, gas, etc. The participant will need additional funds to cover the deposits necessary to have utilities turned on. Funds in the Transition Support category can be used for this purpose.

**Note**: TSS can only be used in a manner that directly supports the participant's transition. These funds cannot be used to purchase more items than might

otherwise be obtained, such as purchasing more than the category limit on Household Furniture or Household Goods. Participants are assisted to carefully develop a budget for obtaining those items and stay within the existing budget. In addition, these funds cannot be used for categories where funding still remains. Expenses in this category not described above must be authorized by the DCH/MFP office on a case-by-case basis, and unauthorized purchases, or purchases that violate the guidelines within other service categories, will not be reimbursed.

**Rate**: Limited to $600 per participant – ends on day 365 of the demonstration period.

### *603.12 Transportation (TRN)*

**Description**: This service assists participants with transportation needed to gain access to community services and resources (i.e. housing). This service is used when other forms of transportation are not otherwise available. This service does not replace the Medicaid non-emergency transportation (for medical appointments) or emergency ambulance services.

**How It Works**: As selected and justified in the transition plan, this service assists participants with transportation needed to gain access to community. This service does not replace Non-Emergency Transportation (NET) or emergency ambulance services. Transportation funds can be used for trips related to transition, trial visits to the community, viewing housing options and personal care homes to find a suitable, qualified residence, obtaining needed documents such as personal identification, and for going home on the day of discharge.

**Rate**: one unit = a one-way trip, up to $500 (when necessary), service is designed to cover the cost of multiple one-way or round trips totaling no more than $500, can be a pre and post-transition, ends on day 365 of the demonstration period.

### *603.13 Life Skills Coaching (LSC)*

**Description**: 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 up to 30 hours of customized training focused on skill development, lead by a ‘qualified’ trainer/coach (see QVSP 603.3), 3) participate in individual and group activities designed to reinforce skill development, and 4) evaluate the impact of the training. This service requires structured, ‘qualified’ instructor-lead, customized training/coaching based on the results of the ITNA.

**How It Works**: As selected and justified in the transition plan, this service requires an ITNA and the development, delivery and evaluation of customized, instructor-lead training by a ‘qualified’ trainer/coach. This service differs from Peer Community Support because it requires structured, instructor-lead,

customized training/coaching. Participants complete an independent living and life skills training needs assessment (ITNA) with assistance from MFP field personnel or the qualified life skills coach. The service is authorized for 60 units or 30 hours of contact life skills training/coaching. A 'qualified' trainer/coach is identified. Trainers/coaches must be knowledgeable in the content area, have experience as IL trainer or life skills coach and complete the QVSP requirement. Together with the participant, the trainer/coach acquires or develops a customized training curriculum based on the results of the individualized needs assessment. The coaching/training is delivered. The training/coaching involves the participant in individual and group activities designed to build and reinforce independent living and life skills.

Training topics may include, but are not limited to the following: building circles-of-support/safety nets/personal safety, managing personal finances, managing health conditions and medications, personal hygiene, home management/ cleaning, nutrition management/food prep/cooking, managing personal support services, self-direction, travel training/access to community services, recognizing addiction cycles, coping skills/managing your emotions/positive self-talk, healthy relationships, sexuality and disability, etc. Once coaching/training is completed, coaches/trainers are responsible for preparing a post-training evaluation (may take various forms including written or observation of skill development). Coaches/trainers use the results of the post-training evaluations to assist participants with referrals to community resources for additional follow-up activities. Qualified trainers, life skills coaches and peer supporters may be used to deliver this service.

**Rate**: One unit = one half- hour of contact training/coaching or group/individual training activities, billable at $25 per half-hour, to a maximum of 60 units or 30 hours training/coaching, delivered by a qualified trainer/coach, limited to $1,500 per participant, ends on day 365 of the demonstration period.

### *603.14 Skilled Out-of-Home Respite (SOR)*

**Description**: This service provides a brief period of support or relief for caregivers or family members caring for an elderly or disabled individual. This service will pay for up to 14 days during the MFP 365 day demonstration. The respite is done at a GA qualified nursing facility or community respite provider approved through a Georgia waiver program. On a case-by-case basis this service can be used by a participant who is waiting for environmental modifications to be completed to their qualified residence.

**How It Works**: As selected and justified in the transition plan, this service is provided by a qualified Georgia nursing facility or community respite provider.

**Rate**: One unit = $134.17 per day, limited to 14 units or $1,878.38 per member, ends on day 365 of the demonstration period.

### *603.15 Caregiver Outreach and Education (COE)*

**Description**: This service provides outreach, information, referral and education to 'qualified' caregivers (see QVSP 603.3) who support MFP participants. This service includes; 1) an assessment that identifies sources of a caregiver's stress, 2) consultation and education with a trained T-CARE specialist to develop a Caregiver 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. The T-CARE specialist documents activities with case notes. This service is not provided in order to educate paid caregivers. Caregivers participating in this service, not Certified T-CARE providers, are required to become 'qualified' under 603.3.

**How It Works**: As selected and justified in the transition plan, this service can be provided to live-in, non-paid caregivers (family members or friends) who provide care, companionship and/or supervision to MFP participants. This service is designed to reduce the stress experienced by caregivers by providing consultation and education on a wide array of services and community resources designed to meet the caregiver's unique needs. Based on the caregiver's assessment, a Caregiver Support Plan is developed and used to educate caregivers on topics including adult day services, assistive technologies, counseling services, assistance for planning for the future, psycho-emotional issues and coping skills, direct care (i.e. activities for daily living, safe transfers, bathing, other issues unique to the participant's needs), communication skills, caregiver self care, financial assistance and/or legal advice, circle-of-support/informal networks, managing/maintaining in-home support service, 24 hour supervision, respite, palliative and hospice care, assisting participants to manage chronic health conditions and secondary conditions related to disability. Caregiver education may be available through local agencies.

**Rate**: 1 unit = one half- hour of contact caregiver training, billable at $25 per half-hour, to a maximum of 40 units or 20 hours training/coaching, delivered by a qualified caregiver specialist, limited to $1,000 per participant, ends on day 365 of the demonstration period. Rate includes all costs associated with delivery of service.

### *603.16 Home Care Ombudsman (HCO)*

**Description**: This service provides periodic, face-to-face (F2F) contacts made by a 'qualified' (see 603.3) home care ombudsman. Together participants and home care ombudsman review the participant's health, welfare and safety and develop advocacy to assist participants to resolve complaints related to MFP and waiver services and how these services are provided. Service is limited to participants who transition into a qualified residence. Three F2F contacts are required, additional contracts (F2F or phone contacts) can be arranged as needed. A case note is required to document each contact (see 601.4).

**How It Works**: As selected and justified in the transition plan, this service provides regular monthly and periodic face-to-face (F2F) contact for review of transitioned participants' health, welfare and safety. Qualified home care ombudsmen make visits and phone calls to participants to discuss issues related to MFP and HCBS services they are receiving. Home Care Ombudsmen are qualified by the Office of the State Long-Term Care Ombudsman and are specially trained to assist participants with advocacy strategies that empower participants to respond to and resolve issues arising from MFP and waiver services and how these services are provided. Service is limited to participants who transition into a qualified residence (as defined under DRA of 2006 and ACA 2010). Contacts occur during the first 30 days post-transition, at 6 months and before the 11th month in the community. A case note is required to document each contact. Three F2F contacts are required at a minimum, along with regular phone contacts. Additional contract (F2F or phone calls) can be arranged as needed. Participants have the right to suspend and resume periodic contacts during the 365 day demonstration period.

MFP field personnel request a completed *MFP Ombudsman Payment Request* form (see Appendix AF) from the Home Care Ombudsman. The ombudsman completes the MFP Services Rendered For and Payment Instruction sections of the form and the description of the services rendered, including the amount billed. The ombudsman next submits this form to MFP field personnel. Field personnel verify the information. The completed form is submitted along with a copy of the ombudsman's W-9 and the *Vendor Import File* (see Appendix V) to both the Fiscal Intermediary and the DCH MFP office via secure transfer protocol. Once the information has been verified and approved, the Fiscal Intermediary issues payment directly to the ombudsman or ombudsman's agency.

**Rate**: one unit = one hour contact at $150 per hour, billable in quarter-hour increments at $37.50, limited to $1,800 per participant, ends on day 365 of the demonstration period.

### *603.17 Equipment, Vision, Dental and Hearing Services (EQS)*

**Description**: 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. Items and services obtained are necessary to enable participants to interact more independently and/or reduce dependence on physical supports and enhance quality of life. Service covers one vision examination and one pair of basic prescription glasses and/or one dental examination and cleaning and/or dental work necessary to maintain or improve independence, health, welfare and safety. Service covers hearing aids and related services. Two quotes are required for purchase of a single piece of equipment costing $1000 or more.

**How It Works**: As selected and justified in the transition plan, these funds can be used to obtain equipment, vision, dental and hearing services, durable medical

equipment, adaptive or assistive technology devices, not covered by state plan Medicaid or the DME program but needed to enable a participant to interact more independently, enhance quality of life and reduce dependence. This service does not cover the purchase of supplies such as adult diapers, etc. (see *Specialized Medical Supplies* 603.18, for more information). This service can be used to cover the normal and customary charges associated with one vision examination and one pair of basic, prescription glasses. This service can be used to cover the normal and customary charges for one dental examination and cleaning and/or dental work necessary to maintain or improve independence, health, welfare and safety of the participant. This service covers normal and customary charges for basic hearing aids and related services. This service does not cover repairs to existing equipment, only replacement.

When equipment, vision, dental, hearing and/or AT devices and services are not covered by state plan Medicaid or the DME program, it is not necessary to submit a claim and receive a denial, before obtaining items under this service. However a citation from the DME manual must be included in the transition plan indicating the item or service is not covered. For more information, refer to Part II Policies and Procedures manual for Durable Medical Equipment (DME), Part II Section 906 Non-covered Services, Policies and Procedures for Orthotics and Prosthetics (O&P) and Part III, Hearing Services.

The following equipment DOES NOT require denial of coverage documentation but DOES require the above citation in the transition plan:

- Environmental Control Systems/equipment (e.g. devices used by participants to control lights, heat, ventilation and air conditioning or door openers)
- Comfort and convenience equipment for participant use (e.g., over-the-bed trays, chair lifts or bathtub lifts)
- Institutional-type equipment for participant use (e.g., cardiac or breathing monitors except infant apnea monitors and ventilators)
- Fitness equipment for participant use (e.g. exercycle)
- Self-help devices (e.g., Braille teaching texts)
- Equipment used by the participant for training/pre-employment skill development (e.g., computer/monitor/ keyboard, printer/fax/copier, computer access devices, and/or adjustable workstations )
- Infant and child car seats, activity chairs, corner chairs, tripp trap chairs, floor sitters, feeder seats, hi or low seats, etc.)
- Blood pressure monitors and weight scales for participant use
- Safety alarms and alert systems for participant use
- Prescription eye glasses, exam and fitting
- Dental exam and cleaning
- Hearing Aids, exam and fitting

- Special Clothing used by the participants, such as specially designed vests to assist with wheelchair transfers and re-positioning, adaptive clothing for individuals with limited mobility, clothing designed with G-tube access openings and other easy access clothing specifically designed for individuals with disabilities

Two quotes are required for the purchase of a single piece of equipment that costs $1000 or more. Automatic shipping to MFP participants will not be permitted. No items should be billed to DCH/MFP or a Fiscal Intermediary prior to delivery to the MFP participant.
If the item is normally covered through Medicaid or Medicare and the participant has received a denial (i.e. they are requesting a non-covered component or they may benefit from the item but do not have a letter of medical necessity from their physician), field personnel must provide a copy of this documentation to the DCH MFP Office in order to authorize the purchase. If the item is only partially covered through Medicaid or Medicare, field personnel authorize the remaining cost to be paid using MFP funds and must provide documentation of the item's cost and the applicable coverage to the DCH MFP Office.

Field personnel assist participants in obtaining quotes for the needed equipment. Two quotes are required on the *Quote Form for MFP Transition Services* (see Appendix T) for the purchase of a single piece of equipment that costs $1000 or more. Participant information is completed in the top section of the *Quote Form*. In the table provided, list the quotes from two unique vendors. Include the quoted amount and check the quote selected. If a quote is selected that is not the lowest quote, provide a justification for the selected quote. Sign the form to authorize the equipment purchase. Supporting documentation should include the quotes from vendors. Send the completed *Quote Form for MFP Transition Services* to the FI and DCH/MFP office via FTP.

**Rate**: Limited to $4,000 per participant - ends on day 365 of the MFP demonstration period.

**Further Guidance on Refurbished or Rental Equipment Needs**
Due to the time and tasks necessary from physician referral to final equipment delivery/fitting for complex rehab technology and DME equipment, participants may not have access to the equipment (i.e. power wheelchairs) that they need immediately upon discharge. In certain circumstances it may be necessary to assist the participant to obtain refurbished or rental equipment, in order to allow the participant to successfully and safely transition on the desired date. MFP funds can be used to cover the cost of refurbished or rental equipment for use on an interim basis.

MFP field personnel assist the participant to locate refurbished equipment suppliers such as Friends of Disabled Adults and Children (FODAC) or DME dealers/vendors to obtain the needed refurbished or rental equipment for a

specified duration. When the ordered/new equipment has been delivered to the participant, the refurbished or rental equipment can be returned to the vendor or retained as a backup. If the ordered equipment takes longer to be delivered than originally identified, the temporary period can be extended to accommodate the participant's need for such equipment, as long as MFP funds are available to support the extension and the extension falls within the 365 days of MFP.

### *603.18 Specialized Medical Supplies (SMS)*

**Description**: 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, food supplements, special clothing, bed wetting protective chucks, diabetic supplies and other supplies that are identified in the approved MFP transition plan and that are not otherwise covered by Medicaid. Ancillary supplies necessary for the proper functioning of approved supplies are also included in this service.

**How It Works**: Specialized Medical Supplies (SMS) needed by the participant are identified and discussed during planning. This service must be selected and justified in the transition plan. If SMS are not covered by state plan Medicaid or the DME program, it is not necessary to submit a claim and receive a denial, before obtaining supplies under this service. It is necessary to provide a citation from the DME manual in the transition plan, indicating that the SMS is not covered. Citations should come from Part II Policies and Procedures manual for Durable Medical Equipment (DME).

The following items DO NOT require denial of coverage documentation, but DO require the citation from the DME Manual:

- Incontinence items (e.g. diapers, pads and adult briefs)
- Diabetic supplies (not covered by Medicaid, syringes, etc.)
- Chucks (used to line the bed for incontinent persons)
- Catheter Condoms
- Nutritional supplements and formula for participants 21 years of age or older, who eat by mouth (e.g., Ensure, Isomil, Boost)
- Prescription medication not covered by Medicaid
- Supplies necessary for the proper functioning of approved devices
- Infection control supplies (i.e. non-sterile gloves, aprons/gowns, masks), when services are provided by an individual caregiver, not from an agency.

Automatic refills and automatic shipping to MFP participants will not be permitted. No delivery mileage will be paid to vendors for the delivery of specialized medical supplies. Vendors normally deliver SMS and vendors may charge a delivery fee, but vendors may not add a fuel or mileage surcharge in

addition to the delivery fee. The delivery fee should be uniform and customary. MFP participants should not be required to pay additional delivery fees that are not paid by other customers. No items should be billed to DCH/MFP or a Fiscal Intermediary prior to delivery to the MFP participant. Shipping charges should be clearly identified on the invoice from the vendor, but in cases where they are separate (this should be rare), shipping charges can be submitted on the MFP Vendor Import File and reimbursed using Moving Expenses (MVE) or Transition Support (TSN). MFP field personnel are not expected to deliver SMS and should only do so when no other means of delivery can be found.

**Rate**: Limited to $1,000 per participant - ends on day 365 of the MFP period.

### *603.19 Vehicle Adaptations (VAD)*

**Description**: This service enables individuals to interact more independently, enhancing 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, special seats and other interior modifications for access into and out of the vehicle as well as to improve safety of the participant while the vehicle is being operated.

**How It Works**: This service must be selected and justified in the transition plan. Vehicle adaptations include the installation of driving controls (when applicable), mobility device carry racks, a lift or ramp for wheelchair or scooter access, wheelchair tie-downs and occupant restraints, special seats or other modifications that are needed to provide for the safe access into and out of and operation of the vehicle. Two quotes from certified installation technicians are required for adaptations of $1000 or more (see *Quote Form for MFP Transition Services,* Appendix T). Supporting documentation includes the quotes from vendors/certified technicians. Send the completed *Quote Form for MFP Transition Services* to the FI and DCH/MFP office via FTP. If the owner of the vehicle is not the participant, a notarized letter giving the owner's permission for the adaptation must be obtained. This service does not cover repairs to the vehicle or to the adaptation once it is installed and operational.

**Rate**: There is a maximum of $6,240 available during the 365 day demonstration period.

### *603.20 Environmental Modifications (EMD)*

**Description**: This service provides assistance to participants requiring physical adaptations to a qualified residence, including a qualified residence under the Housing Choice Voucher program or a community home on a case-by-case basis. This service covers basic modifications needed by a participant, i.e. ramps, widening of doorways, purchase and installation of grab-bars and bathroom modifications, to ensure health, welfare and safety and/or to improve independence in ADLs.

**How It Works:** This service must be selected and justified in the transition plan. This service can be used to pay for such things as ramps, some limited structural changes such as widening doorways, the purchase and installation of grab-bars and bathroom modifications. These modifications are done to improve or maintain the independence of the participant in ADLs and to ensure health, welfare and safety. Modifications are not intended for cosmetic upgrades or repairs of existing issues within the home. Two scope/bids are required for all MFP environmental modifications, but three scope/bids are recommended. Contractor scope/bids must be itemized by area modified (i.e. bathroom), itemized by task (i.e. remove toilet and install new ADA toilet) and provide a breakdown of materials and labor for each item with totals for each line of the scope/bid. Grand total of labor + materials must be included in the scope/bid. The winning scope/bid is typically the lowest bid, but not required if justification is presented and accepted for a more costly bid. Scope/bids from contractors must be based on using standard materials. Luxury materials (such as marble, brass, designer tiles, etc.) are not be covered by this service. Any materials used beyond basic/standard materials must be subsidized by the property owner. If the property owner is not the participant, a notarized letter giving the owner's permission for the modifications must be obtained, except in situations where the participant is living in a property that receives federal housing subsidies or is otherwise subject to Fair Housing Act, ADA and other laws that permit the resident to make modifications that are considered 'reasonable accommodations' regardless of the property owner's permission.

The Quote Form for MFP Transition Services (Appendix T) must be completed and the winning bid indicated. Supporting documentation includes the scope/bid quotes from licensed contractors and notarized permission letters from owners/landlords. Send the completed Quote Form for MFP Transition Services and supporting documents to the FI and DCH/MFP office via FTP.

A home/building inspection is required before environmental modifications are started and a post-inspection is required after modifications are completed. Building permits must be obtained for all EMDs with scope/bid totals of $2,500 or more. For more details, review Chapter 602, specifically 602.6.

**Rate**: price of the lowest scope/bid (with exceptions), limited to a maximum of $8,000 per participant, ends on day 365 of the demonstration period.

### *603.21 Home Inspection (HIS)*

**Description**: Service provides for home/building inspections, required before and after MFP Environmental Modifications. This service is used to identify and report on needed structural repairs to a qualified residence 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 vendors/contractors providing modifications.

**How It Works**: This service must be selected and justified in the transition plan in cases where environmental modifications are also selected. In spaces requiring environmental modifications for accessibility, the inspector reports on structural deficiencies and identifies repairs that are the responsibility of the property owner to complete, prior to MFP environmental modifications being undertaken. In addition, the inspector makes recommendations for appropriate and cost-effective modifications and reviews proposed project scope/bids, materials and other aspects of the proposed work, providing expert opinion/advice. Following completion of the MFP environmental modifications, the inspector provides a post-inspection report on the quality of the work and compliance with relevant building codes and standards. In cases where warranty work must be done, the inspector returns to the site to provide a second post-inspection that reports on the quality of all warranty work and new non-warranty work necessary to ensure health, welfare and safety of the MFP participant.

**Rate**: 1 unit = one inspection with relevant report from a qualified inspector, billable at $250, limited to $1,000, ends on day 365 of the MFP demonstration.

### *603.22 Supported Employment Evaluation (SEE)*

**Description**: This service provides assistance to participants seeking employment 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 assists a participant to make connections to community resources necessary to support choices for supported, customized and/or competitive employment.

**How It Works**: As selected and justified in the transition plan, Supported Employment Evaluation (SEE) services are promoted to MFP participants throughout all phases of the transition process, but specifically during post-discharge transition planning. During this phase, the participant identifies vocational goals. Based on these identified goals, this service provides participants with additional guidance and assistance to create a path to employment. Participants are referred to qualified vocational/employment service

providers to complete a Vocational Discovery Process. Based on the Discovery Process, a Vocational Profile is completed. These comprehensive services are provided by a multidisciplinary team; require multiple contacts and coordination with community resources. Once completed, the qualified vocational/employment provider assists with rapid job development and benefits planning and referrals to a mimimum of three community resources available to assist with training and vocational career development services (vocational rehab, Ticket to Work provider, One-stop career center, benefits navigator, micro-board/self-employment, etc.) necessary to support choices for supportive, customized and/or competitive employment.

**Rate**: One unit = one complete Vocational Discovery Process with Vocational Profile and referrals to a mimimum of three community resources (vocational rehab, Ticket-to-Work provider, One-stop center, benefits navigator, micro-board/self-employment, etc.), limited to $1,500 per participant, ends on day 365 of the demonstration period.

# CHAPTER 604: POST-DISCHARGE FOLLOW-UP & REPORTING

## *604.1 Introduction*

MFP field personnel play critical roles in post-discharge planning and follow-up activities. After completing the day of discharge/moving day activities, MFP field personnel are responsible for assisting with the participant's move into the community, completing post-discharge transition planning, providing monthly follow-up during the 365 days of MFP, monthly reports on program participation, assisting the participant to pursue community integration opportunities and encouraging the participant in self-advocacy activities.

Follow-up activities include:

- Completing post-discharge transition plans
- Making monthly (or more frequent) contact with the participant, reporting changes in status and current contact information on participants
- Assisting the participant to be aware of and prepare for emotional challenges, i.e. feelings of isolation and depression
- Assisting the participant to prepare for the future
- Working with the Fiscal Intermediary to facilitate payment for services rendered/items purchased
- Requesting additional services as indicated in the post-discharge follow-up planning meetings
- Reporting as required by DCH MFP and CMS.

MFP field personnel build collaborative partnerships with participants, family members, guardians, friends, peer supporters, local vendors and waiver case managers to ensure that on-going supports and services are in place and functioning as planned, to sustain the participant in the community and achieve a successful outcome.

## *604.2 Required Post-Discharge Follow-up*

MFP field personnel are required to be present with the participant during the day of discharge/moving day to ensure that all household furnishing and supplies, necessary equipment, specialized medical supplies, food, etc. are in the qualified residence. During the first few weeks, field personnel schedule an appointment and convene the circle-of-support/transition team and complete post-discharge follow-up planning. Once the follow-up planning is completed, field personnel are required to touch base with the participant monthly, either in person or by phone. Field personnel provide contact information for themselves, waiver case

manager/care coordinator and ombudsman. After the 1st month, the frequency of contact decreases (but never less than one contact each month for the duration of MFP) depending on the level of support the participant needs.

When a resettled participant has a guardian, follow-up is done with the participant and the guardian to answer any questions and/or provide additional information about grievance and complaint processes. MFP field personnel leave their contact information and the contact information for waiver case manager/care coordinator and ask guardians to call with questions or if problems arise.

### *604.3 Post-Discharge Transition Planning*

Post-discharge transition planning is completed during the first 30 days after discharge to the community. Post-discharge transition planning is a continuation of pre-discharge transition planning and field personnel are required to complete it with assistance from the transition team. For more information on completing pre-discharge transition plans, see Chapter 601.9.

During a scheduled meeting of the circle-of- support/transition team, MFP field personnel assist the team to identify the need for additional MFP transition services. It may be difficult to identify all services and support necessary pre-discharge, so post-discharge transition planning is required to address the unique nature of each participant's goals, needs, barriers and living situation. The Post-ITP is used by field personnel to develop and document the post-discharge transition plan:

**Q1. Participant Information:** Information should be updated based on community address/contact information. Indicate the date of the Post-ITP.

**Q2. Waiver Name:** indicate the waiver the participant transitioned with, include the contact information for the waiver case manager/care coordinator**.**

**Q3. Housing Choice at Discharge:** Note the housing choice at discharge and indicate any problems or concerns and how they will be addressed.

**Q4. Personal Goals/Desired Community Outcomes**: List the participant's positive vision for her/his future and possible goals, set for within 6 months to a year. Describe each agreed upon goal, barriers to achieving the goal(s), resources needed to achieve the goal, and action plans that involve the circle-of-supports/transition team in supportive roles. Include a specific date.

- Set at least one 6 month goal and identify barriers to achieving and a plan and resources for removing barriers to achieve the goal
- Is Life Skills Coaching desired, what other training is needed
- Has the Quality of Life survey been schedule/completed

- What has been achieved as a result of peer support, what else needs to be achieved
- What has been achieve as a result of Home Care Ombudsman visits, what else needs to be achieved

**Q5. Sensory/Communication Goals**: List goals for improved vision, hearing, dental, mobility and speech/language/personal communication. Identify barriers that need to be removed to achieve these goals and describe the plan for barrier removal. Indicate the need for additional services and resources available to remove barriers/achieve goals (see Appendix M1 and M2 for additional details).

**Q6. Social and Recreational Goals**: List major social and recreational goals, barriers to achieving goals and a plan for barrier removal based on the following:

- goals (interests/preferences) and activities/strategies that address the problem of isolation - recognize the signs of isolation, the dangers of isolation and strategies to address isolation necessary to avoid reinstitutionalization
- type and frequency of recreational/social activities (i.e. clubs, church/Sunday school attendance, bible study, baseball games, family gatherings, shopping, etc.) with transportation arrangements
- an address book (or similar) with contact information for circle-of-friends, emergency back-up, CM/CC, vendors, strategies used to connect old friends, etc.
- a date calendar book (or similar) for tracking events and activities
- hobbies or crafts (sewing, quilting, modeling, etc) projects, and/or volunteer activities
- plans for holidays, holiday traditions

**Q7. Household/Personal Care Goals:** List goals related to identified needs from the *MFP Transition Screening Form*, Q34 (the modified DON-R). Identify barriers that need to be removed to achieve these goals and describe the plan for barrier removal. Indicate the need for additional services and other resources available to remove barriers and achieve goals (see Appendix M3 for additional details). Discuss and note the following:

- personal care routines, goals, the degree of personal independence desired by the participant;
- amount/type of assistance needed for ADLs and IADLs
- independent living skills attained and what additional Life Skills Coaching (LSC) needed
- Review Self Care and Personal Support Services (PSS)
    - If the participant has PSS, how is it working, are the hours of assistance sufficient

- Can the participant provide adequate direction to her/his PSS staff
- Does the participant need additional information on how to effectively manage PSS

**Q8. Assistive Technology (AT) and/or Durable Medical Equipment (DME) Use and Needs**: Based on the results of the *MFP Transition Screening Form* Q32 and Q33, discuss and list needs/goals, barriers/resources and a plan for:

- durable medical equipment (DME) to maintain and/or improve current functioning, health, welfare and safety of the participant, including transfers/lifting/positioning (shift positions in bed, pressure relief in wheelchair, etc.)
- assistive technology (AT) devices needed to maintain and/or improve current function in ADLs and IADLs, control of environments and AT needed to improve or maintain health, welfare and safety
- observe the participant using the DME and AT and note whether DME and AT devices appear to work well or whether the equipment or devices appear to need to be replaced to achieve the goals of the participant
- the process to assist mobility device users to obtain a referral to and schedule an appointment with a seating and mobility (aka, a wheelchair) clinic and complex rehab technology specialist; how follow-up will be done and plans to ensure that the appointment is scheduled and completed by the participant,
- the procurement process for DME (obtained using the participant's regular Medicaid DME benefit),
- the procurement process for obtaining needed AT devices and services that are not otherwise covered by Medicaid but can be procured using MFP

**Q9. Community Access/Transportation Goals**: list transportation goals, need for and barriers to local public and private transportation options and a plan to include (see Appendix N for more details):

- access to and use of Non-emergency transportation provider
- access to and use of local/county public/private transit and para-transit (where available)
- Life Skills Coaching/travel training needed to use available options,
- transportation for employment, contact vocational rehabilitation for assistance/additional resources
- transportation vouchers needed/available (through ADRCs, CILs, AAA/ADRC/Gateways, etc.)

**Q10. Employment Goals**: List:

- volunteer goals, either full-time or part-time, pre-vocational goals (i.e. training), supported employment, customized and/ OR competitive employment goals
- what efforts are being undertaken achieve employment goals, vocational rehabilitation service referrals, job clubs, one-stop career centers, etc.
- supports needed to assist in the job search and/or employment setting, including assistive devices for computer access and communication, adapted workstations, ergonomic tools, training (pre-employment, job search, etc.)

