



Money Follows the Person (MFP) Update

June 2016

General Transition Information

532	Consumers have transitioned out of the ICF/ID or a Nursing facility since September 2008
11	Consumers have transitioned of the ICF/ID and are living in a qualified living arrangements in the community in calendar year 2016
11	Consumers have transitioned out of a Nursing facility in the calendar year 2016
2	Consumers have transitioned out of an inpatient hospital setting and are living in a qualified living arrangements in the community in calendar year 2016
122	Consumers transitioned out of an ICF/ID and are living in a qualified living arrangement in the community in calendar year 2015
31	Consumers transitioned out of an Nursing Facility and are living in a qualified living arrangement in the community in calendar year 2015
1	Consumers transitioned out of an impatient hospital setting and are living in the qualified living arrangement in the community in calendar year 2015
56	Consumers transitioned out of an ICF/D and are living in a qualified living arrangement in the community in calendar year 2014
24	Consumers transitioned out of a nursing facility and are living in a qualified living arrangement in the community in calendar year 2014
50	Consumers transitioned out of an ICF/ID and are living in a qualified living arrangement in the community in calendar year 2013
1	Consumer transitioned out of a nursing facility and are living in a qualified living arrangement in the community in calendar year 2013
49	Consumers transitioned out of an ICF/ID and are living in a qualified living arrangement in the community in calendar year 2012
55	Consumers transitioned out of an ICF/ID and are living in a qualified living arrangement in the community in calendar year 2011
56	Consumers transitioned out of an ICF/ID and are living in a qualified living arrangement in the community in calendar year 2010.
53	Consumers have transitioned out of an ICF/ID and are living in a qualified living arrangement in the community in calendar year 2009.
9	Consumers transitioned out of an ICF/ID and are living in a qualified living arrangement in the community in calendar year 2008.
24%	Percentage of consumers who transitioned less than two months after enrollment. (this data is from the most recent CMS semi-annual report)

