

2013 Money Follows the Person (MFP) Tribal Initiative *Funding Opportunity*



Tribal LTSS Webinar
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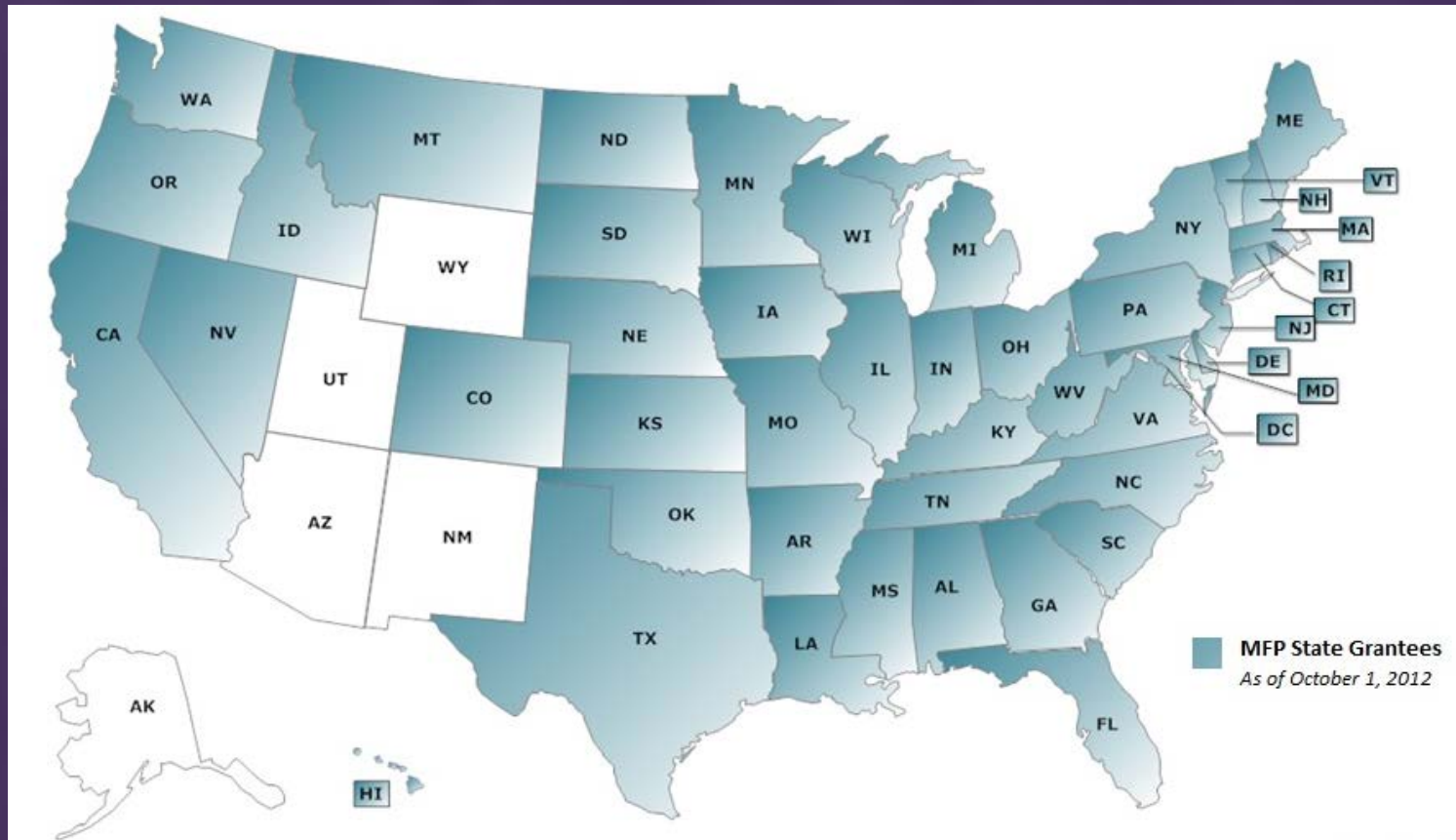