**Q11. Other Issues:** Review issues unique to the participant and necessary for a successful transition, including, but not limited to the following:

- Financial goals, barriers, resources to achieving goals
    - outstanding financial issues, unpaid utility bills and resources (who, what, when, how, etc.) for resolving and assistance needed to resolve them (i.e. legal aid)
- Strategies to involve family and/or friends in the transition
- Health and Nutrition Goals (from Pre-ITP)
    - Are medications/dosages current, are they self-administrated, what assistance is needed, have these issues been worked out
    - Does the participant have a pharmacy and are current prescriptions set up for refill at the designated pharmacy, with appropriate Medicaid and Medicare/private insurance information
    - Has a Primary Care Physician or clinic been established, have follow-up appointments with the PCP and specialists been completed
- Mental Health Supports
    - Are there mental health needs and/or substance abuse needs that should be addressed
    - Does the participant acknowledge these needs and does she/he want assistance
    - How the participant prefers to have these needs addressed
- 24/7 Emergency Backup Plan
    - Have risks to health, welfare and safety been identified
    - Has the individualized contingency plan for emergency back-up for each identified risk been put in place and is it operating effectively
    - Are plans for equipment failures, transportation failures, natural disasters, power outages and interruptions in routine care in place and have they been tested
    - Has the participant made contact with all persons who are included in the participant's backup contacts (Primary

Care Provider, DME vendor, pharmacy, home health agency, MFP field personnel, waiver case manager, agency providing personal support services (PSS), backup provided by circle-of-friends, etc.)

**Q12. Income, Resources and Budget:** Based on income and resource information, work with the participant to develop a budget for community living with guidance and assistance from the circle of support/transition team. Include a budget for community living that illustrates how rent, utilities, food, transportation, medicines, recreation, etc expenses will be met.

**Part A: Additional MFP Transition Services (See 604.4 for Details)**

- MFP field personnel list additional MFP transition services needed, with justification. The participant initials each choice.

**Part B: Other Services**

- MFP field personnel list additional waiver services, State Plan and community/other resources needed.

**Additional Transition Plan Assignments:**

- MFP field personnel list tasks assigned to each member of the transition team.

**Post-Discharge Transition Team Signature Page**

- Participating transition team members sign-off on the post-discharge transition plan. Field personnel distribute plan to team members.

## *604.4 Requests for Additional MFP Services*

Once post-discharge transition planning has been completed (i.e. the Post-ITP), field personnel authorize appropriate MFP services. When the need arises for additional MFP services or when the participant needs more of a service than was initially authorized, field personnel complete and submit the *Request for Additional MFP Transition Services* (see Appendix X). This *Request for Additional MFP Transition Services* must be approved by the DCH/MFP Office. Once approved, field personnel complete reimbursement documentation, the *Authorization for Transition Services, Vendor Import file* and receipt/invoice, and forward these to a Fiscal Intermediary and to DCH MFP office via FTP. The Fiscal Intermediary considers every subsequent authorization a revision to the original authorization, even when the subsequent authorization is for a different service, or an entirely new category. As needed, MFP field personnel may submit multiple authorizations for a participant. For more information regarding requests for additional MFP Service post-discharge, see Appendix M6.

## *604.5 Working with Fiscal Intermediaries*

MFP field personnel are responsible for assisting participants to identify needed MFP transition services and then locate and procure these services/products using local vendors. MFP field personnel approve invoices from vendors for all MFP services and submit these with supporting documentation to a Fiscal Intermediary. Using the *MFP Vendor Payment Request* form (Appendix U), the *MFP Ombudsman Payment Request* form for Home Care Ombudsman services (Appendix AF) and the *MFP Vendor Import File* (see Appendix V), MFP field personnel manage and coordinate the procurement of MFP Transition services.

MFP field personnel have two options when arranging for payment of invoices from vendors.

**Option 1:** MFP field personnel negotiate with vendors to accept payment once the participant has discharged from the institution/facility and has moved into their qualified residence. In this option, MFP field personnel request a completed *MFP Vendor Payment Request* form (see Appendix U) from the vendor. The completed form is submitted, along with an invoice/receipt, a copy of the vendor's W-9, along with the *MFP Vendor Import File* (see Appendix V) to both the Fiscal Intermediary and the DCH MFP office via FTP. Once the information has been verified and approved, the Fiscal Intermediary issues payment directly to the vendor.

**Option 2:** When payment is required in advance of discharge, MFP field personnel arrange to pay the vendor. Upon discharge, the invoice/receipt from the vendor along with the *MFP Vendor Import File* (see Appendix V) are submitted to the Fiscal Intermediary and the DCH MFP office via FTP. Once the information has been verified and approved, the Fiscal Intermediary reimburses the MFP field personnel or agency for the amount billed.

**The Vendor Payment Request Form**

MFP field personnel complete the bottom section of the form with contact information and provide the vendor with the *MFP Vendor Payment Request* form. The vendor completes the 'MFP Services Rendered For' and 'Payment Instruction' sections of the form and provides a description of the services rendered or products delivered, including the amount billed and date(s) services were rendered/products delivered. The MFP participant signs the form--by signing the form, the participant attests to the fact that the services were rendered or products delivered as described in the form and consistent with what is specified in the participant's ITPs. The Vendor submits the form, an invoice/receipt and a copy of the vendor's W-9 to the MFP field personnel. Field personnel complete the form with the Participant Medicaid ID #, DOB, transition date and MFP End Date, and verify the accuracy of the information on the form.

Field personnel forward the completed *Vendor Payment Request* form and documentation to the FI via FTP and to DBHDD/DD MFP or DHS/DAS MFP

state office staff (depending on which interagency agreement field staff work under). DD and DAS state office staff review the *Vendor Payment Request* and verify supporting documents and forward to DCH/ MFP office via FTP.

**The Vendor Import File**
MFP field personnel complete the information in the *MFP Vendor Import File* add attach appropriate documents (i.e. the *MFP Vendor Payment Request* form, invoice/receipt and vendor's W-9) and submit these documents to the Fiscal Intermediary (FI) and to DCH MFP office via FTP. The vendor's W-9 is needed only once per year unless the vendor information changes. Field personnel submit the *Authorization* either prior to or along with submitting the *Vendor Import File.* Once the information has been verified and approved, the FI reimburses the vendor or the MFP field personnel agency for the amount billed, as specified in the FI's payment schedule.

**Further Guidance on Reimbursement of Contractor/Agency for Purchases That Cannot Be Refunded in the Event the Participant Doesn't Transition**
MFP field personnel ensure that goods and services needed for transition are obtained no earlier than 10 days prior to the discharge date, unless prior approval is obtained from DCH. MFP field personnel pay for all goods and services needed prior to transition using contractor/agency funds. MFP field personnel do not bill the Fiscal Intermediary (FI) for reimbursement until the participant has discharged from the inpatient facility. The contractor/agency is responsible for goods and services purchased for participants, in the event a participant does not transition. If this situation should occur, MFP field personnel arrange to return unused items (such as furniture or household goods) for a refund. The contractor/agency may also elect to hold and store new and unused items for re-use.

## *604.6 Changes in Participant Status*

MFP field personnel are required to report changes in participant status, including (1) when MFP participation ends, (2) when the participant re-enters or is re-admitted to an inpatient facility, (3) when re-enrollment begins, and/or (4) when the participant moves or her/his address changes. MFP field personnel report status changes using the form, *MFP Participant Enrollment Status Change Form* (see Appendix Y).

If the participant is re-institutionalized for 31 days or longer, the participant is discharged from MFP in accordance with CMS guidelines. The participant is then considered to be an institutional resident. Upon discharge from the inpatient facility, the participant may reenter the demonstration without meeting another 90-day institutional residency requirement. The individual is considered an MFP demonstration participant when discharged from the inpatient facility and is eligible to receive MFP services for any remaining days up to 365. If the institutional stay is longer than six (6) months, the participant would need to be re-evaluated for discharge to the community to determine if any changes in the ITP and the service plan are warranted to prevent a re-admission to an institution.

The waiver case manager conducts a re-assessment per waiver policy, for institutional stays of longer than six months.

### *604.7 Standard of Promptness*

In order to complete a successful transition, MFP field personnel must submit all required documentation. These documents must be sent to the DCH MFP Office via secure FTP site. Copies of the following MFP forms and letters with supporting documentation are submitted to DCH MFP via FTP by close of business on the due date listed in the table below:

**Table 604.7.1 Standards of Promptness for MFP Forms and Letters**

| MFP Form/Letter Name | Event | Due Date to DCHMFP |
|---|---|---|
| *MFP Informed Consent for Participation* | F2F Screening | 3 business days after screening |
| *MFP Authorization for Use or Disclosure of Health Information* | F2F Screening | 3 business days after screening |
| *MFP Transition Screening Form* | F2F Screening | 3 business days after screening |
| *Pre-Individualized Transition Plan* | F2F Screening | 10 business days after screening |
| *Post-Individualized Transition Plan* | Discharge | 30 days after discharge |
| *MFP Referral Letter for Housing Choice Voucher Program* | F2F Screening | 3 business days after Pre-ITP |
| *MFP Authorization for Transition Services (initial)* | F2F Screening | 3 business days after Pre-ITP |
| *Quote Form for MFP Transition Services* | F2F Screening | 3 business days after 2nd quote is obtained, before discharge |
| *MFP Discharge Day Checklist* | Discharge day | 3 business days after discharge day |
| *Request for Additional MFP Transition Services* | Ad Hoc Team meets, post-discharge | 3 business days after Ad Hoc transition team meeting |
| *MFP Participant Enrollment Status Change Form* | Participant status change | 3 business days after knowledge of status change event |
| *MFP Notice of Denial or Termination Letter (sent to participant)* | Denial or Term letter sent | Same day that letter is sent to the participant |
| *MFP Sentinel Event Form* | Sentinel event | 3 business days after knowledge of sentinel event |
| *MFP Participant Complaint Form* | Participant complaint | 3 business days after participant complaint |
| *MFP Notice of Right to Appeal a* | As needed | Same day that letter is |

| MFP Form/Letter Name | Event | Due Date to DCHMFP |
|---|---|---|
| *Decision (letter sent to participant)* | | sent to the participant |
| *Vendor Request for Payment (to MFP field personnel)* | Delivery of item or service to participant | 3 business days after item or service has been delivered to participant |
| *MFP Enrollment End Letter* | 30 days before enrollment end | Same day that letter is sent to the participant |
| *Other Form as required* | TBD | TBD |

Copies of MFP reports with supporting documentation are submitted to DCH MFP via FTP, **on or before the 7th of each month** (for the previous month):

- Monthly Report of MFP Program Participation
- MFP Quality of Live (QoL) Survey 'Blue Form'
- MFP QoL (Data Table 16) Raw Data Excel Spreadsheet
- Data as requested by DCH MFP for Semiannual Report to CMS

### *604.8 Reporting Requirements*

**MFP field personnel submit completed MFP forms and letters with supporting documentation, based on Standards of Promptness (see 604.7, Table 604.7.1)**, as required by DCH MFP.

**MFP field personnel submit the following reports through corresponding agencies (e.g. DBHDD/DD or DHS/DAS) to the DCH MFP Office via secure FTP by 5:00 p.m. EST on or before the 7th of each month for activities in the preceding month:**

- Monthly Report of MFP Program Participation
- MFP Quality of Live (QoL) Survey 'Blue Form'
- MFP QoL (Data Table 16) Raw Data Excel Spreadsheet
- Data/Information Requests For Semiannual Report to CMS

**Monthly Report of MFP Program Participation (Excel Spreadsheet)**
Using an Excel Spreadsheet, field personnel are required to submit the following information on each MFP participant. Each record in the spreadsheet must begin with the following fields: **participant last name, first name, date of birth (mm/dd/yyyy), gender (M/F), ethnicity, race, target population (OA, PD, TBI, DD), Social Security Number (xxx-xx-xxxx) and Medicaid ID**. This information identifies the participant's information that follows in the record. In addition, each participant record must contain the following fields/information, in the format provided by DCH MFP:

- **Participant Current Status -** indicate the current status of the participant using the following: Referred, Screened, ITP, Active, Reinstitutionalized, Deceased, Ineligible, Refused, or Completed.

- **Screening Date** (from Screening) **-** the date of the MFP F2F Screening
- **Primary Disability** (from Screening) – based on coding by screener, indicate the participant's primary disability using the following codes: D1= Cognitive/Language (TBI/developmentally disabled, dementia), D2= Hearing (Deaf/Hard of Hearing/Hearing loss), D3=Mental/Emotional (includes SPMI), D4= Physical (Mobility loss/Dexterity loss/Stamina/Balance loss), D5=Vision (Blind/Low Vision/Vision loss), D6=Not Applicable, D7=Don't know, D8=Refused
- **MFP Referral Source -** (from Screening Form) – use code to indicate source of referral to MFP
- **MFP Referral Date** (from Screening Form) **–** date (mm/dd/yyyy) the participant was referred to MFP
- **Waiver Referral** (from Screening Form) – indicate the waiver the participant was initially referred to
- **Waiver Referral Date** (from Screening Form) **-** date (mm/dd/yyyy) the participant's waiver application was submitted
- **Inpatient Facility Information** (from Screening) **–** 1) inpatient facility name, 2) address, 3) city and 4) county where the participant is residing
- **Where Participant Lived By Housing Type, Before Inpatient Facility Stay** (code from Screening - Housing Section Questions) - H1= own home, H2= family home, H3= apt/house leased by participant, H4= apt leased/assisted living, H5= group home/PCH, H6= Other ____ (specify).
- **Where Participant Lived by County, Before Inpatient Facility Stay** (from Screening, Housing Section Questions) – code by county name.
- **Does Participant Want to Return to Living Situation Before Inpatient Facility Stay** (from Screening, Housing Section) – indicate Yes or No
- **If Participant Wants to Return to Living Situation Before Inpatient Facility Stay, What Prevents This** (from Screening, Housing Section) – include qualitative comments from participant
- **Participant Has Home to Move Back Into** (from Screening – Housing Section) – indicate Yes or No
- **Pre-ITP Completion Date -** date (mm/dd/yyyy) the Pre-transition Individualized Transition Plan (Pre-ITP) was complete and signed by all members of the transition team
- **Housing Preference** (from Pre-ITP) – indicate the participant's choice of housing by type using the following codes: H1= own home, H2= family home, H3= apt/house leased by participant, H4= apt leased/assisted living, H5= group home of no more than 4 people/PCH, H6= Other _____ (specify).
- **Housing Preference by County Location** (from Pre-ITP) – code by county name
- **Waiver Approval Date –** date (mm/dd/yyyy) participant is accepted by the waiver, (waiver service start date) and 2) name of the waiver (CCSP, SOURCE, ICWP, NOW, COMP, etc)

- **Inpatient Facility Discharge Date** (from Discharge Day Checklist) **–** date (mm/dd/yyyy) of discharge from the inpatient facility
- **Project End Date –** calculate the date from discharge day plus 364 days of MFP and provide projected project end data (mm/dd/yyyy)
- **Discharge Housing by Type** (from Discharge Day Checklist) – indicate the participant's housing at discharge using the following codes: H1= own home, H2= family home, H3= apt/house leased by participant, H4= apt leased/assisted living, H5= group home of no more than 4 people/PCH, H6= Other _____ (specify).
- **Discharge Housing Subsidy Use** (from Discharge Day Checklist) –for participants transitioning into H3 at discharge (apt/house leased by participant), provide the following information on the use of housing subsidy based the following codes: HS1= Sec 8 HCV, HS2= Project Based Rental Assistance/Based on Income, HS3= Low Income Housing Tax Credit, HS4= Other Subsidy _____ (specify), HS5= No Subsidy/Market Rate
- **Live with Family Members** (from Discharge Day Checklist) – indicate Y/N does participant live with family members
- **Discharge Housing Address** (from Discharge Day Checklist) – location of housing at discharge, 1) address, 2) city, 3) zip and 4) county
- **Discharge Population Type** (from Discharge Day Checklist) – use code for population type OA (older adult 65+), PD (physical disability), TBI (traumatic brain injury), DD (developmental disability).
- **Referral Letter for Housing Choice Voucher or Other Housing Subsidy Program** (from Referral Letter for HCV/Other Housing Subsidy Application) – if the participant uses a housing subsidy program, include the information from the application/letter of request: 1) Date of referral letter submission to Housing Agency and DCH MFP, 2) Anticipated Discharge Date (mm/dd/yyyy), 3) # in Household (include PCA/PSS if applicable), 4) MFP Field Personnel Name, email and phone contact.
- **HCV/ Housing Subsidy Application Received from Public Housing Authority (PHA) or Other Housing Agency by Date** – if used, indicate date (mm/dd/yyyy)
- **HCV/Housing Subsidy Application Returned to PHA/Housing Agency by Date** – if used, indicate date (mm/dd/yyyy)
- **HCV/Housing Subsidy Briefing/Interview with PHA/Housing Agency on Date** – if used, indicate date (mm/dd/yyyy)
- **Housing Quality Standard (HQS) Inspection Scheduled by PHA/Housing Agency by Date** – if used, indicate date (mm/dd/yyyy)
- **HQS Inspection Passed/Contract/Lease Begin Date –** if used, indicate date (mm/dd/yyyy)
- **Baseline QOL Completion Date -** date (mm/dd/yyyy) the participant completed the initial/baseline Quality of Life Survey
- **30 Day Follow-up/Post-ITP Completion Date –** date (mm/dd/yyyy) face-to-face, Post Discharge Individualized Transition Plan (Post-ITP)

completed and signed by all members of the transition team within 30 days of discharge

- **Transition Services Authorized** (from Pre-ITP/ MFP Authorization for Services)- total amount authorized for all MFP transition services
- **Transition Service Expenses by MFP service code –** report participant expenses by MFP service code and calculate total amount spent for authorized MFP services, by code, rounded to nearest dollar (no decimal point)
- **Supported Employment Services and Support** (from Post-ITP) **-** report participant's use of the following MFP services based on the following codes: SES1=Life Skills Coaching (LSC), SES2= Equipment (EQS) for vocational goals, SES3=Supported Employment Evaluation (SEE) services, SES4= referrals to community resources, SES5= collaboration with state employment agencies.
- **Reason for Enrollment End** (from Enrollment Status Change) – code reason that enrollment ended
- **Readmit Date to Inpatient Facility** (from Enrollment Status Change) – date (mm/dd/yyyy) the participant re-entered inpatient facility / was reinstitutionalized
- **Reason for Reinstitutionalization** (from Enrollment Status Change) **-** code the reason for the participant returned to the inpatient facility
- **Length of Reinstitutionalization** – calculate length in number of days of the stay in the inpatient facility due to reinstitutionalization
- **Re-enrollment/New Discharge Date** (from Enrollment Status Change) – date participant was discharged from inpatient facility and re-enrolled in MFP after a stay in an inpatient facility
- **New Project End Date** (from Enrollment Status Change) – calculate new MFP end date based on unused portion of 356 days of MFP
- **Deceased Date** (from Enrollment Status Change) – report date of death
- **Not Enrolled in MFP** (from Enrollment Status Change) – reason participant is not enrolled in MFP

**Monthly Report of MFP Program Participation - Provide a narrative description in answer to the following questions –**

1. **What types of challenges has your program experienced involving consumers and family members?**
2. **What are you doing to address these challenges?**

**Cover Letter for Monthly Report of MFP Program Participation - Agency/Contractor MFP Coordinator/Specialist signs cover letter as verification of accuracy of the report.**

**Monthly Quality of Life (QoL) Survey 'Blue Form' Report –** MFP field personnel report QoL baseline survey completions to corresponding agencies and DCH MFP using the 'Blue Form' provided (see Appendix W). Each agency

reports numbers of baselines completed from the start of agency contract to the end of reporting month using the following: 1) cumulative number of QoL baseline surveys conducted, 2) number of baselines refused, 3) number of missed baselines, 4) number of lost baselines, and 5) participants who have died. Cumulative baselines totals are also reported from the start of the agency contract until the end of the reporting month for two previous calendar years. Submission of the Monthly QoL Blue Form is a requirement for states participating in MFP.

**Monthly Quality of Life baseline survey (Data Table 16) cumulative raw data Excel spreadsheet file -** Field personnel are required to submit the QoL Data Table 16 raw data file as an Excel spreadsheet to their corresponding agency and to the MFP Office via FTP site. The survey software provided with the QoL survey tool will produce the Excel Spreadsheet file in the proper format. Baseline surveys should be administered face-to-face with the participant. The timeframe for completion of the baseline survey with the MFP participant is **30 days to two weeks before discharge or 10 days after discharge from the nursing facility**. Baseline Quality of Life interviews conducted after the transition to the community should be extremely rare interviews and missed baseline Quality of Life interviews should not occur. Submission of the Excel report (Data Table 16) is a requirement for states participating in MFP.

**Data/Information Requests For Semiannual Report to CMS**
Contractor agencies report data and information as requested by DCH MFP for the Semiannual Report to CMS. A request for data and information is sent to all agency contractors within 5 days of receiving a directive from CMS for changes and updated information for the Semiannual Report. Contractor agency representatives are required to provide the requested data and information to DCH MFP Data and Reporting Manager within 10 business days after receiving the request for data and information.

## *604.9 Continuity of Care (Day 366 and beyond)*

MFP field personnel collaborate with waiver case managers (CMs) and care coordinators (CC) to ensure a smooth transition to waiver services. MFP field personnel are expected to attend training with CM/CCs when possible and assist CM/CCs with information and feedback about wavier services needed to refine the service plan and assist the CM/CC to establish risk management systems, including 24/7 emergency backup systems. MFP field personnel are responsible for informing the participant 30 days before their MFP services are set to end and ensuring that the participant is aware that their waiver, state-plan and other community services will continue, unless the services are no longer needed or the participant does not meet level of care. Thirty days prior to the end of their MFP services, MFP field personnel send each participant a *MFP Enrollment End Letter* (see *Appendix AD).*

# CHAPTER 605: PARTICIPANT ASSURANCES

## *605.1 Introduction*

MFP participants receive the same assurances as all waiver participants with regards to: 1) level of care determinations, 2) service plans, 3) identification of qualified providers, 4) participant health and welfare, 5) waiver administrative oversight, 6) 24/7 emergency backup systems, 7) grievance/complaint systems, and 8) critical incident reporting systems. As outlined in interagency agreements, MFP field personnel assist in the development, monitoring and improvement of the 24/7 emergency backup system, the grievance/ complaint system and the use of the MFP critical incident reporting system.

This section provides guidance on ensuring the MFP participant's health, safety and welfare during and after the 365 day MFP transition period. The development, monitoring and improvement of the 24/7 emergency backup system, the grievance/complaint system and the MFP critical incident reporting system are described. Roles and responsibilities of MFP field personnel are identified. Remedies for quality problems experienced by MFP participants are reviewed. This section concludes with a description of the MFP critical incident procedures, the entities responsible for receiving and reviewing critical incident reports, responding to problems concerning complaints and critical events and investigating participant complaints regarding violations of participant rights.

## *605.2 Ensuring Health, Safety and Welfare*

MFP field personnel ensure health, safety and welfare of participants by informing participants of options and responsibilities, by providing MFP transition services and by monitoring these services to ensure successful placement in the community. Field personnel inform participants of the right to be free from mental, verbal, sexual, and physical abuse, neglect, exploitation, isolation and corporal or unusual punishment and how complaints and/or concerns are reported.

To ensure participant health, safety and welfare, MFP field personnel provide justifications for MFP transition services. Justifications that meet this standard are documented in the *MFP Transition Screening Form* (see Appendix G). MFP field personnel authorize the purchase of products and services, when these purchases are needed to ensure a successful transition and/or justified to meet participant health, safety and welfare needs. The *Authorization for MFP Services* (see Appendix S) is used for this purpose. On the other hand, MFP field personnel do not justify purchases for entertainment or recreation purposes. For example, if the participant doesn't have a TV, but desires one for entertainment, the purchase of the TV would not be authorized, because the expressed use of the TV is for entertainment. MFP field personnel exercise discretion in the purchase of goods

and services. Justifications for authorized goods and services are based on ensuring a successful transition, improving or maintaining the independence of the participant and ensuring the health, safety and welfare of the participant.

### *605.3 24/7 Emergency Backup Plans*

The 24/7 emergency backup system serves MFP participants though existing HCBS waivers. Emergency backup systems are unique to each waiver, but include common elements. MFP field personnel assist each MFP participant to identify risks to health, safety and welfare. Risks to health, safety and welfare are documented in the *MFP Transition Screening Form* (see Appendix G) and address during the pre-discharge planning process (in the Pre-ITP) and post-discharge planning process (Post-ITP) (see Appendix O). For each risk identified, a plan for services and support is developed and included in the plan. Participants are assisted in planning for and developing 24/7 emergency backup plans. Together with wavier case managers/care coordinators and MFP participants, MFP personnel assist with the implementation monitoring and improvement of these 24/7 emergency backup plans.

**When MFP field personnel become aware that the MFP participant has used the 24/7 emergency backup, field personnel follow-up with the participant to see how her/his MFP services are working and if additional MFP transition services are needed to reduce or prevent the use of emergency backup systems.**

For the MFP participant, field personnel ask the following regarding the 24/7 emergency backup plan:

- Is the system in place on the day of discharge?
- Does the MFP participant know who to call based on the type of emergency experienced?
- How will MFP field personnel know that the participant understands how to use the system?
- Is the system in place for all critical health or supportive services and providers for MFP transition services and for waiver services?

**Emergency Backup Plan for MFP Transition Services**

For MFP Transition Services, MFP field personnel recruit vendors, agencies and/or contractors to provide these services. Each needed service is included in the participant's *Pre/Post-ITP* (see Appendix O) and authorized using the *MFP Authorization for Transition Services* (see Appendix S). Contingencies for emergency backup are included in the plans. If the vendor, agency or contractor cannot provide a scheduled service to the MFP participant, the vendor, agency or contactor is required to call the participant and try to reschedule the service with the participant. If that is not satisfactory to the participant, the vendor, agency or contractor will offer a back-up service for the originally scheduled service. In addition to arranging alternatives with the MFP participant, the vendor, agency or

contractor is expected to contact MFP field personnel. If a vendor fails to provide purchased goods and/or services, MFP field personnel are responsible for canceling the transaction and/or obtaining a refund from the vendor. Field personnel and participants must locate another vendor willing to supply the goods and/or services.

### *605.4 Complaints Process and Critical Incident/Sentinel Event Reports*

MFP field personnel are required to report participant/family complaints occurring during the transition process; from the date the participant signs the *MFP Informed Consent for Participation* and throughout the MFP service period. Complaints about MFP transition services can be made to any MFP field personnel, DBHDD DD/MFP office staff, DHS/DAS MFP office staff or DCH staff. See Appendix AE: *MFP Participant Complaint Form* for the reporting participant/family complaints. Participant Complaint Forms are reviewed by DCH MFP project director and staff.

MFP field personnel notify the MFP Office when a "critical incident" has occurred with an MFP participant and complete a *MFP Sentinel Event Report (*see Appendix AB). While most MFP participants are enrolled in a HCBS waiver and have a waiver case manager and/or providers who act on complaints and critical incidents, it is necessary that MFP Project Officers receive such notification from MFP field personnel. This is especially important for MFP participants that may not be on a waiver or who experience a critical incident that is directly related to their MFP participation, before they have discharged and started waiver services. For example, field personnel are expected to report on critical events including hospital admission following an MFP trial home visit. Field personnel use the *MFP Sentinel Event Report* to report sentinel events including hospitalizations, injuries, abuse/neglect/exploitation, law enforcement incidents, etc., for MFP participants. An MFP participant is defined as a participant who has signed the MFP Consent for Participation. MFP field personnel notify the MFP Project Office within 24 hours of the incident (discovery of the incident) by submitting the completed form to DCH MFP via FTP.

MFP field personnel are required to do the following in response to critical incidents/sentinel events experienced by MFP participants:

- Call 9-1-1 or other emergency numbers to obtain immediate medical or law enforcement interventions if needed
- Obtain immediate and ongoing medical intervention if required
- Immediately implement measures to protect the health, safety and/or rights of the individual, including relocation of the participant to another facility or program if needed
- As appropriate, notify the family, guardian, next of kin, or emergency contact indicated in the participant service record

- Report the incident to the waiver operating agency (DCH, DHS, or DBHDD)
- Investigate the incident as applicable
- As appropriate, notify the Long Term Care Ombudsman (866-552-4464)
- Prepare a written report of the findings of the investigation using the *MFP Sentinel Event Report* for each event and forward the completed document to the MFP Project Office and MFP Project Director, who will investigate the event and take appropriate corrective action
- As appropriate, report the incident to licensure and/or certification agencies, Adult Protective Services (888-754-0152), Child Protective Services (report to the DFCS office in the county where the child lives), local law enforcement agencies (check the phone book blue pages), and DCH Program Integrity (for example, if the MFP participant is living in a personal care home or community living arrangement, report any abuse, neglect or exploitation to the DCH Healthcare Facility Regulation Division at 404-657-5700)
- Submit a written plan of action, as requested by the MFP Project Director
- As needed, assist with on-site inspection of the facility/program to assure the plan of action is implemented
- Analyze incident data from Sentinel Events and complaints provided by the MFP Project Director to identify systemic changes needed to prevent recurrences. Make recommendations for revisions to state Medicaid and MFP policies and procedures

CCSP is operated jointly by DHS/DAS and DCH. DHS/DAS is responsible for overseeing the reporting of and response to critical events and reports these to DCH. The NOW and COMP waivers are operated jointly by the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) and DCH. DBHDD and DCH share the responsibility for overseeing the reporting of and response to critical events. For the SOURCE and ICWP waivers, DCH is responsible for overseeing the reporting of and response to critical events.

### *605.5 Participant Denial or Termination from MFP*

Potential MFP participants can be denied enrollment in MFP if they are found to be ineligible for the program. The eligibility requirements for MFP were set forth in the Federal Deficit Reduction Act of 2005 as amended by the Affordable Care Act of 2010, and are:

1. Individual must have resided in an inpatient facility for at least 90 consecutive days--short-term rehabilitation stays of 90 days or less do not count.
2. Individual must have received Medicaid benefits for facility services for at least one day (24 hour period) during the most recent month.

