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Missouri Money Follows the Person Demonstration

Semi-Annual Report

July 1 to December 31, 2020

Report Prepared For:

Missouri Money Follows the Person Demonstration
Missouri Department of Social Services
In collaboration with:
The Missouri Department of Mental Health and
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Partnerships for Effective Social Change

TABLE OF CONTENTS

TABLE OF TABLES

TABLE OF FIGURES

APPENDIX

INTRODUCTION

The federal Money Follows the Person demonstration was authorized by Congress as part of the 2005 Deficit Reduction Act (DRA) and was extended under the Affordable Care Act (ACA). MFP offers states the opportunity to receive enhanced federal matching funds for covered Home and Community-based Services (HCBS) for 12 months for each Medicaid beneficiary who transitions from an institutional setting to back to a community-based setting as a Money Follows the Person (MFP) participant.

The Center for Medicare and Medicaid Services (CMS) has defined Money Follows the Person (MFP) as "a system of flexible-financing for long-term services and supports that enable available funds to move with the individual to the most appropriate and preferred setting as the individual's needs and preferences change." This approach has two major components. One component is a financial system that allows sufficient Medicaid funds to be spent on home and community-based services. This often involves a redistribution of State funds between the long-term institutional care (LTC) and community-based state plan and waiver programs. The second component is a nursing facility transition program that identifies consumers in institutions who wish to transition to the community and helps them to do so.

This grant supports State efforts to: a) rebalance LTC support systems so that individuals have a choice where they live and receive services; b) transition individuals from institutions who want to live in the community; and c) promote a strategic approach to implement a system that provides person-centered, appropriate, needs based quality of care and quality of life services that ensures the provision of, and improvement of such services in both home and community-based settings.

The overall goal of the Money Follows the Person Demonstration (MFP) is to support and assist persons with disabilities or who are aging to make the transition from nursing homes and state habilitation centers to quality community settings that can meet their individual support needs and preferences. This project will enhance existing state efforts to reduce the use of institutional, long-term care services and increase the use of home and community-based programs.

The purpose of this report is to help evaluate the effectiveness of the State of Missouri's Money Follows the Person Project, provide information for program improvement and provide information to speak with the state legislature to gain support to sustain and to grow the program. This evaluation process will generate data briefs and reports that can be used to inform key legislative members and others. These reports can also be used by MFP stakeholders as part of community outreach to attract individuals to participate in the program and return more individuals to the community.

This program evaluation will examine points throughout the transition process from institutions to community settings. These stages include but are not limited to how the persons in the project are selected as participants; the type of funding they will receive; the type of residence they will occupy; the support services they will receive; and their satisfaction with these services. Information will be gathered on MFP participants that leave the program to help identify the reasons for their leaving. This information can be used to identify trends and aid in the development of supports and services to help keep individuals living in community settings. This

will become important as individuals with more complicated needs return to the community and aid the MFP Project in reaching their benchmarks for successful community transitions.

The following objectives have been developed to examine and evaluate various aspects of the MFP project. It is intended that these objectives will provide feedback on essential components of the project that are necessary for the project to be successful.

Area 1: Establish practices and policies to screen, identify, and assess persons who are candidates for transitioning into the community through the MFP project.

Objective 1a: Changes in relevant policies and procedures related to screening, identification, assessment, and transition planning.

Objective 1b: Number in each target group who choose to participate and those who actually transition.

Area 2: Development of flexible financing strategies or other budget transfer strategies that allow "money to follow the person".

Objective 2a: Changes in the balance of long-term care funding between institutional and home and community-based services.

Objective 2b: Increases in the number of persons funded under the Medicaid Waiver program.

Objective 2c: Increases in the amount of funding for supplemental services received by persons in the MFP Project.

Area 3: Availability and accessibility of supportive services for MFP participants. Supportive services include a full array of health services, 'one time' transitions services, adaptive medical equipment, housing and transportation.

Objective 3a: Level of consumer involvement in planning transitions and delivery of services.

Objective 3b: Types of housing selected by participants in MFP.

Objective 3c: Number of MFP participants who self-direct services.

Objective 3d: Number of individuals who were unable to transition due to lack of housing.

Objective 3e: Types and amounts of transition services, including demonstration and supplemental services, used by MFP participants.

Objective 3f: Why individuals interested in participating in MFP were unable to transition.

Area 4: Performance of a cost analysis on support service costs for individuals participating in the MFP Project.

Objective 4a: Medicaid costs prior to participation in MFP.
Objective 4b: Medicaid costs following transition and participating in MFP.

Area 5: Development of policies and practices to improve quality management systems to monitor services and supports provided to participants in the MFP Project.

Objective 5a: Level of satisfaction with home and community-based services including living arrangements.
Objective 5b: Changes in quality of life.

Area 6: Persons eligible to participate in MFP and who decline, or those persons enrolled in MFP and who cease participation in MFP will be evaluated to determine the reasons for their decisions. Individuals who die while participating in MFP will also have their cause of death examined.

Objective 6a: Rates of re-institutionalization of MFP participants and reasons cited.
Objective 6b: Frequency and reason for deaths.

EVALUATION RESULTS

The Evaluation Results section provides a description of the Money Follows the Person Demonstration activities and progress made with regard for each goal and objective. For each area goal, the objectives, outcomes, strategies or activities, and data measures are stated. This is followed by a discussion of the progress made during July 2020 through December 2020. For some data measures, baseline data was available. In this circumstance, progress over time is reported. When baseline data is not available, the discussion is limited to progress made during this reporting period, which may serve for comparison in upcoming years.

Area 1: Establish practices and policies to screen, identify, and assess persons who are candidates for transitioning into the community through the MFP project.

The rationale for this goal is to examine state policies and procedures for changes that will affect individuals who express a desire to leave an institutional living setting and return to the community. This goal is intended to help determine if the state has made permanent changes in their system to ensure that persons have access to a transparent process for returning to their communities.

Objective 1a: Changes in relevant State policies and procedures related to screening, identification, assessment, and transition planning.

The Missouri Money Follows the Person Demonstration Project (MO MFP) initially targeted three groups of persons to be involved in the program: individuals with developmental disabilities including those with developmental disabilities and mental illness; individuals with a physical disability; and the aged. The state agencies involved in providing services to these groups will be surveyed based on the populations they serve. Persons with an intellectual or developmental disability (IDD) will be served by the Department of Mental Health (DMH) – Division of Developmental Disabilities (DDD). The aged (aged 63 and older) and persons with physical disabilities under the age of 63 (PD) will be served by the Department of Health and Senior Services (DHSS) – Division of Senior and Disability Services (DSDS).

There continued to be some uncertainty regarding funding for the MO MFP program as the formal Operational Protocol did not extend to 2019 and beyond. As a result, the program lost some contact agency staff who conducted transitions and this required a new competitive bid process to hire new staff. These new staff persons were then required to undergo training on the program and ways to do outreach to facilities in the counties they served. Given all this, MO MFP had difficulty in reaching targeted transition goals. In a typical year, MO MFP transitions over 200 people.

Please note: As of 2019, Missouri MFP no longer transitions DMH clients with IDD. The focus continues to be on target groups of Aged/Older adults and Physically Disabled adults. DMH clients have access to funds and services via waivers and would not be impacted negatively

compared to our older and physically disabled participants, who typically have no access to transition funds or planning.

The decision to hold off on new DMH IDD transitions was discussed with DMH staff and the CMS Project Officer. Missouri IDD participants can still access transition funds and services thorough the DMH waivers when not transitioning via MFP. This decision helped to ensure more aged and disabled people could successfully transition to the community through MO MFP funding. In a typical year, MO MFP transitions over 200 people. These annual target numbers will be reduced due to targeting only two of the original four groups.

MO MFP transition progress during this reporting period saw a steady increase in the identification and enrollment of participants. The program revised their annual goal to include transitioning 140 people and for this reporting period, achieved the transitions of 79 participants. Due to Covid constraints, the MO MFP was only able to transition 126 persons for the year and did not achieve their projected annual goal of 140 transitions.

As mentioned earlier in this report, the loss of contact agency staff required the recruitment of new staff. This allowed the Division of Senior and Disability Service (DSDS) which oversaw funding for these staff to examine how their funding process and procedures. Effective July 1, 2019, the decision was made to change the way DSDS administered Missouri's MFP program from a Single Feasible Source (SFS) contract utilizing only "not for profit" organizations, to a competitive bid RFA, which would allow any eligible Missouri Medicaid provider including "for profit" agencies to be awarded a contract. The DSDS is divided into five HCBS regions. To maximize the efficiency of this reorganization, contract awardees would now be responsible for all counties within their region. DSDS felt this was also a necessary change because during the previous fiscal year, many of our "not for profit" agencies had to terminate their MFP contracts due to budget cuts and a mandated reduction of Consumer Directed Service units for all recipients, leaving many counties throughout the state without an agency to provide MFP services, resulting in many individuals having to remain in nursing homes. Competitive Bid Long Term Care Rebalancing Opportunities (LTCRO) contracts were awarded to four eligible Missouri Medicaid agencies, with one agency being awarded contracts for two out of the five Division of Senior and Disability Services (DSDS) regions. With the reorganization and change in the way the Missouri MFP program is being administered, DSDS was optimistic that this would greatly improve efficiency in providing oversight of the contractors and the program across the board. One agency that was awarded a competitive bid RFA submitted a written notification in November 2019 stating their wishes to terminate their contract with the MFP program effective December 31, 2019. Since there would be a gap in between this termination and getting a new contractor awarded, DSDS had to follow-up daily on everything this agency had pending with regards to MFP, in order for the State to be in position to provide direct oversight of these participants beginning January 1, 2020.

The Department of Health and Senior Services continued to use their HCBS Web Tool or InterRAI Home Care Assessment (Inter RAI HC) which is intended to enhance the client assessment process and HCBS authorization. The Inter RAI HC focuses on a person's functioning and quality of life by assessing needs, strengths, and preferences. Upon completion, the Inter RAI HC calculates the participants nursing facility level of care (LOC) for eligibility purposes. This assessment is also intended to help provide a continuity of care across settings and promote a person-centered evaluation. This assessment tool is very clinical in nature and some MO MFP participants have

difficulty in meeting the criteria for nursing facility level of care and may not be authorized for HCBS.

The Missouri State Legislature changed the nursing facility level of care (LOC) from a point score of 21 to 24 (based on a face-to-face assessment with the participant). In addition, the Consumer Directed Services (CDS) was reduced from 100% to 60%. These changes changed the program requirements for participant qualification for Medicaid Home and Community Based (HCBS). Together these changes make it more difficult for the Aged and Disabled MFP participants to qualify for HCBS. Upon Being reassessed, active MO MFP participants currently receiving HCBS will also have to meet the new LOC eligibility requirements.

It was decided that in cases where the individual will not be authorized for HCBS, attempts would be made to use an individual's natural community and other non-paid supports to assist with unmet needs.

The Department of Health & Senior Services (DHSS), Division of Senior & Disability Services (DSDS) has started the Nursing Facility Level of Care (LOC) Transformation Project. The goal for this project is to review all aspects of the HCBS assessment process to ensure the right services are being provided to the right individuals at the right time. DSDS held a series of public meetings with HCBS providers, other stakeholders, and national experts to share best practices in determining HCBS eligibility. A draft LOC algorithm has been developed. The process for determining LOC has not changed. The project was in the data gathering and feedback submission process. HCBS providers will determine the impact to current and potential participants and had until March 31, 2019, to submit feedback.

The Division of Senior and Disability Services (DSDS) collected feedback and suggestions after releasing the first LOC draft algorithm. Based on this feedback, a second draft of the LOC algorithm was developed. DSDS asked providers and stakeholders again to review and test Draft LOC Algorithm 2.0 and worksheet and provide feedback and suggestions by May 20, 2019. Again, this project was created to review all aspects of the HCBS assessment process to ensure the right services are being provided to the right individuals at the right time. As a result of this feedback, changes to the proposed LOC algorithm were made and submitted to HCBS staff and stakeholders for comments before the revised algorithm was sent for approval.

To help address the problem with service authorization, the MFP Home and Community-based Services Referral/Assessment form was developed for the DSDS MFP Regional Coordinators. The purpose of this form was to ensure consistency statewide when gathering information on MFP participants who will not be authorized for HCBS. This form has less content and is not as clinically extensive as the Inter RAI HC.

The DSDS made the decision to move away from using email to communicate regarding MFP participants and enforce that certain documentation be added to the participant's record in Cyber Access, also known as the HCBS Web Tool. Cyber Access is the one main system that houses all pertinent information regarding a participant's HCBS. This will allow other Department staff that don't work directly with MFP and wouldn't have access to the MFP database, the ability to access information on an MFP participant when needed. Other reasons for this change was to enhance security, maintenance of pertinent and relevant information on participants and a better ease of communication.

DHSS announced the implementation of a new integrated online reporting system for mandated reporters that will ensure all concerns of abuse, neglect and financial exploitation of the elderly and adults with disabilities will be quickly reported. This Adult Abuse and Neglect Hotline is an online reporting system that will allow for secure electronic submission of incidents from mandated reporters and public citizens into a secure, encrypted database that will be available 24/7 on a web-based platform. This system will be an alternative to the current phone reporting system.

The Division of Senior and Disability Services has replaced their third-party assessors with HCBS Call Center (15 FTE) and Assessment Teams (75 FTE). These teams have been tasked with processing new requests for Medicaid supported community services and to conduct pre-screening assessments, assessments of level of care and evaluate requested changes in individual plans. These Call Center and Assessment Teams continue to be used. Additional placement slots were added to the Medically Fragile Adult Waiver. After MO MFP ends, state funds will continue to support these additional slots.

Issues such as the annual Medicaid recertification process and switching Medicaid funding from institutional to community-based have periodically surfaced since the start of the MO MFP program. The DHSS and Family Support Division (FSD) collaborated to have an FSD employee placed at DHSS to assist with Medicaid issues that impact a person's ability to receive HCBSs. This benefits all HCBS Medicaid recipients including MO MFP participants that have trouble with their Medicaid coverage.

The MOCOR (Missouri Community Options and Resources) partners (Missouri Departments of Health & Senior Services, Mental Health and Social Services) continue to operate a website and a toll-free phone number. The site enables users to assess, learn and search for long-term support information and services throughout Missouri. Beginning in 2012, Community Options Counseling (COC) can be provided to individuals with an active discharge plan who have resided in a nursing facility for 90 consecutive days minus Medicare paid days for the purposes of short-term rehabilitation services. A transition plan template was developed through the CQI process and this plan became a contractual requirement beginning in 2014. This transition plan must be completed prior to a transition for each MFP participant.

The Missouri Division of Regulation and Licensure (DRL) informed the DSDS that they had received complaints from nursing homes regarding the outcome of referrals for COC services. To address their concerns, the DSDS developed a form to be left at the nursing home following COC. If an individual is not referred for MFP transition coordination services, the nursing home is informed as to the reason. A standardized format was developed for DSDS Regional Coordinators to use following their assessment to inform contracted transition coordinators of personal issues that should be addressed in the transition plan to better insure the delivery of needed support services.

