

**Money Follows the Person (MFP) Rebalancing Grant Demonstration
General Information and Status
January 3, 2017**

Grant Basics

Name	Money Follows the Person Demonstration (MFP)
Grant Number	1LICMS330822-01-10
Project Period	04/01/2011 through 09/30/2020
Federal Agency	Centers for Medicare & Medicaid Services (CMS)
Award Amount	\$10,943,591
Budget Breakdown	HCBS costs 60%/Demonstration costs 20%/Admin 20% (will change to 30% effective January 2017)

Nevada MFP/FOCIS staff is continually working to identify additional eligible participants to be enrolled into the program. See data table below:

	Older Adults	Developmental Disabled	Physical Disabled	Total
Number referred for program	146	23	272	441
Number self-referrals	8	0	17	25
Number eligible due to transition	5	0	12	17
Number transitioned	93	21	163	277
Number of active participants	21	5	34	60
Number re-institutionalized	18	0	16	34
Number who have left the program	14	0	28	42
Number who have completed 365 days	42	16	83	141

NOTE: Of the 42 participants who have left the program – 27 were in the PD population (7 Died, 9 had problems with eligibility, 6 lost contact with program, 3 voluntary withdrawal, 2 left the state/country). The other 14 participants were in the OA population with 4 who died, 2 who left the state, 5 loss of eligibility, 1 voluntary withdrawal, and 2 lost contact with the program.

Program Benchmark Totals: Estimated Number of Individuals to be Transitioned, 2012 -2018 (columns highlighted in green)

Populations to be transitioned	Older Adults	Current Status	Developmental & Intellectual Disabled	Current Status	Physical Disability	Current Status	All Person S (Ver 1.7OP)	Current Status
CY 2012	1	1	0	0	4	4	5	5
CY 2013	16	16	3	3	35	35	54	54
CY 2014	27	27	10	10	48	48	85	85
CY 2015	24	26	9	3	45	37	78	66
CY 2016	39	23	1	5	60	39	100	67
Sub-Total	107	93	23	21	192	163	322	277
CY 2017	(39)		(1)		(61)		(101)	
CY 2018	(40)		(0)		(61)		(101)	

Program	186	93	24	21	314	163	524	277
Total								

Background and Purpose

The MFP Rebalancing Demonstration Program was authorized by Congress in Section 6071 of the Deficit Reduction Act of 2005 (DRA) and was designed to provide assistance to States to balance their long-term care systems and help Medicaid enrollees transition from institutions to the community. Major goals for the program include:

- ❖ Rebalance and redesign the states' long-term care systems
- ❖ Effectively transition individuals from qualified institutional settings to qualified residences in communities
- ❖ Accomplish five Benchmarks
 1. Transition a total of 524 individuals
 2. Increase State Medicaid expenditures for Home Community Based Services (HCBS) during each year of the demonstration
 3. Increase participation in Self-directed Option (individuals control their own services and supports)
 4. Integrate into a single, statewide case management system that supports MFP requirements and quality of care
 5. Consolidate quality assurance efforts to ensure high quality service delivery in a efficient and effective manner

The grant period is from April 1, 2011 to September 30, 2016 and recently CMS has extended the period through September 30, 2020. The \$9.9 million budget and the required Operational Protocol were approved by CMS in August 2011. An additional \$400,000 was approved by CMS in December 2011 for an Aging and Disability Resource Center (ADRC) partnership with Money Follows the Person. The grant with ADRC ended in June 2014. CMS approved an additional \$519,939 in funds as part of the 2015 MFP Supplemental Budget. The grant is under the direction of the Chief of the Program, Research and Development Unit. **Thirteen staff conducts the grant activities and are working on various projects to achieve 6 program benchmarks.**

Benchmarks or Project Activities

The benchmarks include building upon the success of the Facility Outreach and Community Integration Services (FOCIS) program to successfully transition eligible individuals in 3 target groups (elderly (65 and older), physically disabled, and intellectually disabled) from qualified institutions to qualified residences.

