

MFP Sustainability Plan
March 2, 2015 Agenda
12-2 PM
DHMH, Room L-3

Introductions

In- Person & Phone

MFP Sustainability Planning

Goals for today's meeting:

1. What initiatives are considered vital to the MFP goals?
2. What additional information is needed to make decisions?
3. What else do we need to learn by the end of the demo to make our recommendations for continued services or initiatives?

Supporting documents for discussion:

1. MFP Staffing Duties
2. 2013 Approved Rebalancing Initiatives
3. MFP Services and Activities
 - a. Service-eligibility criteria, is individually identifiable, must be billed to a Medicaid recipient, billed fee for service
 - b. Rebalancing activities-mostly administrative in nature, necessary to administer the Medicaid program, may be funded either as fee for service or administrative contract

Background

Every year states are required to submit a supplemental budget request to CMS for one year's worth of funding.

Statutorily, CMS is only authorized to provide the funding appropriation to MFP states through Federal Fiscal Year 2016. This is not new information; this has been clearly stated since the demonstration was extended through the ACA. This is nothing to get upset or concerned about, this is our opportunity to plan for the future.

States are authorized to transition MFP participants through December 31, 2017, with services and enhanced match during their participation year ending December 31, 2018. States can also request to transition MFP participants through December 31, 2018, with services and enhanced match during their participation year ending December 31, 2019. The last possible date of MFP participation is December 31, 2019. Claims are normally reimbursed up to a year after the service is rendered, however, States that transition individuals through December 31, 2018 will only be able to draw down the enhanced match through September 30, 2020, which means if providers do not bill timely, the State will miss out on the enhanced match for claims submitted after September 30, 2020.

All MFP States are required to submit the sustainability plan by April 30, 2015. CMS must approve plans by August 1, 2015 and supplemental budget requests covering January 1, 2016-September 30, 2020 will be submitted, accompanied by the approved sustainability plan, on October 1, 2015.

The plan must provide a detailed description of how the grantee will sustain necessary staffing, transition activity, services, demonstration programs, and structural changes initiated under the MFP Demonstration including budgets for each year and documentation to support funding requests in the budgets. The grantee must identify any services, structural changes or demo projects initiated under the grant that will not be continued after the grant period and the reason for discontinuing the activity. The plan must also include a timeline for any changes.

Costs paid out of the grant:

1. MFP Supplemental Services-MFP Flex Funds
2. MFP Demonstration Services-MFP Peer Mentoring
3. All other approved HCBS provided to MFP participants (such as waiver and state plan services)
4. MFP Staff (see chart), includes salaries, fringe, indirect, office supplies, mileage, office equipment, printing, etc
5. Cost to administer the quality of life survey
6. Stakeholder meeting support such as transportation and conference calls

Costs not paid out of the grant

1. All rebalancing activities
 - a. Rebalancing activities are the State's reinvestment of the enhanced match
Current rebalancing activities include peer outreach and supports, nursing facility options counseling, bridge subsidies, housing work at Maryland Department of Disabilities, enhanced brain injury resource coordination, DDA IT upgrades, etc.

Sustainability plans must include responses to the mandatory activities listed below and should consider including the optional list of activities as part of the final plan:

Mandatory Plan Activities

1. Continue to improve and sustain MFP transition activities including out-year projections for transitions through December 31, 2017 and services through December 31, 2018;
 - a. MFP participants transition through the Community Options, Brain Injury, and Community Pathways Waivers and the Increased Community Services program. Systems have been established to continue providing transitions through the end of the demonstration.
 - b. Maryland's MFI Act ensures funding is available for slots for individuals transitioning from institutions.
2. Indicate if the state is planning to continue to provide transition services and identify and budget for the cost to transition from the grantee's current MFP program into a new or existing 1915(c) or other Medicaid authority for the participants interested in transitioning to the community after the last day of service funding;
 - a. Supports planning for individuals is a covered service for CO and ICS applicants