MO MFP contractors began using a revised uniform transition plan template called the Transition Plan and Payment Invoice Score (TP) that officially became part of contract renewals. This transition plan template is more user friendly e.g., some questions were reassigned to more appropriate areas depending on subject matter, reduced redundancy, and items made more specific to MO MFP which allows for more person-centered planning. Contractors will need to send a completed TP to the DSDS MFP Regional Coordinator prior to a move, for review to ensure everything is in place to mitigate risk once a participant moves to the community. The TP is to ensure contractors submit them accurately and in a timely manner to help prevent the misallocation

of funds for the coming contractual period. The timely submission of transition plans for review/approval and the accurate and timely submission of monthly payment invoices are now ongoing performance measures for contractors.

The Division of Senior and Disability Services updated the self-direction assessment questions to be used immediately for assessment and reassessments as warranted. These questions will help determine a participant's ability to self-direct their Consumer-Directed Services (CDS) in the HCBS program.

Changes to the state law on guardianship have gone into effect. These changes will make it easier for individuals to have less restrictive levels of guardianship and to petition for a reduction in levels. MO MFP contractors will if applicable when screening individuals be asked to obtain a copy of the guardianship, conservatorship, or invoked DPOA documents to determine what rights a participant has lost, before determining they cannot make their own decisions regarding their wishes to receive option counseling and or to be enrolled into the MFP program. They will need to ensure that a copy of the document reviewed is uploaded to the participant's record in Cyber Access.

During this reporting period the United States continued to be impacted by the COVID-19 pandemic. Because MFP participants (Aged & Physically Disabled) were at high risk for getting infected with the disease whether they were in "pending transition" status waiting to move, or if they had already moved and were living in the community, the MFP program continued operating under emergency protocols implemented in March 2020. These protocols were put in place to limit the chance of spreading the disease. Current, Level of Care assessments, MFP assessments, care planning, transition planning, Options Counseling sessions etc., were being done remotely. MFP contractors were still required to physically tour the proposed living arrangement for health, safety and accessibility prior to the participant moving in, and must physically ensure that a safe move had occurred on transition day. The challenge with a hands-on program like MFP having to now function primarily on a remote basis, was losing the ability to "eye-assess" and depending heavily on what people tell you with regards in enrolling and approving successful participants.

At the same time skilled nursing facilities were following local and national guidance by limiting outside visitors to prevent residents from contracting the COVID 19 virus, resulting in transitions taking longer to complete. Options counseling sessions, level of care/MFP assessments, transition planning meetings etc. were primarily done over the phone which took longer than traditional face to face methods. Also, waiting for required signatures to be sent back and forth through electronic means added time to the process. This combined with the over the phone issue, brought down the number of transitions as opposed to normal pre-pandemic operations.

Due to the COVOD-19 pandemic and the resulting staff shortages, the Department of Health and Senior Services (DHSS) made the decision to allow Medicaid providers to make adjustments with authorized tasks with regards to a participant's care plan. Providers may limit service delivery to essential services if needed due to staffing shortages or to limit exposure to COVID-19. The provider did not need to inform the Department of these adjustments unless the change will be permanent.

During this review period, the State of Emergency protocols implemented during the first half of 2020 to accommodate the COVID-19 pandemic, which allowed for conducting the MFP program primarily using remote methods was extended to March 31, 2021.

During this reporting period the strict health protocols many Skilled Nursing Facilities (SNF) implemented in the first half of 2020 to lessen the spread of COVID-19 were continued through this reporting period. As mentioned during the previous reporting period, the pandemic continues to cause major delays in MFP processes, such as getting signed paperwork returned from facilities, scheduling and completing Option Counseling sessions, MFP assessments, Level of Care (LOC) assessments etc. The impact of this will continue to be less transitions occurring than under normal circumstances.

Objective 1b: Number of eligible MFP participants who choose to participate in relation to those who transition.

To be eligible to participate in MFP, an individual must have resided in a habilitation center or nursing facility for at least 90 days of non-Medicare funded rehabilitation and have received MO HealthNet benefits in the care facility for one day. They must be willing to transition to a home that is leased or owned by the participant or participant's family or move to residential housing with no more than four individuals living in the house. From July to December 2020, 206 persons were assessed to determine eligibility for participation in MFP. Again, for the period covered in this report, 79 persons who were identified as being eligible for MFP transitioned back into the community using this program.

In addition to self-referrals for information on the MO MFP Program MO MFP utilizes resident responses to Section Q on the MDS to aid in identifying individuals who have a desire to transition back to the community. There were some initial problems in obtaining referrals using Section Q and the MO MFP program, initiated steps to address this problem. The implementation of the Section Q website accompanied by training for nursing home staff on the process to report "Yes" responses to Section Q with the intention of aiding the MO MFP project in achieving transition goals. The MO MFP program created a website for nursing home staff to enter MDS Section Q referrals online. The MO DSS developed and sent out a Provider Bulletin to nursing homes on MDS Section Q to remind nursing homes on the requirement for them to administer the MDS questionnaire to residents how to make an online Section Q referral.

An information reference card for nursing facility staff called "MDS Section Q, Options Counseling and MFP Quick Reference" continues to be used. This reference card was created by a desire to better equip nursing home staff (Social Workers, MDS Coordinators) with basic reference information, ranging from the proper website to input Section Q referrals, how to initiate a direct referral, and more details about how the potential participants via the Q+ index. This training along with continued outreach efforts to nursing homes appears to be having an impact.

There continued to be steady but reduced rate in referrals from facilities based on Section Q for this period. Between July to December 2020, 51 persons were referred to MO MFP through Section Q and 7 of these individuals were then enrolled in the MFP program and transitioned to the community. It is expected that individuals identified through Section Q during this time-period will likely show as enrolled in the program next reporting period, as actual transitions can take

months to occur. As more individuals move out of nursing facilities due to MFP, people are becoming aware of the program and the Missouri MFP Project continues to receive more self-referrals regarding the program and possible eligibility. MO MFP is also receiving more contacts from family members regarding the program asking what it might be able to do for their family members.

The number of referrals and transitions resulting from Section Q is below prior years. It is possible that the slowdown in Section Q referrals could be related to the program's uncertainty. Some nursing facility staff may assume that if MFP is not actively transitioning people (as was the case early in 2019), that the Section Q of the MDS will not need to be referred onward through our Section Q referral page. Another possible problem are the effects of Covid 19 restrictions and staffing constraints in the referring LTC institutions.

Although Section Q is not a part of MFP, the program does depend on those referrals to help identify persons who might be candidates. And regardless of MFP's status at any given time, the MO MFP webpage was/is still active and is a tool to be used to connect people to resources. To address this issue, the MO MFP staff are working on an outreach plan to market to social workers at facility settings. This will include compiling a contact list, crafting a letter and information packet to be mailed to individuals, and telephone follow up.

In the area of outreach and marketing, the MO MFP project continued to use its website and brochures for outreach. Videos on individual success stories continued to be used. A revised and updated TV spot promoting the program is being developed. Efforts have been made to reach out to gatekeepers like discharge planners and physicians/clinic staff to educate patients on community living options such as MO MFP. The project has also begun to work with MO HealthNet to increase social networking efforts to promote programs such as MO MFP.

Table 1.

MO MFP

Assessment and Transition Status: July to December 2020

	Aged	DD	PD	DD/MI
Number of institutionalized residents assessed to determine eligibility for MFP during this reporting period	117		89	0
Number of eligible institution residents who transitioned during this reporting period	45		34	
Cumulative number of eligible institutionalized residents who transitioned due to MFP	631	407	1,029	40

The 79 MO MFP transitions reported for the time-period covered in this report did not allow the MO MFP program to meet annual transition goals for individuals with a PD. Annual transitions goals for the Aged were met. As reported earlier in this report, DD transitions tend to have a higher cost and the MO MFP Program was uncertain about funding. The MO MFP Program decided to focus on the aged and PD target groups to ensure more individuals could successfully transition to the community.

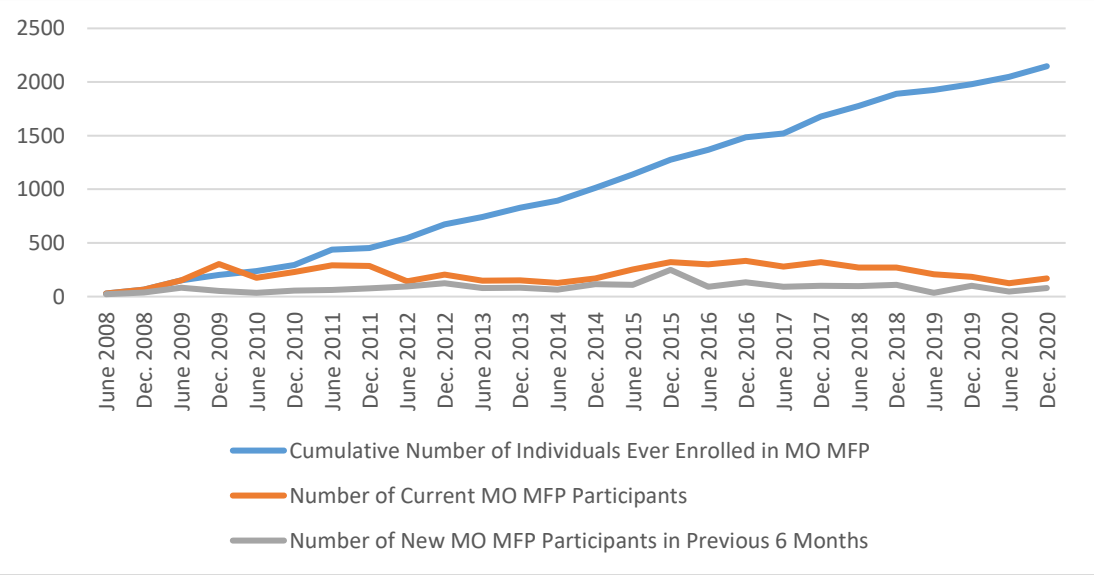
The state of Missouri had been closing Habilitation Centers across the state but has no plans to close any additional centers. Because the push to de-institutionalize people has slowed, the MO MFP program has received fewer referrals and will need to adjust annual transition goals for this target group. It is expected that future DD transitions will mostly be from nursing facilities. DD participants can still access transition funds and services thorough the DMH waivers when not transitioning via MFP. This source of funding is not available to those in the aged or PD groups.

By the end of December 2020, a total of 1,029 individuals had enrolled in the MO MFP project and returned to live in the community. Figure 1 shows the cumulative progress the MO MFP project has made in the state of Missouri in returning individuals to their community.

Figure 1.

Cumulative MFP Enrollees, Current MFP Participants, and New MFP Enrollees

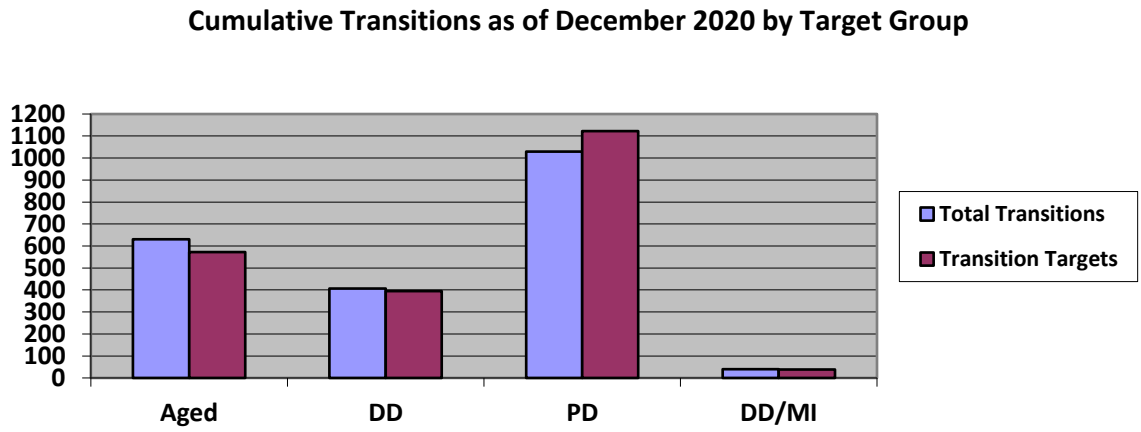
July to December 2020



Between July to December 2020, the largest number of persons enrolling in the MFP program and returning to the community was in the Aged target group (n=45) with an additional 34 in the PD group.

There was program concern that there would be difficulty achieving their 2020 goals (60 Older Adults/Aged, and 80 Physically Disabled). Despite the challenges of 2020's Covid-19, transitions for Older Adults/Aged was 66 (60 was the annual target), making that category 110% achieved. MO MFP did not transition the desired target of 80 Physically Disabled, but did transition 60, making 75% achieved. Despite the challenges the virus caused, efforts to continue the work of transitioning MFP participants continued. Figure 2 shows the cumulative community transitions broken down by target group with the project target goals for each group. Transition goals are set by the state.

Figure 2.



Area 2: Development of flexible financing strategies or other budget transfer strategies that allow "money to follow the person".

The rationale for this goal was to examine state policies and approaches to ensuring that funding is available for persons who transition back into the community enabling them to obtain needed support services in their community.

Objective 2a: Changes in the balance of long-term care funding between institutional and home and community-based services.

Due to budget cuts authorized by the Missouri legislature for the fiscal year 2018, MO MFP contractors may experience problems in transitioning as many participants as planned. In addition, these cuts could possibly present barriers for participants to remain in the community. As reported earlier, the Missouri State Legislature changed the nursing facility level of care (LOC) from a point score of 21 to 24 (based on a face-to-face assessment with the participant). In addition, funding

for Consumer Directed Services (CDS) was reduced from 100% to 60%. These changes affected the program requirements for participant qualification for Medicaid Home and Community Based (HCBS). Together these changes make it more difficult for the Aged and Disabled MFP participants to qualify for HCBS. Active MO MFP participants currently receiving HCBS will also have meet the new LOC eligibility requirement upon being reassessed.

DHSS did report an increase in the number of HCBS providers contracting with Medicaid. This increases access to HCBS for all individuals in the aged and the PD populations in the state. HCBS providers have also received a payment increase. These changes positively affect the aged and PD populations. The DHSS continues to offer an Adult Day Care Waiver and as a service to the Aged and Disabled Waiver. As a result of the approval by CMS of a waiver amendment, the MO DDD is authorized to provide 8,500 slots under the Missouri Comprehensive Waiver. The Community Support Waiver authorizes an additional 1,575, slots to eligible individuals.

With the current MFP grant due to have its last transition occur on December 31, 2018, and no new funding appropriated ahead of time to continue administering the program DHSS has determined to make changes to address the end of the program. Beginning in 2019, the decision was made that state staff DHSS-DSDS and MFP Regional Coordinators would conduct Option Counseling sessions effective January 1, 2019 as the Department of Health & Senior Services/Division of Senior & Disability Services is the Local Contact Agency (LCA). To ensure state staff were prepared to conduct Option Counseling sessions in Missouri for the first time, the DSDS MFP Regional Coordinators created an Option Counseling assessment tool to aid in determining if an individual is appropriate for enrollment into the program and transitioning to the community.

