

Report of the HB343 Money Follows the Person Sustainability Committee

Charge of the MFP Committee

The Missouri Money Follows the Person (MFP) demonstration program was designed to reduce reliance on Skilled Nursing Facilities (SNF) and Intermediate Care Facilities (ICF/MR) for individuals who are aged or those who have a disability, while providing resources for individuals wishing to transition to a quality community-based long-term care setting. The objectives of Missouri's MFP program are:

- to move people from a facility to the community;
- to identify and eliminate barriers that prevent people from being able to move to the community;
- to improve the ability of MO HealthNet to provide in-home services; and
- to ensure that there is continuous quality improvement of in-home services provided.

In the 2015 legislative session, House Bill 343 specified that a committee be established by the Department of Social Services (DSS) in cooperation with the Department of Health and Senior Services (DHSS) and Department of Mental Health (DMH) to assess continuation of the Money Follows the Person program beyond the current demonstration timeframe. The last MFP award from the Centers for Medicare and Medicaid (CMS) is in 2016 with the last transition to occur in 2018. HB343 identified required committee representation, and participants are listed in Appendix A.

The tasks charged to the committee were to:

- Review the extent to which the demonstration program has achieved its purposes and assess any possible improvements.
- Explore cost savings achieved through the demonstration program.
- Investigate program elements and costs to sustain the program beyond its current demonstration period.
- Investigate the possibility and need to apply for a waiver from the Centers for Medicare and Medicaid Services.

The committee met 16 times between September 1, 2015 and May 18, 2016.

MFP Program Summary

Missouri's MFP program has enabled individuals in long-term care facilities to receive supports and services giving them more choices about where they live and receive care. A total of 1,261

individuals utilized MFP to transition to the community since the program began through December 2015. During the demonstration period, the Missouri MFP program has targeted four groups, including individuals who:

- have a physical disability (PD);
- are aged (Elderly);
- have a developmental disability (DD); or
- have a developmental disability with co-occurring mental illness (DD/MI).

The table below illustrates the number of individuals transitioned each year in each group. The MFP demonstration tracks individuals for the first 365 days in the community.

	Elderly	DD	PD	DD/MI	Total
2007	2	2	3		7
2008	10	24	20	5	59
2009	18	71	47	2	138
2010	20	27	42	3	92
2011	35	43	53	11	142
2012	70	62	86	7	225
2013	35	34	92	2	163
2014	53	22	108	3	186
2015	64	61	120	4	249
Total	307	346	571	37	1261

In Missouri, the MFP demonstration has been a collaboration between the Department of Social Services (DSS), Department of Health and Senior Services (DHSS) and Department of Mental Health (DMH). At the termination of the demonstration, individuals with developmental disabilities and individuals with developmental disabilities and a co-occurring mental illness will continue receiving transition services through Missouri’s existing developmental disability Home and Community Based Services (HCBS) waivers.¹ However, persons with physical disabilities and individuals who are aged would no longer receive services currently available through MFP due to the more limited HCBS waiver benefit package in Missouri for these two populations. Therefore, the committee’s report and recommendations focus on the sustainability of MFP transition services for persons with a physical disability and aged Medicaid populations.

An important aspect of the MFP demonstration was the quality of life (QoL) surveys administered to participants. After transition, outcomes indicate improvement in each of the quality of life domains for persons with a physical disability and aged target groups, in addition

to saving Medicaid long-term care dollars. Baseline surveys were administered before the individual transitioned from the nursing facility, and subsequently one year in the community and after two years in the community. The domains were: 1) satisfaction with living arrangements; 2) unmet need for personal care; 3) respect and dignity; 4) choice and control; and 5) overall satisfaction with life. The baseline and two-year follow up results are included in Appendix B.

Of the two target groups, 70% of Aged participants and 78% of participants with a physical disability remained in the community for 365 days or more. Of the percentage of individuals who did not remain in the community for a full year and beyond, reasons varied including that the individual was no longer Medicaid eligible; no longer interested in the program, returned to a SNF or ICF/MR I setting, died, or moved from the state.