3. Individual must continue to meet institutional level of care, but the individual is not required to meet the level of care provided by an inpatient facility.
4. The individual must transition into a qualified residence.
5. The individual must cooperate in the MFP planning process.

MFP participants can be determined no longer eligible to participate in the MFP demonstration. The major criteria for participating in the MFP demonstration are set forth by the Federal Deficit Reduction Act of 2005 as amended by the Affordable Care Act of 2010, and are:

1. Participant must be Medicaid eligible.
2. Participant must transition from the inpatient facility into a qualified residence (refer to Section 605.1 for a full definition of qualified residences).
3. Participant must continue to meet institutional level of care criteria.
4. Participant informed MFP field personnel that she/he no longer wished to participant in the MFP demonstration.
5. Participant moved outside of the service area of the State of Georgia.

MFP participants may receive Medicaid HCBS waiver services. These services are funded by the MFP grant during the 365 day demonstration period, and therefore participants may lose their waiver services if they become ineligible for MFP during the year of the demonstration.

MFP field personnel are responsible for the following regarding MFP denial and terminations:

- Issue denial notices (see Appendix AC*: Notice of Denial or Termination from the MFP Program*) to participants including administrative hearing rights available for denial of eligibility or termination of service.
- Maintain appropriate documentation of decision-making for administrative review and appeals

## *605.6 Appeal Process and Administrative Review*

If an MFP participant or potential participant receives notice that they are ineligible or will be terminated from the MFP Demonstration, and they disagree with this decision, they may request a fair hearing. The request for a hearing must be received by the Department of Community Health within 30 calendar days from the date of the Notice of Denial letter.

To request a hearing, participants must request one in writing. The participant must include a copy of the Notice of Denial letter from the Money Follows the Person Field Personnel. The request should be sent to:

Department of Community Health
Legal Services Section
2 Peachtree Street, NW, 40th Floor
Atlanta, GA 30303-3159

If the participant wishes to keep their services, they must send a written request for a hearing to the Department of Community Health. This request must be received within 30 days from the date of the Notice of Denial letter. If the action is sustained by a hearing decision, the participant may be held responsible for the repayment of continued services that were provided during the appeal.

The Office of State Administrative Hearings will notify the participant of the time, place, and date of the hearing. An Administrative Law Judge will hold the hearing. In the hearing, the participant may speak on their own behalf or they may let a friend or family member speak for them. They may also ask a lawyer for legal help that may be available at no cost through agencies such as the Georgia Legal Services program, the Georgia Advocacy Office, Atlanta Legal Aid Society, or the State Long-Term Care Ombudsman program.

### *605.7 Enrollment and Temporary Suspension of MFP Participation*

After discharging from the inpatient facility, should a MFP participant return to the inpatient facility (i.e. is reinstitutionalized) for any reason, MFP field personnel are required to do the following:

- If the participant re-enters the inpatient facility for less than 31 days, the participant remains enrolled in MFP and as soon as the participant's condition stabilizes, the participant returns to her/his qualified residence in the community and resumes MFP services. During the period of reinstitutionalization, the participant's MFP assignment plan continues without a break (essentially the days in the inpatient facility are counted as part of MFP participation). MFP field personnel continue their monthly follow-up visits with the participant.

- If the participant re-enters the inpatient facility for 31 days up to 6 months, the participant is temporarily suspended from MFP and field personnel complete the *MFP Participant Enrollment Status Change Form* (see Appendix Y), noting the date of reinstitutionalization and noting 'Suspended eligibility' as the reason enrollment in MFP ended. Field personnel also note the reason for the reinstitutionalization and forward the completed form to DCH/MFP. The days in the inpatient facility are not counted against the participants 365 days of MFP services. Once the participant's condition stabilizes, the participant returns to her/his qualified residence and re-starts their MFP participation. Temporary suspension of MFP participation provides for a full and complete MFP service benefit. When the participant returns to the qualified residence,

field personnel complete the *MFP Participant Enrollment Status Change Form* (see Appendix Y), noting the date MFP Participation began and the type of qualified housing used by the participant. The completed form is forwarded to DCH/MFP.

- If the participant re-enters the inpatient facility for a period of more than 6 months, the participant is disenrolled from MFP and must be re-evaluated like a "new" participant. Field personnel complete the *MFP Participant Enrollment Status Change Form* (see Appendix Y), noting that the participant was reinstitutionalized and the date. Reinstitutionalization is the reason that enrollment in MFP has ended and field personal check off the reason for the reinstitutionalization. The completed form is forwarded to DCH/MFP. In addition, field personnel send the participant a *MFP Notice of Denial Or Termination Letter* (see Appendix AC), indicating under "B" section that the person is "no longer eligible" due to having re-entered an inpatient facility for 6 months or longer. A copy of the letter must be sent to DCH/MFP.

**Reenrollment Process for Former MFP Participants**
While doing outreach to inpatient facilities, MFP field personnel may encounter former MFP participants who have completed 365 days of MFP and have been reinstitutionalized. Former MFP participants can be enrolled again in the demonstration if they are qualified individuals who have been in a qualified inpatient for at least 90 consecutive days, less any short-term rehabilitative days as per Statutory guidance on "Eligible Individual" (see Appendix A: *MFP Statutory Language, 'Eligible Individual'*).

To enroll a former MFP participant, MFP field personnel use the following criteria to evaluate the former MFP participant's MFP transition plan and waiver plan of care/services. MFP field personnel and waiver case manager/care coordinators meet face to face (when possible) to review and evaluate the transition plans with participants and transition team members (i.e. circle of friends, family, etc) before re-enrolling the participant into the MFP demonstration for another 365 days of MFP services.

The reenrollment evaluation protocol documents the following:

- medical and/or behavioral changes that resulted in re-institutionalization to an inpatient facility
- lack of community services necessary to support the participant, community services as discussed in the MFP transition plan and waiver plan of care/services that were either insufficient or not available, and how the lack of community services contributed to re-institutionalization
- how the MFP transition plan and waiver plan of care/services were not supported by the delivery of quality services.

The reenrollment evaluation protocol must be reviewed, discussed and documented. MFP field personnel and waiver CC/CMs make changes to the MFP transition plan (*MFP Screening and Enrollment Plan* – SEP) and the waiver Plan of Care/Services Plan that consider the possible causes for the reinstitutionalization. Once the revised MFP transition plan is completed and each member has signed off on the plan, the former MFP participant may be enrolled for another 365 days of MFP. Transition processes as outlined in Chapters 600, 602 and 603 are then followed. Transition data must be reported separately to DCH/MFP.

### *605.8 Shifts of State Residency (State to State Transitions)*

If an MFP participant wishes to transition from an inpatient facility in another state to a qualified residence in Georgia, they qualify for the MFP Demonstration, provided they meet MFP eligibility criteria. Likewise if an MFP participant in a Georgia inpatient facility wishes to transition to a qualified residence in another state, they may do so. There is no statutory requirement that the inpatient facility be in the same state as the desired community residence and no requirement that the transition be to an inpatient facility in the receiving state (see Appendix A for more details). Similar to transitions from one ADRC regional area to another ADRC region in the state, MFP field personnel in both states work together to share information necessary to achieve a successful transition. Field personnel cooperate on the administration of the Quality of Life (QoL) survey. The baseline survey is conducted by the sending state while the person is residing in the inpatient facility and the 1st and 2nd year follow-ups are scheduled and conducted by the receiving state. Transition processes as outlined in Chapters 600, 602 and 603 are followed with the sending state taking a leadership role during pre-discharge/pre-transition and the receiving state taking the leadership role during post-discharge/post-transition. For reporting purposes, the participant transitioning will be counted as an MFP participant in the state where they reside in the community. The sending state claims enhanced match for any pre-transition services provided to the participant.

# *APPENDICES*

## APPENDIX A: Statutory Language Regarding Money Follows the Person Rebalancing Demonstration

**Money follows the person rebalancing demonstration.** Act Feb. 8, 2006, P.L. 109-171, Title VI, Subtitle A, Ch. 6, Subch. B, § 6071, *120 Stat. 102;* March 23, 2010, P.L. 111-148, Title II, Subtitle E, § 2403(a), (b)(1), *124 Stat. 304* (amendment by § 2403(b)(1) effective 30 days after enactment, as provided by § 2403(b)(2) of such Act), provides:

"(a) Program purpose and authority. The Secretary is authorized to award, on a competitive basis, grants to States in accordance with this section for demonstration projects (each in this section referred to as an 'MFP demonstration project') designed to achieve the following objectives with respect to institutional and home and community-based long-term care services under State Medicaid programs:

"(1) Rebalancing. Increase the use of home and community-based, rather than institutional, long-term care services.

"(2) Money follows the person. Eliminate barriers or mechanisms, whether in the State law, the State Medicaid plan, the State budget, or otherwise, that prevent or restrict the flexible use of Medicaid funds to enable Medicaid-eligible individuals to receive support for appropriate and necessary long-term services in the settings of their choice.

"(3) Continuity of service. Increase the ability of the State Medicaid program to assure continued provision of home and community-based long-term care services to eligible individuals who choose to transition from an institutional to a community setting.

"(4) Quality assurance and quality improvement. Ensure that procedures are in place (at least comparable to those required under the qualified HCB program) to provide quality assurance for eligible individuals receiving Medicaid home and community-based long-term care services and to provide for continuous quality improvement in such services.

"(b) Definitions. For purposes of this section:

"(1) Home and community-based long-term care services. The term 'home and community-based long-term care services' means, with respect to a State Medicaid program, home and community-based services (including home health and personal care services) that are provided under the State's qualified HCB program or that could be provided under such a program but are otherwise provided under the Medicaid program.

"(2) Eligible individual. The term 'eligible individual' means, with respect to an MFP demonstration project of a State, an individual in the State--

"(A) who, immediately before beginning participation in the MFP demonstration project--

"(i) resides (and has resided for a period of not less than 90 consecutive days) in an inpatient facility;

"(ii) is receiving Medicaid benefits for inpatient services furnished by such inpatient facility; and

"(iii) with respect to whom a determination has been made that, but for the provision of home and community-based long-term care services, the individual would continue to require the level of care provided in an inpatient facility and, in any case in which the State applies a more stringent level of care standard as a result of implementing the State plan option permitted under section 1915(i) of the Social Security Act *[42 USCS § 1396n*(i)], the individual must continue to require at least the level of care which had resulted in admission to the institution; and

"(B) who resides in a qualified residence beginning on the initial date of participation in the demonstration project.

"Any days that an individual resides in an institution on the basis of having been admitted solely for purposes of receiving short-term rehabilitative services for a period for which payment for such services is limited under title XVIII *[42 USCS §§ 1395* et seq.] shall not be taken into account for purposes of determining the 90-day period required under subparagraph (A)(i).

"(3) Inpatient facility. The term 'inpatient facility' means a hospital, nursing facility, or intermediate care facility for the mentally retarded. Such term includes an institution for mental diseases, but only, with respect to a State, to the extent medical assistance is available under the State Medicaid plan for services provided by such institution.

"(4) Medicaid. The term 'Medicaid' means, with respect to a State, the State program under title XIX of the Social Security Act *[42 USCS §§ 1396* et seq.] (including any waiver or demonstration under such title or under section 1115 of such Act *[42 USCS § 1315]* relating to such title).

"(5) Qualified HCB program. The term 'qualified HCB program' means a program providing home and community-based long-term care services operating under Medicaid, whether or not operating under waiver authority.

"(6) Qualified residence. The term 'qualified residence' means, with respect to an eligible individual--

"(A) a home owned or leased by the individual or the individual's family member;

"(B) an apartment with an individual lease, with lockable access and egress, and which includes living, sleeping, bathing, and cooking areas over which the individual or the individual's family has domain and control; and

"(C) a residence, in a community-based residential setting, in which no more than 4 unrelated individuals reside.

"(7) Qualified expenditures. The term 'qualified expenditures' means expenditures by the State under its MFP demonstration project for home and community-based long-term care services for an eligible individual participating in the MFP demonstration project, but only with respect to services furnished during the 12-month period beginning on the date the individual is discharged from an inpatient facility referred to in paragraph (2)(A)(i).

"(8) Self-directed services. The term 'self-directed' means, with respect to home and community-based long-term care services for an eligible individual, such services for the individual which are planned and purchased under the direction and control of such individual or the individual's authorized representative (as defined by the Secretary), including the amount, duration, scope, provider, and location of such services, under the State Medicaid program consistent with the following requirements:

"(A) Assessment. There is an assessment of the needs, capabilities, and preferences of the individual with respect to such services.

"(B) Service plan. Based on such assessment, there is developed jointly with such individual or the individual's authorized representative a plan for such services for such individual that is approved by the State and that--

"(i) specifies those services, if any, which the individual or the individual's authorized representative would be responsible for directing;

"(ii) identifies the methods by which the individual or the individual's authorized representative or an agency designated by an individual or representative will select, manage, and dismiss providers of such services;

"(iii) specifies the role of family members and others whose participation is sought by the individual or the individual's authorized representative with respect to such services;

"(iv) is developed through a person-centered process that--

"(I) is directed by the individual or the individual's authorized representative;

"(II) builds upon the individual's capacity to engage in activities that promote community life and that respects the individual's preferences, choices, and abilities; and

"(III) involves families, friends, and professionals as desired or required by the individual or the individual's authorized representative;

"(v) includes appropriate risk management techniques that recognize the roles and sharing of responsibilities in obtaining services in a self-directed manner and assure the appropriateness of such plan based upon the resources and capabilities of the individual or the individual's authorized representative; and

"(vi) may include an individualized budget which identifies the dollar value of the services and supports under the control and direction of the individual or the individual's authorized representative.

"(C) Budget process. With respect to individualized budgets described in subparagraph (B)(vi), the State application under subsection (c)--

"(i) describes the method for calculating the dollar values in such budgets based on reliable costs and service utilization;

"(ii) defines a process for making adjustments in such dollar values to reflect changes in individual assessments and service plans; and

"(iii) provides a procedure to evaluate expenditures under such budgets.

"(9) State. The term 'State' has the meaning given such term for purposes of title XIX of the Social Security Act *[42 USCS §§ 1396* et seq.].

"(c) State application. A State seeking approval of an MFP demonstration project shall submit to the Secretary, at such time and in such format as the Secretary requires, an application meeting the following requirements and containing such additional information, provisions, and assurances, as the Secretary may require:

"(1) Assurance of a public development process. The application contains an assurance that the State has engaged, and will continue to engage, in a public process for the design, development, and evaluation of the MFP demonstration project that allows for input from eligible individuals, the families of such individuals, authorized representatives of such individuals, providers, and other interested parties.

"(2) Operation in connection with qualified HCB program to assure continuity of services. The State will conduct the MFP demonstration project for eligible individuals in conjunction with the operation of a qualified HCB program that is in operation (or approved) in the State for such individuals in a manner that assures continuity of Medicaid coverage for such individuals so long as such individuals continue to be eligible for medical assistance.

"(3) Demonstration project period. The application shall specify the period of the MFP demonstration project, which shall include at least 2 consecutive fiscal years in the 5-fiscal-year period beginning with fiscal year 2007.

"(4) Service area. The application shall specify the service area or areas of the MFP demonstration project, which may be a statewide area or 1 or more geographic areas of the State.

"(5) Targeted groups and numbers of individuals served. The application shall specify--

"(A) the target groups of eligible individuals to be assisted to transition from an inpatient facility to a qualified residence during each fiscal year of the MFP demonstration project;

"(B) the projected numbers of eligible individuals in each targeted group of eligible individuals to be so assisted during each such year; and

"(C) the estimated total annual qualified expenditures for each fiscal year of the MFP demonstration project.

"(6) Individual choice, continuity of care. The application shall contain assurances that--

"(A) each eligible individual or the individual's authorized representative will be provided the opportunity to make an informed choice regarding whether to participate in the MFP demonstration project;

"(B) each eligible individual or the individual's authorized representative will choose the qualified residence in which the individual will reside and the setting in which the individual will receive home and community-based long-term care services;

"(C) the State will continue to make available, so long as the State operates its qualified HCB program consistent with applicable requirements, home and community-based long-term care services to each individual who completes participation in the MFP demonstration project for as long as the individual remains eligible for medical assistance for such services under such qualified HCB program (including meeting a requirement relating to requiring a level of care provided in an inpatient facility and continuing to require such services, and, if the State applies a more stringent level of care standard as a result of implementing the State plan option permitted under section 1915(i) of the Social Security Act *[42 USCS § 1396n*(i)], meeting the requirement for at least the level of care which had resulted in the individual's admission to the institution).

"(7) Rebalancing. The application shall--

"(A) provide such information as the Secretary may require concerning the dollar amounts of State Medicaid expenditures for the fiscal year, immediately preceding the first fiscal year of the State's MFP demonstration project, for long-term care services and the percentage of such expenditures that were for institutional long-term care services or were for home and community-based long-term care services;

"(B)

(i) specify the methods to be used by the State to increase, for each fiscal year during the MFP demonstration project, the dollar amount of such total expenditures for home and community-based long-term care services and the percentage of such total expenditures for long-term care services that are for home and community-based long-term care services; and

"(ii) describe the extent to which the MFP demonstration project will contribute to accomplishment of objectives described in subsection (a).

"(8) Money follows the person. The application shall describe the methods to be used by the State to eliminate any legal, budgetary, or other barriers to flexibility in the availability of Medicaid funds to pay for long-term care services for eligible individuals participating in the project in the appropriate settings of their choice, including costs to transition from an institutional setting to a qualified residence.

"(9) Maintenance of effort and cost-effectiveness. The application shall contain or be accompanied by such information and assurances as may be required to satisfy the Secretary that--

"(A) total expenditures under the State Medicaid program for home and community-based long-term care services will not be less for any fiscal year during the MFP demonstration project than for the greater of such expenditures for--

"(i) fiscal year 2005; or

"(ii) any succeeding fiscal year before the first year of the MFP demonstration project; and

"(B) in the case of a qualified HCB program operating under a waiver under subsection (c) or (d) of section 1915 of the Social Security Act *(42 U.S.C. 1396n)*, but for the amount awarded under a grant under this section, the State program would continue to meet the cost-effectiveness requirements of subsection (c)(2)(D) of such section or comparable requirements under subsection (d)(5) of such section, respectively.

"(10) Waiver requests. The application shall contain or be accompanied by requests for any modification or adjustment of waivers of Medicaid requirements described in subsection (d)(3), including adjustments to the maximum numbers of individuals included and package of benefits, including one-time transitional services, provided.

"(11) Quality assurance and quality improvement. The application shall include--

"(A) a plan satisfactory to the Secretary for quality assurance and quality improvement for home and community-based long-term care services under the State Medicaid program, including a plan to assure the health and welfare of individuals participating in the MFP demonstration project; and

"(B) an assurance that the State will cooperate in carrying out activities under subsection (f) to develop and implement continuous quality assurance and quality improvement systems for home and community-based long-term care services.

"(12) Optional program for self-directed services. If the State elects to provide for any home and community-based long-term care services as self-directed services (as defined in subsection (b)(8)) under the MFP demonstration project, the application shall provide the following:

"(A) Meeting requirements. A description of how the project will meet the applicable requirements of such subsection for the provision of self-directed services.

"(B) Voluntary election. A description of how eligible individuals will be provided with the opportunity to make an informed election to receive self-directed services under the project and after the end of the project.

"(C) State support in service plan development. Satisfactory assurances that the State will provide support to eligible individuals who self-direct in developing and implementing their service plans.

"(D) Oversight of receipt of services. Satisfactory assurances that the State will provide oversight of eligible individual's receipt of such self-directed services, including steps to assure the quality of services provided and that the provision of such services are consistent with the service plan under such subsection.

Nothing in this section shall be construed as requiring a State to make an election under the project to provide for home and community-based long-term care services as self-directed services, or as requiring an individual to elect to receive self-directed services under the project.

"(13) Reports and evaluation. The application shall provide that--

"(A) the State will furnish to the Secretary such reports concerning the MFP demonstration project, on such timetable, in such uniform format, and containing such information as the Secretary may require, as will allow for reliable comparisons of MFP demonstration projects across States; and

"(B) the State will participate in and cooperate with the evaluation of the MFP demonstration project.

"(d) Secretary's award of competitive grants.

(1) In general. The Secretary shall award grants under this section on a competitive basis to States selected from among those with applications meeting the requirements of subsection (c), in accordance with the provisions of this subsection.

"(2) Selection and modification of State applications. In selecting State applications for the awarding of such a grant, the Secretary--

"(A) shall take into consideration the manner in which, and extent to which, the State proposes to achieve the objectives specified in subsection (a);

"(B) shall seek to achieve an appropriate national balance in the numbers of eligible individuals, within different target groups of eligible individuals, who are assisted to transition to qualified residences under MFP demonstration projects, and in the geographic distribution of States operating MFP demonstration projects;

"(C) shall give preference to State applications proposing--

"(i) to provide transition assistance to eligible individuals within multiple target groups; and

"(ii) to provide eligible individuals with the opportunity to receive home and community-based long-term care services as self-directed services, as defined in subsection (b)(8); and

"(D) shall take such objectives into consideration in setting the annual amounts of State grant awards under this section.

"(3) Waiver authority. The Secretary is authorized to waive the following provisions of title XIX of the Social Security Act *[42 USCS §§ 1396* et seq.], to the extent necessary to enable a State initiative to meet the requirements and accomplish the purposes of this section:

"(A) Statewideness. Section 1902(a)(1) [subsec. (a)(1) of this section], in order to permit implementation of a State initiative in a selected area or areas of the State.

"(B) Comparability. Section 1902(a)(10)(B) [subsec. (a)(10)(B) of this section], in order to permit a State initiative to assist a selected category or categories of individuals described in subsection (b)(2)(A).

"(C) Income and resources eligibility. Section 1902(a)(10)(C)(i)(III), [subsec. (a)(10)(C)(i)(III) of this section] in order to permit a State to apply institutional eligibility rules to individuals transitioning to community-based care.

"(D) Provider agreements. Section 1902(a)(27) [subsec. (a)(27) of this section], in order to permit a State to implement self-directed services in a cost-effective manner.

"(4) Conditional approval of outyear grant. In awarding grants under this section, the Secretary shall condition the grant for the second and any subsequent fiscal years of the grant period on the following:

"(A) Numerical benchmarks. The State must demonstrate to the satisfaction of the Secretary that it is meeting numerical benchmarks specified in the grant agreement for--

"(i) increasing State Medicaid support for home and community-based long-term care services under subsection (c)(5); and

"(ii) numbers of eligible individuals assisted to transition to qualified residences.

"(B) Quality of care. The State must demonstrate to the satisfaction of the Secretary that it is meeting the requirements under subsection (c)(11) to assure the health and welfare of MFP demonstration project participants.

"(e) Payments to States; carryover of unused grant amounts.

(1) Payments. For each calendar quarter in a fiscal year during the period a State is awarded a grant under subsection (d), the Secretary shall pay to the State from its grant award for such fiscal year an amount equal to the lesser of--

"(A) the MFP-enhanced FMAP (as defined in paragraph (5)) of the amount of qualified expenditures made during such quarter; or

"(B) the total amount remaining in such grant award for such fiscal year (taking into account the application of paragraph (2)).

"(2) Carryover of unused amounts. Any portion of a State grant award for a fiscal year under this section remaining at the end of such fiscal year shall remain available to the State for the next 4 fiscal years, subject to paragraph (3).

"(3) Reawarding of certain unused amounts. In the case of a State that the Secretary determines pursuant to subsection (d)(4) has failed to meet the conditions for continuation of a MFP demonstration project under this section in a succeeding year or years, the Secretary shall rescind the grant awards for such succeeding year or years, together with any unspent portion of an award for prior years, and shall add such amounts to the appropriation for the immediately succeeding fiscal year for grants under this section.

"(4) Preventing duplication of payment. The payment under a MFP demonstration project with respect to qualified expenditures shall be in lieu of any payment with respect to such expenditures that could otherwise be paid under Medicaid, including under section 1903(a) of the Social Security Act *[42 USCS § 1396b*(a)]. Nothing in the previous sentence shall be construed as preventing the payment under Medicaid for such expenditures in a grant year after amounts available to pay for such expenditures under the MFP demonstration project have been exhausted.

"(5) MFP-enhanced FMAP. For purposes of paragraph (1)(A), the 'MFP-enhanced FMAP', for a State for a fiscal year, is equal to the Federal medical assistance percentage (as defined in the first sentence of section 1905(b) *[42 USCS § 1396d*(b)]) for the State increased by a number of percentage points equal to 50 percent of the number of percentage points by which (A) such Federal medical assistance percentage for the State, is less than (B) 100 percent; but in no case shall the MFP-enhanced FMAP for a State exceed 90 percent.

"(f) Quality assurance and improvement; technical assistance; oversight.

(1) In general. The Secretary, either directly or by grant or contract, shall provide for technical assistance to, and oversight of, States for purposes of upgrading quality assurance and quality improvement systems under Medicaid home and community-based waivers, including--

"(A) dissemination of information on promising practices;

"(B) guidance on system design elements addressing the unique needs of participating beneficiaries;

"(C) ongoing consultation on quality, including assistance in developing necessary tools, resources, and monitoring systems; and

"(D) guidance on remedying programmatic and systemic problems.

"(2) Funding. From the amounts appropriated under subsection (h)(1) for the portion of fiscal year 2007 that begins on January 1, 2007, and ends on September 30, 2007, and for fiscal year 2008, not more than $ 2,400,000 shall be available to the Secretary to carry out this subsection during the period that begins on January 1, 2007, and ends on September 30, 2011.

"(g) Research and evaluation.

(1) In general. The Secretary, directly or through grant or contract, shall provide for research on, and a national evaluation of, the program under this section, including assistance to the Secretary in preparing the final report required under paragraph (2). The evaluation shall include an analysis of projected and actual savings related to the transition of individuals to qualified residences in each State conducting an MFP demonstration project.

"(2) Final report. The Secretary shall make a final report to the President and Congress, not later than September 30, 2016, reflecting the evaluation described in paragraph (1) and providing findings and conclusions on the conduct and effectiveness of MFP demonstration projects.

"(3) Funding. From the amounts appropriated under subsection (h)(1) for each of fiscal years 2008 through 2016, not more than $ 1,100,000 per year shall be available to the Secretary to carry out this subsection.

"(h) Appropriations.

(1) In general. There are appropriated, from any funds in the Treasury not otherwise appropriated, for grants to carry out this section--

"(A) $ 250,000,000 for the portion of fiscal year 2007 beginning on January 1, 2007, and ending on September 30, 2007;

"(B) $ 300,000,000 for fiscal year 2008;

"(C) $ 350,000,000 for fiscal year 2009;

"(D) $ 400,000,000 for fiscal year 2010; and

"(E) $ 450,000,000 for each of fiscal years 2011 through 2016.

"(2) Availability. Amounts made available under paragraph (1) for a fiscal year shall remain available for the awarding of grants to States by not later than September 30, 2016."