December 31, 2018 was supposed to be the last day transitions could occur under the original MFP grant, and the program had no indication of new funding being appropriated due to this uncertainty. many of the "not-for-profit" contractors (CILs & AAA's) decided they could no longer continue to provide MFP services without knowing if new funding was going to be appropriated. This left many Missouri counties with no MFP contractor. Together the Department of Social Services (DSS) MFP Project Director's office, DSDS MFP Contract Oversight staff, and DSDS Financial Support Services made the decision to change the way they administered the MFP program from a Single Feasible Source (SFS), only utilizing CILs & AAAs, to a competitive bid contract. The goal was to award MFP contracts to one qualified Missouri Medicaid provider for each of the five DSDS Regions, with each provider being responsible for providing MFP services in every county within their specific region.

As mentioned earlier, uncertainty regarding future funding for the MO MFP project caused a disruption in agencies and transition coordinators. Because of this uncertainty, Mo DHSS had to make sure MFP services could continue especially the follow-up case management home visits for participants that transitioned in CY 2018, and for any participants our Single Feasible Source (SFS) contractors managed to transition between January 2019 – June 2019. To accomplish this a new SFS contract was awarded to our current contractors effective 1/1/19 that expires on 6/30/20.

To lessen the possibility of spreading the COVID-19 virus, DHSS/DSDS MFP Program Oversight decided that state staff would no longer accept any documentation whether it be financial in the form of invoices, supplemental funds request or day to day programmatic forms by mail. MFP Contractors had been under this emergency protocol since March 23, 2020. DHSS/DSDS MFP

Program Oversight then had to ensure all entities that receive MFP documentation outside of the program, had a process in place to conduct all correspondence through electronic methods.

In response to the pandemic, on May 22, 2020, CMS approved the Department's request to amend the following 1915c Home and Community-Based Services (HCBS) waivers with an Emergency Preparedness and Response Appendix K: Aged and Disabled Waiver, Adult Day Care Waiver, and Independent Living Waiver. The goal was to ensure necessary health care items and services are available to meet the needs of individuals enrolled in the above programs. If services were provided in good faith, but a provider is unable to comply with a specific requirement(s), the provider would be reimbursed and exempted from sanctions for such noncompliance.

On June 17,2020, MO COVID-19 Disaster Relief SPA (2) was approved. This approval was retroactive back to March 13, 2020, to cover the MO State Plan. Due to the COVID-19 pandemic MFP contractors and Medicaid providers overall, had to adjustment how they continued to provide services because of the strain it put on the economy. To help with this, providers that could support with documentation that they suffered a financial loss either by way of business interruption or increase expenses were given the opportunity to submit a claim and receive direct payments to help cover the hardship.

The loss of contact agency staff necessitated the hiring of new agencies. Two of the competitive bid RFA awardees were "for profit" agencies that were not tax exempt and therefore were paying taxes at vendors when making purchases for participants using MFP demonstration services funds. This was a big change because up until that time, all MFP contractors were "not for profit" agencies that were all tax exempt and did not have to pay taxes. To ensure that all participants received the full use of the max amount of $2400, the decision was made between the Department of Health & Senior Services (DHSS) and the Department of Social Services (DSS)-MO Health Net Division(MHD) to allow the "for profit" agencies to submit demonstration services funds request that go above the $2400, but not to exceed $2700 to accommodate any taxes the agencies had to pay for purchases.

The State of Missouri continues to anticipate a 4 percent increase in total Medicaid HCBS expenditures for each year of the demonstration program. The actual spending is reported for each Calendar Year and the results reported in the end of year semi-annual year report.

Table 2.

Qualified Total Medicaid HCBS Expenditures

Year	Target Level Spending	Percent Annual Growth Projected	Total Spending for the Calendar Year	Percent of Target Level Reached
2008	$867,401,313	4	$848,348,408	97.80%
2009	$902,095,157	4	$950,207,636	105.33%
2010	$938,176,756	4	$1,032,654,952	110.07%
2011	$975,701,618	4	$1,032,114,154	105.78%
2012	$1,014,727,475	4	$1,164,955,196	114.80%
2013	$1,055,314,366	4	$1,273,658,732	120.69%
2014	$1,097,524,733	4	$1,390,326,473	109.16%
2015	$1,141,423,514	4	$1,515,511,457	132.77%
2016	$1,187,078,247	4	$1,641,726,950	138.30%
2017	$1,234,559,169	4	$1,797,986,427	145.64%
2018	$1,869,905.884	4	$1,952,074,121	104.39%
2019	$1,875,788,538	4	$1,964,885,753	104.75%
2020	$1,913,304,308	4	$1,982,563,742	103.62%

Objective 2b: Increases in the number of persons funded under the Medicaid waiver program.

The state of Missouri has several active waiver programs that target specific groups. The DHSS continues to offer an Adult Day Care Waiver as a service to the Aged and Disabled Waiver. Additional slots were added for the Medically Fragile Adult Waiver (formerly called the Physical Disabilities Waiver. After the completion of the MO MFP Program, state funds will provide support for these slots. Under the MO Comprehensive Waiver, the MO DDD is now able to provide 8,500 slots. The Community Support Waiver provides 1,575 slots and has had an increase in the annual cost limit.

The state Missouri also operates a Prevention Waiver called "Partnership for Hope" for individuals with a developmental disability. This waiver is a partnership between the Division of Developmental Disabilities and 103 counties in MO. This waiver serves individuals who can live in the community using supports with an annual cost cap of $12,000 or less. It is intended that this waiver will help reduce the states waiver waiting list and help prevent future out of home/institutional placements.

The DMH increased capacity in the Community Support waiver by adding 550 slots that were approved by CMS on May 8, 2017. This increase was to accommodate individuals transferring from the Partnership for Hope (PFH) Waiver to the Community Support Waiver because of individual's additional needs causing their costs to exceed the Partnership for Hope waiver cost cap. There was also an amendment to the PFH waiver to add the Community Transition service to that waiver. This PFH amendment was approved by CMS on May 9, 2017.

The MO Departments of Social Services, Health and Senior Services and Mental Health continue to offer adult day care services and supports under the Adult Day Health Care Services (ADHC) waiver. Individuals who are authorized for day care services under the waiver are now billed in 15-minute units instead of half/full day authorizations. These organized programs consist of therapeutic, rehabilitation and social activities provided outside the home, for a period of less than twenty-four (24) hours, to persons with functional impairments of at least a nursing facility level of care. ADHC is funded through MO HealthNet with the Department of Social Services, MO HealthNet Division (MHD) and Social Services Block Grant (SSBG) with the Department of Health and Senior Services.

As reported earlier, due to the state budget cuts for fiscal year 2018 that went into effect, MFP contractors may experience some difficulty transitioning as many participants as planned, and the cuts could possibly present barriers for participants trying to remain in the community. Along with the LOC eligibility increase, other changes were made that will not benefit MFP participants or those wanting to transition in the future. The cost maximum for the Consumer Directed Services (CDS) program was reduced to 60% of the average monthly cost of nursing facility care or 511 total units a month, and in December 2017 the LOC increase to 24 points was applied to the Aged & Disabled, Adult Day Care, and Independent Living waiver recipients. In July 2019, the HCBS Independent Living Waiver slots were increased to 600. This increase will be a great help to MO MFP participants receiving Consumer Directed Services (CDS) that will require additional assistance above the cost maximum to continue to reside in the community.

Objective 2c: Increases in the amount of funding for demonstration transition services received by persons in the MFP Project.

The amount of funding for demonstration transition services is directly tied to the number of individuals served. Funding for demonstration transition services is set at up to ($2,400 per person) from the Federal Government through the MFP Project. As the number of persons served through MFP continues to increase, there is a corresponding increase in the total amount of funding in this area.

Many individuals in the Aged and Physically Disabled target groups have complex health and safety needs that require 24-hour services or a more substantial amount of support services than is allowed by the state. Consequently, some individuals that might be interested in MFP are disallowed due to these financial restraints. However, with the right unpaid supports, some of these individuals have transitioned through MO MFP and have been successful. In July 2019, the HCBS Independent Living Waiver (ILW) slots were increased to 600. This increase will help MO MFP participants receiving Consumer Directed Services (CDS) who require additional assistance above the cost-maximum to continue to live in the community. The ILW is no longer assigned on a first come first served basis. Instead, on a need basis in which DSDS staff consider acuity as well as any community supports the participants has or does not have. HCBS waivers continue to remain under the Nursing Facility Cost Cap.

Individuals in the DD and DD/MI target groups are not eligible for funding from this source because transition funds already exist in the current DD waiver. The DDD has recognized the need for one-time startup expenses as consumers transition to the community. To meet this need, the DDD has developed the Community Transition Service that provides up to $3,000 in funding for essential start-up costs. This one-time service was added to the Community Support Waiver via the waiver renewal. The DDD will continue to track these transition expenses as well as expenses incurred for expanded specialized community services.

Area 3: Availability and accessibility of supplemental services for MFP participants. Demonstration services include a full array of health services, 'one time' transitions services, adaptive medical equipment, housing, and transportation.

The purpose of this goal was to examine the availability and accessibility of demonstration services in the community. The achievement of this goal is necessary to ensure that persons who leave an institutional setting have access to the services and supports needed to fully live and thrive in the community. Well-trained community support services are also needed to help prevent the need for persons to return to an institutional setting for health or safety issues.

Since Missouri is still in a state of emergency due to the COVID 19 pandemic, on May 22, 2020 CMS approved the Department's request to amend the following 1915c Home and Community-Based Services (HCBS) waivers with an Emergency Preparedness and Response Appendix K, to respond to the pandemic: Aged and Disabled Waiver, Adult Day Care Waiver, and Independent

Living Waiver. The goal is to ensure necessary health care items and services are available to meet the needs of individuals enrolled in the above programs.

MO.1706 Structured Family Caregiving Waiver was created to allow participants with a professional diagnosis of Alzheimer's or dementia to have a homemaker or attendant live with them. This waiver was approved by the legislature but did not receive any funding. The Mo legislature did not fund the waiver for FY 21 due to budget constraints surrounding the impact of COVID-19. MHD worked with CMS to amend the waiver and moved the effective date of the waiver from 7/1/20 to 7/1/21, in hopes of the waiver receiving funding for FY22.

Objective 3a: Level of consumer involvement in planning transitions and delivery of services for each target group.

Consumer involvement at both the individual and family level has been and continues to be a strong and consistent theme throughout the planning and implementation of this demonstration program through the MO MFP Stakeholder Group. The Missouri MFP Project works closely with other state agencies, commissions, and state advisory groups to address issues related to the transformation of the long-term care system. The State of Missouri MFP Project continues to operate its outreach activities through a grass roots model. Consumers and their families continue to provide input through various groups that meet across the state.

As a result of funding concerns for the continuation of the MO MFP Program, there were no Stakeholders Meetings conducted. If the MO MFP Program receives necessary funding to continue the program, consumer and non-consumer stakeholders will be recruited to participate in future meetings. Both consumers and non-consumers help identify barriers and problems they see in the transition process and help generate possible solutions.

When the program is fully active, consumers are active participants in the MO MFP Stakeholder Quarterly Meetings. They offer personal input on the transition process and the challenges they experience daily. Consumer involvement has been beneficial in providing feedback on experiences while living in an institutional setting and then transitioning back to the community. It continues to be the project's goal to increase the level of participation by consumers.

Due to COVID-19, no changes have been implemented regarding reconvening MFP Stakeholders meetings in Jefferson City. Despite no formal MFP Stakeholder meetings, the MO MFP is attempting to communicate with various stakeholders. Given the changes in our contract agencies, work will be done this year to bring in newer stakeholders and reengage previous stakeholders.

Table 3.

Stakeholder Involvement
July to December 2020

	Provided input on MFP policies or procedures	Helped to promote or market MFP program	Involved in housing development	Involved in Quality of Care assurance	Attended MFP Advisory meetings	Other
Consumers						
Families						
Advocacy Organizations						
HCBS Providers						
Institutional Providers						
Labor/Worker Association(s)						
Public Housing Agency(s)						
Other State Agencies						
Non-Profit Housing Assoc.						

Objective 3b: Types of housing selected by MFP participants in each target group.

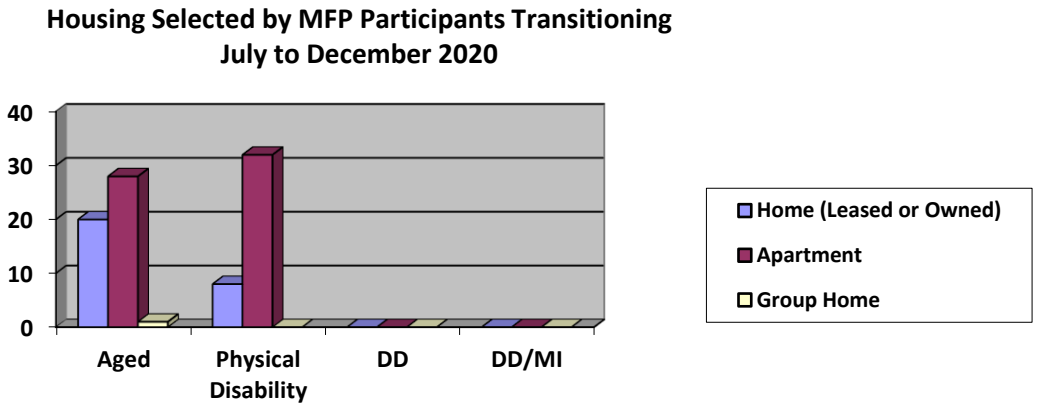
For the reporting period of July to December 2020 (See Table 4 and Figure 3a), most persons in the aged or physical disability target groups making the transition to the community using the MO MFP Project have chosen to live in either apartments or individual home settings. Group home living situations of four or fewer individuals have been selected primarily by individuals experiencing a DD.

Table 4.

Housing Type Chosen by MFP Participants Who Transitioned Between July to December 2020

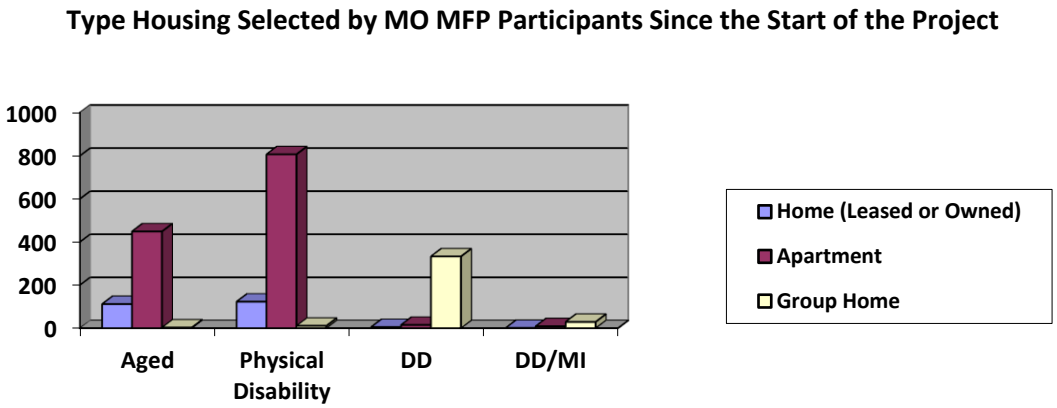
	Aged	Physical Disability	DD	DD/MI
Home (Owned or Leased)	20	8	0	0
Apartment (Individual Lease)	28	69	0	0
Group Home (4 or fewer individuals)	1	0	0	0

Figure 3a.