In reviewing important aspects of the MFP program, key components included:

Options Counseling

Nursing facilities that receive Medicaid funding are required to administer a periodic Minimum Data Set (MDS) questionnaire to residents. One component of the MDS involves the residents' desire to learn about options of returning to the community, known as Section Q of the MDS. By law, nursing facilities are required to refer any "yes" responses to Section Q0500 to local contact agencies (LCA) for Options Counseling to determine whether they would be eligible for services and resources and to inform them of their options that would allow them to return to the community. Missouri contracted with Centers for Independent Living and Area Agencies on Aging to serve as the LCAs. Part of their responsibilities is to provide Options Counseling to residents that are referred. The provision of Options Counseling will continue to be a requirement for the state regardless of the status of continuing MFP transition activities. It is anticipated that DHSS regional staff will assume the responsibility for Options Counseling when the MFP demonstration period ends. Cost to continue Options Counseling has not been included in the budget to sustain MFP.

One-time Transition Grants

Another important component of MFP is the availability of a one-time transition grant funds, limited to no more than \$2,400, to offset the initial down payments, setup costs, and other expenditures associated with transitioning out of a nursing home to a community setting. Most Medicaid eligible individuals have no savings or access to funds for purposes such as rent deposits, basic household items, and assistive devices not covered by Medicaid to support functional limitations. The transition grants are authorized under Section 208.819 RSMO. Under the MFP program, the average grant per individual was \$1,800. Grants approved most frequently were for:

- Furniture – 33%
- Rent Deposits – 21%
- Household Items – 18%
- Groceries – 7%

- Utility Deposits – 5%
- Cleaning Supplies – 2%
- Toiletries – 1%
- Miscellaneous (including non-Medicaid covered medical equipment) – 13%

Initial Transition Planning/Case Management

Transition planning and coordination can be one of the most challenging aspects to effectively transition individuals to the community. MFP reimburses \$1,350 to local contact agencies (LCA) for each completed transition. There are numerous details that must be researched and arrangements must be in place before an individual can transition. Securing appropriate housing that is affordable and accessible; helping develop a budget plan; securing financial resources; procuring furnishings; setting up utilities, and identifying other supports and services are all part of the process. Effective transition coordinators must have the passion, commitment, and creativity to help individuals choosing to return to the community make a successful transition.

Missouri contracted with Centers for Independent Living (CILs) and Area Agencies on Aging (AAAs) as Local Contact Agencies to provide MFP transition planning and case management. The contractors employ knowledgeable staff who are skilled in developing person-centered transition plans, who understand long-term care delivery in home and community-based settings, and who have experience working with individuals who have disabilities and are familiar with Medicaid waiver programs. Strong advocacy skills and the ability to communicate with diverse populations are an important aspect for successful transitions.

On-going Transition Coordination/Case Management

After an individual transition, the LCAs make frequent home visits and calls to each MFP participant for 365 days. MFP compensates contractors on a pay-for-performance basis for on-going transition coordination and case management: one \$675 payment if the individual remains in the community for 6 months and one \$675 payment if the individual is in the community for a year, totaling \$1,350. The contractor meets with the individual at least two (2) times per month for the first three (3) months and at least once per month for the remaining nine (9) months until the MFP case is closed (365 days in the community). After the 365 days, the individual will continue receiving Medicaid state plan and available waiver home and community based services for which they are eligible.

Transition coordination and on-going case management is intended to ensure the health, safety, and social needs are met for a quality community living experience during the 365 day MFP period. During the post-transition months, the contracted LCAs provide ongoing case management to assist with securing other resources such as transportation, assistive technology or durable medical equipment, resolving issues that arise during the first year with housing, personal attendant supports and services, employment/volunteer opportunities and other areas. The individual directs their services with a person-centered plan, which is reviewed and modified, if necessary, during the 12-month period. In some instances, contractors facilitate support groups to assist the individual with reconnecting to their community and learning how to manage daily tasks and responsibilities. Ongoing support is essential to individuals unaware of

community supports and services available post-transition. The role of the LCA provides a safety net to eliminate barriers that an individual may encounter after transitioning back into the community. Partnerships are crucial to the continuous improvement in long-term care services and the elimination of gaps that limit access to living in the community.