# APPENDIX B: MFP Transition Services Rate Table

Appendix B: MFP Services and Rate Table Revised 011513

| Medicaid Rate | Pre-Transition Service | Procedure Code | Modifiers | MFP 3 Digit Service Code | Rate | Description (for full description, see MFP Policy & Procedures Manual Chapter 603) | Maximum Cost per Service |
|---|---|---|---|---|---|---|---|
| Enhanced | Peer Community Support | T2038 | Q2, U1 | PES | 1 unit = one hour contact, billable in quarter-hour increments, at $50 per unit/hour; a maximum of 40 units/hours, for a total not to exceed $2,000, ends on day 365 of the demonstration period. Rate includes all costs associated with delivery of service. | 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 case note is required to document each contact. *** | $2,000 |
| Enhanced | Trial Visit-Personal Support Services (PCH/CRA) | T2038 | Q2, U2 | PSS | 1 unit of personal support = the current rate provided by the appropriate wavier. 1 unit of residential services = 1 day at $65 per day. In NOW/COMP, I unit of CLSS/CRA = 1 day at $156, not to exceed $1044 per member, ends on day 365 of the MFP demonstration period. | 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 personal care home or community residential alternative and/or assist the owner/vendor to identify, develop and improve the PSS staff skills necessary to accommodate the needs of the participant. On a case-by-case basis, this service can be used post-transition by a participant who's PSS services are arranged but delayed. *** | $1,044 |
| Enhanced | Household Furnishing | T2038 | Q2, U3 | HHF | Limited to $1,500 per participant - ends on day 365 of the MFP demonstration period. | This service provides assistance to participants requiring basic household furnishings to help them transition back into the community. This service provides initial set-up assistance with a qualified residence. *** | $1,500 |
| Enhanced | Household Goods and Supplies | T2038 | Q2, U4 | HGS | Limited to a maximum of $750 per participant, to be used during the 365 day demonstration period. $200 of the $750 can be used for a one-time purchase of groceries. | This service provides assistance to participants requiring basic household goods (see Appendix P). This service is intended to help the participant with the initial set-up of their qualified residence. *** | $750 |
| Enhanced | Moving Expenses | T2038 | Q2, U5 | MVE | Limited to a maximum of $850 per participant - to be used during the 365 day demonstration period. | This service may include rental of a moving van/truck and staff or the use of a moving or delivery service to move a participant's goods 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 the 365 day demonstration period. *** | $850 |
| Enhanced | Utility Deposits | T2038 | Q2, U6 | UTD | Limited to $500 per participant- ends on day 365 of the MFP demonstration period. | This service is used to assist participants with required utility deposits for a qualified residence. On a case-by-case basis, this service can be used to pay past-due utility bills in order to re-connect utilities to a qualified residence. *** | $500 |
| Enhanced | Security Deposits | T2038 | Q2, U7 | SCD | Limited to $1,000 per participant- ends on day 365 of the MFP demonstration period. | This service is used to assist participants with housing application fees and required security deposits for a qualified residence. *** | $1,000 |
| Enhanced | Transition Support | T2038 | Q2, U8 | TSS | Limited to $600 per participant – ends on day 365 of the demonstration period. | This service provides assistance to help participants with unique transition expenses (obtaining documentation, accessing paid roommate match services, etc.). This service provides funding for needs that are unique to each participant, but necessary for a successful transition. *** | $600 |
| Enhanced | Transportation | T2038 | Q2, U9 | TRN | 1 unit = a one-way trip, up to $500. Service is designed to cover the cost of multiple one-way or round trips totaling no more than $500, can be used pre and post-transition, ends on day 365 of the demonstration period. | This service assists participants with transportation needed to gain access to community services and resources (i.e. housing). This service is used when other forms of transportation are not otherwise available. This service does not replace the Medicaid non-emergency transportation (for medical appointments) or emergency ambulance services. *** | $500 |
| Enhanced | Life Skills Coaching | T2038 | Q2, U10 | LSC | 1 unit = one half- hour of contact training/coaching or group/individual training activities, billable at $25 per half-hour, to a maximum of 60 units or 30 hours training/coaching, limited to $1,500 per participant, ends on day 365 of the demonstration period. Rate includes all costs associated with the delivery of service. | 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 up to 30 hours of customized training focused on skill development, lead by a qualified trainer/coach 3) participate in individual and group activities designed to reinforce skill development, and 4) evaluate the impact of the training. This service requires structured, instructor-lead, customized training/coaching based on the results of the ITNA. The trainer/coach documents training/coaching with a case note and reports the results of the evaluation. *** | $1,500 |
| | | | | | | Not to exceed | $10,244 |

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Appendix B: MFP Services and Rate Table Revised 011513

| Medicaid Rate | Post-Transition Service | Procedure Code | Modifiers | MFP 3 Digit Service Code | Rate | Description (for full description, see MFP Policy & Procedures Manual Chapter 603) | Maximum Cost per Service |
|---|---|---|---|---|---|---|---|
| **Enhanced** | **Skilled Out-of-Home Respite** | T2038 | **Q2, U11** | **SOR** | 1 unit = $134.17 per day, limited to 14 units or $1,878.38 per member - ends on day 365 of the MFP demonstration period. | This service provides a brief period of support or relief for caregivers or family members caring for an elderly or disabled individual. This service will pay for up to 14 days during the MFP 365 day demonstration. The respite is done at a GA qualified nursing facility or community respite provider approved through a Georgia waiver program. On a case-by-case basis this service can be used by a participant who is waiting for environmental modifications to be completed to their qualified residence. *** | $1,880 |
| **Enhanced** | **Caregiver Outreach & Education** | S5110 | **Q2, U12** | **COE** | 1 unit = one half- hour of contact caregiver training, billable at $25 per half-hour, to a maximum of 40 units or 20 hours, delivered by a qualified caregiver specialist, limited to $1,000 per participant, ends on day 365 of the demonstration period. Rate includes all costs associated with delivery of service. | This service provides outreach, information, referral and education to caregivers who support MFP participants. This service includes; 1) an assessment that identifies sources of a caregiver's stress, 2) consultation and education with a qualified, trained caregiver specialist to develop a Caregiver 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. The qualified caregiver specialist documents activities with case notes. This service is not provided in order to educate paid caregivers. *** | $1,000 |
| **Enhanced** | **Home Care Ombudsman** | T2038 | **Q2, U13** | **HCO** | 1 unit = one hour contact at $150 per hour, billable in quarter-hour increments at $37.50, limited to $1,800 per participant, ends on day 365 of the demonstration period. Rate includes all costs associated with delivery of service. | This service provides regular monthly contacts made by a qualified home care ombudsman, for review of a transitioned participant's health, welfare and safety; provides advocacy for participants to respond to and resolve complaints related to MFP and waiver services and how these services are provided. Service is limited to participants who transition into a qualified residence (see Appendix A for details). Three face-to-face contacts are required, the first F2F contact must be completed within 30 days of discharge; additional monthly contracts (F2F or phone contacts) can be arranged as needed. A case note is required to document each contact. *** | $1,800 |
| **Enhanced** | **Equipment, Vision, Dental and Hearing Services** | T2038 | **Q2, U14** | **EQS** | Limited to $4,000 per participant - ends on day 365 of the MFP demonstration period. | 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. Items and services obtained must be justified in the Pre/Post-ITP/ISP and be necessary to enable participants to interact more independently and/or reduce dependence on physical supports and enhance quality of life. Covers normal and customary charges associated with one vision examination and one pair of basic prescription glasses. Covers normal and customary charges for one dental examination and cleaning and/or dental work necessary to maintain or improve independence, health, welfare and safety. Covers normal and customary charges for hearing aids and related services. Two quotes are required for purchase of a single piece of equipment costing $1000 or more. *** | $4,000 |
| **Enhanced** | **Specialized Medical Supplies** | T2038 | **Q2, U15** | **SMS** | Limted to $1,000 per participant - ends on day 365 of the MFP demonstration period. | 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, food supplements, special clothing, bed wetting protective chucks, diabetic supplies and other supplies that are identified in the approved in the Pre/Post-ITP/ISP and that are not otherwise covered by Medicaid. Ancillary supplies necessary for the proper functioning of approved supplies are also included in this service. Two quotes are required for the single purchase of specialized medical supplies costing $1000 or more. *** | $1,000 |
| **Enhanced** | **Vehicle Adaptations** | T2038 | **Q2, U16** | **VAD** | Price of the lowest quote, limited to $6,240 per member- ends on day 365 of the MFP demonstration period. | This service enables individuals to interact more independently, enhancing 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, wheelchiar 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. Two quotes are required for adaptations costing $1000 or more. *** | $6,240 |
| **Enhanced** | **Environmental Modification** | T2038 | **Q2, U17** | **EMD** | Price of the lowest quote, limited to $8,000 per member- ends on day 365 of the MFP demonstration period. | 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 independence in ADLs. Two scope/bids are required, three scope/bids are recommended. Total scope/bids of $2,500 or more, require building permits. The MFP Home Inspection Service must be completed prior to beginning the environmental modifications and after modifications are completed to ensure participant health, welfare and safety and quality work. *** | $8,000 |
| **Enhanced** | **Home Inspection** | T2039 | **Q2, U18** | **HIS** | 1 unit = one inspection with relevant report from a qualified inspector, billable at $250, limited to $1,000, ends on day 365 of the MFP demonstration period. | 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 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 the environmental modifications. *** | $1,000 |
| **Enhanced** | **Supported Employment Evaluation** | S5110 | **Q2, U19** | **SEE** | 1 unit = one complete Vocational Discovery Process with Vocational Profile and referrals to a mimimum of three community resources, limited to $1,500 per participant, ends on day 365 of the demonstration period. | 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. *** | $1,500 |
| | | | | | | **Maximum Post-transition cost** | **$26,420** |

*****MFP service procedures are based on authorized and approved services as specified in the participant's transition service plan.*** Q2-HCFA/ORD demonstration project procedures / service; U- Medicaid Level of Care (1 thru 20), as Defined by Georgia Medicaid (DCH)**

# APPENDIX C: Tri-fold Recruiting Brochure (see revised PDF form)

## What is Person-Centered Planning?

Transition plans work best when you fully participate in planning your own life. With person-centered planning, you will be asked to talk about your goals, needs, resources, personal experience and motivation to relocate.

Everyone depends on others at times. Through the MFP project, you will learn who these important people are and build new relationships with people who share goals that are important to you.

## What are Home Modifications?

You may need assistance to live independently in your own home. Home modifications may include the installation of ramps or grab bars or widening doorways. Money Follows the Person includes financial help for eligible older adults and persons with disabilities to make these changes to existing structures. Contact your MFP Transition Coordinator for more details.

## What is Self-Direction?

Self-direction means that informed consumers make choices about the home- and community-based services they receive. They can assess their own needs, determine how and by whom those needs should be met and monitor the quality of services received.

**Money Follows the Person Project**
Georgia Department of Community Health
Two Peachtree Street, NW, 37th Floor
Atlanta, GA 30303
Email: gamfp@dch.ga.gov
dch.georgia.gov/mfp

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# Money Follows the Person

866-55-AGING (866-552-4464);
888-454-5826
Email: gamfp@dch.ga.gov

Georgia Department of Community Health

MFP Money Follows the Person

MONEY FOLLOWS THE PERSON

*"MFP is the best thing the State has ever done."*
Cathy, MFP participant

*"[I'm] happy to be independent, and the MFP program is the best program in Georgia."*
Brenda, former MFP participant

## What is Money Follows the Person?

If you have lived in an inpatient facility (i.e., a hospital, nursing facility or an intermediate care facility for people with developmental disabilities) for at least 90 consecutive days and would rather live in your own home, apartment or group setting, you may be eligible for home- and community-based services (HCBS) through Georgia's Medicaid programs.

Money Follows the Person (MFP) can assist with home- and community-based services. It is a grant offered through the Centers for Medicare and Medicaid Services (CMS) and the Georgia Department of Community Health (DCH).

## Who will help me relocate?

If you want to move into your own place (home, apartment or group setting), you can take advantage of MFP and HCBS. Through MFP, you will learn the skills you need and get the information and help you need to move to the community.

## What MFP services are available?

- Peer community support
- Trial visits to the community
- Household furnishings (limited)
- Household goods and supplies
- Moving expenses
- Utility and security (rent) deposits
- Transition supports
- Transportation
- Life skills coaching
- Skilled out-of-home respite
- Caregiver outreach and education
- Community Ombudsman
- Equipment, vision, dental and hearing services
- Specialized medical supplies
- Vehicle adaptations
- Environmental modifications
- Home inspection
- Supported employment evaluation

## Who do I contact?

**If you are interested and want more information about Money Follows the Person, you can contact:**

- The Department of Human Services, Aging and Disability Resource Connection at **866-55-AGING** (866-552-4464)
- The Office of the Long Term Care Ombudsman at **888-454-5826**
- The Georgia Department of Community Health, Money Follows the Person project at **404-651-9961**

## What are the goals of MFP?

1. To increase the use of home- and community-based, rather than institutional long-term care services;
2. To eliminate barriers in state law, state Medicaid Plan and state budgets that prevent or restrict the flexible use of Medicaid funds to enable Medicaid-eligible persons to receive support for long-term services in a setting of their choice;
3. To increase the ability of the state to continue to provide home- and community-based services to eligible people who choose to transition from an institution to a community setting.

**dch.georgia.gov/mfp | Email: gamfp@dch.ga.gov**

## APPENDIX D1: Authorization for Use or Disclosure of Health Information

# MFP Authorization For Use or Disclosure of Health Information

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with Georgia and Federal law concerning the privacy of such information. **Failure to provide *all* information requested may invalidate this Authorization.**

## USE AND DISCLOSURE OF HEALTH INFORMATION

I hereby authorize the use or disclosure of my health information as follows:

Member Name: _____

Medicaid ID #: _____

Health Plan Name: _____

Persons/Organizations authorized to *receive, use or disclose* the information [i] are:

☐ MFP Field Personnel *

☐ Waiver assessment/case management staff *

☐ My Representative (Legal, etc.) *

☐ MFP service providers (Peers, Ombudsman, etc.) *

** Personnel located in Georgia and in the state to which you are transitioning.*

Purpose of requested use or disclosure: [ii] for screening and assessment and participation in MFP. This Authorization applies to the following information (select ***only one*** of the following):[iii]

☐ All health information pertaining to any medical history, mental or physical condition and treatment received.

[Optional] **Except:** _____

☐ **Only** the following records or types of health information (including any dates). This may consist of psychotherapy notes, if specifically authorized:

_____

_____

## EXPIRATION

All information I hereby authorize to be obtained from this inpatient facility will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain in effect for: (PLEASE CHECK ONE)

☐ ninety (90) days unless I specify an earlier date here: _____

☐ one (1) year

☐ the period necessary to complete transactions related to my participation in Money Follows the Person on matters related to services provided to me through Money Follows the Person.

*I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken based upon it, I may withdraw this authorization at any time.*

# MFP Authorization For Use or Disclosure of Health Information

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

## NOTICE OF RIGHTS AND OTHER INFORMATION

I may refuse to sign this Authorization.

I may revoke this authorization at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to the following address: _____

_____.

My revocation will be effective upon receipt, but will not be effective to the extent that the Requestor or others have acted in reliance upon this Authorization.

I have a right to receive a copy of this authorization.[iv]

Neither treatment, payment, enrollment or eligibility for benefits will be conditioned on my providing or refusing to provide this authorization.[v]

Information disclosed pursuant to this authorization could be re-disclosed by the recipient and might no longer be protected by federal confidentiality law (HIPAA).

_____

Signature of Member or Authorized Representative Date

_____

If Signed by Representative, State Relationship or Basis of Authority

_____

[i] If the Authorization is being requested by the entity holding the information, this entity is the Requestor.

ii The statement "at the request of the individual" is a sufficient description of the purpose when the individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.

[iii] This form may not be used to release both psychotherapy notes and other types of health information *(see 45 CFR § 164.508(b)(3)(ii)).* **If this form is being used to authorize the release of psychotherapy notes, a separate form must be used to authorize release of any other health information.**

[iv] Under HIPAA, the individual must be provided with a copy of the authorization when it has been requested by a covered entity for its own uses and disclosures *(see 45 CFR § 164.508(d)(1), (e)(2)).*

[v] If any of the exceptions to this statement, as recognized by HIPAA apply, then this statement must be changed to describe the consequences to the individual of a refusal to sign the authorization when that covered entity can condition treatment, health plan enrollment, or benefit eligibility on the failure to obtain such authorization. A covered entity is permitted to condition treatment, health plan enrollment or benefit eligibility on the provision of an authorization as follows: (i) to conduct research-related treatment, (ii) to obtain information in connection with a health plan's eligibility or enrollment determinations relating to the individual or for its underwriting or risk rating determinations, or (iii) to create health information to provide to a third party or for disclosure of the health information to such third party. **Under no circumstances, however, may an individual be required to authorize the disclosure of psychotherapy notes.**

# APPENDIX D2: MFP Consent for Participation

## Money Follows the Person
## Informed Consent for Participation

I, _____, (print name) voluntarily agree to be screened and assessed as part of my application for participation in the Money Follows the Person (MFP) project[i]. MFP Field Personnel will determine my appropriateness for the project. If approved for the MFP project, my participation may be in segments or consecutive days, but for a total period not to exceed 365 calendar days[ii].

By signing this Informed Consent, I agree to participate in all aspects of the MFP project, including completing the *Quality of Life Survey*. My responses to the *Quality of Life Survey* and other program information will be shared with the Centers for Medicare and Medicaid Services (CMS) as well as Georgia and national evaluators.

I have been given information about the MFP project; a copy of the MFP Brochure and a copy of the *Home and Community Services, A Guide to Medicaid Waiver Programs in Georgia* booklet. I understand the MFP project guidelines including enrollment requirements. I understand that MFP one-time transitional services are provided under the MFP demonstration project.

I understand that if I qualify for and am enrolled in an appropriate waiver program, waiver services will continue for as long as I need them and I continue to meet eligibility requirements. If I am no longer eligible for the Medicaid waiver program, I will be provided with other service options that may assist me in a community setting. I understand that certain circumstances will make me ineligible for a waiver and for MFP. If the total cost of providing my care under the waiver exceeds the cost of providing care in an inpatient facility, I will become ineligible for the waiver and for the MFP project. If my condition improves and I don't continue to meet the waiver Level of Care criteria, I will become ineligible for the waiver program and may become ineligible for the MFP project.

_____

**Signature** **Date**

_____

**If signed by Responsible Party, State Relationship and Authority to Sign**

_____

**Date** **MFP Field Personnel Sign**

_____

[i] Deficit Reduction Act of 2006, Money Follows the Person Demonstration P.L. 109-171, Title VI, Subtitle A, Chapter. 6, Subchapter B, Sec 6071, 120; as amended by the Affordable Care Act of 2010, P.L. 111-148, Title II, Subtitle E, Sec 2403(a), (b)(1), 124 Stat. 304

[ii] If the MFP participant needs to be readmitted to an inpatient facility for a period of 30 days or less, the participant remains enrolled in the MFP demonstration. As soon as the participant's condition stabilizes, the participant can return to the community and resume services. When an MFP participant is readmitted into an inpatient facility for a period of time greater than 30 days (31 days or longer), the participant is discharged from the MFP demonstration and is considered an institutional resident. However, the discharged MFP participant will be re-enrolled, prior to the completion of 365 days, back into the demonstration without re-establishing the 90-day institutional residency requirement. The individual is considered an MFP participant when discharged from the inpatient facility, and is eligible to receive MFP services for any remaining days up to 365. MFP field personnel determine if any changes to the participant's Individualized Transition Plan are needed to prevent a re-admission to an inpatient facility. If the participant is readmitted to an inpatient facility for a period of longer than six months, the participant will be re-evaluated like a "new" MFP participant.

MFP Informed Consent_Revised_011513

**APPENDIX E: How to Obtain the Booklet, HCBS, A Guide to Medicaid Waiver Programs in Georgia**

Copies of the booklet, *HCBS, A Guide to Medicaid Waiver Programs in Georgia* are available from the Georgia Health Partnership Portal using form DMA 292, located at: https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Forms/tabId/57/Default.aspx ).

They can also be obtained by completing and faxing the form below.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

**Booklet Order Form**
**Home and Community Services**

**A Guide to Medicaid Waiver Programs in Georgia**

**Date:** _____

**Name of Facility/Individual:**

_____

**Address: (Street Address Only—No P.O. Boxes)**

_____

_____

**Total Number of Booklets Requested:** _____

**Phone Number:**_____

**Fax Number:** _____

RE: If you are a Nursing/ICF-MR facility, refer to section 802 of the Nursing Facility Services manual for ordering.

**Fax to/Mail to:**
**Company:** DCH/Long Term Care Unit

**Fax Number:** 404-656-8366

**Mail to Attention:** _____

**APPENDIX F: AREA AGENCY ON AGING/AAA ADRC/Gateway Network**

Revised 12/01/2009

| *Planning & Service Area* | *AAA Director*<br>*Name of AAA*<br>*Address, Phone & E-Mail* | *Executive Director*<br>*Name of Agency*<br>*Address, Phone & E-Mail* |
|---|---|---|
| **Atlanta Region**<br><br>Cherokee<br>Clayton<br>Cobb<br>DeKalb<br>Douglas<br>Fayette<br>Fulton<br>Gwinnett<br>Henry<br>Rockdale | **Cathie Berger, AAA Director**<br>Atlanta Regional AAA<br>40 Courtland Street, N.E.<br>Atlanta, GA 30303-2538<br>(404) 463-3100<br>Fax: (404) 463-3264<br>**Aging Connection**: **1-800-676-2433** or (404) 463-3333<br><br>Email: cberger@atlantaregional.com<br><br>Website: aginginfo@atlantaregional.com | **Charles C. Krautler, Executive Director**<br>Atlanta Regional Commission<br>40 Courtland Street, N.E.<br>Atlanta, GA 30303-2538<br>(404) 463-3100<br>Fax: (404) 463-3105<br><br>Email:<br>ckrautler@atlantaregional.com<br><br>**Fulton County** |
| **Central Savannah River Area**<br><br>Burke Richmond<br>Columbia Screven<br>Glascock Taliaferro<br>Hancock Warren<br>Jefferson<br>Washington<br>Jenkins Wilkes<br>Lincoln<br>McDuffie | **Jeanette Cummings, AAA Director**<br>**Central Savannah River AAA**<br>3023 Riverwatch Parkway<br>Suite A, Bldg 200<br>Augusta, GA 30907-2016<br>(706) 210-2013 Director Direct Line<br>(706) 210-2000 Aging Program<br>Fax: (706) 210-2006<br>**Aging Connection**: **1-888-922-4464**<br><br>**E-mail: jcummings@csrarc.ga.gov**<br>Website: www.csrarc.ga.gov | **Andy Crosson, Executive Director**<br>**Central Savannah River Area Regional Commission**<br>3023 Riverwatch Parkway<br>Suite A, Bldg 200<br>Augusta, GA 30907-2016<br>(706) 210-2000<br>Fax: (706) 210-2006<br><br>**E-mail: acrosson@csrarc.ga.gov**<br><br>**Richmond County** |

| *Planning & Service Area* | *AAA Director*<br>*Name of AAA*<br>*Address, Phone & E-Mail* | *Executive Director*<br>*Name of Agency*<br>*Address, Phone & E-Mail* |
|---|---|---|
| **Coastal Georgia**<br><br>Bryan<br>Bulloch<br>Camden<br>Chatham<br>Effingham<br>Glynn<br>Liberty<br>Long<br>McIntosh | **Dionne Campbell (Interim AAA Director)**<br>Coastal Georgia AAA<br>127 F Street<br>Brunswick, GA 31520<br>(912) 262-2822<br>Fax: (912) 262-2313<br>**Information Link: 1-800-580-6860**<br><br>Email: dcampbell@crc.ga.gov<br><br>Website: www.crc.ga.gov | **Allen Burns, Executive Director**<br>Coastal Regional Commission of Georgia<br>127 F Street<br>Brunswick, GA 31520<br>(912) 262-2800<br>Fax: (912) 262-2313<br><br>Email: aburns@crc.ga.gov<br><br>**Glynn County** |
| **Georgia Mountains**<br><br>Banks<br>Dawson<br>Forsyth<br>Franklin<br>Habersham<br>Hall<br>Hart<br>Lumpkin<br>Rabun<br>Stephens<br>Towns<br>Union<br>White | **Pat Freeman, AAA Director**<br>Legacy Link AAA<br>P. O. Box 2534<br>Gainesville, GA 30503-2534<br>(770)538-2650<br>Fax: (770)538-2660<br>**Intake Screening: 1-800-845-5465**<br><br>Physical Address: 508 Oak St., Ste 1, 30501<br><br>**E-mail: pvfreeman@legacylink.org**<br><br>Website: www:legacylink.org | **Pat Freeman, Executive Director**<br>The Legacy Link, Inc.<br>P.O. Box 2534<br>Gainesville, Georgia 30503-2534<br>(770) 538-2650<br>Fax: (770) 538-2660<br><br>**E-mail: pvfreeman@legacylink.org**<br><br>**Hall County** |

| *Planning & Service Area* | *AAA Director*<br>*Name of AAA*<br>*Address, Phone & E-Mail* | *Executive Director*<br>*Name of Agency*<br>*Address, Phone & E-Mail* |
|---|---|---|
| **Heart of Georgia Altamaha**<br><br>Appling<br>Bleckley<br>Candler<br>Dodge<br>Emanuel<br>Evans<br>Jeff Davis<br>Johnson<br>Laurens<br>Montgomery<br>Tattnall<br>Telfair<br>Toombs<br>Treutlen<br>Wayne<br>Wheeler<br>Wilcox | **Gail Thompson, AAA Director**<br>Heart of Georgia Altamaha AAA<br>331 West Parker Street<br>Baxley, GA 31513-0674<br>(912)367-3648<br>Fax: (912)367-3640 or (912)367-3707<br>**Toll Free: 1-888-367-9913**<br><br>E-mail: thompson@hogarc.org<br><br>Website: www.hogarc.org | **Alan R. Mazza, Executive Director**<br>Heart of Georgia Altamaha Regional Commission<br>5405 Oak Street<br>Eastman, Georgia 31023-6034<br>(478) 374-4771<br>Fax: (478) 374-0703<br><br>E-mail: mazza@hogarc.org<br><br>**Dodge County** |
| **Middle Georgia**<br><br>Baldwin<br>Bibb<br>Crawford<br>Houston<br>Jones<br>Monroe<br>Peach<br>Pulaski<br>Putnam<br>Twiggs<br>Wilkinson | **Geri Ward, AAA Director**<br>Middle Georgia AAA<br>175 Emery Highway, Suite C<br>Macon, GA 31217-3679<br>(478)751-6466<br>Fax: (478)752-3243<br>**Toll free: 1-888-548-1456**<br><br>E-mail: gward@mg-rc.org<br><br>Website: www.mg-rc.org | **Ralph Nix, Executive Director**<br>Middle Georgia Regional Commission<br>175 Emery Highway, Suite C<br>Macon, GA 31217-3679<br>(478) 751-6160<br>Fax: (478) 369-6517<br><br>E-mail: rnix@mg-rc.org<br><br>**Bibb County** |

| *Planning & Service Area* | *AAA Director*<br>*Name of AAA*<br>*Address, Phone & E-Mail* | *Executive Director*<br>*Name of Agency*<br>*Address, Phone & E-Mail* |
|---|---|---|
| **Northeast Georgia**<br><br>Barrow<br>Clarke<br>Elbert<br>Greene<br>Jackson<br>Jasper<br>Madison<br>Morgan<br>Newton<br>Oconee<br>Oglethorpe<br>Walton | **Peggy Jenkins, AAA Director**<br>Northeast Georgia AAA<br>305 Research Drive<br>Athens, GA 30610<br>(706)369-5650<br>Fax: (706)425-3370<br>**Toll free: 1-800-474-7540**<br><br>E-mail: pjenkins@negrc.org<br><br>Website: www.negrc.org | **James R. Dove, Executive Director**<br>Northeast Georgia Regional Commission<br>305 Research Drive<br>Athens, GA 30605<br>(706) 369-5650<br>Fax: (706) 369-5792<br><br>E-mail: jdove@negrc.org<br><br>**Clarke County** |
| **Northwest Georgia**<br><br>Bartow<br>Catoosa<br>Chattooga<br>Dade<br>Fannin<br>Floyd<br>Gilmer<br>Gordon<br>Harralson<br>Murray<br>Paulding<br>Pickens<br>Polk<br>Walker<br>Whitfield | **Debbie Studdard, AAA Director**<br>Northwest Georgia AAA<br>P.O. Box 1798<br>Rome, GA 30162-1798<br>(706) 295-6485<br>Fax: (706) 295-6126<br>**Toll Free: 1-888 -732-4464**<br>Screening Fax: (706) 802-5506<br><br>Physical Address: 1 Jackson Hill Dr. 30161<br><br>E-mail: dstuddard@nwgrc.org<br>Website: www.nwgrc.org | **William R. Steiner, Executive Director**<br>Northwest Georgia Regional Commission<br>P.O. Box 1793<br>Rome, GA 30162-1793<br>(706) 295-6485<br>Fax: (706)295-6126<br><br>E-mail: wsteiner@nwgrc.org<br><br>**Floyd County** |

| *Planning & Service Area* | *AAA Director*<br>*Name of AAA*<br>*Address, Phone & E-Mail* | *Executive Director*<br>*Name of Agency*<br>*Address, Phone & E-Mail* |
|---|---|---|
| **River Valley**<br><br>Chattahoochee Quitman<br>Clay Randolph<br>Crisp Schley<br>Dooley Stewart<br>Harris Sumter<br>Macon Talbot<br>Marion Taylor<br>Muscogee Webster | **Tiffany Ingram, AAA Director**<br>River Valley AAA<br>1428 Second Avenue<br>P.O. Box 1908<br>Columbus, GA 31902-1908<br>(706)256-2910<br>Fax: (706)256-2908<br>**Toll Free: 1-800-615-4379**<br><br>E-mail: tingram@rivervalleyrcaaa.org<br><br>Website: www.rivervalleyrc.org | **Patti Cullen, Executive Director**<br>River Valley Regional Commission<br>1428 Second Avenue<br>P.O. Box 1908<br>Columbus, GA 31902-1908<br>(706) 256-2910<br><br>E-mail: pcullen@rivervalleyrc.org<br><br>**Muscogee County** |
| **Southern Georgia**<br><br>Atkinson Cook<br>Bacon Echols<br>Ben Hill Irwin<br>Berrien Lanier<br>Brantley Lowndes<br>Brooks Pierce<br>Charlton Tift<br>Clinch Turner<br>Coffee Ware | **Wanda Taft, AAA Director**<br>Southern Georgia AAA<br>1725 South Georgia Parkway, West<br>Waycross, GA 31503-8958<br>(912)285-6097<br>Fax: (912)285-6126<br>**Toll Free: 1-888-732-4464**<br><br>E-mail: wttaft@sgrc.us<br><br>Website: www.sgrc.us | **John L. Leonard, Executive Director**<br>Southern Georgia Regional Commission<br>327 West Savannah Avenue<br>P.O. Box 1223<br>Valdosta, GA 31603-1223<br>(229) 333.5277<br>Fax: (229) 333-5312<br><br>E-mail: jleonard@sgrc.us<br><br>**Ware County** |

| *Planning & Service Area* | ***AAA Director***<br>***Name of AAA***<br>***Address, Phone & E-Mail*** | ***Executive Director***<br>***Name of Agency***<br>***Address, Phone & E-Mail*** |
|---|---|---|
| **Southwest Georgia**<br><br>Baker<br>Calhoun<br>Colquitt<br>Decatur<br>Dougherty<br>Early<br>Grady<br>Lee<br>Miller<br>Mitchell<br>Seminole<br>Terrell<br>Thomas<br>Worth | **Kay Hind, AAA Director**<br>SOWEGA AAA<br>1105 Palmyra Road<br>Albany, GA 31701-1933<br>(229)432-1124<br>Fax: (229)483-0995<br>**Toll free: 1-800-282-6612**<br><br>E-mail: khhind@dhr.state.ga.us<br><br>Website: www.sowegacoa.org | **Kay Hind, Executive Director**<br>SOWEGA Council on Aging, Inc.<br>1105 Palmyra Road<br>Albany, GA 31701-1933<br>(229) 432-1124<br><br>E-mail: khhind@dhr.state.ga.us<br><br>**Dougherty County** |
| **Three Rivers**<br><br>Butts<br>Carroll<br>Coweta<br>Heard<br>Lamar<br>Meriwether<br>Pike<br>Spalding<br>Troup<br>Upson | **Joy Shirley, AAA Director**<br>Southern Crescent AAA<br>P.O. Box 1600<br>Franklin, GA 30217-1600<br>(706)407-0016 or (678)552-2853<br>Fax: (706) 675-9210 or (770)854-5402<br>**Toll Free: 1-866-854-5652**<br><br>Physical Address: 13273 Hwy. 34 East<br><br>E-mail: jyshirley@threeriversrc.com<br><br>Website: www.scaaa.net | **Lanier E. Boatwright Jr., Executive Director**<br>Three Rivers Regional Commission<br>120 North Hill Street<br>P.O. Box 818<br>Griffin, GA 30224-0818<br>(770) 227-6300<br>Fax: (770) 227-6488<br><br>E-mail:<br>lboatwright@threeriversrc.com<br><br>**Spalding County** |

