Maryland's Money Follows the Person Demonstration

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MFP- Office of Health Services

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Money Follows the Person Overview

- Federal demonstration, offered through the Centers for Medicare and Medicaid Services (CMS) and designed to:

  -Assist states in rebalancing long-term services and supports (LTSS) systems

  -Increase the use of Home and Community Based Services (HCBS)

  -Remove barriers to receiving services in the community

- Maryland is one of 43 states (and DC) participating in the demonstration
- Transitions through December 31, 2018 with spending through 2020

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MFP Overview

- To access MFP funds, states must transition “qualified individuals” receiving Medicaid services from “qualified institutions” to “qualified residences”
- MFP Eligibility-qualified individual
  - 90 days in institution (excluding Medicare rehab stays)
  - 1 day of Medicaid eligibility in the institution
  - Signed consent form
- The State receives enhanced federal matching funds for HCBS provided to demonstration participants for 365 days
- Enhanced matching funds result in “savings” to the State, which is then required to spend savings on approved rebalancing initiatives
- Savings can not:
  - Pay for services
  - Off-set ongoing state costs

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Federal Requirements

- Qualified Institutions
  - Nursing Facilities (NFs)
  - State Residential Centers (SRCs)
  - Institutions for Mental Disease (IMDs)
  - Chronic Hospitals

- Qualified Residences
  - A home owned or leased by the individual or the individual's family member;
  - An apartment with an individual lease, with lockable access and egress, and which includes living, sleeping, bathing, and cooking areas over which the individual or the individual's family has domain and control;
  - A residence, in a community-based residential setting, in which no more than 4 unrelated individuals reside.

Existing Waivers

Maryland currently serves MFP participants using three home and community-based waiver programs and the Increased Community Services Program.

- The Home and Community-based Options (CO) Waiver
  - Serves adults with physical disabilities 18 and older
- The Brain Injury (BI) waiver
  - Serves adults with brain injuries that are transitioning from chronic hospitals and State-owned nursing facilities
- The Community Pathways (CP) waiver
  - Serves adults with intellectual and developmental disabilities
- Increased Community Services (ICS)
  - Nursing facility residents 18 and older that have been denied CO Waiver SOLELY due to over scale income.

Examples of Services Available to MFP Participants

- Personal Assistance
- Nurse Monitoring
- Supports Planning
- Home Modifications
- Assistive Technology
- Home Delivered Meals
- Personal Emergency Response System
- Consumer Training
- Family Training
- Behavioral Consultation
- Adult Day Care
- Assisted Living (licensed for 4 or fewer)

Maryland Transition Numbers

- **2,991** transitions since program approval in 2008
  - Older Adults- 1,354
  - Adults with Physical Disabilities- 1,233
    - 2,587 NF transitions
  - Adults with Developmental Disabilities- 315
    - More than half of the transitions originate from State Residential Centers
  - Adults with Traumatic Brain Injury- 89
    - Transitions from chronic hospitals or state owned and operated NFs

Numbers from MMIS as of 3/5/18

Stakeholder Process

- Bi-monthly Stakeholder Meetings to discuss design of demonstration
- Meetings attended by:
    - Aging network
    - Consumers
    - Disability organizations and advocates
    - Non-profits
    - Nursing facility industry representatives
    - State and local staff

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Rebalancing Initiatives

- Increase outreach to institutional residents
  - –Peer Outreach and Supports
  - –Options Counseling

- Enhance existing community-based services
  - –Peer Mentoring and Pilot programs

- Improve Systems
  - –Maryland Access Point (MAP)
  - –Uniform Standardized Assessment
  - –Integrated web-based tracking system

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Peer Outreach

Peers will:

- Establish relationships with nursing facility residents and staff, as well as family and resident councils.
- Be an on-going presence in the facilities in order to share personal experiences with community living, provide support to individuals and their guardians throughout the decision- making and transition process, and describe how the basic process of transitioning works.

Peer Supports

- Peers will refer interested individuals to options counseling and, at the request of the individual, will maintain relationships throughout the application process for Home and Community-Based Services.