Outreach Activities

The committee recommends it is also imperative to keep funding available for outreach activities directed at multiple audiences including individuals, family members, community leaders, and staff of skilled nursing facilities to ensure individuals are aware of MFP transition services. Successful methods of outreach have included commercials on MeTV, brochures, booklets highlighting success stories, and exhibits at conferences. Staff at skilled nursing facilities is important partners to inform residents about MFP, and ongoing training helps address turnover of social workers at nursing facilities. A lesson learned is that consistent training on the referral process is needed. In the current MFP Demonstration the outreach budget is \$50,424. The committee recommends a minimum budget of \$50,000 for continued education and outreach activities.

Cost Savings

The Department of Health and Senior Services estimated the overall MFP program cost savings for the 525 MFP participants with Physical Disabilities or who were Aged and transitioned between State FY12 through State FY15. They compared *Estimated Skilled Nursing Facility Costs* to the combined *Home and Community Based Service Costs/MFP Service Costs* for the individuals. The average estimated MFP savings per participant was \$32,489.

Total estimated facility costs (based on the average daily cost estimate) for the period would have totaled \$29,695,757 (\$11,029,429 GR). Total costs combining Home and Community Based Service (HCBS) Costs and MFP Demonstration Expenses for the period totaled \$12,638,846 (\$4,683,606 GR). Overall cost savings through the comparison for the four fiscal years totaled \$17,056,911 (\$6,345,823 GR), which equals \$1,586,455 average GR for each state fiscal year

MFP transition services are available to participants only as they remain in the community for 365 days. Existing Medicaid state plan and waiver services will continue following the individual after the 365 days while the individual remains Medicaid eligible. Cost savings will continue in outlier years after the 365 days if the individual remains in the community.

The complete year-by-year figures on which costs and savings are based are included in Appendix C.

Recommendations

The committee recommends sustaining the MFP program. By supporting the choices of persons with physical disabilities and individuals who are aging who select to transition from skilled nursing facilities (SNF) to quality community settings; Missouri is supporting community choice. The sustainability plan would include maintaining the majority of the existing infrastructure in place. All of the HCBS provided to MFP participants are currently covered under the Missouri State Medicaid State Plan or by an existing 1915(c) Medicaid waiver, with the exception of the expenses to continue providing MFP transition services. The current local contact agencies (Centers for Independent Living and Area Agencies on Aging) would continue providing these services under these sustainability recommendations.

The MO HealthNet Division (MHD) would continue providing oversight of the MFP program once the demonstration period ends, beginning in State FY2018. The committee recommends the MHD retain the MFP Specialist, and Support staff currently contracted as state FTEs.

Current state staff operating under a FTE would remain as covered positions within the respective state agency.

Anticipated Annual Appropriations

Below are the anticipated costs for an estimated 196 individuals with a physical disability and individuals who are Aged who would transition under a sustained MFP program in FY2018. Estimated cost savings over a 4-year period for the 196 individuals who transition to the community compared to nursing facility care based on the Average Savings Per Participant in Appendix C is \$6,367,844. In order to sustain the MFP program, funding must be appropriated and in effect by January 1, 2019. It is anticipated the appropriations to sustain the program for FY 2019 would be the same as anticipated for FY 2018.