- b. Resource Coordination for DDA
 - c. Resource Coordination for BI
- 3. Account for how the remainder of all rebalancing funds will be utilized prior to the end of the grant period, including new projects and updates on existing projects;
 - a. Peer Outreach and Supports
 - b. Nursing Facility Options Counseling
 - c. Strategic Housing Work
 - d. Bridge Subsidies
 - e. BI Enhanced Resource Coordination
 - f. BI Tracking System
 - g. BI Provider Incentives
 - h. BI Staff Development
 - i. DDA Resource Allocation
 - j. DDA Peer Work
 - k. DDA Data Management
 - l. DDA Training for Direct Support Staff
- 4. Engage external stakeholders in the development of the final sustainability planning process;
 - a. Preliminary overview of requirement and background discussion at February 3, 2015 Stakeholder Meeting
 - b. Email announcement regarding special sustainability meeting and supporting documentation sent on February 11, 2015
 - c. Special meeting to discuss Sustainability Plan on March 2, 2015
 - d. Draft of plan sent out on March 20, 2015 for feedback
 - e. Second draft with feedback on April 1, 2015
 - f. Final stakeholder discussion at April 7, 2015 Stakeholder Meeting
 - g. Submit to Deputy Secretary for sign off by April 21, 2015
 - h. Submit to CMS by April 30, 2015
- 5. Include funds necessary to continue the submission of all MFP grant and programmatic reporting requirements as listed in the MFP Timeline.

The MFP program has numerous reporting requirements as part of the conditions of award; reports may be sent to CMS, technical assistance provider, national evaluator, office of grants management, or a combination. States will need to have sufficient staffing to complete all required reports through the end of the grant, September 30, 2020.

Weekly

- 1. Financial draw downs based on service expenditures (MFP Finance Staff)

Monthly

- 1. Quality of Life survey data (Data Specialist)

Quarterly

- 1. We report on MFP participation dates, services, demographics, and quality of life survey results. This reporting requires data review and time investment by multiple MFP staff,

Hilltop (to compile the data based on claims and MFP staff input), and the Schaefer Center (QoL data.) (Data Specialist and Associate Project Director)

2. Financial reports are compiled and sent to CMS (MFP Finance Staff)

Semi Annually

1. MFP Semi Annual Report (Associate Project Director, Data Specialist, DDA Statewide Housing and Transition Coordinator, MFP Quality and Compliance Specialists)
 - a. Transitions, participants, disenrollments
 - b. Deaths and reportable events
 - c. Benchmarks including overall spending, options counseling, peer outreach, and housing assistance
 - d. Rebalancing initiatives
 - e. Housing
 - f. Self-Direction
 - g. Stakeholder Involvement
 - h. Outreach
2. Financial Federal Reporting (MFP Finance Staff)

Annually

1. Overall budget (MFP Project Director)
2. Travel log submission (MFP Project Director)
3. Technical assistance survey (MFP Project Director)

Money Follows the Person Rebalancing Demonstration Goals:

1. Increase the use of home and community-based, rather than institutional, long-term care services, referred to as rebalancing the system (examples include):
 - a. Community First Choice implementation, expanding availability of services, adding services to LAH, WOA, ICS, new CO
2. Eliminate barriers or mechanisms, whether in the state law, the State Medicaid plan, the State budget, or other requirements that prevent or restrict the flexible use of Medicaid funds to enable Medicaid-eligible individuals to receive support for appropriate and necessary long-term services in the settings of their choice.
 - a. MFI act was expanded during MFP to include SRCs and chronic hospitals
3. Increase the ability of the State Medicaid program to assure continued provision of home and community-based long-term care services to eligible individuals who choose to transition from an institutional to a community setting.
 - a. MFI ensures funding for continued provision of HCBS
4. Ensure that procedures are in place to assure the quality of home and community-based services provided to MFP participants and continuously improve the quality of such services.
 - a. ISAS, RE module in tracking system, enhanced quality monitoring for MFP transitions
5. What new ideas would you like to see to address these goals?

Prohibited Use of Grant Funds:

1. MFP rebalancing funds cannot be used to offset existing state, local, or private funding of infrastructure or services.

2. Rebalancing funds are not to be used for expenses that will not primarily benefit individuals of any age who have a disability or long-term care need.