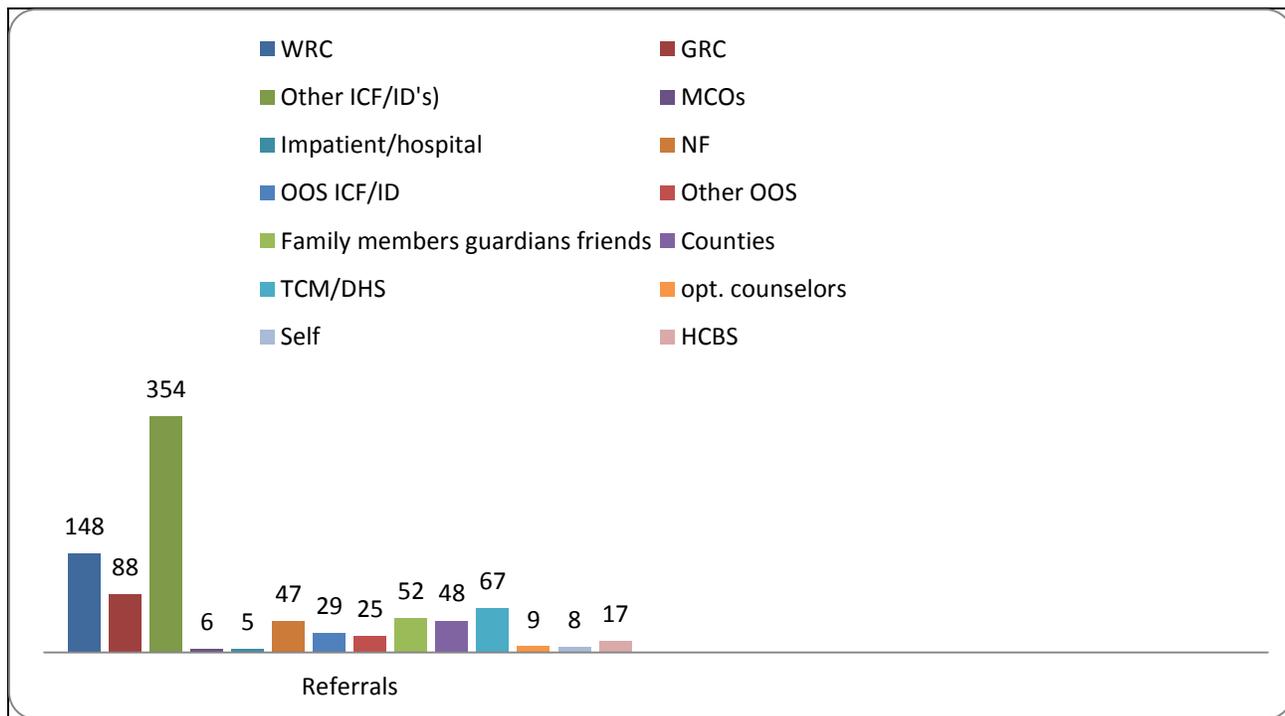
38%	Percentage of consumers who transitioned two to six months after enrollment. (this data is from the most recent CMS semi-annual report)
29%	Percentage of consumers who transitioned six to twelve months after enrollment. (this data is from the most recent CMS semi-annual report)
2%	Percentage of consumers who transitioned twelve to eighteen months after enrollment. (this data is from the most recent CMS semi-annual report)
2%	Percentage of consumers who transitioned eighteen to twenty-four months after enrollment (this data is from the most recent CMS semi-annual report)
5%	Percentage of consumers who transitioned 24 months or more. (this data is from the most recent CMS semi-annual report)
904	Consumers referred since September 2008
31	Consumers referred from attending the Annual ICF/ID meetings
106	Referrals from individuals living in nursing facilities
27	Consumers have transitioned back to Iowa from an out of state facilities
27	Consumers signed informed consent to begin transition planning in calendar year 2016
130	Consumers signed informed consent to begin transition planning in calendar year 2015
94	Consumers signed informed consent to begin transition planning in calendar year 2014
72	Consumers signed informed consent to begin transition planning in calendar year 2013
59	Consumers signed informed consent to begin transition planning in calendar year 2012
80	Consumers signed informed consent to begin transition planning in calendar year 2011
243	Consumers are currently active in MFP as of June 1st 2016. This includes those who have moved to the community within the past 365 days and those that are in the transition planning phase.
64%	Consumers are male
36%	Consumers are female
23%	Consumers are 1-18 years of age
26%	Consumers are 20-29 years of age
14%	Consumers are 30-39 years of age
11%	Consumers are 40-49
11%	Consumers are 50-59 years of age
15%	Consumers are 60 and over
403	Consumers successfully completed 365 days of MFP services and have transitioned to the Intellectual Disabilities Waiver or Brain Injury waiver
45	Consumers have returned to an ICF/ID or nursing facility after transition.
1	Consumer after moving to the community decided to move to an RCF

1	Consumer after moving to the community decided to move into an assistive living apartment under the Elderly Waiver
2	Consumers had to be admitted to a nursing home for rehabilitation.
6	Consumers returned to an ICF/ID and have decided not to participate in MFP
16	Consumers who returned to an ICF/ID/nursing home have transitioned back into the community
27	Consumers have moved home with family and/or spouse

State Fiscal year transition information

5	Consumers have transitioned from Woodward Resource center during the fiscal year 2016
0	Consumers have transitioned from Glenwood Resource Center during the fiscal year 2016
78	Consumers have transitioned from private ICF/ID's and Nursing Facilities during fiscal year 2016
1	Consumer has transitioned from Woodward Resource center during the fiscal year 2015
4	Consumers have transitioned from Glenwood Resource Center during the fiscal year 2015
16	Consumers have transitioned from Woodward Resource Center during the fiscal year 2014
4	Consumers have transitioned from Glenwood Resource Center during the fiscal year 2014
57	Consumers have transitioned from private ICF/ID's and Nursing facilities during the fiscal year 2014
8	Consumers have transitioned from Woodward Resource Center during the fiscal year 2013
7	Consumers have transitioned from Glenwood Resource Center during the fiscal year 2013
24	Consumers have transitioned from private ICF/ID's during the fiscal year 2013
14	Consumers have transitioned from Woodward Resource Center during fiscal year 2012
13	Consumers have transitioned from Glenwood Resource Center During fiscal year 2012
24	Consumer has transitioned from Private ICF/ID's during this fiscal year 2012