## APPENDIX G: MFP Transition Screening Form

# Money Follows the Person Transition Screening Form

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

**Participant Name:** _____

1. Do you want to live somewhere other than this facility? ☐ Yes ☐ No

| Screening Type/Date (Check one box)<br>❑ Initial F2F Screening<br>_____<br>(mm/dd/yyyy)<br>❑ F2F Re-screening<br>_____<br>(mm/dd/yyyy)<br>Screener's Name:<br>_____<br>Screener's Contact:<br>_____ | Gender:<br>❑ **M**ale<br>❑ **F**emale<br>Ethnicity:<br>❑ **Not** Hispanic, Latino, Spanish<br>❑ Mexican, Mexican American<br>❑ Puerto Rican<br>❑ Cuban<br>❑ Another (Print Origin):<br>_____ | Race:<br>❑ White<br>❑ Black, African American<br>❑ American Indian or Alaska Native<br>❑ Asian Indian<br>❑ Chinese<br>❑ Filipino<br>❑ Japanese<br>❑ Korean<br>❑ Vietnamese<br>❑ Pacific Islander<br>❑ Other (Print):<br>_____ | MFP Target Population (Check one box):<br>❑ OA-Older Adult (65+)<br>❑ PD-Physical Disability<br>❑ TBI-Traumatic Brain Injury<br>❑ DD-Developmental Disability | Primary Disability (Check only one):<br>❑ D1-Cognitive (TBI, DD, dementia)<br>❑ D2-Hearing (deaf/HoH/H loss)<br>❑ D3- Mental/SPMI<br>❑ D4- Physical (mobility, stamina)<br>❑ D5- Vision (Blind/Low Vision)<br>❑ D6- N/A<br>❑ D7- DNK<br>❑ D8- Refused |
|---|---|---|---|---|
| Date of Initial MFP referral:<br>_____<br>(mm/dd/yyyy)<br>Date of Waiver Referral:<br>_____<br>(mm/dd/yyyy) | Referral Source:<br>❑ RS1-Inpatient Facility<br>❑ RS2-MDSQ<br>❑ RS3-Self<br>❑ RS4-Family Member<br>❑ RS5-CIL, LTCO<br>❑ RS6-AAA/ADRC<br>❑ RS7-Waiver Case Mgr<br>❑ RS8-Personal Care Home<br>❑ RS9-Assisted Living Facility<br>❑ RS10-Legal Representative<br>❑ RS11-Other (specify):<br>_____ | | Waiver Referral:<br>❑ CCSP<br>❑ SOURCE<br>❑ ICWP<br>❑ NOW<br>❑ COMP<br>❑ Other Waiver (specify):<br>_____ | Refused/ineligible:<br>❑ in NF < 90 days<br>❑ no Medicaid<br>❑ didn't transition to qualified residence<br>❑ didn't cooperate in planning process<br>❑ no longer wished to participate<br>❑ Other (specify):<br>_____ |
| Primary Language:<br>❑ American Sign Language ❑ English ❑ Spanish ❑ French<br>❑ Korean ❑ Other (specify): _____ | | | ❑ Deaf or Hard of Hearing<br>Requires Interpreter: ❑ Yes ❑ No<br>Interpreter:_____ | |

### Personal Data:

2. First Name:_____ MI:__ Last Name:_____

3. Date of Birth (mm/dd/yyyy) _____ SSN: _____--_____--_____

4. Medicaid # _____ Medicare # _____

5. Inpatient Facility Name: _____

   Facility Street Address: _____

   City: _____, Zip: _____ County: _____

**MFP field personnel note**: All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed form to DCH MFP via **FTP**.

DCH MFP Transition Screening Form_Revised_011513 Page 1 of 7

# Money Follows the Person Transition Screening Form

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

**Participant Name:** _____

6. Discharge Planner/Contact: _____ Phone : _____
7. Marital Status: ☐ Single ☐ Mar ☐ Div ☐ Widowed ☐ Sep ☐ Other: _____

   (if applicable) Spouse Name and address: _____

   _____

8. Are you a veteran? ☐ Yes ☐ No. Did you serve during wartime? ☐ Yes ☐ No
9. Do you have a guardian: ☐ Yes ☐ No If yes, list name and contact information:

   _____

   (Screener note: Ask the person who they would like to include in the screening process—family members, friends, etc. If person has a guardian, stop the interview and reschedule the screening when these persons can participate).

## Background Data:

10. What were the reasons you entered this facility?_____

    _____

11. How long have you lived here at this facility? _____ years _____ months
    (Screener note: to qualify for MFP, the person must have resided in the inpatient facility for a minimum of 90 consecutive days, short term rehab stays do not count).

    (Screener note: At this point in the screening interview, introduce, review and obtain signature on *Authorization for Release of Information* and *Informed Consent for MFP*).

12. Do you have any family living in this area? ☐ Yes ☐ No
    If yes, list name, phone number and address:

    _____

    _____

13. Are there family member(s) or friend(s) that would be interested in your move to the community? ☐ Yes ☐ No
14. May we contact these family member(s) or friends(s) to meet with you and us to discuss your move to the community? ☐ Yes ☐ No

    If yes, please provide their name(s) and telephone number(s): _____

    _____

**MFP field personnel note**: All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed form to DCH MFP via **FTP**.

# Money Follows the Person Transition Screening Form

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

**Participant Name:** _____

## Housing Section:

15. Where did you live before you came here? _____

    (Screener note: after the person answers, code the response by checking the box below: ☐ 01-own home, ☐ 02-family home, ☐ 03-apt/house leased by participant, ☐ 04-apt leased/assisted living, ☐ 05-group home/PCH, ☐ 06-Other (specify) _____

16. What Georgia County did you live in before you came here? _____

17. Do you want to return to (living situation in Q15)? ☐ Yes ☐ No

18. If yes, what prevents you from returning to (living situation in Q15)? _____

    _____

19. Do you have a home to move back into? ☐ Yes ☐ No

    If yes, the address (street, city, zip, county) of your home: _____

    _____

20. If applicable, does anyone live in your home? ☐ Yes ☐ No

    If yes, what are their names and relationship to you? _____

    _____

    (Screener note: discuss MFP qualified housing. Tell the candidate that while MFP will assist the person to locate qualified housing, the MFP program does not cover the cost of rent or utilities and that to participate in MFP, the person must enter qualified housing.

21. Which type of qualified housing are you interested in and why? _____

    _____

    (Screener note: after the person answers, code the response by checking the box below: ☐ 01-own home, ☐ 02-family home, ☐ 03-apt/house leased by participant, ☐ 04-apt leased/assisted living, ☐ 05-group home/PCH, ☐ 06-Other (specify) _____

22. What Georgia County do you prefer to live in? _____

23. Do you have someone you want to live with? ☐ Yes ☐ No

    If yes, list contact information _____

## Waiver Service History:

24. Did you receive services in your home before coming here? ☐ Yes ☐ No

    If yes, what services: _____

25. Are you currently on a waiver waiting list for home & community based services? ☐ Yes ☐ No If so, which waiver? _____

26. Do you have a letter or contact information from the waiver? ☐ Yes ☐ No

    If yes, where is the letter or contact information and/or who can bring these to you? _____

**MFP field personnel note**: All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed form to DCH MFP via **FTP**.

# Money Follows the Person
# Transition Screening Form

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

**Participant Name:** _____

## Financial Data:

(Screener note: Review facility records to obtain or confirm this information. The signed informed consent will allow you to obtain and review facility records).

**25. Income and Resources:**

| SOURCE | MONTHLY AMOUNT | PAYEE |
|---|---|---|
| ☐ **SSDI** ☐ **SSI** ☐ **SS Retirement** | | |
| **PENSION BENEFITS** | | |
| **TRUST PROCEEDS** | | |
| **INHERITANCE** | | |
| **VETERAN'S COMPENSATION** | | |
| **CASH** | | |
| **CHECKING ACCOUNT** | | |
| **SAVINGS ACCOUNT** | | |
| **SAVINGS ACCOUNT(DESIGNATED BURIAL)** | | |
| **CEMETERY PLOT** | | |
| **RAILROAD RETIREMENT** | | |
| **LIFE INSURANCE** | | |
| **CERTIFICATE OF DEPOSIT** | | |
| **OTHER (SPECIFY)** | | |
| **OTHER (SPECIFY)** | | |
| **OTHER (SPECIFY)** | | |
| **OTHER (SPECIFY)** | | |

**MFP field personnel note**: All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed form to DCH MFP via **FTP.**

# Money Follows the Person Transition Screening Form

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

**Participant Name:** _____

27. Who is paying for your stay here? _____

    _____

26. Are you Medicaid eligible, but subject to transfer of asset penalty?
    ☐ Yes ☐ No ☐ DNK (Do Not Know) (Screener note: check facility records)

## Health Care Needs:

27. How would you describe your primary disability or limitation? _____

    _____

    Screener note: After the person provides a primary disability, confirm that the response fits into one of the following categories and check the box: ☐ D1- Cognitive (TBI/DD, dementia), ☐ D2- Hearing (Deaf/HoH/Hearing loss), ☐ D3- Mental/SPMI, ☐ D4- Physical (Mobility/Dexterity/Stamina), ☐ D5- Vision (Blind/Low Vision), ☐ D6- Not Applicable, ☐ D7- DNK, ☐ D8- Refused

28. Who is your doctor here at this facility? _____

29. Do you have a primary care doctor or clinic in the community? ☐ Yes ☐ No

    If yes, list contact information? _____

    _____

30. Do you need help taking your daily medications? ☐ Yes ☐ No

    Describe assistance needed: _____

    _____

31. What specialized medical equipment (DME) and assistive technology devices do you use?

    _____

    _____

    _____

32. Which equipment or devices need to be obtained because you don't own them or they need to be replaced?

    _____

    _____

    _____

    _____

**MFP field personnel note**: All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed form to DCH MFP via **FTP**.

# Money Follows the Person Transition Screening Form

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

**Participant Name:** _____

## 34. Functional Needs -

**See KEY below for instructions to complete:**

| **Function:** Ask, "Do you need help with (activities below)? (observe person doing activity when possible) | **Impairment:** If assistance needed, check yes | **Unmet Need:** Ask: Do you have an **unmet need for** help with (activities) _____ in the community? | **Comments: Identify sources of assistance in the community, resources, assistive technology, DME used. Describe special needs and circumstances that should be taken into account when developing a plan for services and supports** |
|---|---|---|---|
| **1. Eating** | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| 2. Bathing | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| 3. Grooming | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| 4. Dressing | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| **5. Transferring** | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| **6. Continence** | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| 7. Managing Money | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| 8. Telephoning | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| 9. Preparing Meals | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| 10. Laundry | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| 11. Housework | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| 12. Outside Home | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| 13. Routine Health | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| 14. Special Health | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| 15. Being Alone | ☐ Yes ☐ No | ☐ Yes ☐ No | |

| **KEY** | **Unmet Need for Care** – when person returns to the community |
|---|---|
| Assistance Needed in the Community<br>Ask: **Do you need help with (activities listed above #1-15)?**<br>When appropriate, observe the person in the activity. | Ask: **When you return to the community, do you have an unmet need for someone to help you with _____ (activities listed above #1-15)?**<br>If participant has assistance of family/friend/caregiver or assistive device, the answer would be **NO.** If participant **has no assistance**, the answer would be **YES (there is an unmet need for care).** Note observations. |

**MFP field personnel note**: All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed form to DCH MFP via **FTP**.

# Money Follows the Person Transition Screening Form

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

**Participant Name:** _____

35. Home Community Based Service (HCBS) referral to:
    - ☐ CCSP (AAA/Gateway)
    - ☐ SOURCE (SOURCE Case Management)
    - ☐ Independent Care Waiver (ICWP) (GMCF)
    - ☐ NOW/COMP Waiver (Regional DBHDD or DBHDD-DDD/MFP Office)
    - ☐ State Plan Services (list) _____
    - ☐ Non Medicaid HCBS (specify) _____

36. Date of referral to waiver _____ (mm/dd/yyyy).

37. Date HCBS application submitted: _____ (mm/dd/yyyy)

38. Date HCBS waiver assessment completed: _____ (mm/dd/yyyy)

39. I DO NOT wish to participate in MFP:

    Signed: _____ Date: _____

## Document Checklist:

(Screener note: attach the following documents. Send these copies and copy of completed Screening Form with referral to AAA/Gateway and/or GMCF).

- ☐ Copy of *MFP Informed Consent for Participation*
- ☐ Copy of *Authorization for Use or Disclosure of Health Information*
- ☐ Copy of Medication Administration Record (MAR) or list of current medications
- ☐ Copy of State Medicaid Card
- ☐ Copy of Medicare Card
- ☐ Copy of Social Security Card
- ☐ Copy of Legal documents that cover guardianship (on file at institution)
- ☐ Copy of Documents that cover Power of Attorney (on file at institution)
- ☐ Nursing Home face-sheet
- ☐ Other (Specify) _____

Notes: _____

_____

**MFP Field Personal Contact Information**

Name:_____ Date: _____

Phone: _____ Email: _____

**MFP field personnel note**: the *MFP Transition Screening Form* must be submitted even when the person being screened refuses participation or is found to be ineligible. If the person refuses participation, be sure Question 39 is signed.

**MFP field personnel note**: All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed form to DCH MFP via **FTP**.

**APPENDIX H: Reserved**

## Appendix I: MFP Referral Form

# Money Follows the Person Referral Form

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Date (mm/dd/yyyy): _____

**Person making referral:** _____

**Agency making referral**: _____ Phone Number: _____

**Person Referred-Name:** _____ Phone Number: _____

Date of Birth (mm/dd/yyyy): _____ Age: _____

**Inpatient Facility:**

Address: _____

City: _____ ST: _____ ZIP: _____ County: _____

Contact Person: _____ Phone Number: _____

Admission Date to Inpatient Facility (mm/dd/yyyy): _____

**Anticipated Referral:** CCSP ☐ SOURCE ☐ ICWP ☐ Date Referred:

NOW ☐ COMP ☐ Other _____ ☐ Date Referred _____

Currently on wait list for: CCSP ☐ SOURCE ☐ ICWP ☐

NOW ☐ COMP ☐ Other _____ ☐

Letter or contact info from the waiver: Yes ☐ No ☐

Case Manager if assigned _____ Phone Number: _____

**Interested Parties:**

Name: _____ Relationship: _____

Street: _____ Phone Number: _____

City _____ ST _____ ZIP:

Name: _____ Relationship: _____

Street: _____ Phone Number: _____

City _____ ST _____ ZIP: _____

**Pertinent Information:** _____

_____

**Money Follows the Person (MFP)**

**Department of Community Health**
**Medicaid Division, Aging & Special Populations**
**2 Peachtree St. NW, 37th Floor**
**Atlanta, GA 30303**

**Email: gamfp@dch.ga.gov Website: dch.georgia.gov/mfp**

**Project Director Phone: 404-651-9961**

MFP Referral Form Revised 011513

# APPENDIX J: Checklist for Transfer to Community Placement

## CHECKLIST FOR TRANSITION TO THE COMMUNITY

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

**(For Use with Participants Transitioning to CCSP/SOURCE or ICWP)**
**Rev_011513**

Participant Name: _____ Medicaid ID #: _____ DOB: _____

Current Location: _____ Best Contract Phone #: _____

Current Address: _____ City: _____ Zip: _____

| Step | Responsible | Action Step/Notes | Results |
|---|---|---|---|
| 1. Referral is received and participant is identified as eligible for screening. Setup appointment for face to face (F2F) screening with inpatient/family. | • Referral Source<br>• MFP Field Personnel | | |
| 2. Begin F2F screening using *MFP Transition Screening Form*. Determine eligibility for MFP. Ensure participant has expressed a desire to leave the institution.<br>Participant is eligible based on following criteria.<br>• Inpatient for at least 90 consecutive days<br>• At least one day of stay was paid by Medicaid<br>• Meets institutional level of care<br>• Will resettle into qualified housing | • Participant<br>• MFP Field Personnel | | |
| 3. All applicable consent and release forms obtained and signed.<br>• *MFP Consent For Participation*<br>• *Authorization for Use or Disclosure of Health Information* | • MFP Field Personnel<br>• Participant | | |
| 4. Complete screening and conduct review of facility records to verify information obtained during screening. Verification of guardianship obtained if applicable. | • Participant<br>• MFP Field Personnel | | |
| 5. Provide participant with copies of and review the *Home and Community Services: A Guide to Medicaid Waiver Programs in Georgia*, and the *MFP Brochure*. | • Participant<br>• MFP Field Personnel | | |

# CHECKLIST FOR TRANSITION TO THE COMMUNITY

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

**(For Use with Participants Transitioning to CCSP/SOURCE or ICWP)**
**Rev_011513**

Participant Name: _____ Medicaid ID #:_____ DOB: _____

| Step | Responsible | Action Step/Notes | Results |
|---|---|---|---|
| 6. *MFP Transition Screening Form* and attachments are complete to determine appropriate **waiver referral** and then sent to assigned waiver program for pre-screen. If referred to a waiver, the participant accepts waiver referral recommendation. | • MFP Field Personnel<br>• MFP Participant | | |
| 7. Assist participant to recruit a transition team (to include the participant's circle-of-support, other identified stakeholders and inpatient facility discharge planners). | • Participant<br>• MFP Field Personnel | | |
| 8. Convene the transition team and complete pre-discharge transition planning and the *Pre-ITP*. Establish short and long-term goals. At a minimum, the team identifies and describes in the Pre-ITP the need for qualified residence type/living arrangements, health and nutrition goals, 24/7 emergency backup plans, a personal care physician or clinic and a pharmacy in the community. | • Participant<br>• Circle of Support<br>• MFP Field Personnel | | |
| 9. The transition team assists the participant/family in identifying and selecting appropriate MFP transition services (Pre-ITP Part A) and generic waiver services and other community service (Pre-ITP Part B). Assist the participant to begin a housing search using tools available including www.georgiahousingsearch.org | • Participant<br>• Transition Team/Circle of Support<br>• MFP Field Personnel | | |
| 10. Identify and list Pre-ITP Plan Assignments for the participant, family/friends and support/transition team. All persons participating in the development of the Pre-ITP sign the Pre-ITP Signature Page. Field personnel distribute copies to participant and all members of the transition team. | • Participant<br>• Transition Team<br>• MFP Field Personnel<br>• Waiver CC/CM | | |

# CHECKLIST FOR TRANSITION TO THE COMMUNITY

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

**(For Use with Participants Transitioning to CCSP/SOURCE or ICWP)**
**Rev_011513**

Participant Name: _____ Medicaid ID #:_____ DOB: _____

| Step | Responsible | Action Step/Notes | Results |
|---|---|---|---|
| 11. Process *MFP Authorization for Transition Services*. Arrange for vendors to provide pre-transition services. | • MFP Field Personnel<br>• Vendor<br>• DCH/MFP | | |
| 12. Initiate pre-transition services. | • MFP Field Personnel | | |
| 13. Arrange pre-transition visit of participant to community setting. Review potential qualified residences and identify community transportation options. | • Participant<br>• MFP Field Personnel<br>• Peer supporter<br>• Waiver CC/CM | | |
| 14. *Quality of Life* (QOL) survey completed 30 days prior to discharge but not later than 10 days post-discharge. | • Participant<br>• MFP Field Personnel | | |
| 15. Date established for participant discharge from institution. Review of Pre-ITP with transition team. Have all tasks been completed as identified in the Pre-ITP? | • Participant<br>• MFP Field Personnel<br>• Waiver CC/M | | |
| 16. Day of discharge:<br>• Supply change of address for social security benefits<br>• Provide copy of discharge paperwork to DCH/MFP<br>• Vendors submit *Request for Vendor Payment* to MFP field personnel with supporting documentation, after delivery to the participant in the community.<br><br>Field personnel must submit *Vendor Import File* to the Fiscal Intermediary (FI) and DCH/MFP office with supporting documentation.<br>*Note: Will appear as needed throughout the billing process | • Participant<br>• MFP Field Personnel<br>• DCH/MFP | | |

# CHECKLIST FOR TRANSITION TO THE COMMUNITY

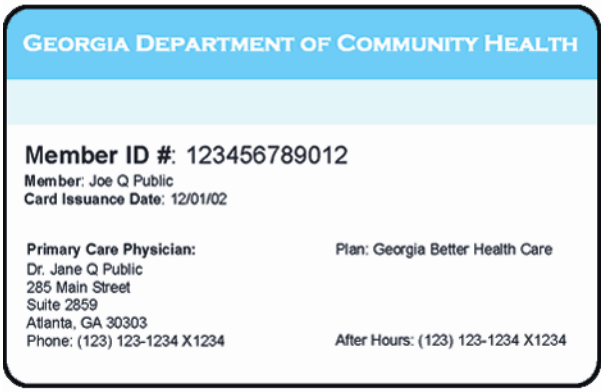
GEORGIA DEPARTMENT OF COMMUNITY HEALTH

**(For Use with Participants Transitioning to CCSP/SOURCE or ICWP)**
**Rev_011513**

Participant Name: _____ Medicaid ID #:_____ DOB: _____

| Step | Responsible | Action Step/Notes | Results |
|---|---|---|---|
| 17. *Discharge Day Checklist* is completed and submitted to DCH MFP. | • MFP Field Personnel | | |
| 18. Completed discharge documents / information forwarded to DCH MFP via FPT –<br>• DMA - 59 with the last date of institutional care indicated,<br>• DMA - 6 **OR** Level of Care document,<br>• *Communicator* indicating date for waiver admission (used **only** for non-SSI participants) | • MFP Field Personnel<br>• DCH/ MFP | | |
| 19. DCH MFP enrolls participant into MFP assignment plan. Waiver services begin. | • DCH /MFP<br>• Waiver CM/CC<br>• Waiver service providers | | |
| 20. MFP field personnel conduct scheduled follow-up visit within 30 days of discharge to conduct post-discharge transition planning and complete the *Post-ITP*. Arrange for and initiate post-discharge MFP transition services. | • Participant<br>• MFP Field Personnel Waiver CC/CM | | |
| 21. Coordinate and/or arrange for the 2nd Quality of Life (QoL) survey to be completed at 11 months post-discharge. | • MFP Field Personnel<br>• QoL Surveyor<br>• Participant | | |

## APPENDIX K : Sample Medicaid Card

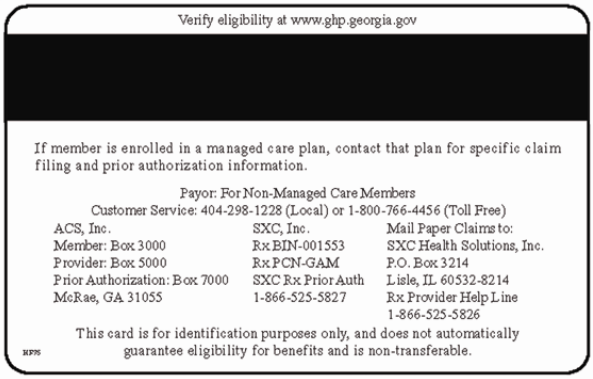

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

**Member ID #**: 123456789012
**Member**: Joe Q Public
**Card Issuance Date**: 12/01/02

**Primary Care Physician:**
Dr. Jane Q Public
285 Main Street
Suite 2859
Atlanta, GA 30303
Phone: (123) 123-1234 X1234

Plan: Georgia Better Health Care

After Hours: (123) 123-1234 X1234


Verify eligibility at www.ghp.georgia.gov

If member is enrolled in a managed care plan, contact that plan for specific claim filing and prior authorization information.

Payor: For Non-Managed Care Members
Customer Service: 404-298-1228 (Local) or 1-800-766-4456 (Toll Free)

| ACS, Inc. | SXC, Inc. | Mail Paper Claims to: |
|---|---|---|
| Member: Box 3000 | Rx BIN-001553 | SXC Health Solutions, Inc. |
| Provider: Box 5000 | Rx PCN-GAM | P.O. Box 3214 |
| Prior Authorization: Box 7000 | SXC Rx Prior Auth | Lisle, IL 60532-8214 |
| McRae, GA 31055 | 1-866-525-5827 | Rx Provider Help Line 1-866-525-5826 |

This card is for identification purposes only, and does not automatically guarantee eligibility for benefits and is non-transferable.

## APPENDIX L: Aging and Disability Resource Connection List

Revised 52110

| *Planning & Service Area* | *ADRC Name, Address & Phone* |
|---|---|
| **Atlanta Region**<br><br>Cherokee<br>Clayton<br>Cobb<br>DeKalb<br>Douglas<br>Fayette<br>Fulton<br>Gwinnett<br>Henry<br>Rockdale | **Atlanta Regional Commission**<br><br>40 Courtland Street, N.E.<br>Atlanta, GA 30303-2538<br>Phone: 404-463-3333<br>**Toll Free**: **800-676-2433**<br>Website: www.agewiseconnection.com |
| **Central Savannah River Area**<br><br>Burke<br>Richmond<br>Columbia<br>Screven<br>Glascock<br>Taliaferro<br>Hancock<br>Warren<br>Jefferson<br>Washington<br>Jenkins<br>Wilkes<br>Lincoln<br>McDuffie | **Central Savannah ADRC**<br><br>3023 Riverwatch Parkway<br>Suite A, Bldg 200<br>Augusta, GA 30907-2016<br>Phone: 706-210-2018<br>**Toll Free**: **888-922-4464**<br>Website: www.csrardc.org |
| **Coastal Area**<br><br>Bryan<br>Bulloch<br>Camden<br>Chatham<br>Effingham<br>Glynn<br>Liberty<br>Long<br>McIntosh | **Coastal ADRC**<br><br>127 F Street<br>Brunswick, GA 31520<br>Phone: 912-262-2862<br>**Toll Free: 800-580-6860**<br>Website: www.coastalgeorgiardc.org |
| **River Valley**<br><br>Chattahoochee<br>Quitman<br>Clay<br>Randolph<br>Crisp<br>Schley<br>Dooley<br>Stewart<br>Harris | **River Valley ADRC**<br><br>1428 Second Avenue<br>PO Box 1908<br>Columbus, GA 31902-1908<br>Phone: 706-256-2900<br>**Toll Free: 800-615-4379**<br>Website: www.lcrdcaaa.org |

| *Planning & Service Area* | *ADRC Name, Address & Phone* |
|---|---|
| Sumter<br>Macon<br>Talbot<br>Marion<br>Taylor<br>Muscogee<br>Webster | |
| **Northeast Georgia**<br><br>Barrow<br>Newton<br>Clarke<br>Oconee<br>Elbert<br>Oglethorpe<br>Greene<br>Walton<br>Jackson<br>Jasper<br>Madison<br>Morgan | **Northeast Georgia ADRC**<br><br>305 Research Drive<br>Athens, GA 30610<br>Phone: 706-583-2546<br>**Toll free: 800-474-7540**<br>Website: www.negrdc.org |
| **Northwest Georgia**<br><br>Bartow<br>Murray<br>Catoosa<br>Paulding<br>Chattooga<br>Pickens<br>Dade<br>Polk<br>Fannin<br>Walker<br>Floyd<br>Whitfield<br>Gilmer<br>Gordon<br>Haralson | **Northwest Georgia ADRC**<br><br>Physical Address: 1 Jackson Hill Dr.<br>Rome, GA 30161<br>Mailing Address: PO Box 1798<br>Rome, GA 30162-1798<br>Phone: 706-802-5506<br>**Toll Free: 888-759-2963**<br>Website: www.northwestga-aaa.org |
| **Southern Georgia**<br><br>Atkinson<br>Cook<br>Bacon<br>Echols<br>Ben Hill<br>Irwin<br>Berrien<br>Lanier<br>Brantley | **Southern Georgia ADRC**<br><br>1725 South Georgia Parkway, West<br>Waycross, GA 31503-8958<br>Phone: 912-287-5888<br>**Toll Free: 888-732-4464**<br>Website: www.segardc.org |

| *Planning & Service Area* | *ADRC Name, Address & Phone* |
|---|---|
| Lowndes<br>Brooks<br>Pierce<br>Charlton<br>Tift<br>Clinch<br>Turner<br>Coffee<br>Ware | |
| **Southwest Georgia**<br><br>Baker<br>Lee<br>Calhoun<br>Miller<br>Colquitt<br>Mitchell<br>Decatur<br>Seminole<br>Dougherty<br>Terrell<br>Early<br>Thomas<br>Grady<br>Worth | **SOWEGA ADRC**<br><br>1105 Palmyra Road<br>Albany, GA 31701-1933<br>Phone: 229-432-0994<br>**Toll free: 800-282-1026**<br>Website: www.sowegacoa.org |
| **Southern Crescent**<br>Butts<br>Pike<br>Carroll<br>Spalding<br>Coweta<br>Troup<br>Heard<br>Upson<br>Lamar<br>Meriwether | **Southern Crescent ADRC**<br><br>Physical Address: 13273 Hwy. 34 East<br>Franklin, GA 30217<br>Mailing Address: PO Box 1600<br>Franklin, GA 30217-1600<br>Phone: 706-407-0033<br>**Toll Free: 866-854-5252**<br>Website: www.scaaa.net |

## APPENDIX M1: Documentation & Information for Housing Searches

Field personnel guide participants though the housing search using various tools. To the greatest extent possible, participants should be engaged in their housing search. Together with field personnel, the participant must identify the following:

- A realistic budget – generally, 1/3 of the participant's income is a guideline for housing expenses,
- Budget range for rent and utilities
- Living arrangement
- Needed household furnishings
- Utilities and security deposit amounts and when they are due
- Moving costs
- Housing modifications that may be needed
- Target date for moving

Depending on the participant's preference of qualified residence, TCs assist participants to gather and organize documentation needed to complete rental applications, including:

- State issued ID (must be current)
- Birth Certificate
- Social Security card
- Proof of Income (e.g. bank statements, SSI/SSD award letter)

When searching for subsidized housing and/or submitting applications for rental assistance programs, assist participants with the following:

- Obtaining and reviewing credit reports, correcting incomplete and inaccurate information
- Finding assistance to pay past unpaid utility bills
- Obtaining and reviewing criminal history/background reports
- Obtaining and organizing documents needed to complete rent-controlled and subsidized housing applications
- Obtaining utility information and connecting utilities

Familiarize yourself with local and regional housing availability based on the following broad category types:

- Affordable rental housing
- Low-income Housing Tax Credit (LIHTC)/private rental housing
- Non-subsidized affordable housing (by county)
- Affordable housing for older adults (HUD 202)
- Subsidized housing (HUD 811)
- Public housing through Public Housing Authorities (PHAs)
- Roommate/Housemate matching assistance programs
- Personal Care Homes, Assisted Living Facilities and Community Living Arrangements (Host Homes) that meet qualified resident guidelines

Familiarize yourself with the following terms used in housing searches:

- **Area Median Income (AMI)-**refers to the middle or midpoint income for a particular area. The term is used to estimate the "average" income for a particular area.
- **Affordable Housing-**is a vague term generally defined as housing where the occupant pays no more than 30% of gross income for total housing costs, including utilities.
- **Public Housing-**is housing that a Public Housing Authority operates. A criminal background check is required in all Public Housing buildings.
- **Public Housing Agency (PHA)-**is a public agency created by state or local government to finance or operate low-income housing.
- **Housing Choice Vouchers (formerly Section 8)-**is a federally funded rent subsidy program for low income persons. Local public housing authorities (PHA) receive funds from HUD to administer the Housing Choice Program. PHAs determine eligibility for the program and the amount of the rental assistance. The renter is required to pay 30% of her/his adjusted income for rent. If the PHA determines that the renter/family is eligible, it will issue a rental voucher or certificate. The renter is responsible for finding a suitable rental unit. The rental unit must meet minimum standards for health and safety, as determined by the PHA.
- **Based On Income (BOI)-**means that rent will be (in most cases) 30% of adjusted gross monthly income.
- **Single Room Occupancy (SRO**)-is a building in which tenants occupy single private spaces, but share cooking facilities and/or bathrooms. Generally known as a boarding house, this type of housing does not meet MFP qualified residence requirement.