The MFP sustainability plan might address any of the following:

- Expand accessible Home and Community Based Services;
- Develop and maintain new program activities and policies;
 - Explore additional self-direction opportunities, evaluate options and implement
- Advance and preserve systems that support transitions among settings and services;
 - Behavioral health (RRPs), expand CFC into those settings, PASRR process, hospital discharges
- Design and implement or expand a comprehensive Single Entry/No Wrong Door Systems for assessing community-based Long-Term Supports and Services (LTSS);
 - IT for NWD system to support additional interaction between the MAPs, Medicaid, LHDs, and DSS
- Create and expand a person-centered planning and service delivery;
 - Training, tools, evaluation
- Enhance and advance employment supports for people with disabilities;
 - Explore employment options with MDOD and DORS
- Expand the supply of Direct Service Workforce and adequate supply of caregivers;
 - Training, career ladder, add-on rates for additional certifications or training (behavioral health interventions, dementia training), training for individuals that are delegating their care, delegation courses
- Foster the continued development of an adequate supply of housing to support community-based living options;
 - All housing activities, bridge subsidies,
- Improve or support quality assurance quality improvement systems.
 - MFP involvement with REs, monitoring, trending REs in the transition year, analyze additional need for training based on REs such as falls prevention, wound care, behavioral health, UTIs, etc.

Discussion

*Note: The comments and responses were not recorded for transcription, this is a general summary of questions, answers, comments, and responses based on notes

Comment: We should be flexible for participants.

Response: We want to support individuals and be as flexible as the rules allow.

Q: What will the state propose to continue after the demonstration?

A: We would like to request funding for certain staff duties as well as rebalancing initiatives related to transitions, we will need to work with the budget office to request new state funding.

Q: Is there anything in the works in regard to employment?

A: MDOD/DOL-Office of Disability Employment Services have asked MFP programs to participate in calls regarding employment. We did a small pilot a few years back to help

individuals explore housing opportunities, but there wasn't much on-going interest. We can bring that back up for discussion.

Comment: The Behavioral Health Workgroup made recommendations several years ago, please continue to look at those recommendations and see what we can do for the rest of the demonstration

Response: Yes, we can take another look at the recommendations.

Q: How can we sustain nursing facility peer outreach and supports and options counseling, as well as flex funds?

A: After MFP ends, nursing facility options counseling may be an appropriate activity to include in a future cost allocation plan amendment process for Federal Financial Participation (Federal Medicaid match) with the MAP sites.

CMS has identified Medicaid authorities to continue services after MFP. Peer Outreach has no authority by which we can draw down Federal match, so if we are to continue it, it would need to be funded with state only dollars. We need data that demonstrates the effectiveness in order to support any budget request.

Community First Choice (CFC) currently has a transition service benefit with a \$3000 limit. Transition services and MFP flex funds are very similar; one of the main differences between the two services is that flex funds can pay for groceries, while CFC transition services cannot. We can review the transition service definition and look and modifying the language to allow groceries.

Comment: We should continue peer mentoring and housing work

Response: We have very little data on peer mentoring, we will need to use the remaining years of the demonstration to collect data and review outcomes.

Q: Do you have the updated percentage spent on NF and in the community?

A: I would have to look that up and get back to you. There are two different ways of looking at the data, with and without the DDA funded services. DDA does a great job of serving individuals in the community, rather than in institutional settings. Including DDA services makes the system look more balanced.

Q: What is DDA doing right?

A: DDA closed State-owned institutions. During the demonstration, two State Residential Centers have been closed, Rosewood and Brandenburg. The vast majority of DDA-funded services are provided in the community.

Q: Why can't the State close nursing facilities?

A: CMS defines institutional (nursing facility) services as the entitlement that states are required to provide. Home and community-based services, such as waivers, are optional.

It's also important to remember that nursing facilities are privately-owned businesses; the State has no authority to close them. Our licensing authority allows us to restrict the number of nursing facility beds based on the current need.

Q: The cost savings of serving individuals in the community is important; this can help justify funding for outreach and education in facilities. I'm worried about a large number of people transitioning to assisted living facilities (ALFs). We need education and outreach in ALFs. How can we provide outreach those individuals to educate them about other options/ less restrictive environments?

