



# Money Follows the Person Discussion Group New Waivers

December 16, 2011

# Agenda

- MFP Overview
- Introduction to Medicaid 1915 (c) Waivers
- Overview of MFP Waivers
  - Community Living Waiver
  - Residential Supports Waiver
- Q&A

# MFP OVERVIEW

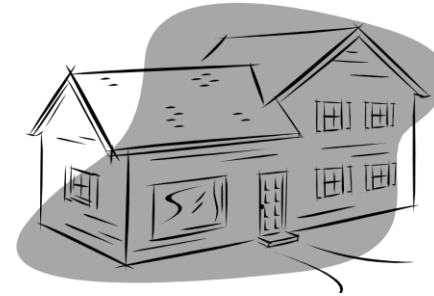
# Money Follows the Person (MFP)

- The MFP Demonstration grant supports MassHealth's efforts to transition members out of nursing homes and other long-stay facilities.
  - Transition coordination for qualified members
  - Eligible member must move to a qualified setting
- The demonstration provides resources not previously available to address barriers to discharge
  - All participants will receive case management
  - Housing search assistance and promotion of housing opportunities for participants
- MFP is projected to serve close to 2,300 members over five years through existing and new waivers, state plan services

# MFP Overview



Transition  
into the  
Community



2011

Existing Waivers  
(*DDS Waivers, Frail Elder Waiver,  
ABI Waivers*)  
Capacity for 24 Hour Back-up

2012

MFP Demonstration Services  
State Plan Services including  
PACE & SCO  
New Waivers

## Qualified Individuals/ Institutions

Nursing Facilities - Rehabilitation Hospitals - Intermediate Care Facilities  
DPH Hospitals - IMDs (age limits)

## Qualified Residences

Individual's/ Family's Home - Individual's Leased Apartment  
Community Residential Setting (Max 4 Individuals)

# INTRODUCTION TO MEDICAID 1915(c) WAIVERS

# 1915(c) Home and Community Based Services (HCBS) Waivers

- Medicaid generally provides consistent coverage for all eligible individuals
- Section 1915(c) of the Social Security Act permits a State to waive certain Medicaid requirements
  - To furnish an array of HCBS to some but not all eligible members, specifically, those at a “Facility Level of Care”
  - Allows the State to waive certain requirements that otherwise apply to the Medicaid program, including:
    - Comparability of service
    - Statewideness
    - Income and resource requirements
- Waivers must be “cost neutral” as compared to facility-based services

# 1915(c) HCBS Waivers

- States also have flexibility to define:
  - The target group of Medicaid beneficiaries to be served
  - The services available to the target group
  - The maximum number of participants who may be served
- States must have an approved Quality Improvement Strategy: an evidence-based, continuous improvement process
  - States submit evidence that demonstrates oversight and compliance with the assurance areas based on quality measures defined in the waiver application



# 1915(c) HCBS Waivers – Structure and Approval Process

- States submit new waiver applications which are reviewed by CMS for compliance with all Medicaid requirements; CMS must approve all waivers before state can implement
- Waiver applications may be approved for an initial 5-year period & can be renewed.
- 1915(c) waiver applications are structured to provide CMS with information about a defined set of waiver components

# Components of HCBS Waiver Application

	Section	Purpose
1	Main Module	Contains the formal state request to operate a 1915 (c) HCBS Waiver
2	Appendix A: Waiver Administration and Operations	Identifies the state agency responsible for the day-to-day operation of the waiver along with other entities that are involved in its operation
3	Appendix B: Participant Access and Eligibility	Includes: waiver target group, individual cost limit (if any), number of individuals to be served, procedures for evaluation of level of care, ability to safely serve the participant in the community and freedom of choice
4	Appendix C: Participant Services	Details the services that are offered and the provider qualification requirements
5	Appendix D: Participant –Centered Planning and Service Delivery	Specifies how Case Management is provided to waiver participants; CM responsibility for participant-centered service planning process; how CM authorizes and monitors service delivery, changing needs and preferences
6	Appendix E: Participant Direction of Services	Details what authority participants have to direct some of their waiver services and how they are supported in directing their services
7	Appendix F: Participant Rights	Describes how state affords participants the opportunity to request a Fair Hearing, any alternate processes available to resolve disputes or address complaints
8	Appendix G: Participant Safeguards	Describes the safeguards the state has established to protect participants health, safety and welfare
9	Appendix H: Quality Management Strategy	Describes the Quality Management Strategy that will be implemented
10	Appendix I: Financial Accountability	Specifies how payments for waiver services are made
11	Appendix J: Cost Neutrality Demonstration	The necessary information to demonstrate to CMS the cost neutrality of the waiver

# MFP WAIVERS

# MFP Waivers

- EOHHS is developing two new HCBS waivers
  - MFP Community Living waiver
  - MFP Residential Supports waiver
- MassHealth administers waivers;
- MRC will be the Operating Agency
- The waivers will provide HCBS to help MFP-eligible persons move from nursing facilities, chronic, rehabilitation or psychiatric hospitals to the community