**Environmental Scans and Housing Issues**

Using environmental scans, describe the environmental barriers that participants may encounter and what strategies can be used to remove identified barriers. In most cases, the amount of personal supports services (PSS) the participant will need can be reduced by increasing the accessibility of the environment (removing barriers to access), increasing the independent living skills of the participant, and by using appropriate assistive technology. If cognitive challenges are present, describe how the participant will be supported/assisted in activities. As appropriate, provide a description of the following, based on choice of residence:

- Mobility device(s) used
- entering and leaving the residence (ramp or a zero-step entrance)
- climbing/descending interior stairs (railings and grab bars, etc)
- moving around inside the residence (wider doorways, etc)
- using the bathroom (toileting, bathing/shower benches, large-grip grooming tools, roll-in shower, grab bars, ADA toilet, hand-held shower, etc.)
- using the bedroom (lower shelves and clothing racks, Hoyer lift for transfers, etc.)
- using the kitchen (knee space under sinks, lower cabinets, large grip cooking utensils, food prep, eating, etc.)
- using the laundry facilities (washer/dryer)
- control ambient conditions (doors, windows, lights, AC/Heat, telephone, TV, reachers, large-button phones, environmental control systems, etc.)
- who will evaluate accessibility; who will obtain bids for environmental modifications

If the participant is entering an apartment and/or submitting applications for housing assistance, the following are described:

- who will obtain credit reports to review
- who will investigate and how will past unpaid utility bills be paid
- who will obtain a criminal history/background
- what documents will be needed to complete housing applications
- who will obtain utility information and connect utilities
- the rationale for improving health, welfare, safety and independence using MFP services, waiver services, State Plan and community services

**Qualified Residence On-site Assessment**

Using environmental scans to assist participants to review housing on site. An environmental scan is used to evaluate the dwelling. The assessment includes a review of how the participant will:

- get around the neighborhood during the day and after dark, access transportation and services, use sidewalks, lights and crosswalks, etc.
- enter and leave the residence, and presence of ramp or need for a ramp or zero-step entrance
- climb/descend interior stairs and presence of railings and grab bars, etc
- move around inside the residence and presence of/need for wider doorways, hallways, etc
- use the bathroom facilities including toilet, tub/shower, sinks, storage, etc and needed modifications,
- use the bedroom and presence of/need for lower shelves and clothing racks, etc.
- use the kitchen and the presence of/need for knee space under sinks, lower cabinets, access to appliances,
- use the laundry facilities and access to the washer/dryer, etc.
- control ambient conditions (doors, windows, lights, AC/Heat, telephone, TV, etc.
- furniture available/needed
- pet/service animal accommodations
- will the participant live independently or share housing
- will rental assistance be needed, who will investigate
- what needs to be done about utilities deposits, when and by whom
- what needs to be done about security deposits, when and by whom
- what needs to be done about home modifications, when and by whom
- who will handle change of address information
- who will provide keys to care providers

**Further Guidance on Apartment Complex Application Fees**

Some apartment complexes charge a fee to complete an application for a rental unit. If the participant has resources to pay these application fees, then field personnel should expect the participant to do so. This will help the participant focus on apartment complexes that meet pre-

defined criteria (affordability, accessibility, distance from services/family etc) and at the same time help the participant gain experience managing finances/budgeting. If the participant cannot pay these fees out-of-pocket, then these fees can be covered using funds in the Security Deposits service category. If the security deposit needed to secure the unit depletes all the funds available in that service category, then funds from the Transition Support service category may be used to pay application fees. This service is intended to support transition only and expenses will be authorized on a case-by-case basis by MFP Project Director. Field personnel verify that the MFP participant is being charged the same fee as everyone else who makes application to the complex. MFP participants with HCVs should not be paying more for application fees than anyone else seeking to rent a unit in the complex.

**Further Guidance on Housing Discrimination**

MFP field personnel should report housing discrimination encountered during the housing search. The Fair Housing Act (Regulations at 24 CFR Part 100) prohibits discrimination based on race, color, religion, national origin, sex, familial status, and disability. The Fair Housing Act prohibits discrimination by any person or entity involved in housing or housing related transactions, including in the terms and conditions offered with respect to housing. This might include:

- Refusal to rent
- Refusal to provide reasonable accommodations
- Refusal to make or allow structural changes needed to enable use of housing
- Overbroad or illegal inquiries into disability, including the requirement that the person with a disability has the "ability to live independently"
- Refusal to allow unrelated persons to live in community (zoning issues)
- Imposition of different terms or conditions of housing
- Failure to construct accessible housing as required by federal laws

Fair Housing Act applies to housing whether private or publicly funded. This applies to a broad range of housing options including traditional apartments, single family homes, units for rent or sale, group homes, congregate living, assisted living facilities and personal care homes. Under the Fair Housing Act, MFP participants are qualified to receive reasonable accommodations, modifications and affirmative minimal accessibility. Examples of reasonable modifications include:

- Widening doorways to make rooms more accessible for persons using wheelchairs
- Installing grab bars in bathrooms
- Lowering kitchen cabinets to a height suitable for persons in wheelchairs
- Adding a ramp to make a primary entrance accessible for person in wheelchair; or altering a walkway to provide access to a public or common use area

Georgia Fair Housing Law requires that persons with disabilities be given reasonable accommodations in regard to rules, policies, practices or services. A tenant or applicant must request that the landlord make the accommodations and may be requested to provide a doctor's statement indicating that the accommodation is necessary. A disability is a physical or mental impairment which substantially limits one or more major life activities. This protected class

includes those who have a disability, have a history of having a disability, and those who are regarded as having a disability.

It is prohibited, as discriminatory, for a landlord to refuse to make reasonable accommodations in rules, policies, practices or services when such accommodations may be necessary to afford a person with a disability the equal opportunity to use and enjoy a dwelling. Examples of reasonable accommodations include a landlord's waiving of a no pet rule for a tenant who needs to use an animal assistant and reserving parking places close to accessible apartments for mobility impaired tenants.

Housing discrimination based on the participant's race, color, national origin, religion, sex, family status, or disability is illegal by federal law. If the participant has been trying to rent a home or apartment and field personnel or the participant believe that the participant's rights have been violated, field personnel assist participants to file a fair housing complaint. Field personnel contact DCH/MFP office to inform office staff of the Fair Housing Act complaint. There are several ways to file a complaint:

Follow the link to the HUD site and complete and submit the complaint form online at http://www.hud.gov/complaints/housediscrim.cfm, or print out and complete the complaint form, and mail it to:

Office of Fair Housing and Equal Opportunity
Department of Housing and Urban Development
Room 5204
451 Seventh St. SW
Washington, DC 20410-2000

Complaints can be filed with the HUD office in Georgia:
Atlanta Regional Office of FHEO
U.S. Department of Housing and Urban Development
Five Points Plaza
40 Marietta Street, 16th Floor
Atlanta, Georgia 30303-2806
(404) 331-5140
1-800-440-8091
TTY (404) 730-2654

There are also private agencies which help investigate allegations and prepare complaints. Although this agency is located in the Atlanta area, it will provide advice to TCs and participants in other parts of the state:
Metro Fair Housing Services
1083 Austin Avenue, NE
P. O. Box 5467
Atlanta, Georgia 30307
(404) 221-0147
(800) 441-8393

## APPENDIX M2: Working With Older Adults and People with Disabilities

On *the Post-ITP*, describe the hearing, vision, personal mobility and dexterity needs and goals of the participant, and the impact of current functioning on activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Describe how field personnel, transition team, waiver case manager, other medical specialists (Audiologist, Speech Language Pathologist/therapist, seating and mobility clinic specialist, physical therapist, occupational therapist, etc.) and local DME and AT vendors will assist in obtaining information, doctor prescriptions and letters of medical necessity needed to obtain DME and assistive devices. Include a description of the needs of the participant, the request for MFP Transition Services and a rationale for why each service is needed.

**For Participants with Hearing loss, describe:**

- the hearing loss in behavioral terms, how does it affect the participant's performance in ADLs and IADLs, is the loss temporary or permanent, mild, moderate or severe, onset
- the participant's use of residual hearing
- the benefits of amplification, auditory training, or speech reading (lip reading) for maintaining or improving independence
- for severe loss, hearing aid use, how and when the participant is using/not using the hearing aids
- electro-magnetic interference (EMI-high-pitched noises produced by telephones and other electronic household devices) that the participant with a hearing aid is experiencing and the need for hearing aid equipped with telecoil (T-Coil-allows the user to directly couple the hearing aid with compatible telephones and assistive listening devices and to reduce EMI)
- rationale for improved health, welfare, safety and independence through the use of hearing aids and/or other assistive listening devices (ALDs) obtained using MFP services funds, waiver funds, State Plans funds, community funds, etc.
- the process to assist the participant to schedule an appointment with an audiologist for hearing checkup

**Assistive Technology for Hearing Loss**

Describe the assistive listening devices (ALDs) the participant with residual hearing might benefit from. Would the participant be able to use the telephone if the sound were amplified? Would s/he be able to participate in community events using a wireless amplification system (audioloop, FM, or infrared) to augment standard public address and audio systems by providing signals that can be received by special receivers or hearing aids? Would the participant benefit from devices that provide feedback in alternative ways? For example, would the participant's independence and safety be improved through the use of smoke detectors, doorbells, telephone ring signalers or alarm clocks that link audible feedback to visual signals and/or tactile feedback? Could the participant benefit from captioning for access to information via the TV?

For participants who are deaf or have experienced hearing loss, the importance of access and use of the telephone can't be overstated in improving and maintaining independence and safety in the community. Who will assist the participant to determine if s/he would benefit from the use of a

teletypewriter (TTY)? TTYs are used to communicate by text over regular telephone lines. Hearing people like case managers, family and friends and those without TTYs can use Telecommunications Relay Services (TRS) to communicate with the TTY user. TRS allows participants with speech or hearing loss to communicate with family, friends, caregivers and anyone in the world using the telephone. Locally, the Georgia Telecommunications Equipment Distribution Program (GATEDP) provides a variety of specialized telecommunications equipment to qualified applicants who have difficulty using a standard phone. GATEDP staff offers assistance selecting telecommunications equipment and training on how to use it properly. Make a connection between the needs of the participant and the request for MFP Pre- and Post-Transition Services.

**Working with Deaf Participants**

Deaf participants may or may not use sign language for communication. If the deaf participant uses sign language, the TC should conduct all meetings with the deaf participant using a qualified sign language interpreter. When the participant doesn't use sign language, the TC will need to cue the deaf participant about the topic of conversation during the ITP meeting. Describe how the deaf participant communicates (if without sign language). The TCs should encourage deaf participants to speak for themselves, even when friends, family and/or nursing facility staff may try to answer for the deaf participant.

**Working with Participants with Visual Disabilities**

Describe:

- the visual disabilities in behavioral terms, how the vision loss affects ADLs, IADLs, use of corrective lenses/prescription eye glasses and the date they were last seen by a vision care specialist
- if blind, describe the training the participant has received in orientation and mobility, use of a Hoover Cane, and/or a dog guide
- access to print and other media, essential for independence
- how the participant wants to receive information--for participants with low vision, describe the mix of print and other media; for participants with vision, describe use of large print; for blind participants, describe Braille use and media other than print for access to information
- rationale for improved independence and safety through the use of adaptive/assistive devices obtained using MFP service funds, waiver funds, State Plans funds, community funds, etc.
- the process to assist the participant to schedule an appointment with a vision care specialist

**Assistive Technology for Vision Loss**

The participant and nursing facility staff may be unaware of recording and text-to-speech computer applications (also known as screen readers) that use information technology to read digitally produced materials and content. Participants may be unaware that they can receive information on audiotape. Inquire as to the participant's knowledge and preferences.

In addition to access to media, participants may be unaware of other technology that may increase or help them maintain their independence. Variable intensity lamps are used for reading to cut down on glare. View scanners (known as CCTV), reading machines (that use optical character recognition to convert print to speech), Braille translators (that convert to Braille), and

synthetic speech devices may be used to deliver information. The TC must determine if the participant's independence will be maintained or improved through the use of devices with spoken outputs (talking watches, clocks and rulers) or products that use audible cues. Provide a rationale for the purchase of these AT devices using MFP services funding, wavier funds, State Plan funds, community or other funding resources.

**Further Guidance on Working with Blind Participants**
Not all blind and visually impaired people read Braille. Since listening is reading for many people that are blind, describe how/who the participant relies on to read aloud to them. Make connections between the needs of the participant and the request for MFP services.

**For Participant with Mobility and/or Dexterity Limitations**
Describe -

- the mobility and/or dexterity limitations in behavioral terms, how the limitations affects ADLs, IADLs
- the needs and goals for equipment and assistive devices for ADLs and IADLs, observe the participant using the equipment and describe whether it appears to work well or whether it appears to need to be improved
- current equipment and the condition, the devices/DME that the participant owns, the age of the equipment and how it was obtained
- rationale for improved health, welfare, independence and safety through the use of DME/adaptive/assistive devices obtained using MFP service funds, waiver funds, State Plans funds, community funds, etc.
- the process to assist the participant to schedule an appointment with a seating and mobility clinic/specialist

**Further Guidance on Working with Participants with Mobility Limitations**
If the participant's equipment (wheelchair, cushion, cane, crutches, walker, scooter, etc.) appears to be worn out, work with the wavier case manager to determine eligibility for a new device. If the device is not being used, explain the non-use. Did the participant stop using the device because it didn't work well, didn't fit, etc? Ask the participant if there are other devices that s/he has used in the past that would help her/him be more independent. Do not assume that because of severity of disability, the participant will not be able to use a wheelchair or other mobility assistance device. If the participant is vent dependent, ask about the age and function of the equipment. If the participant uses oxygen, ask about the age and function of the equipment. Ask about portable oxygen equipment needed for travel. When was the equipment last checked by a respiratory therapist/technologist?

For wheelchair users, describe process used by the participant to prevent skin breakdown, including the condition of the seating cushions and bed mattress. Describe how the participant transfers (with/without assistance, sit-to-stand, lateral, etc.) and the type of transfer assistance is used/needed (transfer board, a Hoyer lift, etc.). If the participant is experiencing skin breakdown or discomfort, the TC works with the NF clinical staff to refer the participant to a seating and mobility clinic such as Shepherd Center, Emory Center for Rehabilitation Medicine, Warm Springs Rehabilitation Center and/or Children's Healthcare of Atlanta. At the specialty clinic, the

participant must be evaluated by a Certified Complex Rehabilitation Specialist, a PT or OT who is also an Assistive Technology Provider (ATP).

Because most nursing facilities do not have wheelchair accessible bathrooms in resident rooms, the TC investigates and describes the use of equipment that will be needed for bathing, bowel and bladder program and personal care.

**Assistive Technology for Participants with Mobility and Dexterity Limitations**
Most disabilities result in more than one limitation. For example, some people with severe cerebral palsy have dexterity, mobility, cognitive and language/communication limitations. Aging often leads to reductions in vision, hearing, mobility and dexterity. TCs recognize that participant's function will vary and will be unique to the individual and will most likely be different from someone else with the same disability. Mobility limitations may affect the participants balance, coordination, sensation, and movement of head, hands, body, legs and/or feet. Participants with mobility limitations have reduced ability or control in turning, bending, or balance; slowness with walking; difficulty in kneeling, sitting down, rising, standing, walking, and /or climbing stairs or ladders. On the other hand, participants with dexterity limitations may have reduced ability to lift, reach or carry objects. Dexterity limitations affect the participant's ability to manipulate objects and/or use arms, hands, or fingers.

**Further Guidance on Environmental Control Systems**
(ECS) are systems that control household appliances, TV, radio, thermostats. ECS can be used to lock/unlock doors, open doors and close doors. Using ECS, participants with mobility and dexterity limitations can control these and other household devices using simple switches (toggles, remote controls, wheelchair joysticks, sip-n-puff switches, voice controlled switches, etc.). Low-cost ECS systems (X-10 modules and controllers) are available form Radio Shack and Lowes. High-tech ECS can be sourced using www.assistivetech.net and www.abledata.com. ECS are important because they can often reduce the amount of personal supports services (PSS) needed by the participant, thus reducing the overall costs to support the participant in the community. Additional sources of funding for ECS include loans for home renovations. As appropriate, TCs provide rationale/justifications for ECS purchase using MFP Equipment and Supplies funding, wavier funding, State Plan, community or other funding resources.

**Further Guidance on the use of Personal Computers by Participants**
MFP participants may be able to use **personal computers** for many things that will help them maintain or increase their health, welfare, safety and independence. Participants with dexterity limitations and severe physical disabilities can use many devices to adapt computer to their needs. With computer access and training in computer software, participants have access to environments, to goods and services, to work and to other people. TCs recognize that participants may use computers for augmentative communication, correspondence, calculating, searching, sorting and storing important information, purchasing goods and services, creating music, art and multimedia, to engage in vocational pursuits, and to control environments using ECS. For example, participants might create and manage a household budget, manage their personal supports services (PSS), print checks, pay bills and do their banking online. Workplace trends indicate that most new jobs created today require knowledge and skills in the use of personal computers and productivity software. Participant's vocational pursuits may be enhanced

by learning to use computer productivity software, input adjustment utilities and alternative input/output devices. As appropriate, TCs provide rationale/justifications for personal computer and computer access software and adaptive input/output device purchases using MFP Equipment and Supplies funding, wavier funding, State Plan, community or other funding resources.

In addition to MFP and waiver services funding for the purchase of these items, there are additional community resources for obtaining personal computers and adaptive computer software and devices. Contact the Georgia Tools for Life, Assistive Technology Resources Centers (ATRCs) at http://www.gatfl.org/. These state-wide agencies maintain a bank of AT equipment for short-term loans to assist participants to 'try out' an assistive/adaptive device for fit and utility. Assessment and training services are also available. For participants with acquired brain injuries and/or spinal cord injuries, contract the Brain and Spinal Injury Trust Fund at www.bsitf.state.ga.us.

**Working with Participants with Cognitive Limitations/Challenges**
Generally, cognitive challenges or limitations involve difficulty with one or more basic functions of the brain: perception (listening, reading), expression (speaking, writing), memory and processing skills. MFP participants with cognitive challenges may have diagnoses including Traumatic Brain Injury (TBI), Acquired Brain Injury (ABI), stroke, dementia and/or learning disability (LD). Field personnel identify how the participant will perform ADL and IADL tasks in relation to the environment and the tools/compensatory strategies used to accomplish/participant in the following:

- bathing, dressing, personal care, feeding, bowel and bladder program and transfers
- telephone use, shopping, food preparation, housekeeping, laundry, transportation use
- community access, medication management, money management
- reading, writing, listening, speaking, time management and remembering tasks
- how will these tasks be managed during the transition period
- how will they be managed post-transition

The presence of cognitive challenges will impact independence. During the completion of the SEP, a discussion of these tasks with the participant is necessary in order to **assess needs**, **identify barriers** and **compensatory strategies** (including assistive technology and assistance). In most cases, the amount of personal supports services (PSS) the participant will need can be reduced by increasing the accessibility of the environment (removing barriers to access), increasing the independent living skills of the participant, and by using appropriate assistive technology. The information that results from this review is captured in the *Pre/Post-ITP*.

**Assistive Devices and Compensatory Strategies for Participants with Cognitive Challenges**
To assess the participant's needs in context, plan a shopping trip. Much can be learned about money management by accompanying the participant on a shopping outing to locate and price household items needed for resettlement. To assist with money management, assess whether the participant will benefit from online banking, direct deposit and/or the use of a talking calculator. Assess whether paid support will be necessary. Assess the need for assistance with medication management. Will the participant benefit from a personal medication management system?

Would the participant benefit from a note taker/electronic organizer to receive auditory reminders about appointments, record messages, etc? For participants with time management and prompting needs, consider whether the participant will benefit from timers and/or devices designed to cue or prompt with instructions and aid in time management. For participants who get disoriented, get lost or have difficulty remaining in one place, consider the use of tracking and signaling devices. For assistance with writing, assess whether the participant will benefit from word prediction and word completing software and/or the use of a talking word processor. Additional information on assistive devices that may assist participants with cognitive challenges and communication, vision, hearing and/or mobility challenges is covered in this section.

**Working with Participants with Speech/Language/Communication Challenges**

If the participant has used an AAC device in the past, but currently doesn't have the device, stop the process of transition planning and assist the participant to gain access to an AAC device (funding is available through Medicaid). Once the participant has access to AAC, transition planning can continue. AAC devices are examples of auxiliary aids, and services, and are considered reasonable accommodations that are required by the Americans with Disabilities Act (ADA). Describe:

- the communication needs and goals of the participant in behavioral terms,
- the methods used to communicate (verbal, non-verbal, uses gestures, communication board, Augmentative & Alternative Communication device (AAC), assistive telephone technology, TTY, etc.); any specific signals a person may give to communicate (ex. "whine" means doesn't feel well; "hand to head" means headache, etc.)
- the use of any AAC devices used now and in the past
- goals for improved health, welfare, personal communication, independence and safety
- rationale for use of AAC, adaptive/assistive devices obtained using MFP service funds, waiver funds, State Plans funds, community funds, etc.
- scheduled appointment with a Certified Complex Rehabilitation Specialist (CCRS)/Speech/Language Pathologist/Therapist for a communication evaluation for AAC/Assistive Technology

**Further Guidance on Working with Participants using AAC Devices**

If the participant has used an AAC device in the past, but currently doesn't have the device, stop the process of transition planning and assist the participant to schedule an appointment with a Certified Complex Rehabilitation Specialist/Speech/Language Therapist, knowledgeable in AAC devices. Once the participant has access to an AAC device (funding is available through Medicaid), transition planning can continue. AAC devices are examples of auxiliary aids, and services, and are considered reasonable accommodations that are required by the Americans with Disabilities Act (ADA). With assistance from a specialist, obtain and testing lower-cost AAC devices available for short-term trial (loaners) from Georgia Tools for Life/Assistive Technology Resource Centers (ATRCs). If the participant also uses a power wheelchair, facilitate the communication between the CCRS/SLP and the seating specialist to ensure that the AAC device is mounted appropriately on the powerchair. The benefits for increasing the participant's independence through the use of environmental control systems can't be overstated. Identify the connections between participant needs service availability.

## APPENDIX M3: MFP Participants and Personal Support Services

The amount of PSS can be reduced by increasing the accessibility of the environment and applying appropriate assistive technology. To understand how much PSS the participant may need, based on the choice of living arrangements, have the participant complete a two-day log of inpatient facility staff assistance in the inpatient facility. If the participant is able, ask her/him to note the time and the service provided by nursing facility staff over the consecutive weekdays. Note the time it took to complete each service. This time study will help the participant get a good general idea of the amount of PSS the participant may need. Use the results of the time study to describe:

- The amount and frequency of assistance in ADLs (eating, toileting, grooming, dressing, bathing, and transfers, etc.)
- The amount and frequency of assistance in IADLs (shopping and food prep, managing finances, household chores, using the phone, participating in community events, etc.)
- assistive technology devices needed for ADLs and IADLs
- who will assist the participant with information needed to make informed choices of assistive technology devices
- amount of time sleeping each day and nightly sleep patterns
- training and supports necessary for the participant to direct PSS

Many MFP participants have not used Personal Support Services (PSS) and may need guidance and training in learning how to manage PSS staff. Section 603.5, Trial Visits – Personal Support Services is designed to provide an opportunity for the participant to acquire this skill. Use Trial Visits – PSS to arrange for a pre-transition visit to the community to provide the participant with the opportunity to learn how to manage PSS staff. Life Skills Coaching (see 603.13) and Caregiver Outreach and Education (603.15) can also be used by participants and volunteer caregivers to help them learn to manage PSS.

## APPENDIX M4: Working With the Circle-of-Support

Although each participant's goals are the primary driver for everything the circle does, the relationships that are formed are not just one way. Circle members will all have different knowledge and interests and through synergy, many new opportunities and possibilities previously unknown to the participant, can be considered. An important function of the circle is to regularly re-visit the person-centered plans that are created, to keep the direction current in terms of what the person really wishes to achieve. A circle properly facilitated is empowering to all of the individuals involved.

## APPENDIX M5: Discharge Day/Moving Day Activities

### Changes to the Participant's Social Security Check

For participants receiving Social Security Disability (SSDI) or Social Security Retirement checks, these checks come to the participant or their designee, and the participant pays the inpatient facility for services. Discharge on the 1st day of the month is the best option for participants receiving SSDI and Social Security Retirement checks, because the participant does

not incur charges from the nursing home and can instead use the funds to cover rent, utilities, food and other living expenses.

The process is different for participants receiving Supplemental Security Income (SSI). Checks to these participants have been stopped completely, and the checks are going directly to the nursing facility to pay for facility services. A face-to-face visit with the local Social Security Administration (SSA) office is required to reverse the check from the inpatient facility back to the participant. When the participant leaves the inpatient facility, s/he must bring discharge paperwork to the meeting with SSA as proof of discharge. MFP field personnel accompany the participant to the SSA office on the day of discharge. The SSA representative completes necessary paperwork to stop the check from going to the inpatient facility and redirects it to the participant. In other words, the SSI check will come to the participant and not the inpatient facility. This reversal process can take 6 to 8 weeks to occur. Once the participant receives her/his SSI check, it will be retroactive to the discharge date. Participants with SSI must be aware that they will be without funds until this process is completed by SSA. MFP transition services should be used to assist the participant with necessary household goods and supplies during this period. Discharge on the last day of the month or first day of next month is best option for these participants.