Referrals received since September 2008

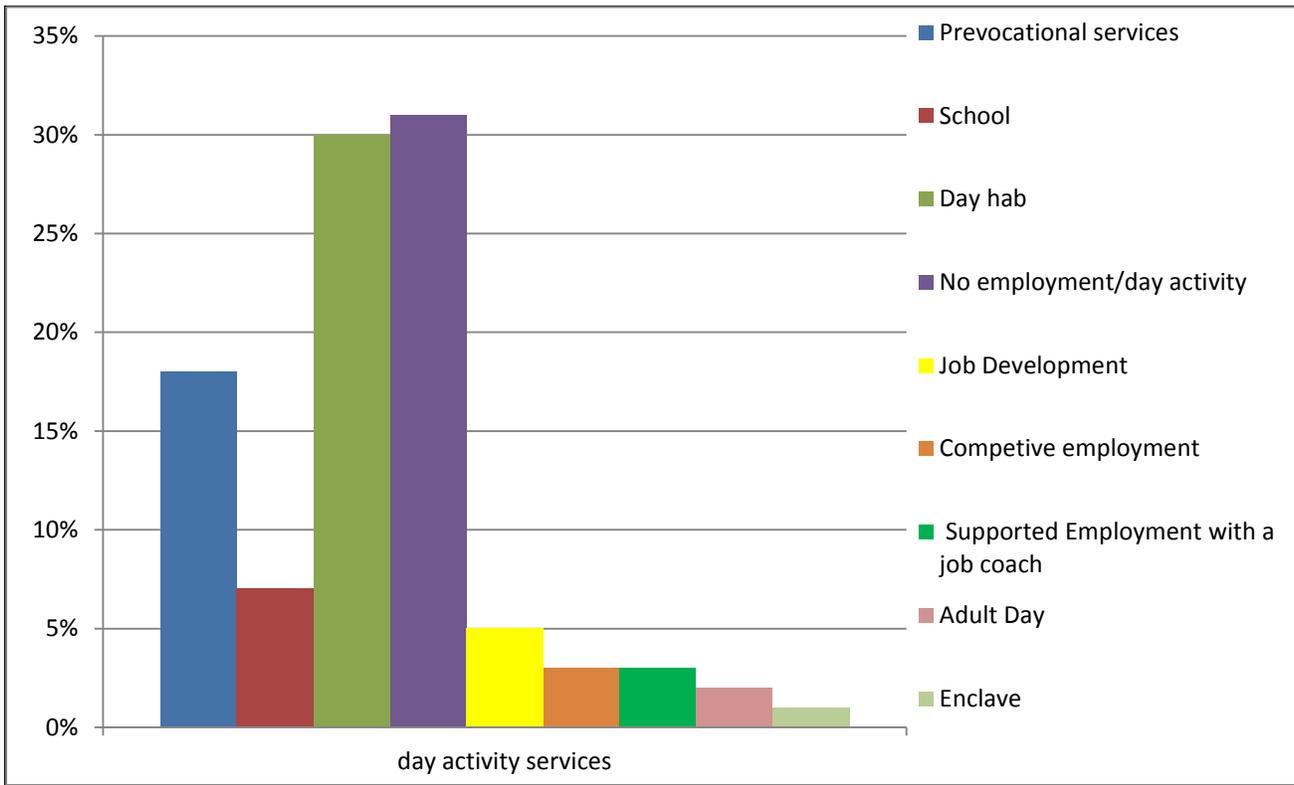


148	Referrals received from Woodward Resource Center
88	Referrals received from Glenwood Resource Center
355	Referrals received from other ICF/ID's providers
6	Referrals received from the MCOs
5	Referrals from a Psychiatric Inpatient Setting/Hospitals
47	Referrals received from Nursing Facilities
29	Referrals received from out-of-state ICF/ID's/
25	Referrals received from other out-of-state referrals
52	Referrals received from family members/guardians or friends
48	Referrals received from consumers county of legal settlement
67	Referrals received from DHS/Targeted Case Manager/service coordinator
9	Referrals received from Options Counselors/ADRC/Ombudsman office/Advocacy Group
8	Referrals received as a self-referral
17	Referral received from a community HCBS provider

Provider enrollment

233	Providers have enrolled to provide MFP services.