The types of housing selected by participants in the targeted groups of the MO MFP Project since the start of the MO MFP Project can be seen in Figure 3b. Since the start of the MO MFP program through the end of December 2020, 68% of program participants had transitioned to apartments, 20% moved to a group home of four or fewer persons, and 13% returned to a home owned or leased by the participant or a family member.

Figure 3b.



MO MFP participants who were aged or had a physical disability transitioned to an apartment setting at rates of 80% and 86%. Persons with a developmental disability have predominantly moved to small group homes (DD = 94% and DD/MI = 73%).

Objective 3c: Number of MFP participants who choose to self-direct.

Since the beginning of the MO MFP Project, 465 participants (28%) reported as having used some level of self-directed services. Of these individuals, 123 were in the aged group, 330 in the PD group, 11 experienced a DD and one was in the co-morbid DD/MI group.

For the current reporting period ending in December 2020, 22 persons (See Table 5) chose to self-direct their support services. The largest number of persons (14) who elected this option was in the PD target group followed by individuals in the Aged target group (8). One of the goals of the MO MFP was to encourage and support persons to self-direct their services. To better identify individuals who could benefit from self-directing their services, the DHSS updated the self-direction assessment questions used to identify and help determine a participant's ability to self-direct their Consumer-Directed Services (CDS) in the HCBS program.

Table 5.

Number of Current MFP Participants That Participated in a Self-Direction Program Between June to December 2020

	Aged	Physical Disability	DD	DD/MI
Number MFP participants who were enrolled in self-direction this reporting period	8	14		
Used self-direction to:				
Hire or supervise own personal assistants	7	14		
Manage own allowance or service budget	7	14		

During this reporting period, four MO MFP participants elected to opt out of their self-direction programs. There were two in the Aged and the Physically Disabled target group. One person in the PD group opted out because they were unable to self-direct. The others opted out due to decline in health or noncompliance issues.

Objective 3d: The number of individuals who were unable to transition due to lack of accessible/affordable housing.

As stated in earlier reports, the availability of affordable and accessible housing for MFP participants has been and continues to be problematic across the state. This is especially a problem for aged and physically disabled individuals residing in nursing facilities who wish to return to the community. Problems are worse for rural areas where fewer affordable rental units are available. To help address the housing barriers to transitions, MFP has partnered with the Missouri Housing Development Commission (MHDC) which is the housing finance agency for the state.

As described in the 2016 First Period Evaluation Report, the MHDC has partnered with regional agencies to develop housing practices and approaches that meets the needs of their areas. This approach will allow for development that benefits individuals who need affordable, accessible housing including those transitioning to the community from an institutional setting through MO MFP as well as other qualified individuals. This approach has been adapted across the state. As of this report, there were seven housing teams working on issues in their area. In September 2016, a statewide meeting on affordable, accessible housing was held in partnership with the Governor's Council on Disability and the Missouri Developmental Disabilities Council. This meeting was attended by individuals representing 21 agencies from across the state. As an outcome of this meeting, it was determined that a local, grassroots approach would be more effective than a

statewide housing team to pursue affordable, accessible housing and this approach will be followed throughout the state.

MO Housing continued to work to further the development of new housing teams advocating for affordable, universal design housing. These housing teams continue to be active in St. Charles, Cape Girardeau, Springfield, and the Lake of the Ozarks area. The Cape Girardeau team received funding approval for development of a multi-demographic, affordable housing project focusing on the needs of individuals with a broad variety of disabilities. The Lake Ozark team held a conference on universal design and affordable housing in September 2018. The Springfield team developed a video highlighting their successful efforts to develop affordable, universal designed housing in their area. MO Housing initiated work with the newly formed Inclusive Design Alliance in St. Louis County. This alliance seeks to increase construction of universally designed homes and promote modifications to existing homes, so individuals can age in place.

In December 2017, the Missouri Housing Development Commission voted to eliminate the state tax credit portion of Missouri's LIHTC program, leaving only the federal tax credit. This impacted the development of affordable, universal designed housing during the 2018 funding cycle. As previously described, MOHousing has collaborated with housing advocates and stakeholders to enhance advocacy efforts that shed light on Missouri's need for affordable, universally designed housing. MOHousing anticipates continuing to expand these advocacy efforts to influence future decisions regarding alternative options to the tax credit system for funding affordable housing development in Missouri.

In addition to the regional/local approach to housing concerns, some additional statewide approaches to address housing needs have been developed. A statewide housing registry was a goal identified with the Governor's Council on Disability. To help reach this goal, MoHousing (MoH) continues to develop a "resource tool" that includes affordable housing locators and other resources to assist individuals with housing related needs. MO Housing received a grant from the Developmental Disabilities Planning Council to address Fair Housing concerns in the state of Missouri. As part of the grant, MO Housing collaborating with the Equal Housing and Opportunity Council (EHOC) to develop language to revise the state statute regarding zoning of supported living situations such as group homes, ISL's, etc. A stakeholder group is being developed to assist in this effort.

The DDD has contracted with MoH to provide Support Coordinators on accessing available resources including the HCBS Waiver for home modifications. This initiative was developed to increase awareness and utilization of home modification services for individuals receiving DD supports including those transitioning from an institutional setting to the community.

MOHousing has worked with the Division of Developmental Disabilities to develop strategies to promote Missouri's Developmental Disabilities' Technology First initiative which is being implemented February 2019. A kick-off video was developed featuring the Director of the Division of DD announcing Missouri's Technology First initiative and highlighting the success of individuals who receive assistive technology services. Four Technology Fests were held in two locations in early 2019. DD support coordinators, providers, and other stakeholders were invited to participate to learn about assistive technology services available through DD waivers and other funding sources. A webinar on Technology First and how to access assistive technology services

was developed and was delivered to DD support coordinators, providers and other stakeholders in early February. Missouri's Division of DD joined a State Consortium of Technology States developed to share information and ideas for furthering the use of assistive technology.

MO DHSS staff and contracted transition coordinators continue to struggle assessing risk placements of community placements for individuals with a history of alcohol or substance abuse, and severe mental illness. Continuous Quality Improvement meetings have shared the knowledge that these individuals can be successfully transitioned if needed support services are in place, the individual is willing to use these services, and transition coordinators closely monitor these cases and quickly respond to problems as they arise. MO Housing conducted a presentation at the August 2018 MFP CEO meeting regarding overcoming criminal, credit, and rental history barriers when searching for housing.

Wait lists for housing vouchers remain closed most of time. When vouchers become available, the short time-period of availability does not allow for individuals who wish to transition to apply. In many cases, these individuals have not yet been identified to notify them of available housing. For this reporting period, there were 43 Individuals who could not find accessible housing, or chose a type of residence that did not meet the definition of a MFP qualified residence. The MO MFP Project always has a target goal to have around 96 pending transitions. For this reporting period, there were 124 MFP candidates in the pipeline and expected to enroll in MFP.

The MO MFP Project has set an annual target goal to keep the number of MFP eligible individuals who are unable to transition because they were unable to obtain affordable/accessible housing below an annual rate of three percent. For the first half of 2021, approximately 8% of persons were unable to transition due to housing issues. The MO MFP project continues to work to ensure that individuals having difficulty finding adequate housing remains below 3 %. These numbers will be closely watched in future evaluation reports. As more transition coordinators report potential transitions that do not occur due to lack of "affordable, accessible housing" as the main reason, the numbers who cannot transition due to housing might get higher.

In many cases, the failure to transition is because affordable housing is not available in a timely manner. The MFP Director and other continue to work with public housing authorities to apply for vouchers made available through future NOFAs and to develop other solutions to the problem. Technically, MFP Missouri did not increase any numbers of rental vouchers. MO MFP did, partner to provide letters of support to various Public Housing Authorities/PHAs that applied for, and received, Mainstream housing funding. The program was not aware of many MFP participants who applied for and received housing vouchers. However, several have benefited from vouchers, and we continue to communicate with staff regarding housing opportunities. Typically, wait lists are so long that many individuals and professionals assume that there is no time to await the opening of lists. However, as several PHAs have either given MFP participants "preference" and we have communicated about the opening of wait lists, we feel this has increased the awareness of and utilization of housing waivers for MFP participants. It is anticipated that these opportunities will increase.

In November 2019, MO MFP/DSS reached out to MO DMH housing. Several meetings enabled staff to become familiar with previous endeavors and to talk about partnering in the future. Although DSS/MFP cannot provide housing or housing vouchers, MFP's director and staff were

able to provide letters of support to various Public Housing Authorities that were applying for more voucher slots. The "Mainstream" vouchers were effectively granted to these PHAs, and these opportunities help younger physically disabled Missourians (under age 62) to access reduce rent vouchers. One PHA offered to "earmark" a percentage of open slots to qualified MFP participants. Other work will take place in early 2020 to partner with DMH and Missouri Housing Development Commission/MHDC to support MHDC applying for tax credits/funding to build accessible, affordable housing for Missourians. The DSS/MFP will work to partner to support MHDCs efforts, and if awards are granted, will commit to providing some coordination and to serve as a liaison to connect CILs/transition agencies and our participants needing housing to the developers/units. This could become a "win-win," with participants accessing affordable housing.

During this reporting period, a newly formed work group, comprised of professionals with Missouri DSS, DHSS, Mo Housing (Missouri Inclusive Housing Development Corporation), the Governor's Council on Disability and various housing professionals held meetings. The state of Missouri was encouraged to reach out to colleagues upon learning of the potential for five million dollars in supplemental funding for planning and capacity building activities to accelerate long-term care system transformation design and implementation, and to expand HCBS capacity. As housing is one key area, efforts have begun to take advantage of this opportunity and to address the issues surrounding the lack of adequate affordable and accessible housing around our state.

Objective 3e: Types and amounts of transition services, including demonstration and supplemental services, used by MFP participants.

MO MFP funds are used to reimburse contractors for Transition Coordination Services. Contractors are eligible to receive $1,350 at the time of transition; $675 if the individual remains in the community for 6 months; and $675 if the individual remains in the community for a total of 12 months. MFP funds are also utilized to reimburse contractors for Options Counseling services at a rate of $300 per session, per resident, per year.

The DHSS Division of Senior and Disability Services has used and anticipates continuing to use funds on one-time expenses for consumers transitioning into the community. A maximum of $2,400 for such demonstration services is allotted for each MFP participant in the aged or physically disabled target groups who transitions from a nursing facility to the community. From July to December 2020, the DHSS authorized nearly $101,000 on demonstration services for 26 individuals making the transition into the community in the Aged group and 37 individuals in the PD group. The breakdown of DHSS authorized demonstration service expenditures can be seen in Table 6.

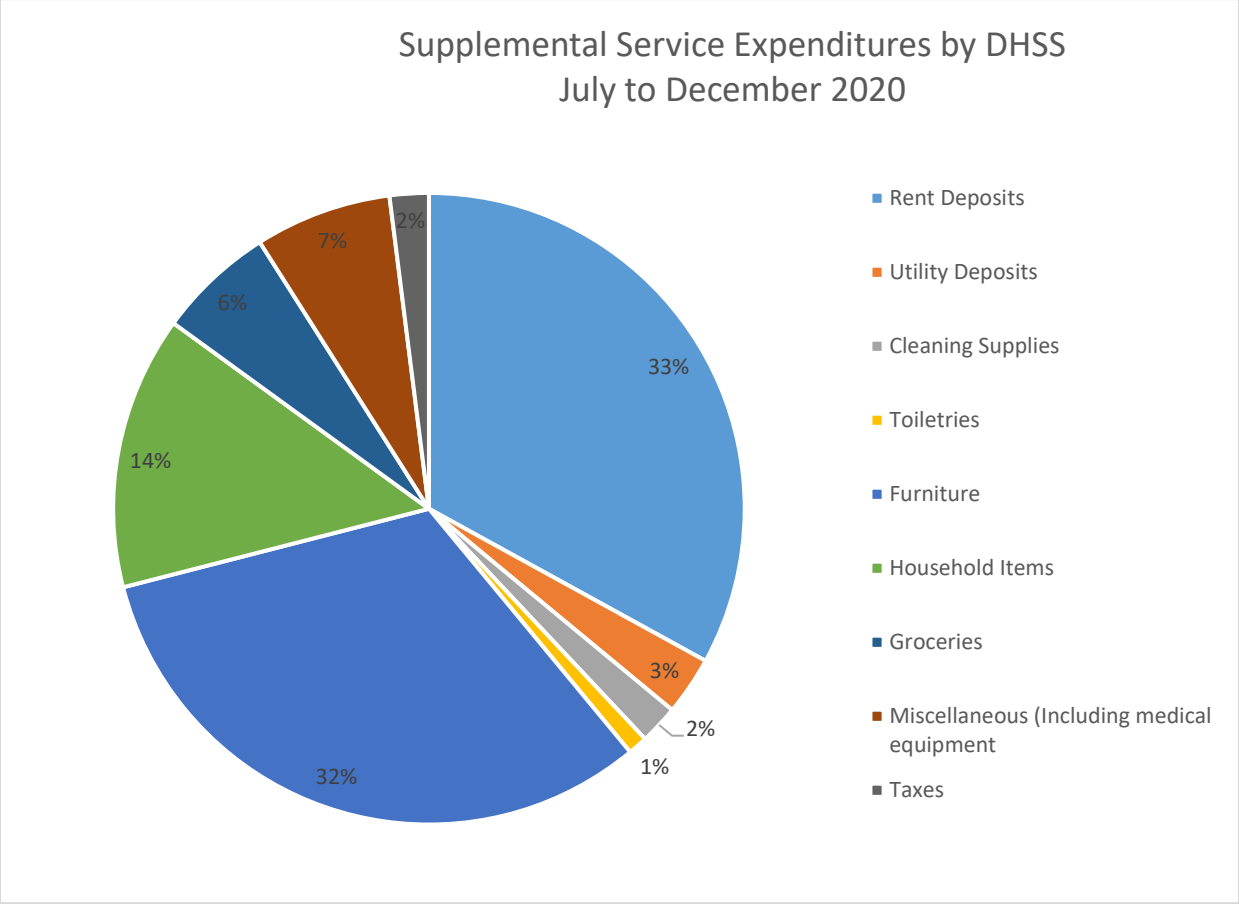
Table 6.

Supplemental Service Expenditures Authorized by DHSS – July to December 2020

	Amount	Percent
Rent Deposits	$33,066.11	33.04%
Utility Deposits	2,908.53	2.91%
Cleaning Supplies	1,894.13	1.89%
Toiletries	691.35	.69%
Furniture	32,140.70	32.12%
Household Items	13,796.79	13.78%
Groceries	5,965.21	5.96%
Miscellaneous (including medical equipment)	7,550.854	7.54%
Taxes	2,069.18	2.07%
Total	$100,089.85	100%

As can be seen in Figure 4, the majority of demonstration service expenditures authorized by the Missouri DHSS for this reporting period was used to purchase furniture, pay for rent deposits, household items and other items needed to help establish a viable living setting in the community. These demonstration service expenditures continue to play an important and vital role in helping individuals return to the community.

Figure 4.



Objective 3f: Why individuals interested in participating in MFP were unable to transition to the community.

Through the end of December 2020, a total of 2,807 eligible persons were unable to transition into the community from long term care facilities by using the Missouri MFP Program. The reasons given for this inability to return to a community living setting can be found in Table 7. For the Aged and Physically Disabled, the reasons for not transitioning were most often due to health and safety concerns in the community. Other denials for program participation were due to the individual requiring 24-hour oversight since Missouri's current state and waiver programs do not provide for this level of paid support. Other barriers to transitioning included a lack of housing and past criminal action or abuse issues that affected housing options. Some potential program participants declined to transition due to the need for high spend down of their finances and others changed their mind or had unrealistic expectations for the transition.