MONEY FOLLOWS THE PERSON (MFP) 2007-2021

- Transition individuals to the community from Institutional Long-Term Care Settings
- Rebalance the long-term care system by:
 - Eliminating barriers to HCBS and transitioning from Institutional settings
 - Increasing availability of and access to HCBS

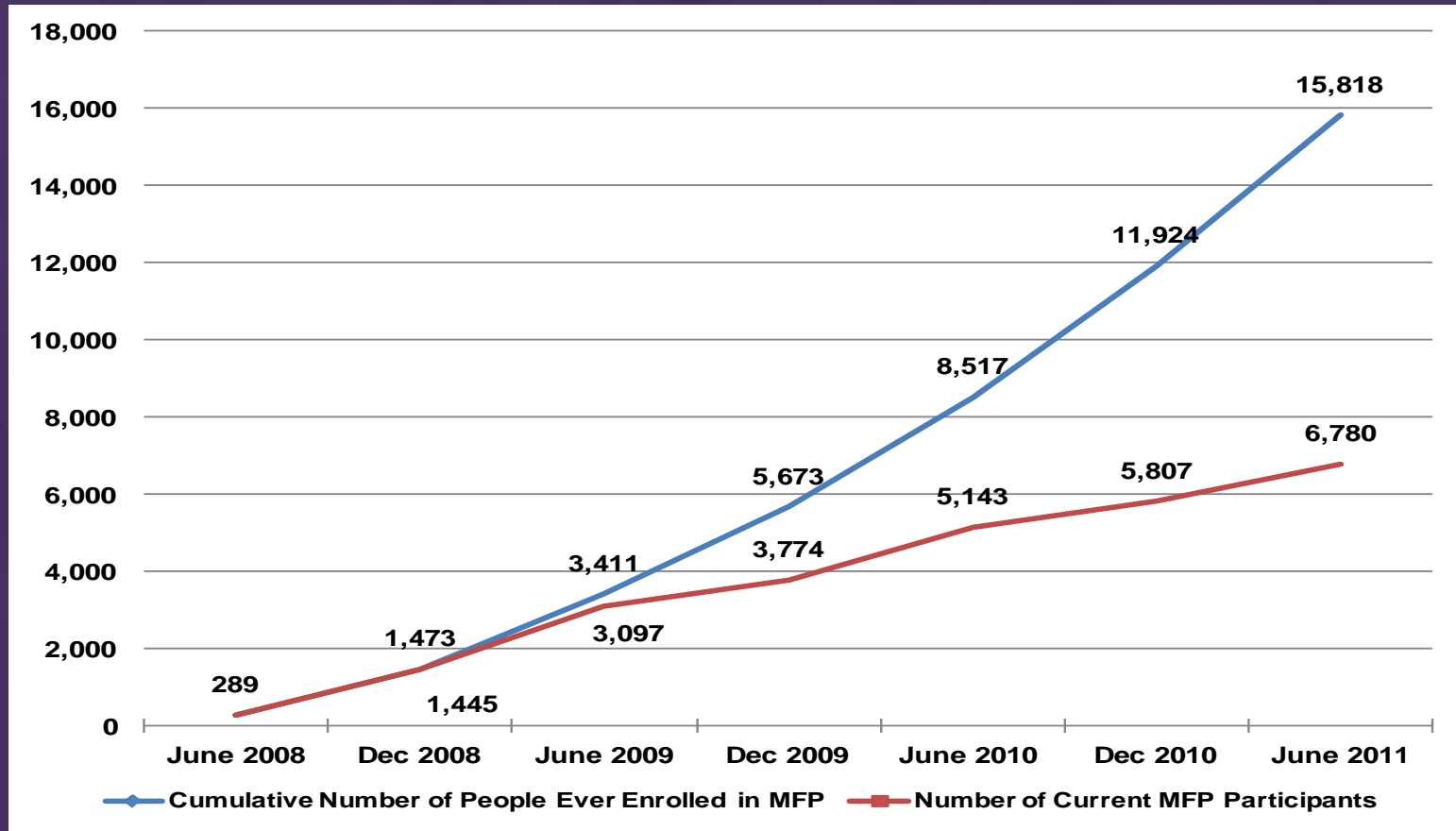


MFP: EXTENDED THROUGH 2021, 45 STATES AND DC, AS OF OCTOBER 2012



Steady Progress

MFP Transitions from January 2008 through June 2011



Source: Mathematica analysis of State MFP Grantee Semi-Annual Progress Reports.



MFP FINDINGS

RECENT RESEARCH RESULTS

Contributors to MFP Progress

- **Transition Coordination**
 - Experienced, dedicated, passionate, committed, creative people with in-depth knowledge of HCBS policies and programs
 - Flexibility to vary caseload size to spend more time on difficult cases
 - 3 to 4 months of intensive follow-up after transition and “warm” hand-offs to waiver case managers and managed care organization service coordinators
- **Flexibility in use of one-time moving expenses**
- **Extra services during first year, such as behavioral health, peer support, and provider training for special needs**



MFP CHALLENGES

- ☞ Start-up – staffing, contracts, data systems
- ☞ Scarcity of affordable, accessible, integrated housing
- ☞ Limited HCBS availability
 - ... Rural areas
 - ... Specialized service needs
 - ... Provider rates



Quality of Life Improves Across 7 Domains

Measure	Total	Aged	Physical Disability	Intellectual Disability
Life Satisfaction	+++	+++	+++	++
Satisfaction with Care	+	--	--	+
Access to Personal Care	++	++	++	+
Respect and Dignity	+++	+++	+++	++
Satisfaction with Living Arrangements	+++++	+++++	+++++	+++
Community Integration	++	+++	++	++
Mood Status	+	++	+	+
Number of Observations	1,090	219	347	265

-- indicates decline of fewer than 5 percentage points.

+ indicates improvement up to 10 percentage points.

++ indicates improvement of 11–20 percentage points.

+++ indicates improvement of 21–30 percentage points.

++++ indicates improvement of 31–40 percentage points.