# MFP Community Living Waiver

- The MFP-CL Waiver is for individuals who do not need 24 hour supports or supervision
  - Can move to their own home/apartment or to the home of family or someone else
  - Also includes individuals who may move to Adult Foster Care settings
- Allows for access to a variety of community-based waiver services that support the waiver participant to live safely in the community
- MFP-CL waiver has service limits built into it
  - Shared Home Supports, for example – expressly for those needing less than 16 hours of support/day
  - Set of services, including Homemaker, Home Health Aide, Personal Care, Adult Companion, Individual Support and Community Habilitation and Supportive Home Care Aide is limited to 12 hours/day

# MFP Residential Supports Waiver

- The MFP-RS Waiver is for Individuals who:
  - Require supervision and staffing 24 hours/day, 7days/week
  - Receive services in a provider-operated and staffed setting
- Residential Supports services include:
  - Residential Habilitation in a group home serving no more than 4 individuals
  - Assisted Living Services
  - Shared Living

# Appendix B – Eligibility

- Waivers are designed for MFP participants
  - Adults aged 18 and over
  - Transitioning from facilities to qualified community settings\*
  - Not eligible for/needs cannot be met by existing waivers
- Not age or diagnosis specific
- Financial eligibility at 300% of the SSI Federal Benefit Rate; assets < \$2,000; spousal disregard
- Annual re-determination of clinical and financial eligibility

\* Exception: a participant in one waiver may transfer to the other

# Appendix C – Services

- Behavioral health diversionary services
  - Consistent with MassHealth Behavioral Health carve out
  - Will need 1915(b) waiver in conjunction with the 1915(c) HCBS waivers
- List of services has previously been distributed – slightly different list for MFP-CL vs. MFP-RS
- Have included two additional services since we discussed the services list with this group
  - Pre-vocational services
  - Independent Living Supports



# Appendix C – Services

Appendix C – Services	MFP Community Living Waiver	MFP Residential Supports Waiver
Adult Companion	✓	
Assisted Living Services		✓
Behavioral Health Diversionary Services	✓	✓
Chore Service	✓	
Community Based Substance Abuse Treatment	✓	✓
Community Family Training	✓	
Day Services	✓	✓
Home Accessibility Adaptations	✓	✓
Homemaker	✓	
Home Health Aide	✓	
Independent Living Supports	✓	
Individual Support and Community Habilitation	✓	✓
Occupational Therapy	✓	✓
Peer Support	✓	✓
Personal Care	✓	
Physical Therapy	✓	✓
Prevocational Services	✓	✓
Residential Family Training		✓
Residential Habilitation		✓
Respite	✓	
Shared Home Supports	✓	
Shared Living - 24 Hours Supports		✓
Skilled Nursing	✓	✓
Specialized Medical Equipment	✓	✓
Speech Therapy	✓	✓
Supported Employment	✓	✓
Supportive Home Care Aide	✓	
Transportation	✓	✓
Vehicle Modification	✓	

# Appendix D – Case Management and Care Planning

- All waiver participants will have a Case Manager (CM)
  - The CM facilitates development of the participant's person-centered plan of care or Individual Service Plan (ISP)
  - Participant chooses family/friends/representative to participate on his/her care planning team
- The CM arranges for provision of waiver services and monitors that services are provided as authorized
- The ISP is reviewed and amended at least once/year, and at any time the participant's situation/condition changes, or when the participant identifies needed change
- The CM will coordinate with MRC to get approval for any home or vehicle modification
- The CM will make referrals for non-waiver services and will coordinate with other community service providers/CMs