Table 7.

Reasons Persons Could Not Transition Using the MO MFP Program Through December 2020																						
		12-10	6-11	12-11	6-12	12-12	6-13	12-13	6-14	12-14	6-15	12-15	6-16	12-16	6-17	12-17	6-18	12-18	6-19	12-19	6-20	12-20
Individual transitioned to the community but did not enroll in Mo MFP		1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individuals physical health, mental health or other service needs were greater than what could be accommodated in the community or through the state's current waiver programs		20	8	71	76	141	170	205	255	303	349	389	432	479	516	568	602	629	644	673	698	721
Individual could not find affordable, accessible housing or chose a type of residence that does not meet the definition of MFP qualified residence		1	0	19	19	25	34	41	57	71	154	135	159	188	225	249	272	298	328	358	394	437
Individual changed mind about transtitioning, did not cooperate in the planning process, had unrealistic expectations or preferred to remain in the institution		9	4	44	58	92	123	145	176	203	241	267	302	333	370	403	425	454	474	506	527	545
Individual's family member or guardian refused to grant permission or would not provide back-up support		3	2	15	15	24	29	31	38	41	45	47	47	49	50	53	58	61	71	77	93	97
Other, including high spend-down		0	0	0	0	0	97	124	142	168	231	266	324	382	440	502	582	686	766	839	937	1,007

Area 4: Performance of a cost analysis on support service costs for individuals participating in the MFP Project.

Another major intent of the MO MFP program is to demonstrate that disabled and aged persons can live in their communities with proper support and that this support would cost Medicaid less than it currently spends for institutional care. The purpose of this goal was to examine the financial costs of having individuals live and receive supports in their community. These expenses would then be compared against the costs of similar services and supports in a long-term care living facility. It is intended that this information might help form state policy regarding supporting individuals to reside in their home communities as opposed to living in an institutional setting.

Objective 4a: Medicaid costs prior to participation in MFP.

The data needed for this objective will be obtained from several different data sets maintained by various state agencies in Missouri. At the time of this report, the process and methodology were still being developed to obtain this information. As a result, the analyses needed to address this objective cannot be performed.

Objective 4b: Medicaid costs following transition.

The data needed for this objective will be obtained from several different data sets maintained by various state agencies in Missouri. At the time of this report, the process and methodology were still being developed to obtain this information. As a result, the analyses needed to address this objective cannot be performed.

Area 5: Development of policies and practices to improve quality management systems to monitor services and supports provided to participants in the MFP Project.

One of the intentions of the MFP Rebalancing Demonstration Grant was to create systematic changes in state policy and practices that would extend beyond the duration of the grant. The purpose of this goal is to examine the state of Missouri's ability to create a system of policies and practices that would ensure that support services delivered to consumers were of a consistent quality that addressed their needs and helped ensure their ability to participate fully in their communities.

The development and implementation of quality management systems to monitor and improve the delivery of appropriate supports to MO MFP participants continues to be a priority of state agencies participating in the Project. One component of the state of Missouri's intent to improve the delivery of quality services was the creation and implementation of web-based data collection systems. These systems were developed, and the state of Missouri MFP Project continues to use its Web Tool to collect MFP data. The state of Missouri is unable to allow contracted transition staff direct access to databases that store information on abuse or neglect. This information can be important when developing transition plans that will ensure participant safety in the community. DHSS/MFP Regional Coordinators now include pertinent information from these databases when notifying contracted transition coordinators of the results of the Level of Care Assessment, which is used to determine if the individual is eligible for Home & Community-based Services after transition. Transition coordinators will continue to use this information to develop supports that will ensure safety in the community.

During the first half of 2019, DHSS started the Nursing Facility Level of Care Transformation Project. The goal of this project is to review all aspects of the HCBS assessment process to ensure the right services are provided to the right individuals at the right time. DSDS held a series of public meetings with HCBS providers, other stakeholders, and national experts to share best practices in determining HCBS eligibility. A draft of LOC algorithm has been developed. The process for determining LOC has not changed. Currently the project is in the data gathering and feedback submission process. HCBS providers and stakeholders were asked to review and test the draft algorithm to help determine the impact to current potential participants. They have until March 2019 to submit feedback. Based on their feedback, a new algorithm was developed and sent out for review and feedback. DSDS continued to meet with stakeholders and providers during the second half of 2019 discuss feedback and examine specific concerns. DSDS has collaborated with a data analysis group to provide participant specific information related to the proposed algorithm and the impact of those currently receiving or in need of care.

The DSDS updated the self-direction assessment questions to be used immediately for assessment and reassessments as warranted. These questions will help determine a participant's ability to self-direct their Consumer-Directed Services (CDS) in the HCBS program.

For the Aged and Physically Disabled target groups, the DHSS/DSDS continues to use its HCBS Cyber Access Web Tool. This tool contains the Inter RAI HC to help guide comprehensive care and service planning in community-based settings. It focuses on the person's functioning and quality of life by assessing individual needs, strengths, and preferences. To support the use of the HCBS Web Tool within Cyber Access, DSDS has developed a specific internet location to consolidate Web Tool information. Enhancements were made to the HCBS Web Tool to make it more user friendly. Financial Management Services (FMS) was added as an automatic display when Consumer Directed Personal Care – Independent Living Waiver was approved. The HCBS Web Tool is also the inter-departmental system used between DSS (The Medicaid Agency) and DHSS (The HCBS Authorizing Agency) for all Medicaid recipients.

All referrals received on MFP participants, regardless of whether the participant will be authorized HCBS, will be entered in the HCBS Web Tool. This decision was made to streamline and improve transparency regarding the provision of services and issues that can affect an MFP participant. Because any Medicaid provider, not just MFP contractors can view confidential information on

any Medicaid recipient, MFP Contract Oversight staff along with DHSS Policy staff had to decide what forms would be uploaded and attached to participant records in this system. The person-centered transition plan was one of these forms. To comply with confidentiality regulations, any wording that directly indicated concerns a participant might face in the community resulting from previous Adult Abuse, Neglect, & Exploitation hotlines had to be amended.

The DSDS uses the MO Case Compass to monitor adult protective service investigations and the follow-up required for protective services. A monthly contact form was developed through the DSDS Continuous Quality Improvement (CQI) process and adopted by all contractors across the state. This monthly contact form serves as a guide for transition coordinators when conducting monthly meetings with participants. This form is inclusive and designed to ensure that all pertinent aspects of a participant's life is reviewed. Sections on the form include substance abuse, access to community services and barriers to this access, medical/mental health, personal care assistance, assistive technology, critical incidents, social activities, and finances. The goal is to review any changes that have occurred since the last visit and to ensure health and safety in the community.

Contract Oversight staff decided to request copies of the MFP Monthly Contact forms when conducting reviews of Adult Protective Service Hotlines call in on MFP participants within the first 90 days of transition. Completing the Monthly Contact form in the home when visiting the participant is a contractual requirement. This provides the reviewer an idea of the concerns discussed during each visit with the participant, and whether the contractor had knowledge and time to implement an intervention strategy that could have prevented the hotline call.

While conducting performance measures for MFP contractors, particular the measure, "Abuse, Neglect, & Exploitation (ANE) hotlines initiated on a participant within 90 days of transition", it was revealed that oftentimes DSDS MFP Regional Coordinators and the MFP contractors (CILs/AAAs) would be unaware that a hotline was called in on a participant. Although the regional coordinators and the Adult Protective Service (APS) workers are under the Division of Senior and Disability Services, APS workers were either unaware the reported adult was an active MFP participant, or they simply forgot to follow-up with the regional coordinator and bring them in the loop. This was problematic for our quality oversight of the program. If both sides were unaware of a hotline until maybe the next scheduled case management follow-up visit in the home, it could be too late to implement a risk mitigation strategy, which could result in a participant being permanently re-institutionalized.

The DHSS has decided to specialize the handling of Abuse/Neglect/Exploitation (ANE) reports involving allegations that are criminal in nature, from reports requiring adult protective services intervention. The Special Investigations Unit (SIU) will handle ANE hotline reports with a criminal element. This specialization will have a positive effect on the coordination between the two sections as reports come in, that will ultimately have a positive impact on the MFP participant. Under the old system, staff would have to "wear multiple hats", which did not always guarantee the most optimal result depending on the needs of the participant. DMH: Quality Management staff work closely with Target Case management Technical Assistant Coordinators with data collection and analysis of waiver assurance requirements for case management services.

To correct this problem, Department of Health and Senior Services (DHSS) Information Technology (IT) staff worked with Department of Social Services (DSS) IT staff. The Case

Compass database, which houses all reports called in for abuse, neglect & exploitation is maintained by DHSS IT. The MFP database houses all MFP records, past and present and is maintained by DSS IT. Both Department's IT staff collaborated and developed a way to match active participants in the MFP database with ANE reports entered into the Case Compass using identifiers such as name, Medicaid number, D.O.B etc. Now a weekly report is generated and maintained in the "BIPortal" system, which regional coordinators can log into and see every week if a hotline was called in on one of their participants without relying on an APS worker to follow-up and advise them of the incident. If a regional coordinator notices that a hotline was called in on a participant, they immediately follow-up with the contractor making sure they are aware, and that they have a plan to eliminate or mitigate the risk. This process has helped improve the quality oversight of the MFP program and will ensure a greater success of maintaining participants in the community.

The DHSS has announced the integration of a new online reporting system for mandated reporters that should help ensure concerns of abuse, neglect, and financial exploitation of the aged and adults with disabilities are quickly reported. This new Adult Abuse and Neglect Hotline is an online reporting system what will allow for secure electronic submission of adult abuse, neglect and exploitation reports into a secure, encrypted database that will be available 24/7. This web-based platform is an alternative to calling in reports on the Adult Abuse and Neglect Hotline.

The DHSS/DSDS have taken steps to meet with participants and related service providers to share information and monitor support needs. The DHSS awarded contracts to Centers for Independent Living (CILS) and Area Agencies on Aging (AAA) to provide transition coordination services. As part of this transition coordination, contractors are required to monitor MFP participants during the first year of transition. These contractors continue to meet, as part of the CQI process, face to face with participants; twice for the first three months of transition and monthly for the next nine months. As part of this Continuous Quality Improvement (CQI) process, DSDS and contracted staff that work with MFP persons attend monthly meetings to discuss relevant issues involving the delivery of services and supports. Quality meetings were held with the CEOs of provider agencies; DSDS central office staff and the five DSDS regional coordinators address contract implementation issues, barriers to delivery of services and identify best practices.

During this reporting period the Division of Senior and Disability Services (DSDS) established the Quality Improvement Quality Assurance Unit (QIQA) as part of their HCBS quality initiatives. This will have a positive impact with improving HCBS for MFP participants and for all recipients of HCBS. This unit will play a key role in the identification, development, and assurance of HCBS systematic changes and improvements. Case record reviews will be completed each month by managers, supervisors, and additional staff across the state. The QIQA unit will utilize these reviews to provide summaries and trend reports to highlight areas of concern and strength. In return, these will help provide guidance for new training, policy revisions, and informational memos for both staff and providers. HCBS Specialists will work closely to mentor staff for improved accuracy and consistency statewide in assessment and care planning development. They will assist with new and ongoing employee training, including side-by-side on-the-job training. The Training Unit also plans to expand available training opportunities, inclusive of in-depth InterRAI and care planning training in the coming months for all HCBS staff. Ongoing in-service trainings will also be conducted on specific topics to refresh staff of programmatic policies. Training opportunities will be provided in a virtual

environment to maximize accessibility. The aged and physically disabled participants are the affected populations.

The DHSS has implemented a new financial monitoring tool to for all contract programs to use to meet the requirements identified in 2 CFR 200.331(d), ensuring funds are used for authorized purposes, in compliance with terms and conditions of the award and achieve performance goals. This requirement must be done one time a year for each MFP contractor. All MFP contractors were advised of this requirement during a state-wide MFP meeting back in April 2018 and informed that program oversight will request a sample of financial records from two different months within the year that will be randomly selected. Program oversight expects to have this requirement completed for all contractors by the next reporting period. DMH: Reports of behavioral and medical emergency incidents are now provided daily through e-mail to Behavioral Specialist and Quality Assurance Nursing staff to determine if additional follow-up needs to take place.

During this review period, the CQI process continued to be an effective "grassroots" approach to determine best practices and strategy development. This approach has proven successful in developing solutions to local or regional issues. Another regional CQI effort was the development and implementation of a "readiness checklist" for participants with a history of long-term institutionalization to help them prepare for community living. Areas addressed included financial planning, housing preferences, and community supports and service needs.

During this reporting period, DSDS continued to use quality monitoring protocols that would apply to MFP participants during their one-year transition period. DSS has created two new systems to allow DSDS to monitor performance with regard to the following measures: 1) The percentage of individuals who transition within 6 months of the Options Counseling Session, and 2) The percentage of individuals who are involved with an abuse/neglect/exploitation report within 90 days of transition. DSDS continues to monitor cases which have been pending transition six months or longer. Regional CQI teams are monitoring the MDS Section Q referrals to improve outreach to those nursing homes which have not submitted a referral. In addition, the state level CQI team adopted a satisfaction survey which all DSDS contractors are expected to utilize to measure satisfaction with Options Counseling and Transition Coordination Services.

MO MFP's key target groups are now physically disabled individuals and older adults. The project has encountered some problems when contract staff transitioned people who did not fall into the main target groups served, specifically those persons with mental health issues. For example, a person may have diabetes but their institutional and/or life situation is largely impacted by a mental health disorder rather than their physical disability or age. Although a contract staff person may perceive the diabetes as the qualifying condition, this is not the entire picture. Although mental health is an issue many Americans deal with, the MO MFP program is not approved for the transition of severely mentally ill people, or those with severe behavioral problems or addiction issues. The MO MFP plan and waiver services are not able to adequately address the needs of people with conditions like schizophrenia or bipolar disorder. To address these erroneous transitions, the MO MFP program has communicated with contract staff about the importance of requesting any special accommodations for transition approval for instances where a person's primary disabling condition is not advanced age or physical disability.

To ensure that the MO MFP program, does not transition Missourians via our program who cannot be wrapped with appropriate services, but also to ensure we are not discriminating against qualified candidates, the program is working on some clarifications to be sent to CMS for approval and inclusion in our revised Operational Protocol. Essentially, this will clarify our target groups (those we can confidently transition and support), and alternatives for referrals to DMH when MFP is not a good fit. There may be one state plan service which could provide some mental health support, and this is being researched. The MO MFP was not designed for any and everyone who wishes to live in the community. People with certain mental health conditions will be best served by the Department of Mental Health. Communication with DMH continues to determine best resources or approaches.

Objective 5a: Level of satisfaction with home and community-based services including living arrangements.

Baseline Findings

The MFP Quality of Life Survey (QoLS) is used to help measure consumer level of satisfaction with HCBS supports and living arrangements. The QoLS continues to be administered to participants and the results sent to CMS. Between July to December 2020, 79 persons transitioned into the community using the MO MFP program and were administered a baseline QoLS.

