

NC MFP Presents...
THE SUPERSIMPLE
SLIDESHOW!



What is MFP?

A beautifully simple concept....

An opportunity to support people to transition into their homes and communities.

MFP – Individual Level

The MFP Demonstration Project will transition **qualified individuals** from **qualified inpatient facilities** to **qualified residences in the community.**

What does this mean?



MFP – Individual Level

A **qualified individual** is someone who:

- Currently resides and has resided for at least **three** months in an inpatient facility (nursing facility, developmental center, ICF/MR, hospital)
- Is receiving Medicaid benefits for inpatient services furnished by the inpatient facility, and
- Continues to require the level of care provided by the inpatient facility.

MFP – Individual Level

Qualified facilities include:

- Nursing facilities
- Developmental Disability Centers
(State Operated Centers)
- Intermediate Care Facilities for Persons with
Mental Retardation (ICFs/MR)
- Acute Care Facilities

MFP – Individual Level

Qualified residences in the community include:

- A **home owned or leased by the individual** or the individual's family member,
- An **apartment with an individual lease**, with lockable access and egress, and that includes living, sleeping, bathing, and cooking areas over which the individual or the individual's family has domain and control, and
- A residence in a **community-based setting** in which no more than four unrelated individuals reside.

NC MFP's Benefits to the Individual...

- CAP slot or PACE participation
 - Project pays for first year, becomes regular CAP slot afterwards.
- Start up funding to assist in transitions
 - Broadly construed: furniture, ramps, services (like therapeutic consultation, staff training, etc.)
- Additional case management
- Transition coordination support

NORTH CAROLINA'S *MONEY FOLLOWS THE PERSON* PROJECT

Summer, 2010



PERSON in INPATIENT FACILITY

- hospital
- skilled nursing facility
- intermediate care facility

FOR AT LEAST THREE MONTHS

- Medicare considerations

MEDICAID ELIGIBLE

- Mindful of deductible status

TRANSITION PROCESS

- CAP SLOT or PACE
- TRANSITION YEAR STABILITY RESOURCES
- ENHANCED CASE MANAGEMENT
- TRANSITION COORDINATION

MOVES BACK INTO OWN HOME AND COMMUNITY

- Own house or apartment
- Family's home
- Group home of four people or fewer*

*For folks with I/DD only

OBJECTIVES:

- Increase the Use of Home and Community-Based, Rather than Institutional, Long-Term Care Services
- Eliminate Barriers or Mechanisms, Whether in State Law, the State Medicaid Plan, the State Budget, or Otherwise Which 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
- 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 Institution to a Community Setting
- Ensure Strategies and Procedures are in Place to Provide Quality Assurance for Eligible Individuals Receiving Medicaid Home and Community-Based Long-Term Care Services and to Provide for Continuous Quality Improvement for Such Services.

Our Website: <http://www.dhhs.state.nc.us/dma/MoneyFollows/index.htm>

Important Changes under ACA

- Eligibility requirements for participation in MFP have been reduced from 6 months in a facility to 3 months (Medicare parameters exist).
- Project funding available through 2016, to be used for services through 2019.

Transitions to Date: 51

	Seniors		People with Physical Disabilities		People with I/DD	
	Projected	To Date	Projected	To Date	Projected	To Date
2009	5	6	47	3	20	21
2010	7	2	58/49	4	30	15
2011	10		97		30	
Totals	22	8	202/193	7	80	36

Importantly, these do **NOT** represent the only transitions in NC. DMH, DVR and CILs have also transitioned folks using other funding mechanisms.

Project Updates:

- Transition Coordination function:
 - Creating transition coordination function available to case managers.
 - Partnership with DVR to provide transition coordination for people with physical disabilities.
- Expanding outreach
- Emerging partnership with OLTS/CRCs in implementing the MDS 3.0

What's Working...

- Kiddos are being reunited with their families.
- Brothers and sisters are reconnecting.
- Senior parents are coming home.
- Folks without any families are moving in with long-term staff.
- Preliminary Quality of Life survey findings are strong.
- Collaboration is happening!

Where We Are Struggling...

People with 24/7 Support Needs and Insufficient Natural Supports Don't Have Adequate Community-Based Services Available.

- CAP-DA originally designed to be a supplemental waiver.
- Even with natural supports and adaptive technology this can be a major obstacle.
- Philosophical differences about amount of support needed.
- This barrier was also well-documented in Lewin Group's "North Carolina Institutional Bias Study Combined Report" (April, 2006) pp30-32

Our immediate solutions...

- DVR has been a critical partner in providing additional personal support funding.
- Beginning to explore how to make existing funding more flexible.
- Being clear of expectations that family and natural supports must be part of this solution (which is good thing!)

Where We Are Struggling...

The Vantage Point of Many ICF-MR Families

In ICF-MR facilities, families often see...

- Long-term staffing
- Coordinated medical and behavioral supports
- Stability
- Sense of community

“When my son goes out in the community at home, people stare at him. When he goes out in Morganton, everyone knows his name.”

In the community, families often see....

- CAP funding cuts
- Staff turnover
- Lack of training
- Lack of coordinated medical, behavioral supports.

How do we answer the question...

“What if this doesn’t work out?”

Our immediate solutions...

- Building working collaborations with ICF providers who are interested in building community capacity and doing internal transitions.
 - Encouraging continuity, using developmental center staff for ongoing TA, consultation.
- Share success stories!
- Building collaborations with NC START, CCNC and other entities that strengthen community capacity.
- Strong collaboration with DD Centers, DMH and others in developing transition protocols.
- Expand the groups of people within ICFs who can be eligible for MFP
 - Removing the specialty unit exemption

Where We are Struggling...

- Lack of affordable, accessible housing.
- Often living in ones own home requires licensure and does not provide the same level of supports as group living.

Our immediate solutions...

- Partnership with DMH, ARC, CILs, Disability Rights NC, local housing authorities and others to apply for HUD opportunity for Non Elderly Disability housing vouchers.
- Partnering with folks listed above and Office on Housing and NC Housing Coalition to organize statewide teleconference to provide tools about how to support people to access vouchers, including being responsible tenants and understanding what accommodations are allowed under HUD.
- Participating in Division of Health Service Regulation's recently developed workgroup to examine issues in the ".5600" licensing rules. Providing "living examples."

Where We Are Struggling...

- Lack of flexibility in current resources and opportunities
 - Higher match rate, yes, but.....
 - Mental health exclusions
 - 6 to 3 month reduction in eligibility timeframe helps
 - Restrictive service definitions
 - County-to-county transitions can be complex

Our immediate solutions...

- Ask the question!
 - CMS is encouraging creativity and flexibility
- Sometimes, the lower match rate helps to ensure greater flexibility.
- Exploring expanding State Plan services that could be funded through MFP.
- Use the systems we have to make things more flexible...
 - “Without that advancement for the home mods, he wouldn’t have come home.”

Our long-range solution...

Requires thoughtful, coordinated discussion about expanding and rebalancing support options.

Pushing CMS and our state to build in more flexibility into its requirements.

Save the Date!

Next MFP Roundtable Meeting
Friday, November 12th
10:00-4:00
Raleigh

How to Best Keep Talking?

- Your all's suggestions...
- Others who need to be here
- My contact information
 - Trish Farnham
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