- On-going peer supports can continue until the person transitions (MFP participants are eligible for peer mentoring at that point) or until the person no longer is pursuing transition to the community.

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NF Options Counseling

- Options counseling is an in person educational meeting to inform the person (and any family or other reps, at their request) of available community programs

- The 19 local Area Agencies on Aging (AAAs) and the local Centers for Independent Living (CILs) provide options counseling to nursing facility residents that indicate an interest in community living

NF Options Counseling, cont.

- Referrals for options counseling may come from:
  - Peers
  - Minimum Data Set (MDS) 3.0 Section Q
  - Ombudsmen
  - Nursing facility social workers
  - Family members or self-referrals
- MDS 3.0 Section Q:
  - Questions Q500 and Q600 relate to referral
  - If the person answers yes, a referral must be sent to the local contact agency (LCA)
  - MFP is the LCA for Maryland, the AAAs and CILs provide the options counseling

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Options Counseling: Application Assistance

- If the person has Long Term Care Medical Assistance (LTC MA), options counseling can also include waiver application assistance
  - If the person has applied for LTC MA within the previous 6 months, they can apply using the OES 14 form, also known as the Intent to Apply for Waiver Services

- Applications expire on the last day of the 6th month after application, the reapplication is the responsibility of the SPA.

MFP Staff

Jennifer Miles, MFP Project Director

- Ernest Le, MFP/MAP Specialist
- **Rebecca Raggio**, Associate Project Director
  - Ericka L. Vinson, Data Specialist
  - Shawn Spurlock, MFP Policy Analyst I
  - Khadija Ali, Housing and Quality Compliance Director
    - Susan Davis, Quality and Compliance Specialist
    - Kimberlee Jackson, Quality and Compliance Specialist
    - Mandi Jackson, Housing Specialist
- **Wayne Reed**, Statewide Transition Coordinator (DDA)
  - Nirvana Spriggs, Community Placement Specialist
  - Maureen Madera, Community Placement Specialist

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MFP Staff Support

- **Data Specialist** takes referrals for nursing facility residents, tracks all consent forms, will request originals consents and will ask for updates to the questionnaire and other forms related to enrollment
- **MFP Policy Analyst** helps when individuals have behavioral health needs, he can help coordinate with the behavioral health system
- **MFP Quality and Compliance Staff** follow up throughout the nursing facility transition process when there appears to be a delay or error, they will work closely with the SPA liaisons. They also help with reportable events for MFP participants, in partnership with the Reportable Event Review Unit
- **MFP Housing Staff** will assist with training and technical assistance to supports planners (see next slide)

Housing Assistance

MFP housing staff:

- Develop relationships with Public Housing Authorities, property managers, developers and other housing providers
- Identify available housing resources
- Advocate for increased housing opportunities
- Provide technical assistance and training to case managers
  - –Contact Khadija Ali to schedule training:
    - kali@maryland.gov or 410-767-6660

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MFP Services

- **MFP Flex Funds**-participants can access flexible transitional funds, a $700 benefit that can be used on items required for transition that otherwise may not be covered by MA.
- **MFP Peer Mentoring**-Provides a range of supports aimed at:
  - Improving access to the local community
  - Increasing community inclusion
  - Informing consumers of community opportunities
  - Promoting community integration
  - May include: Travel training, self-advocacy skills training, and referrals to accessible community resources
- **MFP Policy Specialist** can provide consultation and assistance with connecting to behavioral health services

Aging and Disability Resource Centers (ADRCs)

- Collaborative effort of the Administration on Community Living (ACL) and the Centers for Medicare & Medicaid Services (CMS)

- Maryland's name for ADRCs is Maryland Access Point or MAP
  - Single points of entry into the LTSS system for older adults and people with disabilities
  - Coordinate existing aging and disability service systems
  - Provide information, counseling, and assistance
  - Empower people to make informed decisions about their long term supports
  - Designed to ease access to public and private LTSS resources

Maryland Access Point

- MAP Partners
  - Area Agencies on Aging (AAA)
  - Centers for Independent Living (CILs)
  - Other County agencies (DSS, Health Dept, CSA, etc)
  - Non-profit community service partners
- Efforts that have been created
  - Standards for community options counseling
  - MAP website to search for locally available resources
    - http://www.marylandaccesspoint.info/
  - Statewide toll free number to access your local MAP: 844-MAP-LINK