By the end of this reporting period, data from the QoLS was obtained for a cumulative total of 2,097 persons for the Baseline Phase of transitioning into the community using MFP. Prior to transitioning to the community, 94% of these participants reported that they were living in long-term institutional settings and 6% were in other living arrangements. Only 48% of those living in an institutional setting reported that they liked where they lived. This compared to those living in an alternative setting where 71% reported liking their living setting.

Across all Baseline living situations, 33% of individuals in the Aged group and 30% in the PD group reported being unhappy with where they were currently living. This is a much higher reported rate of unhappiness with their living setting than those in the IDD (24%) groups. 68% of persons living in an institutional setting reported that they did not help select their current living setting. Similar results were reported by those persons living in alternative settings where 60% reported that they also did not help select their current housing.

For the Baseline assessment, approximately 13% of those living in an institutional setting reported that they did not feel safe where they lived. Of these, 31% indicated that they felt this way most of the time. In other areas related to personal safety, of those who responded, 4% of persons living in institutional settings reported that they had been physically hurt by care providers. 19% of institutional residents indicated that they had been yelled at or verbally abused. In addition, 28% reported that they had money or personal items taken from them without permission.

Overall, for those individuals about to transition into the community, 76% reported being happy with the help they currently received in their pre-transition living setting. Of these, 76% of persons living in an institutional setting reported being happy with their services as compared to 86% of those in a non-institutional setting. In examining those who were not satisfied with their support

services, the largest group was in the PD group (56%). This contrasts with the Aged and DD groups where approximately 31% and 15% were displeased.

When asked if they were happy with how they were living their life, 65% answered in the affirmative. The largest percentage in this group were those with a DD. Those indicating that they were not happy with how they were living their life were mostly in the PD (55%) and Aged (34%) groups.

Prior to transitioning, approximately 79% of MFP participants reported that they were treated with respect by their service providers. However, a significant number of persons in the PD group indicated that this was not true for them. Again, prior to returning to the community, 79% said that their helpers listened carefully to their requests. However, a significant number of persons in the Aged and PD groups reported that this was not true for them.

75% of pre-transition MFP participants indicated that they required assistance to perform their ADL behaviors. While some participants in all groups required assistance for their ADLs, assistance was reported as being needed more often for persons in the PD groups. 20% of respondents who required assistance indicated that they went without a shower or bath when they needed one and approximately 63% of these occurred because there was no one to help them. 10% of participants reported that they were unable to use the bathroom when needed and 44% of this group indicated that this was due to a lack of staff assistance.

One Year Post-Transition Findings

For this reporting period, cumulative data from the QoLS was obtained from 1,107 persons participating in MO MFP who had transitioned into the community and had been living in the community for 12 months. One year following a return to their communities, 78% of MO MFP participants were living in a non-group home setting such as an apartment and 84% of these individuals reported that they liked where they were living. Similar results were found for persons residing in group homes where 84% indicated that they liked where they were living. 49% of those in group homes and 70% of individuals living in a non-group setting reported that they helped select their current home.

At the first follow-up interview that occurred after 12 months of community residence, only 5% of respondents indicated that they did not feel safe where they lived. Of these, only 15 persons reported that they felt this way most of the time. At the time of the 12-month follow-up interview, six persons indicated that they had been physically hurt by their current care providers and 25 individuals reported that they had been yelled at or verbally abused. 29 (4%) consumers also reported that they had either money or personal items taken without their permission.

One year after returning to their community, 90% of MFP participants reported being happy with the level of assistance they receive around their living setting. Looking across target groups, the largest group of persons that were dissatisfied with their support services were in the PD group where 13% reported being unhappy with the services they received. At this first follow-up interview, 95% of MFP participants stated that they were treated with respect by their service providers. Again, 95% of MFP participants reported that their support staff listed carefully to what they were asked to do. This was a noted improvement from baseline measures across all target groups, but especially for those in the Aged and PD groups.

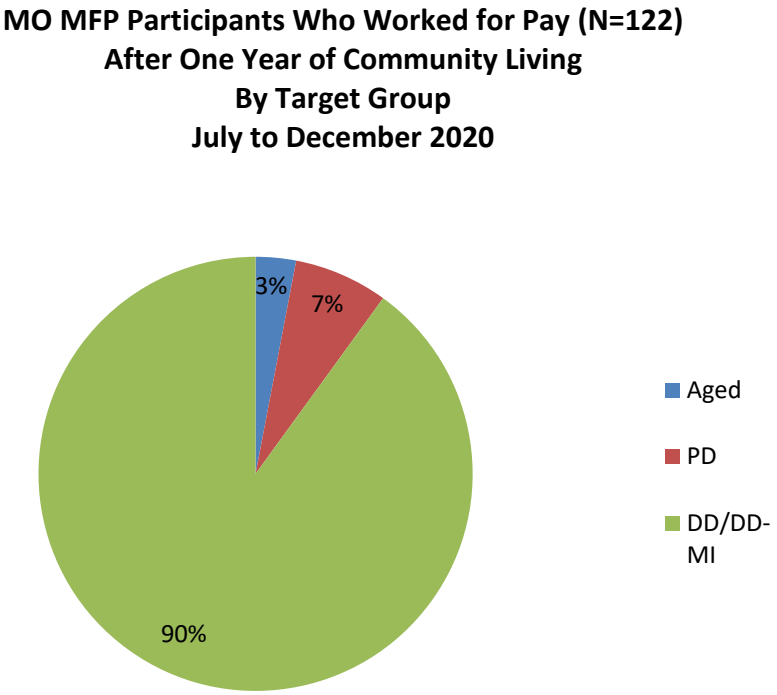
Over 70% of participants reported that they required assistance to perform their ADL behaviors. While assistance was required across all groups, those with a DD reported a higher level of need in this area. Participants reported that 91% of these aid providers were paid to provide this assistance. Again, while paid service providers were reported for all groups, those in the DD and PD groups were the most likely to have paid support workers. It was also reported that 44% of MFP participants had the opportunity to pick their support staff. Here, those in the PD category were the most likely to have exercised this option. For respondents that required assistance, 63 persons (6%) indicated that they went without a shower or bath when they needed one, but only 30 persons stated that this was because no one was there to help them. Twenty-four persons (2%) reported that they were unable to use the bathroom when needed but only three individuals indicated that this was due a lack of available staff assistance.

During their first 12 months of living in the community, 87% of MFP participants reported that they were able to see family and friends when they wished. Participants also indicated that they were able to get to the places they needed to go to like work, shopping, and doctor appointments 95% of the time. These rates occurred even though 60% of these individuals needed help to go out into the community.

When asked if they were happy with how they were living their life, 90% answered in the affirmative. The largest percentage in this positive group were in the DD group. Those indicating that they were not happy with how they were living their life were mainly in the PD and Aged groups.

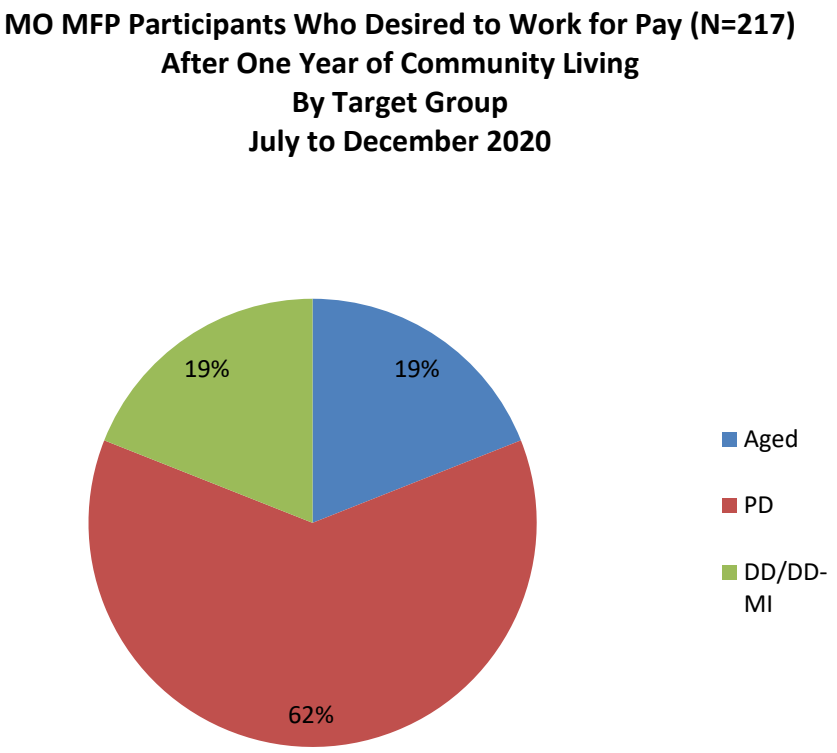
One question asked on the QoLS at the one-year assessment is "Are you working for pay right now?" Of those now living in the community for one year, 12% (N=122) indicated that they were working for pay. In this group, 8 persons had a PD, 110 were in the DD / DD-MI group, and 4 were Aged. As Figure 5 shows, participants with IDD represented the greatest proportion of paid workers (90%).

Figure 5.



Of those MFP participants who were not working for pay 30% (N=220) indicated that they would like to find paid employment. A breakdown by target groups for individuals desiring paid employment can be found in Figure 6 located below. As can be seen in Figure 6, participants with PD represented the greatest proportion not engaged in paid employment but willing to work for pay (62%). In addition to individuals who were working or desiring paid employment, 70 persons (7%) reported that they were doing volunteer work without being paid and another 195 persons (24%) indicated that they would be willing to perform volunteer work without being paid. Of those willing to do volunteer work without pay, 99 (51%) were in the PD group, 51 (27%) had a DD / DD-MI, and 43 (22%) were Aged.

Figure 6.



Two-year Post-Transition Findings

For this reporting period, data from the QoLS was obtained from 671 persons participating in the MO MFP Project that had transitioned and were living in the community for 24 months. Of these MO MFP participants, 65% were now living in non-group home settings such as apartments or private homes. After returning and living in their communities for 2-years, 76% of persons living in a group home setting and 90% of those living in a non-group home setting indicated that they liked their current living arrangement. 44% of those in group homes and 69% of those not living in a group home setting indicated that they had helped select their current home.

At the second follow-up interview that occurred after 24 months of community residence, only 4% of respondents indicated that they did not feel safe where they lived. Of these, only five persons reported that they felt this way most of the time. At the time of the two-year follow-up interview, four persons indicated that they had been physically hurt by their current care providers and 23 (5%) individuals reported that they had been yelled at or verbally abused. In addition, 23 (5%) consumers reported that they had either money or personal items taken without their permission.

Two-years after returning to their communities, 92% of MFP participants reported being happy with the support they receive around their living setting. The largest numbers of persons who were dissatisfied with their support services were in the PD and Aged groups. At this second follow-up interview, 96% of MFP participants stated that they were treated with respect by their service providers. This self-report on being treated with respect was found across all target groups from the 1 to 2-year follow-up interviews. When asked if their support staff listened carefully to their requests of what to do, 96% reported in the affirmative. However, some in the Aged and PD groups did indicate some issues in this area.

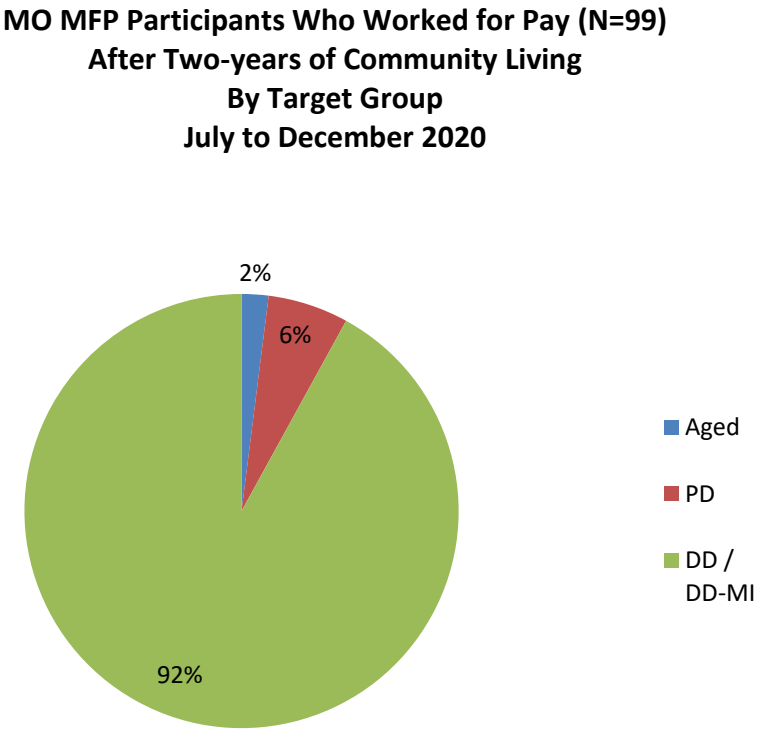
74% of participants stated that they required assistance to perform their ADL behaviors. Participant reports indicated that supports were required across all groups however, those in the DD group were most likely to need this level of support. MFP participants needing support reported that 92% of these aid providers were paid to perform these duties. Participants also reported that 42% of MFP participants used the opportunity to pick their support staff with those in the PD category the most likely to have exercised this option. For respondents that required assistance, 25 persons (4%) indicated that they went without a shower or bath when they needed one, but only 10 persons stated that this was because no one was there to help them. 19 persons (3%) reported that they were unable to use the bathroom when needed but only four individuals indicated that this was due a lack of available staff assistance.

After living in the community for 24 months, 88% of MO MFP respondents indicated that they were able to see friends and family when they wanted to see them. 93% of MFP participants reported that they were able to go to the places they needed to and 84% indicated that they were able to do this most of the time. This rate occurred even though 68% of these individuals needed help to go out into the community.

When asked if they were happy with how they were living their life, 88% answered that they were happy. The largest percentage in this positive group were in the DD group followed by those in the PD group and then the Aged.

One question asked on the second-year follow-up QoLS is “Are you working for pay right now?” Of those now living in the community for two-years, 16% (N=99) indicated that they were working for pay. In this group of paid workers, 91 were in the DD / DD-MI, 6 had a PD and 2 were in the aged group. As Figure 7 shows, participants with DD / DD-MI represented the greatest proportion of paid workers (92%).

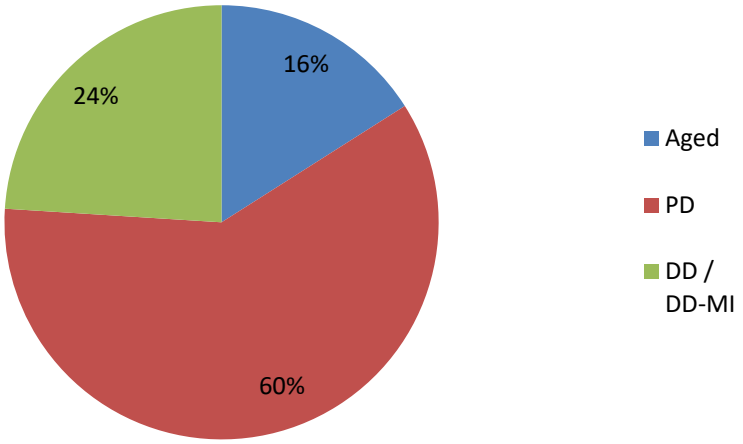
Figure 7.