Current status of Benchmarks:

Benchmark #	Status	Comments	Timeframe	Completion status					
#1- Projected number of Transitions	See above chart	As of Nov 7th we have 67 transitions.	Dec 2016	Ongoing					
#2 – Increase State Medicaid Expenditures for HCBS slots	Request for increase waiver slots for all three target populations in the next legislative session for 2018-2019	60% of MFP participants are on HCBW’s with 15% waiting for award of waiver (total 85% of participants have or will have a HCBW waiver). Nevada will be requesting additional waiver slots during the 2017 Legislature Session.	Dec 2018	Ongoing					
#2 – Increase HCBS Spending (Table 5 from OP) Data from Semi-Annual Reports – Part C	Year	Target spending	Total spending	% yearly change	% of Target reached	Ongoing Updated Feb each Year			
	2012	\$165,880,999.00	\$172,595,409.00		104.05%				
	2013	\$169,822,802.00	\$184,736,193.00	107.03%	108.78%				
	2014	\$173,764,605.00	\$204,660,420.00	110.79%	117.78%				
	2015	\$177,706,407.00	\$215,754,034.73	105.42%	121.41%				
	2016	\$181,648,201.00							
#3- Increase the number of Recipients Choosing Self-Directed PCS	Tracking the number of choosing self-directed PCS	Continue to work with internal staff to increase marketing for self-directed PCS option.	Dec 2016	Ongoing					
#3 Participants receiving self directed services (Table 6 from OP - Data from Semi-Annual report)	Year	Target	1 st Period	2 nd Period	Total Year	% 1 st Pd	% 2 nd Period	% Year	Ongoing – updated on the Semi-Annual report
	2012	307	0	365	365	0%	119%	119%	
	2013	313	384	431	815	123%	137%	260%	
	2014	319	539	568	1107	169%	178%	347%	
	2015	326	444	540	1095	170%	166%	336%	
	2016	331	502						
#4 – Develop a Statewide Database	Resolved	<ul style="list-style-type: none"> An Intrastate Interlocal agreement with ADSD allowed for DHCFP to integrate with their Harmony SAMS electronic case management in April 2014. MFP funds were allocated for this initiative This benchmark will remain ongoing until all upgrades and revisions have been completed. 	Dec 2016	Ongoing					

		BIPP funds will be utilized to assist with this goal.		
#5 – Consolidate Quality Assurance efforts across Divisions	Developed the NV Long Term Services and Supports (LTSS) QA Committee	The LTSS QA Committee is under new leadership and meetings will reconvene in the near future to discuss the direction of the group. Additional information will be obtained from leadership to establish the goals.	Dec 2016	Ongoing

Special Attributes

The MFP Grant has funded the implementation of the Harmony (SAMS) Case Management System for the MFP, FOCIS and WIN staff (approx. 50 people) at DHCFP. It will continue to pay for yearly licensing fees for several years.

The MFP Demonstration Program provides an FMAP rate for qualified services, which includes HCBS services and demonstration services. This rate is equal to taking the published FMAP for a State, subtracting it from 100 percent, and dividing the total by half, then adding that percentage to the Published FMAP. As an example, a State that normally has a 50 percent FMAP will have a 75 percent FMAP under MFP. The enhanced MFP FMAP cannot exceed 90 percent. The enhanced rate is available for qualified services provided to an MFP participant for 365 days after transition from an institution. The current balance of rebalancing funds is \$890,477.80.

Challenges

- ❖ Often participants may qualify for a waiver program as they leave an institution. It can be challenging to time the transition to coincide with the program eligibility approval.
- ❖ Available accessible/affordable housing units
- ❖ Limited income
- ❖ Lack of supports
- ❖ Lack of community transition funding unless eligible for MFP
- ❖ Waiting lists for Home and Community Based Waivers
- ❖ Guardian/ physician does not support transition
- ❖ Housing requirements such as legal convictions, outstanding debts, however, MFP can assist with some outstanding debts

Administrative Challenges

- ❖ Unable to purchase goods and services until the recipient leaves the facility
- ❖ Need of a housing coordinator, to assist with locating affordable and accessible housing for recipients.

Accomplishments:

- ❖ We successfully implemented the launch of the SAMS Case Management System for the DHCFP staff.
- ❖ We are increasing the numbers of successful transitions – the current stats are in the matrix above.
- ❖ We have significantly increased the funds in the rebalance account.
- ❖ We are collaborating across divisions to improve the quality assurance efforts when conducting program and provider reviews.
- ❖ All MFP reports and budgets to CMS are approved and up to date.
- ❖ CMS site visit conducted on March 25th - 27th 2015. Positive feedback received.
- ❖ MFP Sustainability Plan submitted to CMS on April 28, 2015 and approved.
- ❖ The Housing Coordinator position or SSPS II was approved as part of the DHCFP FY 2018-2019 budget.
- ❖ Interagency Partnership Agreement with NV Housing Division for the Section 811 Project Rental Assistance Demonstration Program. NV was awarded 44 assisted units.
- ❖ A total of 5,000 of the MFP Rebalancing funds will be allocated for Interstate Interlocal Agreement, pending with the ADSD Taxi Assistance Program to provide non-medical transportation to FOCIS and MFP participants.