## APPENDIX M6: Further Guidance on Requests for Additional MFP Services

The following scenario is presented to help clarify the use of the *Authorization MFP Transition Services* (see Appendix S) and the *Request for Additional MFP Transition Services* (see Appendix X). Field personnel facilitate Joe Participant's Pre-ITP meeting and the team determines that he needs furniture, household goods, and a wheelchair ramp, as he is moving back home to live with relatives. These items are included in the Pre-ITP, along with the rationale for them. Field personnel then submit an authorization form to FI and DCH authorizing the estimated amounts for each of these categories of needed MFP services. At this point, furniture and household goods can be purchased close to the discharge date, and quotes can be obtained for building the ramp (the *Quote Form for MFP Transition Services* will also be sent to DCH and FI once quotes are obtained). After discharge, the FI is billed using the *Vendor Import File* for the authorized items and includes appropriate documentation (receipts for furniture and household goods, invoice/receipt and *Vendor Payment Request* from the vendor selected to build the ramp). The FI pays the contractor for building the ramp.

Several days after transitioning home, before the completion of the *Post-ITP*, Joe Participant falls while taking a shower and injures himself. After talking with Joe and his relatives, MFP field personnel convenes the transition team and they determine that Joe needs to have grab bars installed in his shower to make it safer. Field personnel complete the *Post-ITP* and the *Request for Additional MFP Transition Services* (see Appendix X). These are submitted to DCH MFP. Another authorization form is completed authorizing additional funds for Environmental Modification for the grab bars (assuming funds remain), and the "revision" box is checked on the *Authorization for MFP Transition Services* and sent to the FI and DCH MFP.

## APPENDIX N: Transportation Resources

### Medicaid Non-Emergency Transportation (NET) program

NET provides transportation through a NET Broker system. Five NET regions have been established in the State—North, Atlanta, Central, East and Southwest. The Department has contracted with a Broker in each of the five NET regions to administer and provide non-emergency transportation for eligible Medicaid members. The Brokers are reimbursed a monthly capitation rate for each Medicaid member residing within their region.

Medicaid members who need access to medical care or services covered by Medicaid and have no other means of transportation must contact the Broker servicing their county to arrange for appropriate transportation. Non-emergency transportation is provided only in the absence of other transportation. Each Broker is required to maintain toll free telephone access for transportation scheduling services Monday thru Friday from 7:00 a.m. to 6:00 p.m.

Effective January 1, 2007, contracts for the Non-Emergency Transportation Services Broker program were awarded to LogistiCare, Inc., Southeastrans, Inc., and Southwest Georgia Regional Development Center. The contact information and coverage area, for each broker, are listed in the table below:

| Region | Broker / Phone number | Counties served |
|---|---|---|
| North | Southeastrans<br>Toll free 1-866-388-9844<br>Local 678-510-4555 | Banks, Barrow, Bartow, Catoosa, Chattooga, Cherokee, Clarke, Cobb, Dade, Dawson, Douglas, Elbert, Fannin, Floyd, Forsyth, Franklin, Gilmer, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Hart, Jackson, Lumpkin, Madison, Morgan, Murray, Newton, Oglethorpe, Oconee, Paulding, Pickens, Polk, Rabun, Rockdale, Stephens, Towns, Union, Walker, Walton, White, Whitfield |
| Atlanta | Southeastrans<br>404-209-4000 | Fulton, DeKalb |
| Central | Southeastrans<br>Toll free 1-866-991-6701<br>Local 404-305-3535 | Baldwin, Bibb, Bleckley, Butts, Carroll, Clayton, Coweta, Crawford, Dodge, Fayette, Hancock, Heard, Henry, Houston, Jasper, Johnson, Jones, Lamar, Laurens, Meriwether, Monroe, Montgomery, Peach, Pike, Pulaski, Putnam, Spalding, Telfair, Treutlen, Troup, Twiggs, Upson, Washington, Wheeler, Wilcox, Wilkinson |
| East | LogistiCare<br>Toll free 1-888-224-7988 | Appling, Atkinson, Bacon, Brantley, Bryan, Burke, Bulloch, Camden, Candler, Charlton, Chatham, Clinch, Coffee, Columbia, Effingham, Emanuel, Evans, Glascock, Glynn, Jeff Davis, Jefferson, Jenkins, Liberty, Lincoln, Long, McDuffie, McIntosh, Pierce, Richmond, Screven, Taliaferro, Tattnall, Toombs, Ware, Warren, Wayne, Wilkes |
| Southwest | Southwest Georgia Regional Development Center<br>Toll free 1-866-443-0761 | Baker, Ben Hill, Berrien, Brooks, Calhoun, Chattahoochee, Clay, Colquitt, Cook, Crisp, Decatur, Dooly, Dougherty, Early, Echols, Grady, Harris, Irwin, Lanier, Lee, Lowndes, Macon, Marion, Miller, Mitchell, Muscogee, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Talbot, Taylor, Terrell, Thomas, Tift, Turner, Webster, Worth |

**Other Transportation Resources**

**MFP Transportation (Pre-Transition Service)** This service assists participants with gaining access to community services and resources required during the pre-transition period and is provided when transportation is not otherwise available. **How It Works:** This service does not replace Medicaid Non-Emergency Transportation or ambulance services. Transportation funds can be used for making trial visits to the community, viewing apartments and personal care homes to find a suitable, qualified residence, obtaining needed documents such as personal identification, and for going home on the date of discharge. **Rate:** One unit = $12.50 one-way or $25 round trip, up to $500 per member, can be a pre-transition service, ends on day 365 of the MFP demonstration period..

**Public Transportation:** http://www.grta.org/commuter_options/home.htm

**Para-transit:** Paratransit services may be available in the participant's current or chosen country of residence. Check for paratransit services by county of residence

**Own vehicle** Specially designed transportation aids are available to meet transportation needs. These include van lifts and ramps for wheelchairs and scooters and/or driving controls that can be installed in SUVs, vans, pickups and cars. If the participant or participant's family own a vehicle, MFP funds can be used to adapt the vehicle for the participant's use. The Vehicle Adaptation service provides funding to assist participants to pay for vehicle adaptation to a vehicle that is privately owned by the participant or their family. **How It Works:** The TC assists the participant to obtain three quotes for the needed adaptations. Vehicle adaptations include the installation of driving controls (when applicable), a lift or ramp for wheelchair or scooter access, wheelchair tie-downs and occupant restraints, special seats or other modifications that are needed to provide for the safe access into and out of and operation of the vehicle. This service does not cover repairs to the vehicle or to the adaptations once they are installed and operational. **Rate:** There is a maximum of $6,240 available during the 365 day demonstration period. Three quotes must be obtained for all vehicle adaptations. Refer to Section 605.6 for instructions on completing the quote form. Additionally, if the owner of the vehicle is not the participant, a notarized letter giving the owner's permission for the adaptations must be obtained.

**Dial-A-Ride Transportation for Seniors (DARTS):** check for this in county of residence

**Rural 5311 transportation providers** Rural communities with 50,000 residents may have access to DOT 5311 transit providers. Some 5311 transit providers have vans with lifts. Contact local County Commissioner's offices for more information.

**Transportation from family, friends, volunteers, church members, etc**

**Georgia Department of Vocational Rehabilitation:** http://www.vocrehabga.org/

**Community based agencies with low-cost transportation options (FODAC, etc.):** http://www.fodac.org/

# INDIVIDUALIZED TRANSITION PLANS

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

***Participant Name:*** _____

## *Pre-Transition Individualized Transition Plan (Pre-ITP)*

### 1. MFP PARTICIPANT INFORMATION

Participant First Name: _____ MI: __ Last Name: _____

Date of Birth (mm/dd/yyyy) _____ SSN: _____-_____-_____

Medicaid ID # _____ Medicare # _____

Inpatient Facility Name and Address: _____

City, Zip and County: _____

This is an (check only one): ☐ Initial Pre-ITP –OR-- ☐ Updated Pre-ITP Date: _____

### 2. IMPORTANT PLANNING DATES

Projected Discharge/Move-out Date: _____ Actual Discharge/Move-out Date: _____

### 3. HOUSING CHOICE/LIVING ARRANGEMENTS

☐ Check if participant will live with family. Name _____

Address _____

City _____ ST_____ ZIP _____

☐ Check if participant has someone that she/he wants to live with.

Name _____

Contact Phone _____ Other Phone _____

**Check the housing choice expressed by the participant/family. Is housing choice needed?**

| Check Housing Choice | Participant / Family Has? Y/N | Participant / Family Needs? Y/N |
|---|---|---|
| ☐ 01- Home owned by participant | | |
| ☐ 02- Home owned by family member | | |
| ☐ 03- Apt/house leased by participant, not assisted living | | |
| ☐ 04- Apartment leased by participant, assisted living | | |
| ☐ 05- Group home of no more than 4 people/ PCH | | |

**Note:** If participant has living arrangements in place, go to Q4 Health and Nutrition. If "Participant/Family Needs" is marked "Y", describe problem/issue, strategies for resolving and tasks that must to be done to secure choice:

_____

_____

_____

(Continue narrative on back or add additional pages as needed)

**Note to field personnel**: All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed ITPs to DCH MFP via **FTP**.

*Participant Name:* _____

## 4. HEALTH AND NUTRITION GOALS:

| List Health Related Needs | Who can help? What resources are available to help? | Health Improvement Goal |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Ex: Rx med supply, specialized medical supplies, skin care/wounds, bowel/bladder program, etc.

| List Nutrition Related Needs | Who can help? What resources are available to help? | Nutrition Improvement Goal |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Ex: diet and restrictions, food preferences, preparation strategies, food supplies, etc.

## 5. 24/7 EMERGENCY BACKUP PLANS:

| List Risks to Health/Safety | Describe Plan to Address Risk | Emergency Backup Plan |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Ex: natural disasters, power outages, PSS doesn't show up, equipment failures, falls/injuries, etc.

## 6. OTHER ISSUES (Unique to Participant and Necessary for Discharge)

| Goal/Issue | Barriers/Needs | Plan/Resource |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

(Continue narrative on back or add additional pages as needed)

**Note to field personnel**: All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed ITPs to DCH MFP via **FTP**.

# INDIVIDUALIZED TRANSITION PLANS

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

***Participant Name:*** _____

## PART A: MFP TRANSITION SERVICES

Use the table below to list the MFP Transition Services selected by the participant /team along with the justification for each. The MFP participant initials each choice.

| MFP TRANSITION SERVICE | RATIONALE (provide justification for this MFP service – describe why it is needed to support successful living in the community) | MFP PARTICIPANT INITIAL |
|---|---|---|
| | | |
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## PART B: WAIVER and OTHER SERVICES:

Use the table below to list the generic types of waiver services that will be needed by the participant/recommended by the team.

| GENERIC WAIVER and/or OTHER SERVICE (i.e. Personal Support Services) | RATIONALE (describe how service will work with MFP services to support participant in the community) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

(Continue narrative on back or add additional pages as needed)

**Note to field personnel**: All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed ITPs to DCH MFP via **FTP**.

# INDIVIDUALIZED TRANSITION PLANS

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

***Participant Name:*** _____

## PRE-TRANSITION PLAN ASSIGNMENTS:

| Assignment | Person Responsible | Projected Date of Completion | Actual Date of Completion |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |

**Recommended Assignments: Who will assist with the following -**

- Conduct Housing Searches; Arrange Environmental Modifications/Home Inspections
- Arrange Community Transportation Services/Travel Training
- Resolve Legal Issues
- Arrange Peer Support/Independent Living Skills Training/Life Skills Coaching
- Arrange Counseling/Behavioral Health Needs
- Schedule Home Care Ombudsman Visits; Arrange Caregiver Outreach and Training
- Locate Community Pharmacy for Refills of Rx Medications
- Locate Primary Care Physician/Clinic; Schedule Medical/Dental/Specialist Appointments
- Complete Waiver Enrollment; Select Case Mgt/Care Coordinator, Service Providers
- Complete Quality of Life Survey
- Referrals for Durable Medical Equipment and Assistive Technology

## *PRE-ITP TEAM SIGNATURE PAGE (signatures of persons who assisted in development of the Pre-ITP)*

| Print Name/Title or Relationship | Signature |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

Field Personal Contact

Name:_____ Date: _____

Phone: _____ Email: _____

(Continue narrative on back or add additional pages as needed)

**Note to field personnel**: All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed ITPs to DCH MFP via **FTP**.

# INDIVIDUALIZED TRANSITION PLANS

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

***Participant Name: _____***

***Post Discharge-Individualized Transition Plan- Post-ITP***

(Must be completed within first 30 days post discharge)

## 1. MFP PARTICIPANT INFORMATION

Participant First Name: _____ MI: __ Last Name: _____

Date of Birth (mm/dd/yyyy) _____ SSN: _____-_____-_____

Medicaid ID # _____ Medicare # _____

Address: _____

City, Zip and County: _____

Discharge Date (mm/dd/yyyy): _____ Moving Date: _____

## 2. Waiver Name _____

Waiver Case Manager/Care Coordinator Name _____

CM/CC Phone _____ Email _____

## 3. HOUSING CHOICE AT DISCHARGE

| Check Housing Type at Discharge | Problems/Comments |
|---|---|
| ☐ 01. Home owned by participant | |
| ☐ 02. Home owned by family member | |
| ☐ 03. Apartment leased by participant, not assisted living | |
| ☐ 04. Apartment leased by participant, assisted living | |
| ☐ 05. Group home of no more than 4 people/ PCH | |

Notes:

## 4. PERSONAL GOALS/ DESIRED COMMUNITY OUTCOMES

| Personal Goals/ Desired Community Outcomes | Barriers to Achieving Goals/Needs | Plan/Resources for Barrier Removal |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |

Notes:

(Continue narrative on back or add additional pages as needed)

**Note to field personnel**: All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed ITPs to DCH MFP via **FTP**.

***Participant Name:*** _____

## *5.* SENSORY/COMMUNICATION GOALS

Includes – vision, hearing, dental, mobility, speech/language and general communication goals.

| Sensory/Communication Goals | Barriers to Achieving Goals/Needs | Plan/Resources for Barrier Removal |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |

## 6. SOCIAL/RECREATIONAL GOALS

| Activity Goals | Barriers/Needs | Plan |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## 7. HOUSEHOLD/PERSONAL CARE GOALS (from Screening - Q34/DON-R)

| Goals | Barriers/Needs | Plan |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
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(Continue narrative on back or add additional pages as needed)

**Note to field personnel**: All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed ITPs to DCH MFP via **FTP**.

# INDIVIDUALIZED TRANSITION PLANS

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

*Participant Name:* _____

## 8. ASSISTIVE TECHNOLOGY (AT) AND/OR DURABLE MEDICAL EQUIPMENT (DME) USE AND NEEDS (from Screening, use Q32 and Q33)

| Assistive Tech/DME Needs | Who can help/Resources? | Plan (who does what) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## 9. COMMUNITY ACCESS/TRANSPORTATION GOALS

| Goals | Barriers/Needs | Plan |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## 10. EMPLOYMENT GOALS – supported, customized, competitive and/or self-employment or volunteer/work without pay (complete if applicable)

| Goals | Barriers/Needs | Plan |
|---|---|---|
| | | |
| | | |
| | | |
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(Continue narrative on back or add additional pages as needed)

**Note to field personnel**: All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed ITPs to DCH MFP via **FTP**.

*Participant Name:* _____

## 11. OTHER ISSUES (Unique to Participant and Necessary for Successful Transition)

| Goals/Issues | Barriers/Needs | Plan/Resources |
|---|---|---|
| | | |
| | | |
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| | | |

## 12. INCOME and RESOURCES – Create a budget for community living

| Budget Categories | Monthly Amounts/Costs | Notes |
|---|---|---|
| **Monthly Income (all sources)** | | |
| **Housing (rent, utitlites) costs** | | |
| **Food costs** | | |
| **Debts** | | |
| **Medical, health care, prescription drugs costs** | | |
| **Personal items, movies, entertainment costs, etc.** | | |
| **Transportation costs** | | |
| **Other** | | |
| **Other** | | |
| **Other** | | |
| | | |

(Continue narrative on back or add additional pages as needed)

**Note to field personnel**: All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed ITPs to DCH MFP via **FTP**.

# INDIVIDUALIZED TRANSITION PLANS

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

***Participant Name:*** _____

## PART A: ADDITIONAL MFP TRANSITION SERVICES

Use the table below to list additional MFP Transition Services needed by the participant /team along with the justification for each. The MFP participant initials each choice.

| MFP TRANSITION SERVICE | RATIONALE (provide justification for why this MFP service is needed to support successful living in the community) | MFP PARTICIPANT INITIAL |
|---|---|---|
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## PART B: OTHER SERVICES:

Use the table below to list other services needed by the participant/recommended by the team.

| OTHER SERVICE (i.e. Community Services, CILs, Behavioral Health) | RATIONALE (describe how service will work with MFP services to support participant in the community) |
|---|---|
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(Continue narrative on back or add additional pages as needed)

**Note to field personnel**: All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed ITPs to DCH MFP via **FTP**.

# INDIVIDUALIZED TRANSITION PLANS

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

***Participant Name:*** _____

## POST-DISCHARGE TRANSITION PLAN ASSIGNMENTS:

| Assignment | Person Responsible | Projected Date of Completion | Actual Date of Completion |
|---|---|---|---|
| | | | |
| | | | |
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| | | | |
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**Recommended Assignments: Who will assist with the following -**

- Conduct Housing Searches; Arrange Environmental Modifications/Home Inspections
- Arrange Community Transportation Services/Travel Training
- Resolve Legal Issues
- Arrange Peer Support/Independent Living Skills Training/Life Skills Coaching
- Arrange Counseling/Behavioral Health Needs
- Schedule Home Care Ombudsman Visits; Arrange Caregiver Outreach and Training
- Locate Community Pharmacy for Refills of Rx Medications
- Locate Primary Care Physician/Clinic; Schedule Medical/Dental/Specialist Appointments
- Complete Waiver Enrollment; Select Case Mgt/Care Coordinator, Service Providers
- Complete Quality of Life Survey
- Referrals for Durable Medical Equipment and Assistive Technology

## *POST- ITP TRANSITION TEAM SIGNATURE PAGE (signatures of persons who assisted in development of the Post-ITP)*

| Print Name/Title or Relationship | Signature |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

MFP Field Personal Contact

Name:_____ Date: _____

Phone: _____ Email: _____

(Continue narrative on back or add additional pages as needed)

**Note to field personnel**: All data elements on form must be completed. Incomplete forms will be returned. Standards of promptness apply. Send completed ITPs to DCH MFP via **FTP**.

# APPENDIX P: Startup Household Goods and Supplies Worksheet

**Appendix P: Startup Household Goods and Supplies Worksheet**

| ITEMS | OWNS/FAMILY | DOLLAR GENERAL | WALMART | DOLLAR TREE | BIG LOTS | TARGET |
|---|---|---|---|---|---|---|
| **Kitchen** | | | | | | |
| Dishes | | | | | | |
| Silverware | | | | | | |
| Kitchen Knives | | | | | | |
| Glasses | | | | | | |
| Cups | | | | | | |
| Tea Pitcher | | | | | | |
| Tupperware | | | | | | |
| Pots/Pans | | | | | | |
| Cookie Sheet | | | | | | |
| Cooking Utensils | | | | | | |
| Can Opener | | | | | | |
| Measuring Cups | | | | | | |
| Salt/Pepper Shakers | | | | | | |
| Pot Holders/Mitt | | | | | | |
| Kitchen Trash Can | | | | | | |
| Kitchen Towels | | | | | | |
| Dish Cloths | | | | | | |
| Dish Drainer | | | | | | |
| Ice Trays | | | | | | |
| | | | | | | |
| **Cleaning** | | | | | | |
| Paper Towels | | | | | | |
| Laundry Detergent | | | | | | |
| Round Laundry Basket | | | | | | |
| Bleach | | | | | | |
| All Purpose Cleaner | | | | | | |
| Pine Cleaner | | | | | | |
| Glass Cleaner | | | | | | |
| Dish Liquid | | | | | | |
| Glade Spray | | | | | | |
| Lysol | | | | | | |
| Broom | | | | | | |
| Mop | | | | | | |
| Mop Bucket | | | | | | |
| Dust Pan | | | | | | |

MFP_Household_Goods_Supplies_Worksheet

**Appendix P: Startup Household Goods and Supplies Worksheet**

| ITEMS | OWNS/FAMILY | DOLLAR GENERAL | WALMART | DOLLAR TREE | BIG LOTS | TARGET |
|---|---|---|---|---|---|---|
| Dust Cloths | | | | | | |
| Toilet Brush | | | | | | |
| Trash Bags | | | | | | |
| Light Bulbs | | | | | | |
| | | | | | | |
| **Bedroom** | | | | | | |
| Blanket | | | | | | |
| Sheet Set | | | | | | |
| Pillow | | | | | | |
| Alarm Clock | | | | | | |
| Toilet Tissue | | | | | | |
| Tissues | | | | | | |
| | | | | | | |
| **Bathroom** | | | | | | |
| Bath Towels | | | | | | |
| Hand Towels | | | | | | |
| Wash Cloths | | | | | | |
| Shower Curtain | | | | | | |
| Shower Hooks | | | | | | |
| Small Trash Can | | | | | | |
| | | | | | | |
| **Toiletries** | | | | | | |
| Shampoo | | | | | | |
| Soap | | | | | | |
| Lotion | | | | | | |
| Toothpaste | | | | | | |
| Mouthwash | | | | | | |
| Razors | | | | | | |
| Hand Soap (Pump) | | | | | | |
| | | | | | | |
| **Other** | | | | | | |
| Speaker Phone/big # | | | | | | |
| Coasters | | | | | | |

Grand Total: All Stores
(Cheapest Prices)

MFP_Household_Goods_Supplies_Worksheet

**APPENDIX Q1: Reserved for Elderly and Disabled Waiver – CCSP Process Flowchart/Text Description**

**MFP CCSP Waiver Process Text Description**

**APPENDIX Q2: Reserved for Elderly and Disabled Waiver-SOURCE Process Flowchart/Text Description**

**MFP SOURCE Waiver Process text description**

**APPENDIX Q3: Reserved for Independent Care Wavier Process Flowchart/Text Description**

**MFP ICWP Waiver Process Text Description**

**APPENDIX Q4: Reserved for Fiscal Intermediary Reimbursement Process**

**MFP FI Reimbursement Process Text Descriptions**

**APPENDIX Q5: Reserved for NOW and COMP Waiver Process Flowchart/Text Descriptions**

**APPENDIX Q6: Reserved** for **DHS/DBHDD Reimbursement Process Flowchart/Text Description**

# APPENDIX R: Discharge Day Checklist

## MFP Discharge Day Checklist

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

| MFP Field Personnel Name/Phone #: | | | Date: |
|---|---|---|---|
| **MFP Participant Housing at Discharge** | | | |
| Participant Name: | Medicaid ID# | | Date of Birth: |
| New Address: | City: | Zip: | County: |
| Phone Number | **MFP Target Population** (check only one): ❑ OA (65+yoa) ❑ PD ❑ TBI ❑ DD | **Change Of Address Notification To**: ❑ DFCS ❑Social Security ❑ Other (specify) _____ | |

**Housing Type:** ❑ 01-Home owned by Participant ❑ 02-Home owned by Family Member ❑ 03-Apt/House Leased by Participant, Not Assisted Living ❑ 04-Apt. Leased by Participant, Assisted Living ❑ 05-Group Home of No More Than 4 People/PCH ❑ **Lives with family (check for yes)**

**Housing Subsidy**: If H3-Apt/House Leased by Participant, check box for housing subsidy used: ❑ HS1- Sec8 HCV, ❑ HS2-Project Based Rental Assistance/ Based On Income, ❑ HS3- Low Income Housing Tax Credit , ❑ HS4- Other Subsidy (specify)_____ ❑ HS5-No Subsidy/Market Rate

**Services at Discharge: Item Key: N=Needed; O=Ordered; S = Secured; N/A=Not Applicable**

**Items** (provide items for all that apply):

____ Environmental Modifications; ____ Security Deposit; ____ Utility Deposits: _____; ____ Other: _____

____ Household items: ____ Kitchen: _____ ; ____ Bath: _____; ____ Bed: _____

____ Food & Nutrition: _____

____ Health & Hygiene: _____

____ RX Medications _____

____ Medical Services/DME Equipment: _____

____ Assistive Technology Devices: _____

____ Life Skills/ Socialization: _____

____ Financial: _____

____ Transportation: _____

____ Other:(list) _____

| Waiver: | Waiver Case Manager/Care Coordinator/Planning List Admn/Case Expeditor: | Phone: |
|---|---|---|

Waiver services ordered at discharge:

_____; _____; _____;

_____; _____; _____;

Are providers identified to begin services upon discharge?: ❑Yes ❑No* If no, explain:

| Name of Community Pharmacy: | Name of Community Doctor/Clinic: |
|---|---|

24/7 Emergency plan reviewed: ❑Yes ❑No If no, explain:

Identify participant's unmet needs upon discharge and the plan to meet these unmet needs: (attach additional sheets as needed)

**Follow-up Visits/Quality Management**

**Home Visits:** Provide schedule for follow up visits:

❑ Field Personnel/TC: 1st Scheduled Visit to complete Post-ITP: _____; 2nd Scheduled Visit: _____

❑ Waiver Case Mgr /Care Coordinator/Support Coordinator/PLA Name:_____ Phone: _____

1st Scheduled visit: _____; 2nd Scheduled Visit: _____

❑ Home Care Ombudsman Name: _____ Phone: _____ Email: _____

1st Scheduled F2F visit (or n/a): _____; 2nd Scheduled Visit: _____

❑ County DFCS Office Contact:_____ Phone: _____ Email: _____

**Quality of Life Survey:** ❑ Baseline Survey - ❑ Completed ❑ Scheduled: _____ ❑ Rescheduled: _____

**Participant Tracking**

| ❑This report sent to DCH MFP Office attention: _____<br>❑ This report faxed to participant's Case Manager/Care Coordinator | Date: |
|---|---|

DCH MFP Discharge Day Checklist 011513

## APPENDIX S: MFP Authorization for MFP Transition Services

# Authorization for MFP Transition Services

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

**MFP Field Personnel note**: complete the following to authorize MFP Transition services that were included in the participant's Individualized Transition Plan. Each MFP service included must have been selected, justified and initialized by the participant in the ITP.

**Participant First Name**: **Participant Last Name**:

**Participant Medicaid ID#**: **Participant Date of Birth**:

**Participant Address**: **Participant City**: **Zip**: **County**:

**Participant Phone Number**: **Other Contact Name**: **Other Phone**:

**(Anticipated) Transition Date:** **COS Waiver Type**:

| Vendor | Pre Transition Services | $'s Authorized |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total Pre-Transition $'s Authorized:

(Pre-transition services are not to exceed $10,244.00 in the 365 day demonstration period).

| Vendor | Post Transition Service | $'s Authorized |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total Post-Transition $'s Authorized:

Post-Transition services are not to exceed $26,420 in the 365 day demonstration period.

MFP Field Personnel Name:

Office Location: Phone: Email:

Authorizing Signature: _____ Date Signed:

**Notice:** (Step 1) Send this completed *Authorization* to Fiscal Intermediary via **File Transfer Protocol (FTP).** (Step 2) Send this complete *Authorization* to the DCH/MFP Office via FTP**.**

MFP Authorization for Transition Services_Revised_011513

## APPENDIX T: Quote Form for MFP Transition Services

# Quote Form
# For MFP Transition Services

**Notice to MFP field personnel:** complete this *Quote Form* for equipment, supplies, vision and/or dental services costing $1000 or more, all environmental modifications and/or all vehicle adaptations for MFP participants. In the table provided, list the licensed contractors or vendors and the amount of each quote. Check the quote selected. If a quote is selected that is not the lowest quote, provide a justification for the selected quote. MFP field personnel sign the form and attach supporting documentation. For assistance in locating qualified and licensed contractors Certified in Aging-in-Place (CAPS), contact DCH MFP Housing Manager.

**Participant First Name:** **Participant Last Name:**

**Participant Medicaid ID #:** **Participant Date of Birth:**

**Inpatient Facility Name or NA:**

**Participant Address:** **Participant City:** **Zip:** **County:**

**Participant Phone Number:** **Other Contact Name:** **Other Phone:**

**Date(s) of ITPs/Planning Meetings:** **COS Waiver Name:**

| Vendor Name/Phone | MFP Transition Service | MFP 3 Digit Service Code | Quoted Amount | Check Accepted Quote |
|---|---|---|---|---|
| | | | | ☐ |
| | | | | ☐ |

Total $'s Authorized:

**Justification for selection of quote that is not the lowest:**

- Maximum allowed cost for Equipment, Vision, Dental and/or Hearing Services (EQS) is $4,000 in the 365 day demonstration period. Two quotes must be obtained before a purchase can be authorized for a single piece of equipment costing $1000 or more, or for vision, dental or hearing services costing $1000 or more.
- Maximum allowed cost for Specialized Medical Supplies is $1,000 in the 365 day demonstration period. Two quotes must be obtained before a purchase can be authorized for a single supply costing $1000.
- Maximum allowed cost for Vehicle Adaptations (VAD) is $6,240 in the 365 day demonstration period. Two quotes must be obtained before Vehicle Adaptations can be authorized.[1]
- Maximum allowed cost for Environmental Modifications (EMD) is $8,000 in the 365 day demonstration period. Two itemized scope/bids are required, before Environmental Modifications are authorized. Building permits are required for EMDs totaling $2,500 or more. The Home Inspection service (HIS) must be completed before beginning environmental modifications and after environmental modifications are completed to ensure quality work and compliance with relevant building codes and standards. Environmental modifications can be made to rental property for participants who have a Housing Choice Voucher or other housing subsidy. [1]

**Owner/Landlord Name:** **Phone:**

**Address:** **City:** **Zip:** **County:**

**MFP Field Personnel Name:**

**Region/Office:** **Phone:** **Email:**

**Authorizing Signature:** _____ **Date Signed:**

[1] Environmental Modifications and Vehicle Adaptations must include a notarized document giving the owner's permission for services, if the owner is not the MFP participant.