DHSS Services

	2018	Amount	State GR	Federal	Total
Transition coordination	196	\$1,350.00	\$97,346.34	\$167,253.66	\$264,600.00
Follow-up case management	196	\$1,350.00	\$97,346.34	\$167,253.66	\$264,600.00
Transition Service	196	\$2,400.00	\$173,060.16	\$297,339.84	\$470,400.00
			\$367,752.84	\$631,847.16	\$999,600.00

DSS Positions

PDS			\$30,752.00	\$30,752.00	\$61,504.00
AOSA			\$22,937.00	\$22,937.00	45,874.00
(all positions include fringe)			\$53,689.00	\$53,689.00	\$107,378.00

Outreach			\$50,000		\$50,000
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Total State GR is \$471,441.84 and Federal Financial Participation is \$685,536.16 for a total of \$1,156,978.00 for SFY 2018.

Exploring Sustainability Options

The committee explored various options for sustainability and recommends that DSS and DHSS continue to investigate one or more options as possible methods to continue the MFP program after the federal demonstration ends.

A key challenge relates to ensuring that MFP transition services are available both to individuals who meet Missouri's SNF level of care requirements and also to individuals who no longer meet the level of care requirement. The latter category may include individuals who have improved after prolonged rehabilitation or other interventions in a nursing facility. These individuals would not be eligible for services provided through a HCBS waiver, but may still need transition services available under MFP in order to return to the community. The committee has communicated with CMS regarding potential options; however CMS has not provided a definitive response as to how these individuals may continue to receive transition services after the federal demonstration period ends. We recommend DSS explore options with CMS.

Among the potential options or combination of options the committee has explored and recommends DSS to continue to pursue are:

- Expanding 1915(c) HCBS waivers including the Independent Living waiver and/or the Aged and Disabled waiver;
- Developing a new 1915(c) HCBS waiver specific to MFP transition services for persons with physical disabilities and individuals who are aged;
- Exploring a 1915(b)4 waiver that allows a state to restrict the number or type of providers who can provide specific Medicaid services.
- Exploring state-only funded services which may be needed for some individuals not meeting waiver eligibility, yet needing only MFP services to transition back to the community. The state would realize a cost savings by the individuals transitioning back into the community.

The sustainability of the Money Follows the Person program will allow Missouri to continue this initiative and offer people transition services with more options about where they choose to live and receive care. One-time transition grants, person-centered planning, initial and ongoing case management for 365 days, continued MFP education and outreach should continue as cost-effective options for Missourians choosing transition services to live in community settings.

As it seems appropriate to further investigate other potential options, the committee recommends continuing to operate beyond the submission of this report, at a minimum, until the legislative requirements of HB 343 expire on January 1, 2017.

As we look to the future, we also encourage Missouri to explore opportunities under the Community First Choice Option which makes available home and community based attendant services and supports to assist beneficiaries in accomplishing activities of daily living, instrumental activities of daily living and health-related tasks in community settings.

ⁱ The Department of Mental Health will continue to transition individuals eligible for services through the Division of Developmental Disabilities (DD) from nursing homes and habilitation centers into existing Home and Community Based (HCBS) Waiver services. Transition coordination is provided by transition/support coordinators available through the current targeted case management system. Start-up expenses for individuals transitioning who have an intellectual or developmental disability are currently available through the Comprehensive waiver. In order to provide greater sustainability, this service has been added to the Community Support waiver effective with the 2016 waiver renewal. DD waiver services that supported transitions through Money Follows the Person (MFP) were in place prior to the MFP grant. No additional MFP services will be needed for individuals to continue to transition through the DD system.