7	Providers have enrolled to provide Mental Health Outreach
11	Providers have enrolled to provide Nurse Delegation
16	Providers have enrolled to provide Behavioral Programming
4	Provider have enrolled to provide Crisis Intervention Services

#Day activity services utilized

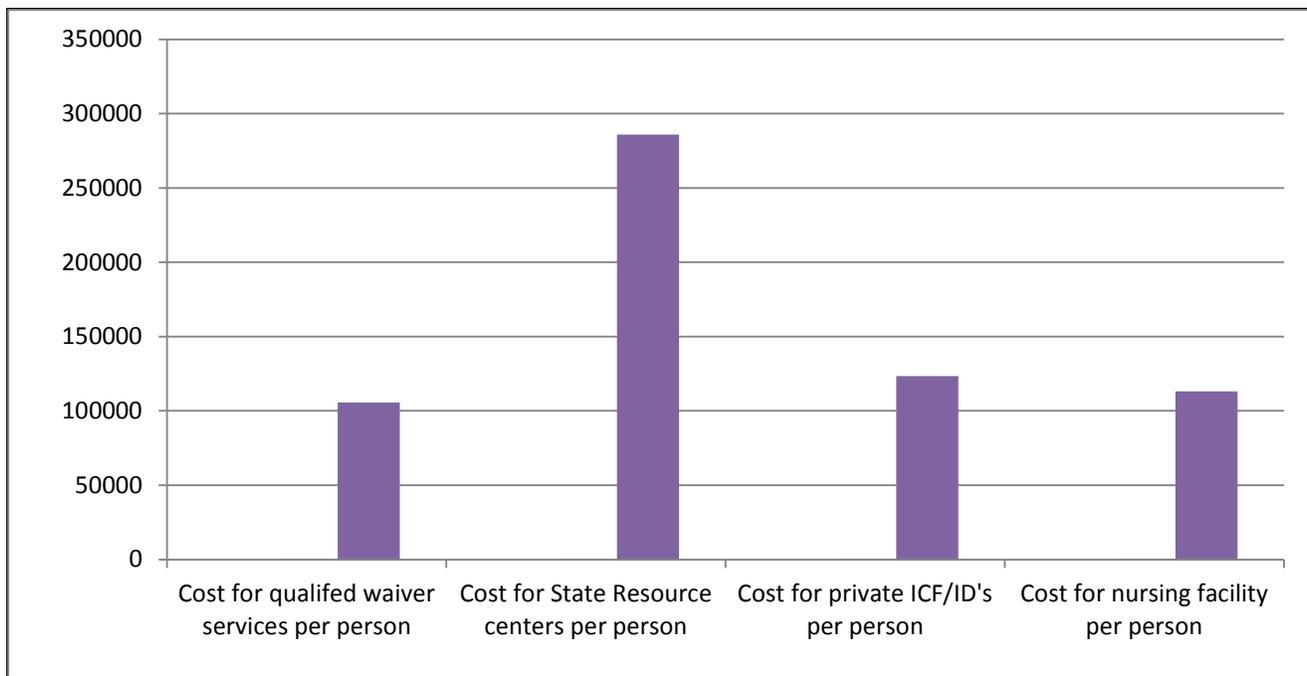


18%	Consumers are using pre-vocational services (this only includes current MFP consumers)
7%	Consumers are in school (this only includes current MFP consumers)
30%	Consumers are using day habilitation (this only includes current MFP consumers)
31%	Consumers are currently not in an employment or any day activity service (this only includes current MFP consumers)
5%	Consumers are currently using supported employment or IVRS to obtain a job. (this only includes current MFP consumers)
3%	Consumers are competitively employed (this only includes current MFP consumers)