**MFP field personnel note:** (Step 1) Send this completed *Quote Form* to Fiscal Intermediary via **File Transfer Protocol (FTP)**. (Step 2) Send this completed *Quote Form* to the DCH MFP Office via FTP.

MFP_Quote_Form_MFP_Services_Revised_011513

# APPENDIX U: Vendor Payment Request Form

## MFP Vendor Payment Request

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

### MFP Services Rendered for:

| | |
|---|---|
| **Participant Name:** | **Participant/Contact Phone:** |
| **Participant Address:** | **Participant City /Zip /County** |

| **MFP Field Personnel Complete:** | |
|---|---|
| **Participant Medicaid ID#:** | **Participant Date of Birth:** |
| **Discharge Date:** | **Anticipated MFP End Date:** |

### PAYMENT INSTRUCTION

| | |
|---|---|
| **Vendor Name:** | **Vendor Phone:** |
| **MAIL CHECK TO (if different):** | **Vendor Tax ID, FEIN or SS#:** |
| **Vendor Address:** | **Vendor City/State/Zip** |

### DESCRIPTION OF MFP TRANSITION SERVICES

| Description of Services | Billed Amount |
|---|---|
| | |
| | |
| | |
| **Total Check Amount** | |

**By signing this form, I attest that services were delivered/received consistent with the Individualized Transition Plans (ITPs) or Person Centered Description and MFP Authorization for Services. I understand that Medicaid is the payer of last resort.**

_____

**MFP Participant Signature** **Date**

_____

**Vendor Signature** **Date**

Fax or mail to MFP Field Personnel (Print Name): _____

Phone: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

**Vendor note:** send this completed form, signed by participant (or legal guardian), along with invoice and receipts to MFP field personnel listed above by fax, mail or via file transfer protocol (FTP).

**MFP Field Personnel note**: once verified, send this completed form along with invoice and receipts to the Fiscal Intermediary by **FTP.** Send this completed form and required documentation to the DCH MFP office by **FTP.**

MFP Vendor Payment Request_Revised_011513

# APPENDIX V: MFP Vendor Import File

**MFP Vendor Import File - to Fisical Intermediary**

| Vendor Tax ID, FEIN or SS# | Vendor Name | Vendor Phone | Vendor Address | Vendor City | Vendor State | Vendor Zip | Member Name | Member Medicaid # | Member DOB | COS# | MFP 3 digit Service Code | Transition Date/ Service Date | Unit | Rate | Billed Amount | FI Check # | Date Check Issued by FI | Reference |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | |
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**MFP Field Personnel Name:**
**Phone Contact:**
**Email:**

**MFP 3 Digit Service Codes**

| | | | | | |
|---|---|---|---|---|---|
| **PES** | Peer Support | **SCD** | Security Deposit | **HCO** | Home Care Ombudsman |
| **PSS** | Trial Visits-PSS | **TSS** | Transition Supports | **EQS** | Equipment, Vision, Dental, Hearing Svs |
| **HHF** | Household Furnishings | **TRN** | Transportation | **SMS** | Specialized Medical Supplies |
| **HGS** | Household Goods Supplie | **LSC** | Life Skills Coaching | **VAD** | Vehicle Adaptations |
| **MVE** | Moving Expenses | **SOR** | Skilled Out of Home Respite | **EMD** | Environmental Modifications |
| **UTD** | Utility Deposit | **COE** | Caregiver Outreach & Education | **HIS** | Home Inspection |
| | | | | **SEE** | Supported Employment Evaluation |

**COS # Codes**

| | |
|---|---|
| **660** | Independent Care Waiver Program (ICWP) |
| **590** | Community Care Services Program (CCSP) |
| **930** | SOURCE |
| **680** | New Options Waiver (NOW) |
| **681** | The Comprehensive Waiver (COMP) |
| **990** | Unknown |

**Notice:** (Step 1) Send this completed Excel spreadsheet and supporting documentation to Fiscal Intermediary via **File Transfer Protocol (FTP).** (Step 2) Send this completed Excel spreadsheet and supporting documentation to the DCH MFP Office via **FTP.**

MFP_Vendor_Import_File_Revised_011513 1

# APPENDIX W: MFP Monthly Update QOL Survey 'Blue Form' Report

***Please fill in the necessary data for [MONTH YEAR]**

| **Cumulative numbers from the beginning of your MFP program until the date indicated below** | Baselines | One Year Follow-Ups | Two Year Follow-Ups |
|---|---|---|---|
| Completed from start of program until [END OF PREVIOUS MONTH] | All baselines completed in your state since beginning an MFP program | All One Year Follow-Up surveys (11 months after transitioning) completed in your state since beginning an MFP program | All Two Year Follow-Up surveys (24 months after transitioning)completed in your state since beginning an MFP program |
| Refused from start of program until [END OF PREVIOUS MONTH] | All beneficiaries who transitioned into the community, but refused to take the survey after the transition | All MFP-enrolled beneficiaries who completed the baseline survey, but refused to take the follow-up survey 11 months after transitioning | All MFP-enrolled beneficiaries who completed the baseline survey, but refused to take the follow-up survey 24 months after transitioning |
| Missed from start of program until [END OF PREVIOUS MONTH] | All beneficiaries who transitioned into the community, but were not administered the survey due to factors such as (but not limited to):<br>• Interviewers were unable to locate the beneficiary<br>• Interviewers were unable to reach the beneficiary within 15 attempts<br>• Beneficiary's paperwork was misplaced<br>• An interviewer forgot | All MFP-enrolled beneficiaries who completed the baseline survey, but were not administered the follow-up survey due to factors such as (but not limited to):<br>• Interviewers were unable to locate the beneficiary<br>• Interviewers were unable to reach the beneficiary within 15 attempts<br>• Beneficiary's paperwork was misplaced<br>• An interviewer forgot | All MFP-enrolled beneficiaries who completed the baseline survey, but were not administered the follow-up survey due to factors such as (but not limited to):<br>• Interviewers were unable to locate the beneficiary<br>• Interviewers were unable to reach the beneficiary within 15 attempts<br>• Beneficiary's paperwork was misplaced<br>• An interviewer forgot |
| Lost (died, out of state, etc.) from start of program until [END OF PREVIOUS MONTH] | All beneficiaries who transitioned into the community, but died or moved out of state before a baseline was administered within the appropriate time frame. | All MFP-enrolled beneficiaries who completed the baseline survey, but died or moved out of state before the 11-month follow-up survey was administered within the appropriate time frame. | All MFP-enrolled beneficiaries who completed the baseline survey, but died or moved out of state before the 24-month follow-up survey was administered within the appropriate time frame. |
| Completed from start of program until [END OF THIS MONTH, LAST YEAR] | All baselines completed in your state from the beginning of the program to the end of this month last year. | | |
| Completed from start of program until [END OF THIS MONTH, TWO YEARS AGO] | All baselines completed in your state from the beginning of the program to the end of this month two years ago. | | |

**Just to clarify, the last two rows of the table asks for the **cumulative number** of completed baselines from the beginning of your MFP program until THE END OF THIS MONTH, LAST YEAR and the **cumulative number** of completed baselines from the beginning of your MFP program until THE END OF THIS MONTH, TWO YEARS AGO. This information is necessary for us to track the percentage of completed first year follow-ups and second year follow-ups.

**Helpful Hints:**

- Submission of this monthly document is a requirement for all states participating in MFP.
- Follow-up surveys (both 11- and 24-month) should be administered after the initial transition into the community. Even if a participant was disenrolled or moved back into a managed care organization between the time of the transition and the one-year anniversary of the initial transition, the follow-up interview should still be conducted about 11 or 12 months after the initial transition. (When the 2-year follow-ups are done, the vast majority of people should not be eligible for MFP, so the MFP eligibility status doesn't affect the timing of follow-up interviews.)
    - For example, for an initial transition on 11/3/2010, the first year follow-up should be done about 11 or 12 months later and the second year follow-up about 24 months later, regardless of where the person is living or the person's MFP eligibility status (the person has to be alive). This means the first year follow-up for this individual should be due around 11/3/2011 and the second year follow-up should be around 11/3/2012.
- Baseline surveys should be administered no earlier than 1 month before transition and no later than 2 weeks after transition.
- Follow-up surveys should be completed no more than 60 days post-11 and -24 month follow-up dates. Keep in mind the follow-up dates are based on the beneficiary's transition date and not the baseline date.
- You should attempt to complete all follow-up surveys for MFP participants, regardless if they missed or refused any surveys at any point in time. If a participant missed the baseline survey, hopefully we will get their 1st and 2nd follow-ups and can use those for comparison.
- For non-MFP participants (i.e. those who don't transition out of managed care organizations or who move back into managed care organizations after living in the community), follow-up surveys should not be conducted. Follow up surveys are only conducted for MFP participants.
  CMS pays for every baseline survey conducted, even if the person doesn't transition or participate in the program. You can find the full explanation in this document:
  http://training.mathematica-mpr.com/file.php/11/General_Information/Helpful_guidelines_for_MFP_formatted_normal.pdf
- CMS may pay for repeated baseline interviews. We prefer the interview to be administered as close to the time of transition as possible, but know that's not always possible. Typically, if QoL administrators think something significant has changed since the previous baseline that may (or may not) change answers to the QoL questions, then it should be repeated.

## APPENDIX X: Request for Additional MFP Transition Services

# Request for Additional MFP Transition Services

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

**MFP Field Personnel note:** To obtain approval for additional MFP Transition Services, complete the following form. Services listed on this form must be needed by the participant and not initially identified during pre-discharge transition planning (i.e. the Pre-ITP/ISP) by the team. The MFP participant initials each additional service.

**Participant First Name**: **Participant Last Name**:

**Participant Medicaid ID#**: **Participant Date of Birth**:

**Participant Address**:

**Participant City**: **Zip**: **County**: **Waiver Name:**

**Participant Phone Number**: **Other Contact Name**: **Other Phone**:

**Date of Post-ITP:** **Date of Discharge:** **Date of Request**:

| MFP TRANSITION SERVICE | RATIONALE (provide justification for why this additional MFP service is needed to support successful living in the community) | MFP PARTICIPANT INITIAL |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

**MFP Field Personnel Name**:

**Region/Office**: **Phone**: **Email**:

**Field Personnel note:** Send this completed form to the DCH/MFP Office via **File Transfer Protocol (FTP).** Contact the DCH/MFP Office regarding the dispensation of this request. If approved by DCH/MFP, submit completed reimbursement documentation (i.e. updated ITP, *Vendor Import File*, etc.) to Fiscal Intermediary via **FTP** and to DCH/MFP Office by **FTP**.

**For DCH/MFP Office Use Only**
Additional MFP Services Authorized: ☐ Yes ☐ No
Notes:

MFP_Request_for_Additional_MFP_Services_Revised_011513

## APPENDIX Y: Participant Enrollment Status Change Form

# MFP Participant Enrollment Status Change Form

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

**MFP Field Personnel:** Complete this form to identify changes in the enrollment status of an MFP participant.

**Participant First Name:** **Participant Last Name:**

**Participant Medicaid ID#:** **Participant Date of Birth:**

**Participant Phone Number:** **Other Contact Name:** **Other Phone:**

**Date of Discharge (mm/dd/yyyy):** **Waiver:**

---

**Type of Status Change: MFP Participation**

- ☐ **Ended – Date: _____**
- ☐ **Participant was Re-institutionalized – Date:_____**
- ☐ **Began - (Re-enrollment) - Date: _____**
  - **- New Project End Date: _____**
- ☐ **Participant Moved** (fill in new address below) – **Date: _____**

**New Address:** **New City:** **New Zip:** **New County:**

**If enrollment ended, check reason:**

- ☐ Completed 365 days of participation (01)
- ☐ Reinstitutionalized (02)
- ☐ Died (03) – **Date: _____**
- ☐ Moved (04)
- ☐ No longer needed/wanted services (05)
- ☐ Chose non-qualified residence type (06)
- ☐ Did not participate in the planning process (07)
- ☐ Other (08) Specify: _____

**If re-institutionalized, check reason:**

- ☐ Acute care hospital stay and long term rehabilitation (01)
- ☐ Deterioration in cognitive functioning (02)
- ☐ Deterioration in health (03)
- ☐ Deterioration in mental health (04)
- ☐ Loss of qualified residence (05)
- ☐ Loss of personal care giver (06)
- ☐ By request of participant or guardian (07)
- ☐ Lack of sufficient community services (08)

**If MFP participant re-enrolled or moved, check type of qualified residence used after move:**

- ☐ Home owned by participant (01)
- ☐ Home owned by family member (02)
- ☐ Apartment leased by participant, not assisted living (03)
- ☐ Apartment leased by participant, assisted living (04)
- ☐ Group home of no more than 4 people/PCH (05)
- ☐ Participant lives with family members (check for yes)

---

MFP Field Personnel Name:

Region/Office: Phone: Email:

**Note:** Send this completed *Participant Enrollment Status Change Form* to the DCH/MFP Office via File Transfer Protocol.

MFP_Enrollment_Status_Change_Form_Revised_011513

## APPENDIX Z: MFP Notice of Right to Appeal a Decision

# Money Follows the Person
# Notice of Right to Appeal a Decision

To:_____ Date:_____

_____

_____

**If you disagree with a decision regarding your MFP transition services, you have a right to appeal the decision. You may request a fair hearing. Your request for a hearing must be *received* by the Department of Community Health within 30 calendar days from the date of this letter.**

**NOTICE OF YOUR RIGHT TO A HEARING**

To request a hearing, you must ask for one in writing. Your request for a hearing must be *received* by the Department of Community Health within 30 calendar days from the date of this letter. With your written request, you must include a copy of this Notice of Right to Appeal a Decision. Your written request should be sent to the following address:

Department of Community Health
Legal Services Section
2 Peachtree Street, NW, 40th Floor
Atlanta, GA 30303-3159

If you want to keep your MFP transition services, you must send a written request for a hearing to the Department of Community Health. Your request for a hearing must be *received* by the Department within 30 calendar days from the date of this letter. If this action is sustained by a hearing decision, you may be held responsible for the repayment of continued services that were provided during the appeal.

The Office of State Administrative Hearings will notify you of the time, place, and date of your hearing. An Administrative Law Judge will hold the hearing. In the hearing, you may speak for yourself or let a friend or family member speak for you. You may also ask a lawyer for help. You may be able to get legal help at no cost. If you want a lawyer to help, you may call one of these numbers:

**Georgia Legal Services Program**
800-498-9469 (statewide legal services, except for the counties served by Legal Aid)

**Georgia Advocacy Office**
800-537-2329 (statewide advocacy for persons with disabilities or mental illness)

**Atlanta Legal Aid**
404-377-0701 (Dekalb/Gwinnett Counties), 770-528-2565 (Cobb County)
404-524-5811 (Fulton County), 404-669-0233 (S. Fulton/Clayton County)

**State Ombudsman Office**
888-454-5826 (Nursing Homes or Personal Care Homes)

_____ _____
MFP Field Personnel Signature MFP Field Personnel (Print Name)

_____
Telephone Number

MFP_Right_to_Appeal_Decision_MFP_Svs_Revised_011513

# APPENDIX AA: Referral Letter for Housing Choice Voucher Program

## MFP Referral Letter for Decatur Housing Authority Sec 8/HCV Program

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Georgia Department of Community Health • Medicaid Division • Money Follows the Person
Two Peachtree Street, NW • 37th Floor • Atlanta, GA 30303 • 404-651-9961

Date of Referral Letter Submission: _____

This letter serves as official correspondence for the MFP direct referral process for the Decatur Housing Authority (DHA), *Housing Choice Voucher Program*.
The MFP participant (print name), _____, is being referred for application to the DHA *Housing Choice Voucher Program* by MFP field personnel (print name), _____.

The Decatur Housing Authority has entered into an agreement to assist MFP participants with a rental assistance voucher upon approval of the DHA *Application for Housing Choice Voucher Rental Assistance*. The Department of Community Health in partnership with the Department of Behavioral Health and Developmental Disabilities (DBHDD), and the Department of Human Services, Division of Aging Services (DHS/DAS) will provide the MFP participant with MFP transition services, Medicaid Home and Community services (waiver services) and State Plan services for which they are eligible and that are appropriate to meet their needs, including non-Medicaid federally funded services, state funded programs and local community funded services. DCH and Decatur Housing Authority, Housing Choice Voucher Program will collaborate to ensure that the MFP participant has the best opportunity for successful outcomes in the community.

The MFP participant/family has been screened, selected and referred by MFP field personnel and is hereby requesting an application for participation in the *DHA Housing Choice Voucher Program* in Dekalb county. The participant's screening is complete. The participant's Pre-ITP is in the process of being completed with an anticipated discharge date of: _____.

### MFP Participant Information (Print)

First Name: _____ MI: ____ Last Name: _____

Medicaid ID#: _____ SSN: _____--_____--_____

# in Household (include PCA if applicable) _____

**Signature of MFP Participant Requesting Application** _____

By signing, I understand and agree to the terms and expectations set forth in this official MFP referral for the *DHA Housing Choice Voucher Program*. Based on this official correspondence, I am hereby requesting a *DHA Application for Housing Choice Rental Assistance* for the number of household members listed above.

### MFP Field Personnel Information

Note: the *Application for Housing Choice Rental Assistance* will be mailed to designated MFP field personnel. When field personnel receive the Housing Choice Voucher Application packet, **she/he and the MFP participant have 14 business days to complete and mail the application back to Decatur Housing Authority**, to the person at DHA the application was mailed from.

### MFP Field Personnel Contact (print address for all correspondence)

Name: _____ Phone: _____

Mailing Address: _____

City/State/Zip Code: _____

**Note: Complete and send this MFP referral letter to the DCH/MFP office** by File Transfer Protocol, attention:
MFP Housing Manger, DCH
2 Peachtree Street NW, 37th Floor, Atlanta, Georgia 30303

MFP_Referral_Decatur_HA_HCV_Revised_011513

## APPENDIX AB: MFP Sentinel Event Report

# MFP Sentinel Event Reporting Form

**MFP Field Personnel:** complete this form when an MFP participant experiences a critical incident or sentinel event. An individual is considered an MFP participants if (s)he or their guardian has signed the *MFP Consent for Participation* form.

**Date of Report:** **Waiver CM/CC/SC Name:** **CM/CC/SC Phone:**

**Participant First Name:** **Participant Last Name:**

**Participant Medicaid ID#:** **Participant Date of Birth:**

**Name & Address of the Inpatient Facility Admitted to: (or n/a ☐):**

**Participant Address:** **Participant City:** **Zip:** **County:**

**Participant Phone Number:** **Other Contact Name:** **Other Phone:**

**Provider (if applicable):**

**Date of Incident:**

**Location of Occurrence:**

**Type of Sentinel Event: (Check only one)**

☐ **Abuse,** ☐ **Neglect,** ☐ **Exploitation,** ☐ **Inpatient Facility Admit,**

☐ **Emergency Room Visit,** ☐ **Death,** ☐ **Involvement with Criminal Justice System,**

☐ **Medication Administration,**

☐ **Other (specify):**

**Detailed summary of event:**

**What did the participant report?**

**Adverse outcomes related to the event/injuries? Describe in detail:**

**Witnesses to the event:**

**Action taken by MFP field personnel at time of event (Discovery):**

MFP/DCH_Sentinel_Event_Form_Revised_011513

# MFP Sentinel Event Reporting Form

**MFP Field Personnel Action Plan (Do): (What will field personnel do to prevent this from happening in the future?)**

**MFP Field Personnel Process improvement (Check): (What MFP processes were instituted to evaluate the effectiveness of the action plan and reduce risk to the participant?)**

**Define follow-up time frames (Act/Monitor) for evaluating effectiveness of processes.**

**Notification:**

| | Name | Date | Time |
|---|---|---|---|
| Field Personnel Supervisor: | | | |
| Notified: ☐Yes ☐No | | | |
| Physician: | | | |
| Notified: ☐Yes ☐No | | | |
| Guardian/Family: | | | |
| Notified: ☐Yes ☐No | | | |
| MFP Project Director: | | | |
| Notified: ☐Yes ☐No | | | |
| Other Agency Name: | | | |
| Notified: ☐Yes ☐No | | | |
| Other Agency Name: | | | |
| Notified: ☐Yes ☐No | | | |

MFP Field Personnel Name: Phone: Email:

MFP Field Personnel Signature: _____ Date:

**Note:** Send this completed *MFP Sentinel Event Form* to the DCH MFP Office by FTP.

MFP/DCH_Sentinel_Event_Form_Revised_011513

## APPENDIX AC: Notice of Denial or Termination from MFP

# Money Follows the Person
# Notice of Denial or Termination Letter

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

To:_____ Date:_____

_____

_____

Your participation in Money Follows the Person (MFP) has been given careful consideration.

A. In accordance with Deficit Reduction Act of 2006, Money Follows the Person Demonstration P.L. 109-171, Title VI, Subtitle A, Chapter. 6, Subchapter B, Sec 6071, 120; as amended by the Affordable Care Act of 2010, P.L. 111-148, Title II, Subtitle E, Sec 2403(a), (b)(1), 124 Stat. 304, and the Georgia Money Follows the Person Policy and Procedures Manual Chapter 601.2, 601.4, 601.7 and 602.2, you have been determined **ineligible** for MFP because:

- ☐ You have not resided in an inpatient facility (hospital, nursing facility, ICF) for at least 90 consecutive days; short-term rehabilitative stays do not count.
- ☐ You have not been receiving Medicaid benefits for inpatient services provided by an inpatient facility.
- ☐ You do not require the level of care provided in an inpatient facility.
- ☐ You did not transition into a qualified residence.
- ☐ You did not cooperate in the transition planning process (describe process/steps and non-participation):

_____

B. In accordance with Deficit Reduction Act of 2006, Money Follows the Person Demonstration P.L. 109-171, Title VI, Subtitle A, Chapter. 6, Subchapter B, Sec 6071, 120; as amended by the Affordable Care Act of 2010, P.L. 111-148, Title II, Subtitle E, Sec 2403(a), (b)(1), 124 Stat. 304, and the Georgia Money Follows the Person Policy and Procedures Manual Chapter 601.2, 601.4, 601.7, 602.2, 604.6, and Chapter 605.6 and 605.7, you have been determined **no longer eligible** because:

- ☐ You are no longer receiving Medicaid benefits.
- ☐ You have moved to a non-qualified residence.
- ☐ You no longer meet institutional level of care criteria.
- ☐ You have informed us that you no longer wish to participate in MFP.
- ☐ You have moved outside of the service area for the State of Georgia.
- ☐ You have been readmitted to an inpatient facility for a period of six (6) months or more.

_____ _____

MFP Field Personnel Signature MFP Field Personnel (Print Name)

_____

Telephone Number

**If you disagree with this decision, you may request a fair hearing. Your request for a hearing must be *received* by the Department of Community Health within 30 calendar days from the date of this letter. Your request should be sent to the following address:**

Department of Community Health
Legal Services Section
2 Peachtree Street, NW, 40th Floor
Atlanta, GA 30303-3159

MFP_Denial_Term_Letter_Rev_011513

# Money Follows the Person
# Notice of Denial or Termination Letter

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

To:_____ Date:_____

_____

_____

**NOTICE OF YOUR RIGHT TO A HEARING**

To request a hearing, you must ask for one in writing. Your request for a hearing must be *received* by the Department of Community Health within 30 calendar days from the date of this letter. You must include a copy of this Notice of Denial letter from the Money Follows the Person Transition Coordinator. Your request should be sent to the following address:

Department of Community Health
Legal Services Section
2 Peachtree Street, NW, 40th Floor
Atlanta, GA 30303-3159

If you want to keep your services, you must send a written request for a hearing to the Department of Community Health. Your request for a hearing must be *received* by the Department within 30 calendar days from the date of this letter. If this action is sustained by a hearing decision, you may be held responsible for the repayment of continued services that were provided during the appeal.

The Office of State Administrative Hearings will notify you of the time, place, and date of your hearing. An Administrative Law Judge will hold the hearing. In the hearing, you may speak for yourself or let a friend or family member speak for you. You may also ask a lawyer for help. You may be able to get legal help at no cost. If you want a lawyer to help, you may call one of these numbers:

**Georgia Legal Services Program**
800-498-9469 (statewide legal services, except for the counties served by Legal Aid)

**Georgia Advocacy Office**
800-537-2329 (statewide advocacy for persons with disabilities or mental illness)

**Atlanta Legal Aid**
404-377-0701 (Dekalb/Gwinnett Counties)
770-528-2565 (Cobb County)
404-524-5811 (Fulton County)
404-669-0233 (S. Fulton/Clayton County)

**State Ombudsman Office**
888-454-5826

MFP_Denial_Term_Letter_Rev_011513

# APPENDIX AD: MFP Enrollment End Letter

## Money Follows the Person
## Enrollment End Letter

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

***DATE***

***PARTICIPANT NAME***
***PARTICIPANT ADDRESS***
***PARTICIPANT CITY, STATE ZIP***

Dear ***PARTICIPANT NAME***,

On ***DATE***, you discharged from an inpatient facility into the community though Money Follows the Person (MFP). Participation in MFP is limited to 365 calendar days. Your 365 days of enrollment in MFP will end on ***DATE***.

You will continue to receive waiver services through the Medicaid HCBS Waiver, ***NAME OF WAIVER,*** so long as you continue to meet eligibility criteria for that waiver. Please contact ***NAME OF WAIVER CASE MANAGER*** at ***CASE MANAGER PHONE NUMBER*** if you have any questions regarding your waiver services.

In the near future, you will be contacted by a representative from the Georgia State University, Georgia Health Policy Center. This representative will be calling to conduct a follow-up to the **Quality of Life** survey you responded to before you left the inpatient facility. Your responses to the survey questions are extremely important to the success of the Money Follows the Person program, and we appreciate your time and your feedback about the MFP services you received.

Thank you for participating in Money Follows the Person. If you have any questions about this letter, you may contact MFP field personnel at the number below, or you may call the MFP State Office at the Georgia Department of Community Health Medicaid Division at 404-651-9961.

Sincerely,

_____

MFP Field Personnel Print Name

_____

Contract Phone #

MFP ENROLLMENT END LETTER_rev_011513

# APPENDIX AE: MFP Participant Complaint Form

## Money Follows the Person Participant Complaint Form

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Use this form to report a complaint regarding a MFP service delivered to a participant. Complete separate form for each complaint and for each service.

**Participant First Name:** **Participant Last Name:**

**Participant Medicaid ID#:** **Date of Birth (mm/dd/yyyy):**

**Address:** **City:** **Zip:** **County:**

**Participant Phone Number:** **Other Contact Name:**

**Other Contact Phone Number:**

**Discharge Date (mm/dd/yyyy):** **Waiver Name:**

**MFP Field Personnel Name:** **Phone:**

**Date of Complaint (mm/dd/yyyy):** **Name of Person Completing Form:**

**Summary of Complaint/Issues to Resolve:**

**Action Plan:**

**Process Improvement (what was instituted to evaluate the action plan and reduce risk to the participant?**

**Define follow-up time frames (Act/Monitor) for evaluating effectiveness of process:**

**If applicable, complete information and select the MFP service that is focus of complaint:**

| Vendor | MFP Transition Service |
|---|---|
| | |

**Note:** Send this completed *Participant Complaint Form* to the DCH MFP Office via File Transfer Protocol or by fax to the MFP Project Director, Pam Johnson at 770-408-5883.

MFP_Participant_Complaint_Form_rev_011513

# APPENDIX AF: Ombudsman Payment Request Form

## Ombudsman Payment Request

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

### MFP Ombudsman Services Rendered for:

| | |
|---|---|
| **Participant Name:** | **Participant/Contact Phone:** |
| **Participant Address:** | **Participant City /Zip /County** |

| **MFP Ombudsman Complete:** | |
|---|---|
| **Participant Medicaid ID#:** | **Participant Date of Birth:** |
| **Discharge Date:** | **Anticipated MFP End Date:** |

### PAYMENT INSTRUCTION

| | |
|---|---|
| **Ombudsman Name:** | **Ombudsman Phone:** |
| **MAIL CHECK TO (if different):** | **Tax ID, FEIN or SS#:** |
| **Address:** | **City/State/Zip** |

### DESCRIPTION OF MFP OMBUDSMAN SERVICES

| Service Dates and Description | Billed Amount |
|---|---|
| | |
| | |
| | |
| **Total Check Amount** | |

**Ombudsman note:** Check the appropriate box below to indicate how services were provided and documented -

☐ telephone call – contact must be documented in case notes, no participant signature required on this form

☐ in-person (face-to-face) – contact must be documented in case notes, participant signature required on this form

By signing this form, I attest that services were delivered/received consistent with the Individualized Transition Plans (ITPs) or Person Centered Description and MFP Authorization for Services. I understand that Medicaid is the payer of last resort.

_____

**MFP Participant Signature** **Date**

_____

**Ombudsman Signature** **Date**

MFP Field Personnel (Print Name): _____

Phone: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

**Ombudsman note:** send this completed form to MFP field personnel via fax or file transfer protocol (FTP).
**MFP Field Personnel note**: once verified, send this completed form to the Fiscal Intermediary by **FTP.** Send this completed form to DCH MFP office by **FTP.**

MFP Ombudsman Payment Request_Revised_011513

# Disclaimer

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For questions or comments concerning the *MFP Policy and Procedures Manual*, contact –

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