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Approved Rebalancing Initiatives 2013-2020

- *Housing activities*
- *Bridge subsidies*
- *Development of the In-home Supports Assurance System (ISAS)*
- *interRAI training and implementation costs*
- *Nursing facility options counseling*
- *Peer outreach and on-going support*
- *Tracking system development*
- *MAP expansion grants*
- *Toll free number for MAP*
- *MAP Website*
- *Provider Registry*
- *Training*
- *Self-Advocacy*

Important MFP information for Supports Planners

- MFP Consent Form
- MFP Questionnaire
- MFP Participation

Consent Forms

- Consent can be found in the Resource Guide: https://mmcp.health.maryland.gov/longtermcare/Resource%20Guide/07.%20Money%20Follows%20the%20Person/MFP%20Consent%20Form%209.18.17.pdf
- Mail originally signed consent forms to:

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Attn: Ericka L. Vinson, MFP Data Specialist

201 W. Preston Street, Room 137

Baltimore, MD 21201

- Upload a scanned copy to the client attachments
- Create/update the questionnaire

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MFP Questionnaire

Money Follows the Person Questionnaire

- Has the applicant resided in a nursing facility for at least 90 continuous days?

  ☐Yes No

- Is the individual moving to:

  ☐A home owned or leased by the individual or the individual's family member.

  ☐An apartment with an individual lease, with lockable access and egress, and which includes living, sleeping, bathing, and cooking areas over which the individual or the individual's family has domain and control.

  ☐An assisted living facility licensed to serve 4 or fewer unrelated individuals.

  ☐ An assisted living facility licensed to serve 5 or more unrelated individuals.

- Anticipated Discharge Date: _____
- Consent Form Signed:

  ☐Yes No

- Consent Form Date: _____

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MFP Participation

- How does EDD know if a person is MFP eligible?
  - –The results of the MFP questionnaire indicate one of the following:
    - •MFP Eligible-Y (date)
    - •MFP Eligible- N (date)
    - •MFP Eligible- n/a
- The MFP eligibility in LTSSMaryland instructs EDD on the correct code to enter in MMIS
- <u>Questionnaire must be updated prior to the submission of the enrollment ATP.</u>

How does the State collect the Enhanced Match?

- The MFP Special Program Codes are programmed to draw down 75% federal match, rather than 50% federal match on qualified services

- All waiver services are “qualified services” as are DME/DMS and CFC services

MFP Special Program Codes (SPC)

- MFP participation is for 365 days and will be indicated by one of the following SPCs, followed by a non-MFP SPC:
  - OHM-Community Options in a house or apartment
  - OAM-Community Options in an assisted living of 4 or fewer
  - ICM-Increased Community Services/MFP
  - MFP (State Plan Only)
  - TBM-Brain Injury Waiver-MFP
  - NRM, DRM, MRM-DDA waiver-MFP

    *ACM-no longer in use, was Living at Home/MFP
  - Special Program Data Example
    - OAH 5/6/18 – 2/31/9999
    - OHM 5/6/17 - 5/5/18 A02

Frequent Errors

- Failure to create the MFP questionnaire
- Failure to update the MFP questionnaire when something changes (i.e.-individual chooses an ALF licensed for 5 or more)
- ALF size can be checked on the OHCQ website: https://health.maryland.gov/ohcq/docs/Provider-Listings/PDF/WEB_ALP.pdf

Result of Errors

- Questionnaire is filled out incorrectly in LTSS:
  - Individual meets all eligibility requirements, but the questionnaire indicates “n/a” or “not eligible”
    - State loses anywhere from $2,500-$20,000 per MFP eligible individual
  - Individual does not meet all eligibility requirements, but the questionnaire indicates “yes”
    - State improperly draws down anywhere from $2,500-$20,000 per individual. In order to correct the error, a new questionnaire must be filled out with the correct information, EDD must correct special program codes, MDH must rerun every claim that was paid for that individual in order to give the money back to the federal government.

Questions?

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