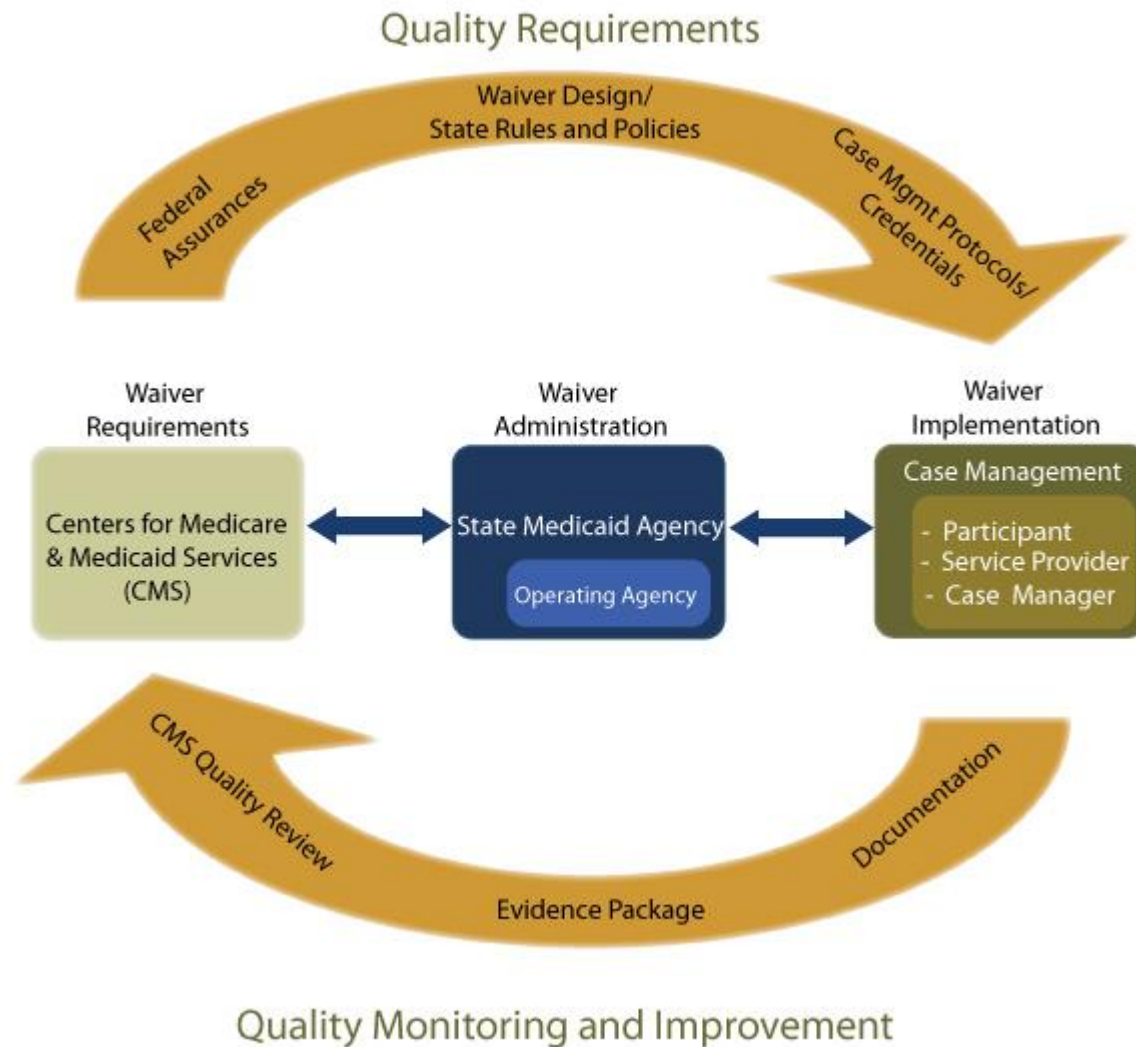
# Appendix E – Self Direction Opportunities

<b>Self-directed Services with Employer Authority</b>	<b>MFP Community Living Waiver</b>	<b>MFP Residential Supports Waiver</b>
Adult Companion	✓	
Chore Service	✓	
Homemaker	✓	
Individual Support and Community Habilitation	✓	✓
Peer Support	✓	✓
Personal Care	✓	

# Appendices (con't.)

- **Appendix F**
  - Describes participant's recourse to appeal a denial of entrance into a waiver, or service reduction, termination or denial
- **Appendix G**
  - Participant safeguards – incident reporting; reporting of suspected abuse/neglect to DPPC or Elder Affairs
  - No use of restraints is allowed in the MFP waivers
  - Residential Habilitation and Shared Living providers must have MAP trained staff
  - Assisted Living Services will follow same guidelines related to med assistance as for all Assisted Living residents
- **Appendix H**
  - Describes state's overall Quality Improvement Strategy; performance measures are embedded in each Appendix
  - The state must demonstrate compliance with statutory assurances in six key areas, including Level of Care, Service Planning, Qualified Providers, Health and Welfare, Financial Accountability, Administrative Authority

# Quality



# Appendices (con't.)

- Appendix I
  - Most MFP service providers will be enrolled as MassHealth providers; ResHab, Shared Living and a small number of other providers will be qualified and paid by MRC
  - MassHealth enrolled providers will be paid directly by MassHealth.
  - Rates for MFP Waiver services will be set by DHCFP; room and board costs excluded from MassHealth claims
  - MFP waiver participants will be responsible for payment of room and board; no co-pay or cost-sharing for waiver services.
- Appendix J
  - Demonstrates cost neutrality – i.e. the expected cost of the waiver is less than or equal to costs in a facility

# 1915 (b) – Waiver of Freedom of Choice

State is proposing that:

- MFP HCBS Waiver participants be mandatorily enrolled in 1915(b) Waiver and receive all behavioral health (BH) services through the State's managed behavioral health plan.
- Participants have access to a full range of BH covered services including outpatient, inpatient, 24-hour diversionary and emergency services.
- Participants may choose providers of BH covered services through a list of qualified and clinically appropriate providers in the behavioral health network.

# Q & A

- Open discussion