3%	Consumers are using supported employment with a job coach (this only includes current MFP consumers)
2%	Consumers are using adult day services (this only includes current MFP consumers)
1%	Consumers are using enclave services (this only includes current MFP consumers)
32	Consumers are working with the Employment Specialist to find employment

Cost Information

Please note that the following cost information is based on paid claims processed through September 2015. There may be outstanding paid claims or adjustments not reflected with these costs



- \$107,530 is the average cost per person for all qualified waiver services, permanent services to be added to the waiver, demonstration services and supplemental services received during the 365 days of the MFP period. (Please see the attached chart at the end of this document as to what these services can include). This is based on the costs of 311 people that completed the 365 days of MFP and have a higher probability of paid claims processed. This information will continue to be updated as more people transition from MFP onto the waiver and more paid claims are processed.
- \$105,660 is the average cost per person for only the qualified waiver services received during the 365 days of the MFP period. (Please see the attached chart at the end of this document as to what these services can include). This is based on the costs of for 311 people that completed the 365 days of MFP and have a higher probability of paid claims processed. This

information will continue to be updated as more people transition from MFP onto the waiver and more paid claims are processed.

- \$5316 is the average cost per person for all other Medicaid services received during the 365 days of the MFP period (this may home health, nursing and some mental health services). This is based on the costs of 256 people that completed the 365 days of MFP and have a higher probability of paid claims processed. This information will continue to be updated as more people transition from MFP onto the waiver and more paid claims are processed
- \$285,928 is the average cost per person for the state resource centers ICF/ID services for the year prior to the start date of MFP. This is based on the costs of 116 people that completed the 365 days of MFP and have a higher probability of all paid claims processed. These costs may not include some specialized medical services. This information will continue to be updated as more people transition from MFP onto the waiver and more paid claims are processed.
- \$123,379 is the average cost per person for private ICF/ID services for the year prior to the start date of MFP. This is based on the costs of 162 people that completed the 365 days of MFP and have a higher probability of all paid claims processed. These costs may not include some specialized medical services. This information will continue to be updated as more people transition from MFP onto the waiver and more paid claims are processed.
- \$113,085 is the average cost per person for nursing facility services for the year prior to the start date of MFP. This is based on the costs of 25 people that completed the 365 days of MFP and have a higher probability of all paid claims processed. This includes individual who transitioned back to Iowa from out-of-state placements
- \$2269 is the average cost per person for demonstration purchases such as assistive devices environmental modifications, community provider participation and ICF/ID trial overnights. This is based on the costs for all MFP consumers who received these services.
- \$2256 is the average cost per person for supplemental purchases such as initial household set up costs, clothing and durable medical equipment. This is based on costs for all MFP consumers who received these services. Examples of supplemental purchases: Furniture, clothing, rent deposits, kitchen supplies, bathrooms items, lawn mower, cleaning supplies, cell phones, televisions, bath chair, calling cards, basketball hoop, garden supplies, bicycles, weed eaters, pool passes, sign language books, weighted blanket and vest, padding for walls and floors, exercise equipment and back up medical supplies.
- \$254 is the average daily rate cost for Supported Community Living Services with paid claims. The highest daily rate paid to date is \$827; the lowest daily rate paid is \$91.

Challenges

- Finding employment options or meaningful daytime activities for the individuals in many communities continues to be challenging. The transition specialists struggle to locate Pre-Vocational services for MFP consumers as well as Supported Employment Providers. If a consumer has behavioral incidents in their social history, some providers, even Pre-vocational

providers, are unwilling to accept MFP consumer into their programs. The Employment Specialist continues to work on these challenges.