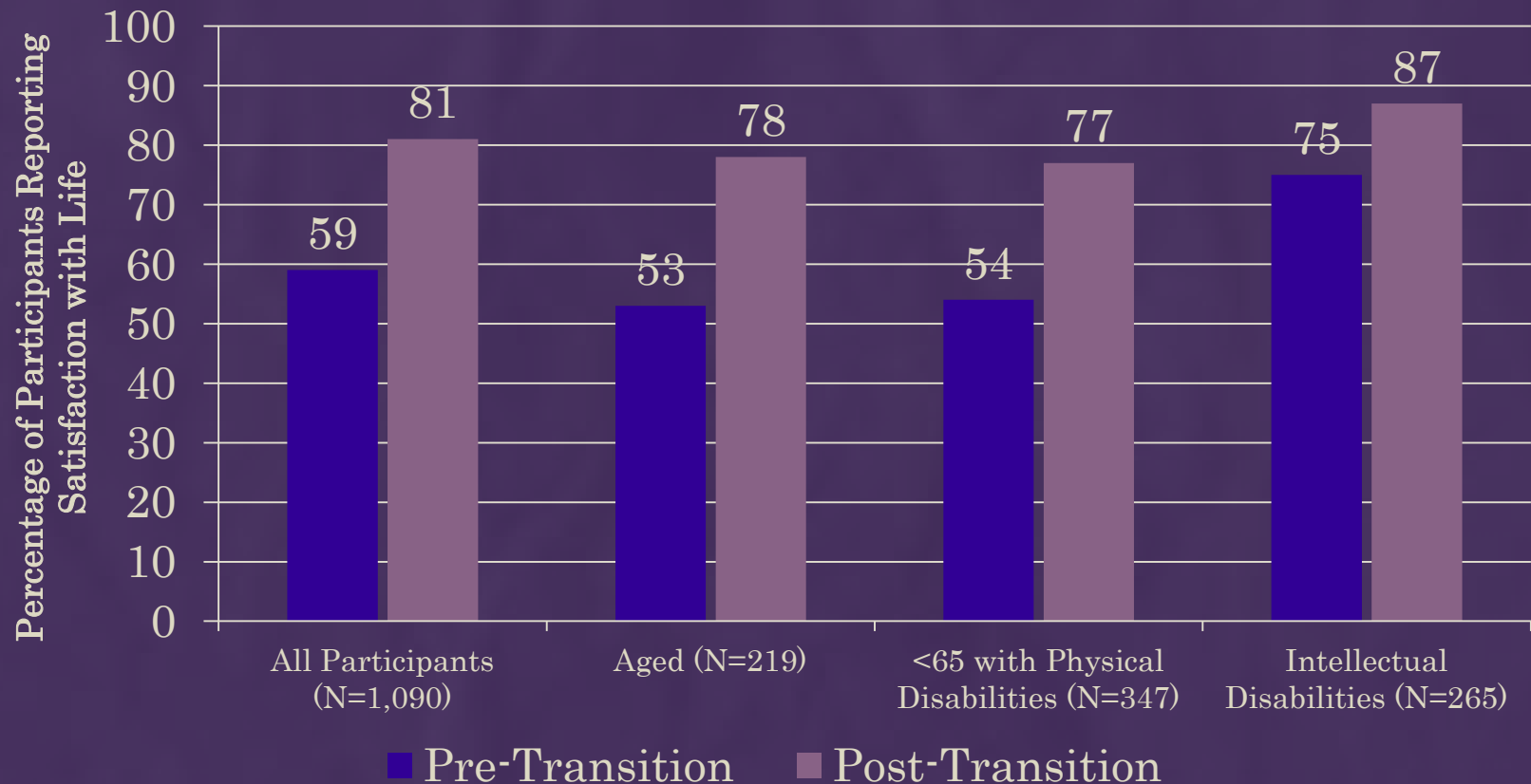
+++++ indicates improvement of more than 40 percentage points.

Source: Mathematica analysis of MFP-Quality of Life survey and Program Participation data files submitted through March 2011, representing pre-transition surveys conducted between January 2008 and March 2010.



Overall Satisfaction with Life Improves

“Taking everything into consideration, during the past week, have you been happy or unhappy with the way you live your life?”