Appendix A

HB 343 Committee Members

192.296 Section 3.

	Name	Organization	Contact Information	
(1) Division of Senior and Disability Services staff	Shomari Rozier	DHSS	Shomari.Rozier@health.mo.gov 526-3128	Program specialist at Division of Senior and Disability Services who oversees the DSIDS contract with Transition coordinators for MFP
(2) MO HealthNet division Staff	Julie Juergens	MHD/MFP Project Director	Julie.Lamons@dss.mo.gov	
(3) Division of Developmental Disabilities staff	Lisa Turner	DMH/DD	Lisa.Turner@dmh.mo.gov 573-441-6309	Division of DD Manager over the DMH DD transition coordinators for MFP.
(4) Centers for Independent Living & Area Agencies on Aging	Leslie Anderson	Services for Independent Living	1401 Hathman Place I, Columbia, MO 65201/ Ph. 573-874-1646	MFP CIL contractor for Options counseling and transition coordination. Also a part of the MFP stakeholder legislative sub-group.
St. Louis City Area Agency on Aging	Anneliese Stoever	Area Agency on Aging	1520 Market Street, Room 4086, St. Louis, MO 63103, 314-657-1669	
(5) Missouri Assistive Technology	Marty Exline	Missouri Assistive Technology	1501 NW Jefferson Street, Blue Springs, MO 64015 PH: 816-655-6700	Director of Missouri Assistive Technology, DESE. Also the vice chair of the MFP stakeholder group and a member of the MFP stakeholder legislative sub committee.
(6) Missouri Developmental Disabilities Council	Dolores Sparks	DD Council	1706 E. Elm St, PO Box 687, Jefferson City, MO 65102 PH: 573-751-8611	Chair of the MFP Stakeholder group and a member of the legislative stakeholder sub-committee

(7) Skilled nursing community predominately serving MO HealthNet participants	Rick Doerhoff	Missouri Healthcare Association member	Oak Tree Villas- Stonebridge 3108 W. Truman Blvd. Jefferson City, MO 65109 Ph. 573-893-3063	
(8) Missouri House of Representatives	Representative Travis Fitzwater		MO House of Representatives 201 West Capitol Avenue Room 116-A2 Jefferson City MO 65101. 573-751-5226	
(9) Missouri Senate	Senator Paul Wieland		201 W Capitol Ave., Rm. 334, Jefferson City, MO, 65101. (573) 751-1492	



Information Brief No. 3: Quality of Life

This is the third in a series of Missouri MFP Information Briefs designed to share information and data pertaining to the participants and outcomes of the project. These Briefs will focus on a broad range of topics and issues designed to engage interested stakeholders in efforts to promote ongoing improvements in the program.

Baseline and Two-year Follow-up Results on Quality of Life for Persons in the Aged and Physically Disabled Target Groups

The federal Money Follows the Person (MFP) demonstration project has provided funding to states in an effort to help Medicaid recipients who are elderly or have disabilities leave long-term care institutions and return to their communities. One of the intents of the project was to improve the Quality of Life (QOL) of program participants following a return to the community. The MFP Quality of Life Survey (QOLS) is used to help measure consumer level of satisfaction with HCBS and living arrangements. The QOLS collects information on participant welfare in the following domains: (1) satisfaction with living arrangements, (2) unmet need for personal care, (3) respect and dignity, (4) choice and control, and (5) overall satisfaction with life. In this Information Brief, we report on responses for MO MFP participants who were either aged or had a physical disability. These responses were provided prior to transition while living in a long-term care institution (LTC) and 24 months after returning to the community.

The data used in this Information Brief is cumulative through June 2015. The results on domains from these surveys are reported in Figures 1 thru 5. T-Tests indicated significant improvements in QOL across all five measured domains. These improvements were consistent for both the aged and physical disability groups.

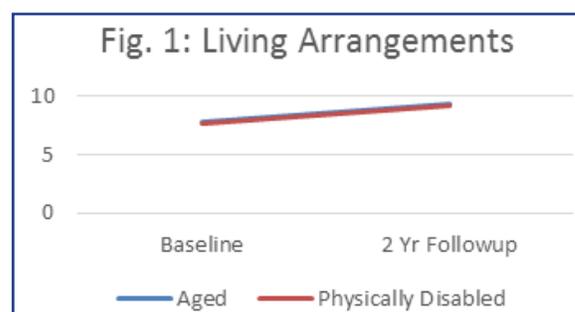


Figure 1: Living Arrangements

These findings indicate that MO MFP participants were more pleased with their living setting following a return to the community than while in a LTC.