- The Transition Specialists continue to have some difficulty with recruiting providers in rural or smaller communities that the consumers may want to move to, possibly due to regional funding limitations and reluctance to authorize providers to open new homes.
- A few providers may be quick to discharge when problems arise. Even if a lot of time was spent by all parties training on the behavioral plan, the plan is not always followed. Discharge policies also are not always in place. If a discharge policy is in place, that doesn't mean there is an alternative living environment for the discharged individual.
- A few providers may also move too quickly to transition an individual once accepted, not referring a person to MFP early enough for careful planning to take place or taking full advantage of the MFP resources.
- Emergency situations continue to arise where an ICF/ID and/or a Nursing facility provider has given a consumer a 30 day discharge and at that time a referral is made for MFP services. Careful and thoughtful transition planning cannot be done in these emergency situations and the consumers struggle in their new community settings.
- There has been reluctance from a few of the ICF/ID providers with assistance with the transition planning. This includes helping transport for tours and visits, providing social history information and Psychological evaluations and assistance with obtaining doctor's orders for needed medical equipment.
- The HCBS Rent Subsidy program is not always available. People are now able to be put on a waiting list. Eight MFP participants are currently receiving this subsidy.
- Providers continue to experience high turn-over with staff. Staff originally trained on MFP consumers' behavioral plans may not be the staff that continues to work with the consumer. MFP is able to continue to provide on-going training to new staff but sometimes crisis situations arise before this can happen.
- We have had a few individuals in need of crisis intervention services including out-of-home crisis placement that may not be immediately available or available at all. This has led to a few hospitalizations for some and a return to the resource center for others.
- A few guardians continue to refuse to sign an informed consent agreement at this time and begin the transition planning. We continue to receive some referrals from case managers or CPC's who had not contacted the guardian prior to making the referral. The transition specialists continue to provide information about the benefits of participating in MFP and the availability of supports in the community.
- We continue to have delays (up to 90 days) in changing the payee from the ICF/ID to a new provider. This limits the consumers' access to their SSI for rent and monthly spending money.

Opportunities-Community Capacity Building Efforts

- We have been collaborating with all three managed care organizations (MCOs) to coordinate care and support for MFP members as they transition from the facilities and transition over to the waivers.
- In January of 2014, we received approval from CMS to transition individuals living in a Nursing Facility who qualify for either the Intellectual Disability or Brain Injury waiver. We have received 103 referrals to date. We have transitioned 39 individuals who have or will access the Brain Injury waiver.
- In December of 2015, we received approval from CMS to transition individuals placed in inpatient (hospital) setting who qualify for the either the Intellectual Disability or Brain Injury waiver. We have received six referrals to date. We have transitioned 3 of those individual into the community.
- Two Requests for Proposals (RFP) were released during fiscal year 2015 to solicit applications from eligible ICF/ID facilities committed to transitioning their services to community Home and Community Based Services. The Money Follows the Person Community Reinvestment Initiative (MFPCRI) Grant program provided funding to assist ICF/ID providers with costs associated with transitioning their services to community HCBS services. The funding for the MFPCRI Grant Program was established through the MFP Rebalancing dollar. The MFPCRI program accepts proposals from ICF/ID providers that are transitioning their residents out of their facilities and into HCBS services and closing the facility described in their application. We had one applicant respond to the RFP and were awarded a grant in April 2015.
- As of January 2014, individuals only need to be residing in a facility for 90 days prior to enrollment in MFP. Previously it was six months.
- MFP has a full-time Behavioral Specialist that can provide Positive Behavioral Supports Training, Nonviolent Intervention Training, both initial and refresher courses, and on-site Consultation/observation and behavioral planning development to MFP providers. The Behavioral Specialist can also provide support and technical assistance through a tele-health system. Since June 2011, the Behavioral Specialist provided 45 CPI two-day trainings and 4 CPI one-day trainings with 564 individuals attending and 39 Positive Behavioral Support Trainings with 677 individuals attending. In addition, the Behavioral Specialist provided 3847 hours of individual consultation to providers on behavioral programming and implementation. The Behavioral Specialist is also able to provide support and consultation after a consumer ends with MFP. (This data is through April 2016)
- MFP has a full-time Employment Specialist that will work with the transition consumers, Transition specialists and other members of the transition team, local providers, Vocational Rehabilitation, community businesses and other state partners to increase employment opportunities for MFP consumers and address the systemic employment barriers.
- Providers and other stakeholders will also have opportunities for additional training through the Iowa's Technical assistance and Behavioral Supports. (I-TABS). I-TABS provides technical assistance and behavioral supports to stakeholders throughout Iowa who support lowans who are Medicaid Eligible.