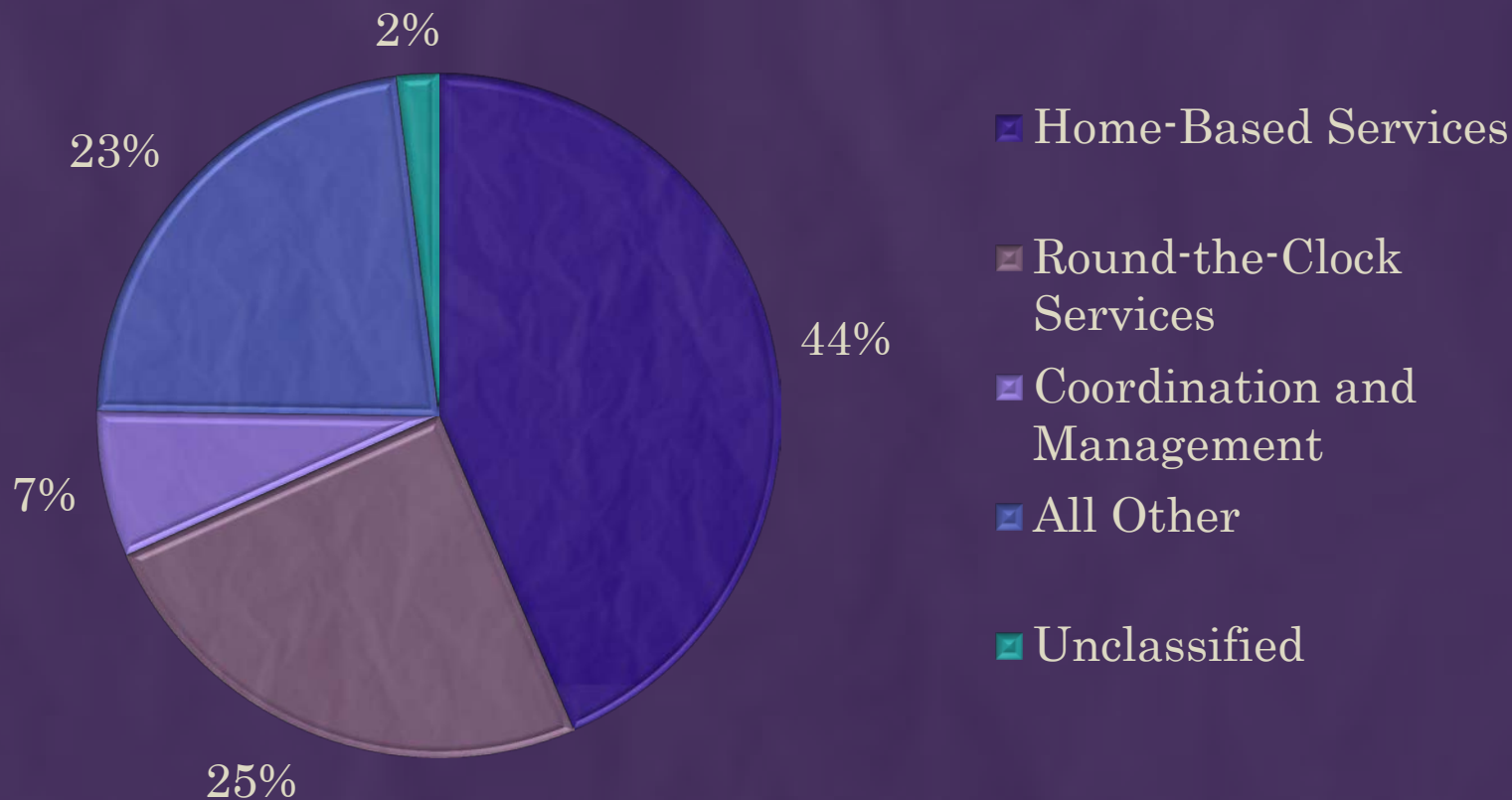


Source: Mathematica analysis of MFP-Quality of Life survey and Program Participation data files submitted through March 2011, representing pre-transition surveys conducted between January 2008 and March 2010.



Types of HCBS Used

Home-Based and Round-the-Clock Services Dominate



Source: Mathematica analysis of the MFP Services files for services provided through the end of 2010 in 28 states.

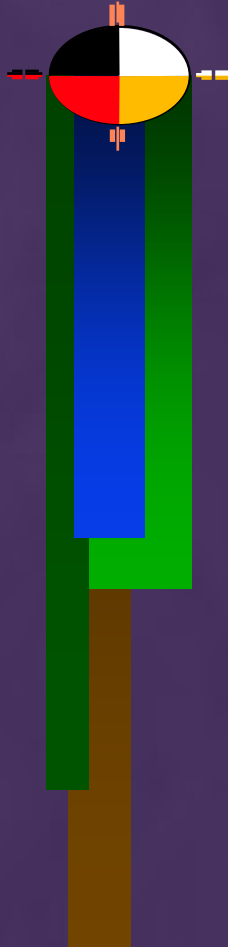
Note: Percentages may not add to 100 percent due to rounding.