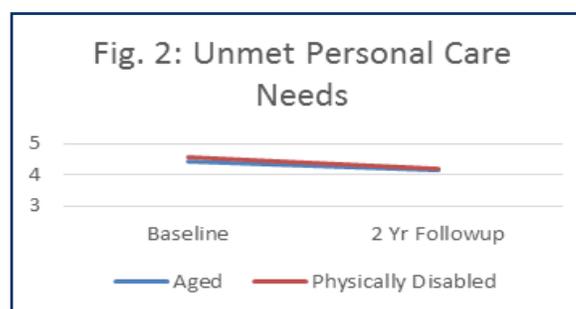


Figure 2: Unmet Personal Care Needs
(Lower Score Indicates Fewer Unmet Needs)

Participants also reported that they had fewer unmet personal care needs following transition to the community.

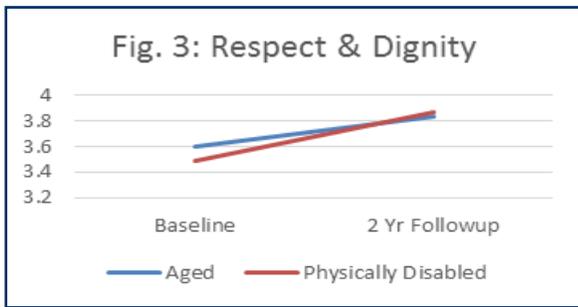


Figure 3: Respect & Dignity

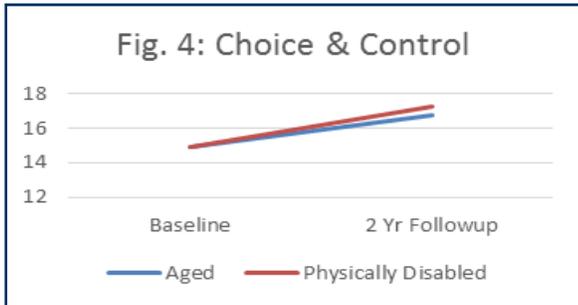


Figure 4: Choice & Control

In addition, participants also indicated that they were satisfied with the assistance they were receiving and that they were treated with more respect and dignity by their care providers and they have more choice and control over their lives.



Figure 5: Overall Satisfaction with Life

When asked, participants reported that overall, they were satisfied with their current life situation and the assistance they were receiving in their house and to get around in the community.

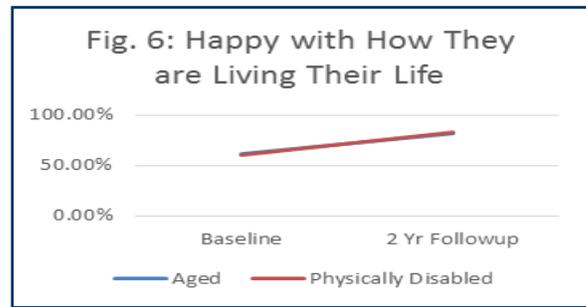


Figure 6: Happy with How They are Living Their Life

Prior to returning to the community, participants were asked if they were happy with how they were living their life, 62% of the aged and 61% of those with a physical disability answered with a “Yes”. Two years after returning to the community, both groups were asked the same question. This time, 82% of the aged and 83% of those with a physical disability answered with a “Yes”.

NOTE: Numbers on the vertical axis of Figs. 1-5 are the values for that domain. QOLS domains are additive and the individual domain values differ based on the number of items used to construct the domain.

Conclusion

Information obtained from the QOLS on MO MFP participants indicated that the program has been successful in improving and maintaining the QOL of individuals who transition from LTC institutions back into the community.

These improved levels of QOL have been reported for:

- Living arrangements
- Reducing unmet personal care needs
- Being treated with respect and dignity by care providers
- Choice and control over their lives
- Overall satisfaction with their lives
- And, happy with how they are living their lives

After two years of again living in the community, MO MFP Program participants also reported a significant improvement in their being happy with how they are now living their lives.