Of those MFP participants who were not working for pay, 21% (N=92) indicated that they would like to find paid employment. A breakdown by target groups for individuals desiring paid employment can be seen in Figure 8 located below. As can be seen in Figure 8, 27% of participants with a PD and 19% of persons with a DD and 12% of the Aged who were not engaged in paid employment were willing to work for pay.

Figure 8.

MO MFP Participants Who Desired to Work for Pay (N=91)
After Two-years of Community Living
By Target Group
July to December 2020



In addition to individuals who were working or desiring paid employment, 49 persons (8%) reported that they were doing volunteer work without getting paid and another 80 persons (16%) indicated that if opportunities were found, they would be willing to perform volunteer work without being paid. Of those willing to do volunteer work without pay, 42 (54%) were in the PD group, 25 (32%) had a DD or DD-MI, and 11 (14%) were Aged.

Objective 5b: Changes in quality of life.

Concern over quality of life in institutional settings has been a driving force in LTC policy for some time. The MFP program is based on the premise that many institutionalized Medicaid recipients prefer to live in the community and can do so with appropriate support. One of the main assumptions of the MFP program is that community-based care would improve participant Quality of Life (QoL). As a result, the monitoring of QoL is a critical aspect of the evaluation of the MFP Project.

The MFP Quality of Life Survey (QoLS) will be used to help examine changes in consumer quality of life as the result of participation in MFP. This survey is intended to be administered prior to a consumer leaving their institutional setting and again in 12 and 24 months after returning to the community. The QLS is designed to be administered to consumers and the results sent to CMS.

The QoLS is intended to collect information on participants in the following domains: 1. Satisfaction with living arrangement, 2. Unmet need for personal care, 3. Respect and dignity, 4. Choice and control, 5. Community integration and inclusion, 6. Overall satisfaction with life, and 7. Mood and Health Concerns. Results for each domain is be measured by the summative counts of items that constitute the domain.

For this reporting period, a cumulative total of 1,981 persons were eligible for the baseline QoLS, 1080 participants in the MFP Project were eligible for and administered the 12-month QoLS and 659 individuals were administered the 24-month follow-up QoLS.

An examination of the reported changes in domain scores for all MO MFP participants after approximately one year and two-years of living in the community indicated that improvements were reported across all summary domains. See Table 8.

Table 8.

Percent of Participants Who Reported Improvements in Quality of Life Domains

	Baseline to First Year Follow-Up		Baseline to Second Year Follow-Up	
Domain	Number	Percent	Number	Percent
Living Arrangement	670	67%	410	65%
Personal Care	108	11%	74	12%
Respect / Dignity	184	25%	114	24%
Choice and Control	682	68%	423	67%
Community Integration & Inclusion	414	41%	255	41%
Satisfaction	308	32%	185	31%
Mood & Health Concerns	299	31%	185	30%

In examining the changes in measured summary domains across target groups and time, a more complicated picture begins to emerge. A visual description of the changes in domains across target groups and over time is shown in the following series of Figures 9 - 15.

Figure 9.

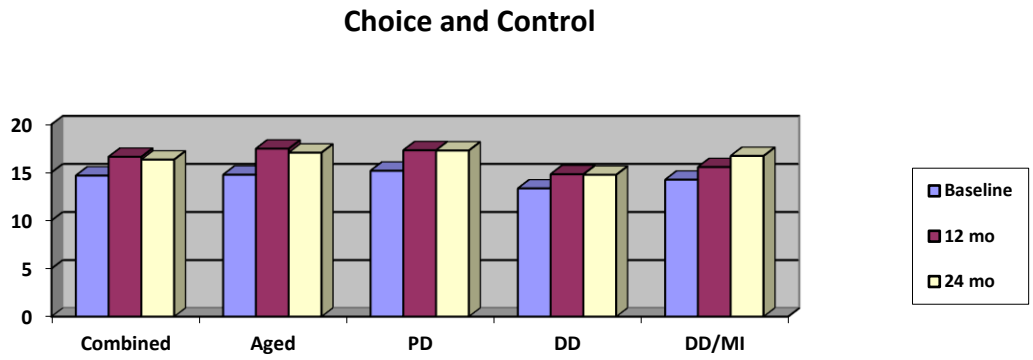


Figure 10.

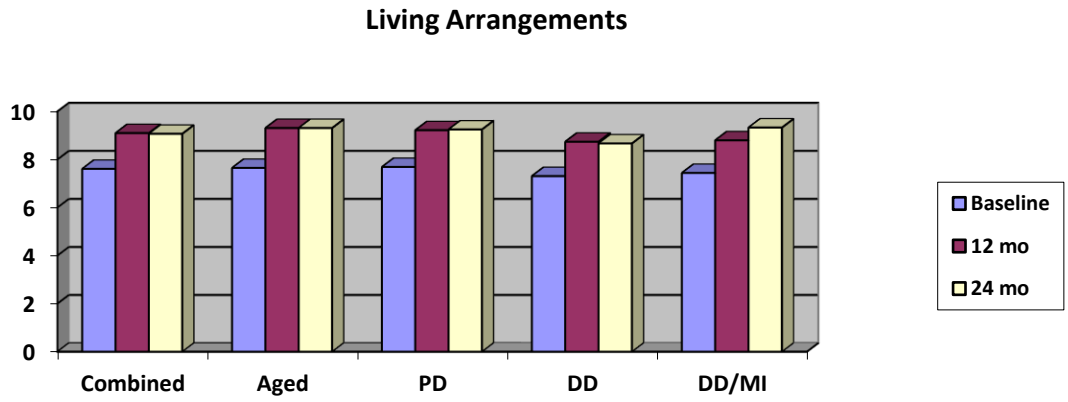


Figure 11.

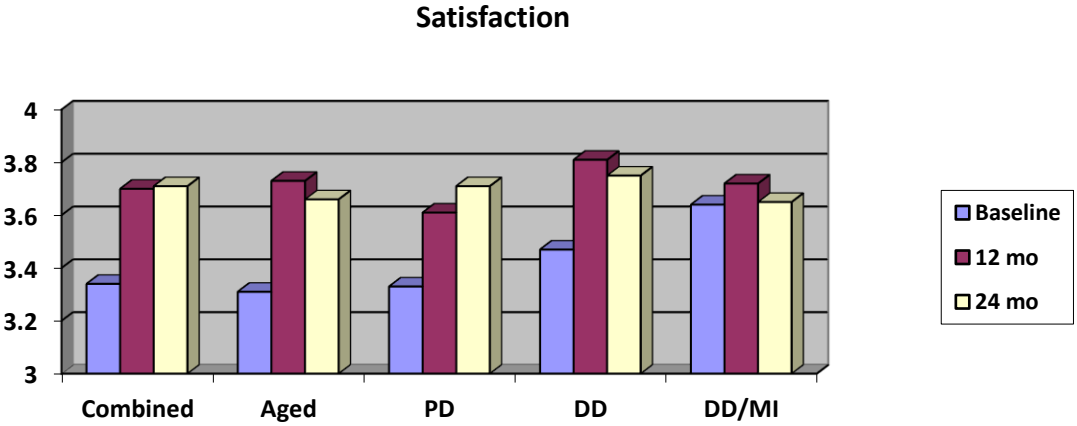


Figure 12.

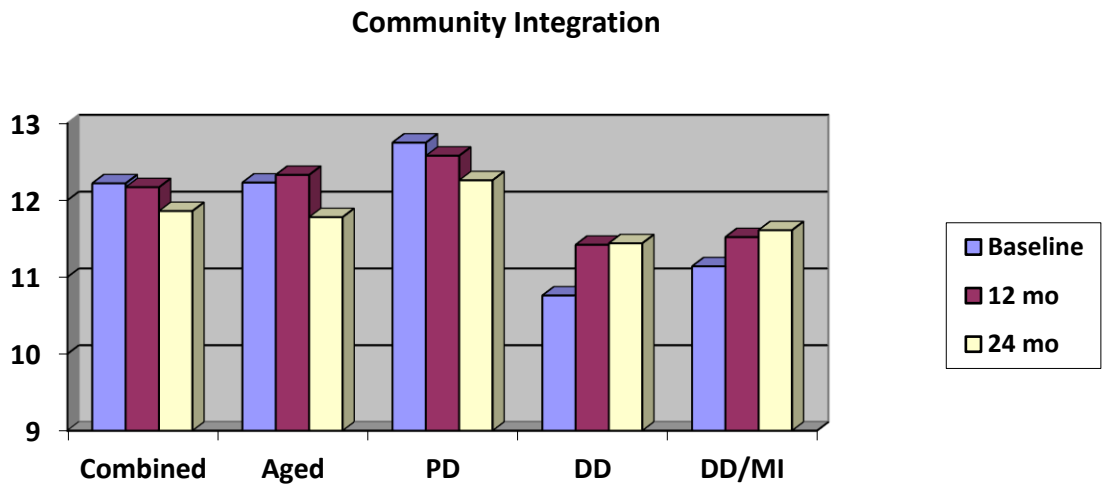


Figure 13.

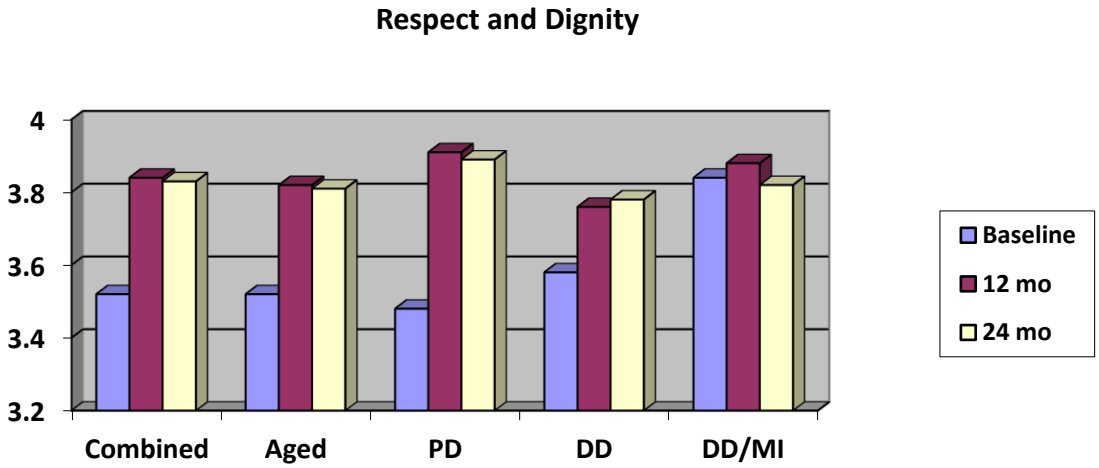


Figure 14.

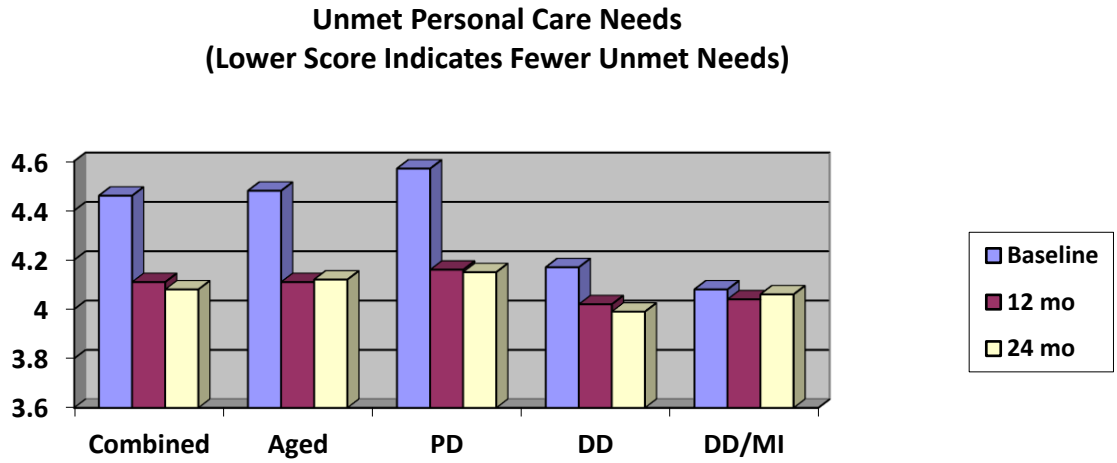
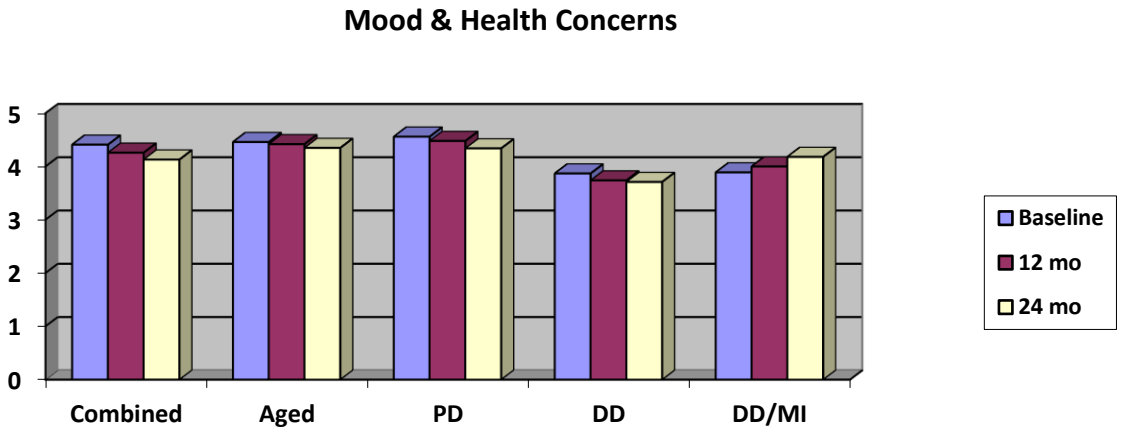


Figure 15.



A summary of the significance for changes in domain scores across all target groups and over time is shown in the following table (See Table 9). An analysis of the change in domain scores from baseline to the first-year follow-up indicated that significant improvements in QoL were reported for all MO MFP participants on: Satisfaction, Living Arrangement, Respect and Dignity, Choice and Control and Personal Care. Community Integration & Inclusion and Mood & Health Concerns were the only domains where MFP participants did not report significant improvement from Baseline assessment to the 12-month follow-up report. A similar pattern of changes in domain scores was found in the changes from baseline to the two-year survey with the addition of Mood & Health Concerns. These findings suggest that improvement in QoL occurred following a return to the community and was maintained for two years.

Different patterns of change in QoL were found when examining MO MFP participants in their respective target group. At the 12-month follow-up, significant improvements in the domain of *life satisfaction* were reported for all target groups except those persons in the co-morbid DD/MI group. When surveyed at the 2-year follow-up, significant improvements in *life satisfaction* were maintained for those in the Aged, Physically Disabled and DD groups. Non-significant improvements in *life satisfaction* from the baseline measure to the 2-year follow-up were reported for those in the co-morbid DD/MI group.

For the domain of *living arrangements*, all target groups reported significant improvements at both the one and two-year follow-up assessments. A similar pattern of improvement was found for the domain of *choice and control* across all target groups for the 12 and 24-month follow-up surveys.