MFP TRIBAL INITIATIVE



ACCESSING HCBS LONG TERM CARE SERVICES



- ☞ Eligible Tribal Members can apply to be recipients for benefits in their area.
- ☞ Qualified Tribal Providers can contract with the State or administering agency as a waiver provider or to perform certain administrative functions.
- ☞ Tribal Governments can perform a wide range of administrative functions re HCBS program operations on behalf of the State Medicaid Agency.

WHAT IS THE MFP TRIBAL INITIATIVE?

- ☞ Provides MFP administrative resources to tribes and tribal organizations (T/TO) through existing MFP state grantees
- ☞ The program design is expected to adhere to the 1996 Memorandum of Agreement entered into between the Centers for Medicare & Medicaid Services (CMS) and IHS. - 100%FMAP
- ☞ States are expected to work with T/TOs to design a package of Medicaid LTSS in which tribes perform delegated administrative responsibilities on behalf of state Medicaid agencies.



WHO IS ELIGIBLE TO APPLY?

States work with T/TOs to design a package of Medicaid LTSS in which tribes perform delegated administrative responsibilities on behalf of state Medicaid agencies.



WHAT IS MEANT BY DELEGATED ADMINISTRATIVE FUNCTIONS?

⌘ Administrative tasks performed on behalf of the single state Medicaid agency including:

... planning, designing and managing program operations (i.e., constructing program details based on stakeholder feedback that includes service definitions, provider qualifications and rate structures), conducting intakes, providing service coordination, overseeing the provider network and quality of services provided, and a number of other day to day operational management activities of an LTSS program (i.e., operating agency functions).

⌘). State Medicaid Agencies would continue to maintain their role as the Single State Medicaid Authority for the oversight of the delegated functions including oversight of the administration of program implementation (Social Security Act, Section 1902(a)(5))



WHAT IS THE TIMING OF THE INITIATIVE?

Over a four year period the funding supports four distinct phases of activity for planning and development of

- 1) a Medicaid program of community-based LTSS tailored to AI/AN.
- 2) a structure that includes a set of administrative functions delegated by the state Medicaid agency to tribes or tribal organizations enabling tribe(s) to play a significant role in the design and administrative operations of a package of Medicaid community-based LTSS, and



WHAT ARE THE PROGRAM EXPECTATIONS?

- ☞ Phase One: Concept Paper
- ☞ Phase Two: Detailed Timeline and Activities
- ☞ Phase Three: Execution of Action Plan and Program Submittal
- ☞ Phase Four: Program Implementation



WHAT ARE THE EXPECTED OUTCOMES OF THIS PROGRAM?

- ☞ To transition tribal elders and other eligible AI/AN persons out of institutions and to their home communities.
- ☞ To demonstrate effective models of LTSS tailored to AI/AN persons.
- ☞ To sanction and demonstrate a leadership role in Medicaid programs for eligible tribes and tribal organizations in the performance of delegated administrative functions related to tribal LTSS.
- ☞ To add a mechanism to serve eligible AI/AN persons, who experience significant health disparities and challenges in accessing LTSS through a sustainable (100 percent federal match) and tailored Medicaid LTSS program.



WHAT ARE THE EXPECTED OUTCOMES OF THIS PROGRAM?

- ☞ To demonstrate and document replicable models of Medicaid LTSS for eligible AI/AN persons, receiving LTSS in programs eligible for 100percent federal match, and which can serve as a blueprint for additional tribal-state partnerships and AI/AN tailored programs.
- ☞ To create transparency by identifying, resolving, and disseminating Medicaid policy issues that create barriers to the approval and implementation of Medicaid LTSS services for AI/AN eligible for 100 percent federal match.



IS HELP AVAILABLE TO TRIBES AND STATES TO WORK THROUGH THE PLANNING AND DEVELOPMENT OF THIS INITIATIVE?

- ☞* Technical assistance (TA) via contractors and CMS staff to tribes and states
- ☞* Work through the anticipated complexities involved in this initiative.
- ☞* TA includes expert knowledge of Medicaid LTSS authorities, MFP, and tribal health care



QUESTIONS