For more information about Missouri MFP, call 573-751-8021.

This document was submitted under grant CFDA 93.791 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services or the University of Missouri Kansas City, and you should not assume endorsement by the Federal Government.

Appendix C									
Home and Community Based Service Costs									
Year Transitioned	FY12 HCBS Cost	FY13 HCBS Cost	FY14 HCBS Cost	FY15 HCBS Cost		Federal	GR	Aged	Disabled
FY 12	\$ 168,181	\$ 608,772	\$ 556,105	\$ 486,932	\$ 1,819,990	\$ 1,146,852	\$ 673,138	\$ 863,940	\$ 956,050
FY 13		747,682	1,374,352	1,235,658	3,357,692	2,107,575	1,250,117	1,412,417	1,945,275
FY 14			424,772	898,850	1,323,622	829,915	493,707	396,132	927,490
FY 15				788,266	788,266	497,356	290,910	334,386	453,880
HCBS Total	\$ 168,181	\$ 1,356,453	\$ 2,355,229	\$ 3,409,706	\$ 7,289,570	\$ 4,581,698	\$ 2,707,872	\$ 3,006,874	\$ 4,282,696
Estimated Facility Costs (Average Daily Cost)									
Year Transitioned	FY12 Est Fac Cost	FY13 Est Fac Cost	FY14 Est Fac Cost	FY15 Est Fac Cost		Federal	GR	Aged	Disabled
FY 12	\$ 538,582	\$ 2,123,286	\$ 1,563,689	\$ 1,210,593	\$ 5,436,149	\$ 3,429,282	\$ 2,006,868	\$ 2,076,980	\$ 3,359,169
FY 13		3,422,384	5,040,067	4,056,588	12,519,038	7,864,102	4,654,936	4,484,725	8,034,313
FY 14			2,826,669	4,631,513	7,458,182	4,670,972	2,787,210	1,977,751	5,480,431
FY 15				4,282,387	4,282,387	2,701,972	1,580,415	1,382,139	2,900,248
Estimated Facility Total	\$ 538,582	\$ 5,545,669	\$ 9,430,425	\$ 14,181,081	\$ 29,695,757	\$ 18,666,328	\$ 11,029,429	\$ 9,921,596	\$ 19,774,161
MFP Demonstration Expenses									
	FY12 Actuals	FY13 Actuals	FY14 Actuals	FY15 Actuals		Federal	GR		
Transition to Comm	\$ 16,200	\$ 201,150	\$ 175,500	\$ 237,600	\$ 630,450	\$ 397,274	\$ 233,176		
Comm 6 months	-	52,425	74,925	72,900	200,250	125,843	74,407		
Comm 12 months	-	4,725	66,150	57,525	128,400	80,238	48,162		
Option Counseling	62,700	237,600	182,700	180,300	663,300	418,348	244,952		
Total Provider Fees	\$ 78,900	\$ 495,900	\$ 499,275	\$ 548,325	\$ 1,622,400	\$ 1,021,703	\$ 600,697		
Comm Trans Expenses	98,475	272,410	200,149	311,251	882,285	556,692	325,593		
Administrative Costs	726,044	759,681	648,323	710,543	2,844,591	1,795,147	1,049,444		
Total Demo Dollars Used	\$ 903,419	\$ 1,527,991	\$ 1,347,747	\$ 1,570,119	\$ 5,349,276	\$ 3,373,542	\$ 1,975,734		
Overall MFP Program Savings									
	Federal	GR							
Overall Dollars Saved	\$ (533,017)	\$ 2,661,225	\$ 5,727,448	\$ 9,201,255	\$ 17,056,911	\$ 10,711,088	\$ 6,345,823		
				Overall Number of Participants:	525				
				Average Savings Per Participant:	\$ 32,489	\$ 20,402	\$ 12,087		
*Note: Federal/GR figures determined using the Blended FMAP Rate for each respective fiscal year.									