A: We are currently working on our community settings transition plan that drastically changes the federal requirements of the characteristics of assisted living facilities, rather than focusing solely on the number of people they serve. In the meantime, ALFs are currently considered to be a community-based setting, not institutional so outreach to ALF residents does not meet MFP criteria. Ombudsmen work in both nursing facilities and ALFs; we can talk to them about how to inform individuals about other housing options.

Q: Maryland Access Point is a resource that is proactive and can work on the preventative end. How can we support community based options counseling to make sure that continues?

A: That is currently included under our cost allocation plan amendment request to draw down federal funding for Medicaid activities performed by the MAP sites.

Comment: We can make better use of PASRR; we need to think about how to use it for diversion. States can expand PASRR to other populations, they just don't get the enhanced match. PASRR contracts for efficient systems are worth exploring. We can expand, invest and use it as a better diversion tool.

Response: Since PASRR is already a state obligation, MFP can't fund that required activity.

Comment: People get move to nursing facilities and assume they are not capable of living elsewhere. There needs to be psychological support.

Response: This is what we are trying to address with peer outreach and supports, we modified the activity based on feedback that NF residents needed access to on-going support throughout the process.

Comment: We need senior Peer Outreach folks, older adults may not identify with a healthy younger adult with a disability.

Response: We can talk to MDOD and find out the range of peer types that are currently providing outreach and see if the contractors should do additional outreach to attract a broader range of peers.

Q: Can we use rebalancing funds to pay for ALF provider incentives? I think the state should sustain MFP housing staff and assist ALF providers with the community setting rule.

A: Although it is an approved rebalancing initiative, I suspect CMS will not allow us to use rebalancing money to prepare for the community setting rule because it is currently a state requirement, that was not the case when we proposed the initiative several years ago.

We've identified housing as an ongoing barrier to serving people in the community. I'd agree that it is important to continue housing work after the demonstration ends. The NED vouchers played a big part in helping individuals under 64 transition into the community. We will have additional bridge subsidies available this year.

Comment: Some of the activities to explore are: Training for family caregivers/ advocates, consumer education training, identify how we bring more providers on board. Our experience with hospital diversion has shown that hospitals need skin in the game or it's not sustainable.

Question to group: Is there additional information we haven't thought about?

Q: Why are doctors and hospitals sending people to NFs rather than home?

A: It's faster and easier. Hospital discharge planners are under pressure to discharge individuals quickly once they are stable and no longer need to be in the hospital. If an individual needs additional rehab, if they don't have the necessary informal supports at home, discharge is most likely to be to a nursing facility.

I'm interested in exploring some sort of expedited plan of service review process for hospital discharges. If we could get people into services faster, they may be able to go straight home, rather than a nursing facility.

Comment: People lose their homes when they go in NF. We need a database of care providers.

Response: Private health insurance doesn't provide a long term benefit of in-home care and there aren't many people that have long term care insurance which does provide some type of in-home benefit.

We do have the MAP website provider registry of Medicaid enrolled personal assistance providers. Anyone can access this provider list, including individuals with the financial means to privately pay. www.marylandaccesspoint.info

Comment: PASRR screens every single person entering NF for a behavioral health and/or developmental disabilities diagnosis. There's a 75% enhanced matched for web based system for PASRR. This would help with diversion because we can do it on every single person and understand their needs.

Response: We can discuss that.

Comment: Short stays turn into long stays. Individuals cannot afford to maintain their housing in the community based on their monthly allowance.

Comment: Many older adults have Medicare, not Medicaid, so they can't access waiver services unless they go to a NF first.

Response: That's true. MFP is focused on individuals that are Medicaid eligible, we are part of the picture, but we won't be the answer for everyone.

Please send any additional feedback to me (devon.mayer@maryland.gov) or the long term care workgroup email (dhmfh.lcreform@maryland.gov). I'm working to get a draft out for comment and incorporate those comments into a second draft for feedback by the next stakeholder meeting to be held on April 7, 2015.