Individuals in the Aged, Physically Disabled and the DD target groups all reported a significant increase in being treated with *respect and dignity* by their care providers at the one-year follow-up. At the two-year assessment, the Aged, Physically Disabled and DD groups continued to report a significant improvement in being treated with *respect and dignity* by their service providers.

At the one-year assessment, persons in the Aged, Physically Disabled and DD groups reported significant improvements in having their *personal care needs* met when compared to the baseline measure. Significant improvement in meeting *personal care needs* continued to be reported by those in the Aged, PD and DD groups at their two-year assessments.

For the domain of *community integration*, only those individuals in the DD target group reported a significant improvement at the one-year follow-up. At the two-year assessment, an improvement in their community integration was reported by those persons in the Aged, PD and DD groups.

No significant improvements across target groups were reported in *mood and health concerns* at both the one and two year assessments. This failure to find significant improvements in this domain was true for all four target groups involved in the MO MFP program.

Table 9.

	All Participants	Aged	PD	DD	DD/MI
Life Satisfaction					
Baseline vs 12 mo	***	***	***	***	NS
Baseline vs 24 mo	***	**	***	***	NS
Living Arrangement					
Baseline vs 12 mo	***	***	***	***	**
Baseline vs 24 mo	***	***	***	***	***
Choice and Control					
Baseline vs 12 mo	***	***	***	***	**
Baseline vs 24 mo	***	***	***	***	***
Respect and Dignity					
Baseline vs 12 mo	***	***	***	**	NS
Baseline vs 24 mo	***	**	***	*	NS
Personal Care					
Baseline vs 12 mo	***	***	***	*	NS
Baseline vs 24 mo	***	***	***	*	NS
Community Integration					
Baseline vs 12 mo	NS	NS	NS	***	NS
Baseline vs 24 mo	NS	*	*	***	NS
Mood and Health					
Baseline vs 12 mo	NS	NS	NS	NS	NS
Baseline vs 24 mo	NS	NS	NS	NS	NS

* $p < .05$
** $p < .01$
*** $p < .001$
NS = Not Significant

Area 6: Persons eligible to participate in MFP and who decline, or those persons enrolled in MFP and who cease participation in MFP will be evaluated to determine the reasons for their decisions. Individuals who die while participating in MFP will also have their cause of death examined.

Objective 6a: Rates of re-institutionalization of MFP participants and reasons cited.

Of the individuals currently enrolled in the MO MFP Project, 26 persons were re-institutionalized from July to December 2020. Of these, 20 MFP participants required a re-institutionalization of 30 days or less: For these individuals, 15 were Physically Disabled target group and 5 were Aged. For this reporting period no-one in the Aged group and 2 that experienced a PD required a re-institutionalization greater than 30 days. The majority, who chose or had to return to an institutionalized setting, did so for health-related issues that did not allow them to remain in the community or because they had Medicaid spend-down problems.

Objective 6b: Frequency of deaths of MFP participants and reasons cited.

From July to December 2020, there were four reported deaths for individuals participating in the MO MFP program. Two each in the Aged and PD groups. At this time, one person died of COVID, one in hospice and the others of unknow causes.

Missouri Money Follows the Person
Semi-Annual Evaluation Report – July to December 2020
Summary

For this reporting period, the Missouri Money Follows the Person: My Life, My Way, My Community MO (MFP) was able to transition 79 individuals from nursing facilities back to their communities. The 79 MO MFP transitions reported for the time-period covered in this report, was not enough to allow the MO MFP Project to reach their annual transition goals for individuals with a PD. Annual transition goals for the Aged were met.

The most significant problem the MO MFP encountered in achieving their goals was due to the continuing COVID-19 pandemic. During this reporting period that the United States continued to be impacted by the COVID-19 pandemic. With MFP participants (Aged & Physically Disabled) being high risk for getting infected with this disease whether they are in "pending transition" status waiting to move, or if they have already moved and currently living in the community, the MFP program was operating under emergency protocols implemented back in March 2020. These protocols were put in place to limit the chance of spreading the disease. Currently, Level of Care assessments, MFP assessments, care planning, transition planning, Options Counseling sessions etc., are being done remotely. MFP contractors are still required to physically tour the proposed living arrangement for health, safety and accessibility prior to the participant moving in, and must physically ensure that a safe move has occurred on transition day. The challenge with a hands-on program like MFP having to function primarily on a remote basis, was the loss of the ability to "eye-assess", and so they were dependent heavily on the information people provided and that was hit and miss with regards to enrolling and approving successful participants.

At the same time skilled nursing facilities were following local and national guidance by limiting outside visitors to prevent residents from contracting the COVID 19 virus, resulting in transitions taking longer to complete. Options counseling sessions, level of care/MFP assessments, transition planning meetings etc. were primarily done over the phone which took longer than traditional face to face methods. Also, waiting for required signatures to be sent back and forth through electronic means added time to the process. This combined with the over the phone issue, brought down the number of transitions as opposed to normal pre-pandemic operations.

Similar problems were found for LT care facilities where fewer persons were referred through Section Q. For this reporting period, 105 persons were referred to MO MFP using Section Q and 7 of these individuals eventually transitioned back to the community. The MO MFP Program is hopeful that the pandemic will ease and is making plans to increase the number of enrollees for the next reporting period.

Both the DHSS and the DMH continue to develop and implement policies and procedures to provide continuity with quality care upon transition for their target groups. Both agencies have developed and continue to use web-based tools to help collect data that allows them to assess and monitor individual needs and service delivery. Among other areas, these systems allow for the monitoring of abuse and neglect, health needs, and the altering of individual supports as needed.

One continuing area of concern and a primary impediment to community transitions is that of housing. Affordable housing continues to be difficult to obtain and local housing agencies have

been reluctant to dedicate any housing slots specifically for MFP participants. State agencies participating in the MO MFP Project have taken steps to address this problem through local and regional meetings with housing authorities and housing developers and local collaborations with subsidized apartment owners and managers. Regional planning meetings on housing were held during this reporting period and future housing conferences were planned. Participating agencies are also working with housing developers to help create more universally designed housing throughout the state. Creative approaches to housing are being taken as MOHousing continues to pursue options for building universally designed homes for individuals seeking affordable housing but not wanting to live in traditional apartments.

The MO MFP program has hired a housing coordinator and housing specialist to assist with housing. The state MFP Director will continue to work with housing agencies to develop housing approaches that will benefit MFP participants. Another continuing problem area in housing is the assessment of risk for community placements of individuals with histories of alcohol or substance abuse, and severe mental illness. Agencies continue to hold meetings to share knowledge on how these persons can best be transitioned and supported in the community.

The state of Missouri continues to show a shift in rebalancing monetary funding from institutions to HCBS for this reporting period. The target goal was a 4 percent in total Medicaid HCBS expenditures for each year of the demonstration program. For this reporting period, the State of Missouri met their second spending period target and resulted in the state meeting their annual target goal.

During this reporting period, 22 MFP participants choose to self-direct their support services with the majority in the non-elderly, Physical Disability target group (N=14). The remaining persons who self-directed services were in the Aged group (N=8). Since the start of the MO MFP program, 493 participants have self-directed their support services. The majority have been in the PD group (N=344). Self-direction was also chosen by 137 persons in the Aged group, 11 individuals in the DD group, and 1 in the co-morbid group.

At the end of this reporting period, the MO MFP program reported that 26 persons needed to be re-institutionalized. Most (N=20) were for less than 30 days and one was for more than 30 days. Most persons, who chose or had to return to an institutionalized setting, either did so for health-related issues that did not allow them to remain in the community, for deterioration in cognitive functioning or to meet Medicaid spend down requirements.

The results from the one and two-year Quality of Life Surveys suggest that the MO MFP program is accomplishing the projects goal of returning qualified individuals to the community and improving the quality of life for these participants. MO MFP participants have reported significant improvements in their living arrangements, life satisfaction, in choice and control over their lives, in being treated with respect and dignity by their support providers, and improvement in personal care that have been sustained over a two-year time span since leaving a long-term care institution.

Some of the remaining domains measured by the QoLS have shown mixed results that have varied over time and across target groups. Persons in the Aged and Physically Disabled and DD groups have reported significant improvements in their personal care upon returning to the community at the one-year follow-up assessment; however only those in the Aged and PD maintained this improvement at the two-year assessment.

In the area of "being treated with respect and dignity", persons in the PD group reported the strongest and most consistent improvement at both the one and two-year assessments. Those in the aged group also reported significant improvements from the baseline measure on the one-and two-year survey, but their results were not as strong as for those in the PD group. Persons in the DD group reported improvement on the 12-month survey but not on the 24-month follow-up. No changes in this domain were found for those in the DD/MI group.

The only individuals that reported a prolonged and significant improvement in community integration were those in the DD group. Here they reported an improvement that was maintained across the two-year time-period. Persons in the Aged and PD groups reported a significant improvement in community integration only at the 2-year assessment. The failure of the other groups to show gains in this domain should be examined. Differences might be due to access to a more organized system or process that is not currently available to those in the other target groups and this might warrant a closer examination of how others are being integrated into their communities.

APPENDIX A

EVALUATION OVERVIEW

This semi-annual report for the evaluation of the Missouri Money Follows the Person Demonstration (MO MFP) covers the 6-month period from July to December 2020. The evaluation activities described in this report align with the (a) evaluation plan that was submitted to the Centers for Medicare and Medicaid Service (CMS) and (b) the required semi-annual reporting format.

Evaluation Plan

The evaluation plan was developed in collaboration between Tom McVeigh, Robert Doljanac, and the MO MFP Project staff. During the planning phase, project work teams developed a strategic plan including specific activities and relevant data sources. The evaluation plan was designed to complement the strategic plan such to inform the implementation process and outcomes. Overall, the evaluation plan details, by grant objective, the evaluation processes, measures, and data sources.

Given the integrated nature of the data comprising the evaluation of the Missouri Money Follows the Person Demonstration, implementation of the evaluation plan has involved collaboration across many partners within the Departments of Mental Health (DMH), Social Services (DSS) and Health and Senior Services (DHSS).

The evaluation plan includes both a process and outcome evaluation. The purpose of the process evaluation is to:

- Determine the perceptions of the stakeholders about the planning and implementation of the projects,
- Determine the extent to which the implementation of the grant follows proposed protocols,
- Document changes to grant processes and reasons for changes, and
- Record participation from various stakeholders in grant activities and decision-making.

The outcome evaluation involves:

- Integrating existing data sources contributing to the understanding of the effects of the grant processes on the quality of life for people with disabilities,
- Examining the usefulness of current data systems,
- Measuring stakeholder perspectives of outcomes and document their personal experiences.

Evaluation Methodology

Table 10.

	Area #1: The MFP Project will establish practices and policies to screen, identify, & assess persons who are candidates for transitioning into the community through the MFP Project.				
	Outcome	Data Elements for Measure	Information / Data Source(s)	Entity / Agency providing data	Frequency of Data Collection
a.	Changes in policies & procedures relevant to persons in each target group	Related policies and procedures	Interviews and Dept. Policy Reports	Dept. of Mental Health & CPS Dept. of Health and Senior Services	Semi-Annual
b.	Number in each target group who choose to participate and those who actually transition	• Numbers identified • Numbers who transition • Reason for non-transition	Annual reviews, referrals, and interviews	Dept. of Mental Health & CPS Dept. of Health and Senior Services	Semi-Annual

Table 11.

	Area #2: Development of flexible financing strategies or other budget transfer strategies that allow "money to follow the person".				
	Outcome	Data Elements for Measure	Information / Data Source(s)	Entity / Agency providing data	Frequency of Data Collection
a.	Changes in the balance of long-term care funding between institutional and home and community-based services	• Long term care funding • Institutional funding	State budget reports	Dept. of Mental Health Dept. of Health and Senior Services	Semi-Annual
b.	Increases in the number of persons funded under the Medicaid waiver program	Number of persons receiving Medicaid waiver funding	State data reports	Dept. of Mental Health, Dept. of Health and Senior Services	Semi-Annual
c.	Increases in the amount of funding for demonstration services received by persons in the MFP Project	Demonstration services funding	State budget reports	Dept. of Mental Health, Dept. of Health and Senior Services	Semi-Annual

Table 12.

	Area #3: Availability and accessibility of supportive services for MFP Project Participants				
	Outcome	Data Elements for Measure	Information / Data Source(s)	Entity / Agency providing data	Frequency of Data Collection
a.	Level of involvement of consumers in the MFP Project in transition planning and delivery of services for each target group	Individual responses to survey/interview questions	Quality of Life Survey (QLS)	CMS	Semi-Annual
b.	Types of housing selected by MFP participants for each target group	Type housing selected and received	MFP Data Files	Department of Mental Health Department of Health and Senior Services	Semi-Annual
	• Apt. or Unit with an individual lease				
	• Community-based Residential Setting				
	• Home Owned or Leased by Individual or Family				
c.	Number of MFP participants who self-direct services for each target group	Number of persons self-directing services	MFP Data Files	Department of Mental Health Department of Health and Senior Services	Semi-Annual
d.	The number of individuals who were unable to transition due to lack of accessible / affordable housing	Number of individuals who were unable to transition due to housing	DSS / MFP Data Files	MFP Project Staff	Semi-Annual
e.	Types and amount of transition services, including demonstration services	Transition Services	MFP Data Files	Department of Mental Health Department of Health and Senior Services	Semi-Annual
f.	Why individuals interested in participating in MFP were unable to transition into the community	Number of individuals who were unable to transition into the community and reasons why	MFP Data Files	MFP Project Staff	Semi-Annual

Table 13.

	Area #4: Performance of a cost analysis on support service costs for individuals participating in the MFP Project				
	Outcome	Data Elements for Measure	Information / Data Source(s)	Entity / Agency providing data	Frequency of Data Collection
a.	Cost of Medicaid services prior to participation in MFP	Total support service costs billed 12 mo. prior to participating in MFP	Individual Medicaid billing invoices	Mo HealthNet	Semi-Annual
b.	Cost of Medicaid services after transitioning and participating in MFP	Total support service costs billed 12 mo. after participating in MFP	Individual Medicaid billing invoices	Mo HealthNet	Semi-Annual

Table 14.

	Area #5: Development of policies & practices to improve quality management systems to monitor services and supports provided to participants in the MFP Project				
	Outcome	Data Elements for Measure	Information / Data Source(s)	Entity / Agency providing data	Frequency of Data Collection
a.	Level of satisfaction with home and community-based services including living arrangements	Individual responses to survey/interview questions	MFP participants completing QoLS	CMS	Semi-Annual
b.	Changes in quality of life	Individual responses to survey/interview questions	MFP Participants completing QoLS	CMS	Semi-Annual

Table 15.

	Area #6: Persons eligible to participate in MFP and who decline or cease participation will be evaluated to determine the reasons for their decisions. Individuals who die while participating in MFP will have their cause of death examined to help identify areas for program improvement.				
	Outcome	Data Elements for Measure	Information / Data Source(s)	Entity / Agency providing data	Frequency of Data Collection
a.	Rates of re-institutionalization	• Persons returning • Reasons for return	Records and interviews MFP Data Files	The Departments of Mental Health, Social Services and Health and Senior Services	Semi-Annual
b.	Frequency and reason for deaths	• Number of persons dying • Reasons for death	MFP Data Files	The Departments of Mental Health and Health and Senior Services	Semi-Annual