- Providers working with MFP consumers and their team members continue to have the opportunity for free access to the College of Direct Support (CDS) web based trainings for their staff. This training is now available through the Iowa Association of Community Providers and is available for all Intellectual Disability providers. Modules include information on autism, teaching new skills to people with developmental disabilities and positive behavior supports. Additional modules and tools are available to help supervisors support their direct care workers. There are 107 providers enrolled in the CDS program. This includes 17,060 active learners who have completed over 602,479 lessons. (This data is through December 2016).
- DHS received a SAMSHA one year planning grant to work with a statewide stakeholder advisory council to develop the infrastructure and trainings needed for programs to become certified community behavioral health clinics. During the planning year two clinics will pilot the recommendations and DHS will offer Evidence Based Trainings to interested providers throughout the state. In the fall of 2016 DHS will then apply for a two year implementation grant to continue building a network of trained or certified providers based on lessons learned during the planning year.

Services for Iowa’s MFP Project

Qualified HCB Program Services (80.9% match)	HCB Demonstration Services (80.9% match)	Supplemental Services (80.9% match)
<ul style="list-style-type: none"> • Adult Day Care • CDAC* • Day Habilitation • Consumer Choices Option** • Home Health Aide • Home/Vehicle Modifications • Interim Medical Monitoring† • Nursing • Personal Emergency Response • Prevocational Services • Respite • Supported Community Living‡ • Supported Employment • Transportation <p>Permanent Services to be added:</p> <ul style="list-style-type: none"> • Mental Health Outreach Behavioral Programming 	<ul style="list-style-type: none"> • Transition Services Coordination • ICF/ID staff participation in trial overnights Community provider participation in transition planning and preparation (***) • Assistive Technology not covered in ID Waiver (e. g. computers, med. dispensing equipment) • Environmental modifications (e.g. for safety) • Nurse Delegation 	<ul style="list-style-type: none"> • Initial household set up costs • DME ° • Clothing

Crisis Intervention Services		
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* Under this option consumers are responsible for finding, hiring, training, directing and firing individuals who enable consumers to do things they are unable to do without assistance because of disability.

** Provides consumers with a flexible monthly budget based on functional and service needs, allows consumers to direct and manage their own support services.

*** Includes cost of provider participation in IDT, staff training and support, and HCBS provider staff time during community visit and trial overnight stay in community.

† Monitoring and treatment of a medical nature beyond what is normally available in a day care setting for persons age 20 and under. May include medical assessment, monitoring, and intervention as needed. Used when regular caregiver is unavailable due to employment, academic or vocational training, illness or death. May not be duplicative of any regular Medicaid or waiver services provided under the state plan.

‡ Assistance with daily living needs. Services may include, but are not limited to: personal and home skills, community skills, personal needs, transportation and treatment services. Services provided vary according to the needs of the individual receiving services but can include 24-hour residential services.

° Durable Medical Equipment in excess of coverage provided by waivers, state plan, or otherwise provided by this demonstration project. (e.g. bathroom safety equipment, wheelchair upgrades, back-up supplies)