

STATE OF WISCONSIN  
Department of Health and Family Services  
Division of Long Term Care  
Division of Mental Health and Substance Abuse Services

**DLTC Memo Series 2008-5**  
**DMHSAS Memo Series 2008-1**  
**Date:** March 6, 2008

**Index Title:** Money Follows the Person Rebalancing Demonstration

To: Listserv

For: Area Administrators/ Human Services Area Coordinators  
Bureau Directors  
Board of Aging and Long Term Care  
Community Integration Specialists  
County Aging Unit Directors  
County Departments of Community Program Directors  
County Departments of Developmental Disabilities Services Directors  
County Departments of Human Services Directors  
County Departments of Social Services Directors  
County Developmental Disabilities and Long Term Support Coordinators  
County COP Coordinators  
Tribal Chairpersons/Human Services Facilitators

From: Sinikka Santala, Administrator  
Division of Long Term Care

John Easterday, Administrator  
Division of Mental Health and Substance Abuse Services

Subject: Money Follows the Person Rebalancing Demonstration

### **Document Summary**

**This document describes the Money Follows the Person Rebalancing Demonstration (MFP Demo) awarded to the Department of Health and Family Services (the Department) by the Centers for Medicare and Medicaid Services (CMS) and provides guidance to counties who identify individuals for participation in the demonstration.**

### **Background**

In January 2007, the Department was awarded a Money Follows the Person Rebalancing Demonstration grant. The purposes of the MFP Demo per federal law are to support State efforts to:

1. Rebalance their long term support systems to support individual choice of living situation (that is, move away from the use of institutions towards greater choice for community care);
2. Transition people from institutions; and
3. Promote a person centered, needs based, quality driven system of long term care.

Prior to implementing the demonstration, states are required to have an approved Operational Protocol in place. Wisconsin received approval of its Operational Protocol on October 5, 2007 and is able to admit individuals into the demonstration. In order to participate in the demonstration, a qualified individual or

his/her legal representative must consent to participate. Under the demonstration, Wisconsin will receive enhanced federal match for participant service costs for the first 12 months a qualified person lives in the community. Wisconsin will receive roughly 78% match rather than the current 57%. The enhanced rate will apply to certain persons who transition from institutions on or after October 5, 2007. The demonstration will continue for five years, contingent on the achievement of statewide performance benchmarks.

## **Participant Eligibility**

Since this is a federal demonstration program, participation by an individual in the MFP Demo is strictly voluntary. To be eligible for the MFP Demo, an individual must be a Medicaid recipient and live in a qualifying institution, including:

1. Nursing homes,
2. State centers for persons with developmental disabilities,
3. Other ICFs-MR,
4. Individuals in nursing home IMDs who are under age 21 or over age 64 and who meet home and community-based waiver eligibility (i.e., individuals whose care is covered by Medicaid).

The individual must also meet the requirements for one of the following state relocation initiatives. These include:

1. The Community Relocation Initiative (see Numbered Memo 2005-17).
2. The ICF-MR Restructuring Initiative (see Information Memos 2005-03 and 2005-06).
3. Relocation from a long-term care bed in a state center (Community Integration Program-CIP 1A).
4. The Community Opportunities and Recovery (COR) waiver.

The demonstration will not be implemented in Family Care, PACE and Family Care Partnership at this time. The Department expects to implement Money Follows the Person in those programs later in 2008.

Waiver costs for the individual must be fully matched with state Medicaid funds under one of the initiatives listed above. County funded waiver slots or other locally matched services are not eligible for the enhanced match. The following additional criteria apply:

1. The person must have been a resident in one of the eligible facilities for at least six months immediately prior to participation in the demonstration. Hospital stays immediately prior to or in the midst of the institutional stay count as part of the six months as long as there was no community stay.
2. The person must need home and community-based services in order to leave the facility.
3. The person must move to a "qualified setting" defined as:
  - a. a home or apartment owned or controlled by the individual or his or her family, or
  - b. an adult family home licensed or certified for four or fewer individuals.

## **Procedures for Participation**

The Department intends to operate the MFP Demo in conjunction with existing relocation mechanisms for individuals in institutions. MFP Demo participants are also considered participants in the applicable home and community-based waiver (CIP 1A, CIP 1B, CIP II or COR) and all existing waiver policies, procedures and quality management requirements apply. In addition, some additional policies may apply as identified in the Operational Protocols. Except as provided here, the processes and procedures for the MFP Demo are consistent with the initiatives listed above. A webcast has been developed to provide counties with additional information on the special MFP Demo procedures.

Special MFP Demo procedures include:

1. **Identification of person as MFP Demo participant** – Counties must use the attached cover page (Attachment 1) to identify MFP Demo participants and to serve as a way for Department staff to verify that the individual qualifies to participate in the demonstration.

2. **Inform Potential Participants.** Care managers and support and service coordinators are responsible for explaining the MFP Demo to potential participants and their guardians (if applicable) and for executing the informed consent document (link below). A fact sheet on the MFP Demo is included (Attachment 2). Additional information is available from the MFP Project Director, Gail Propsom.
3. **Informed Consent** – Since the MFP Demo is a demonstration program that will be evaluated by CMS, participants must review, understand and sign an informed consent document which describes the purposes of the MFP Demo and informs the individual regarding the sharing of information with CMS and the national evaluator. These forms can be found on the Department website at <http://dhfs.wisconsin.gov/forms1/ddes/DDE0941.pdf> and <http://dhfs.wisconsin.gov/forms1/ddes/DDE0941a.pdf>.
  - o Form 941 should be used in counties in which the participant **will not be** transitioned to Family Care during the 12-month MFP participation period.
  - o Form 941a should be used in counties in which the participant **will be** transitioned to Family Care during the 12-month MFP participation period.The original of the informed consent form must be kept in the persons file at the waiver agency and a copy faxed or mailed to the Department.
4. **Emergency Back-up** – Counties must provide each participant with emergency back-up information that includes, at a minimum, the information included in the model form provided by the Department (Attachment 3).
5. **Critical Incident Reporting** – Critical incident reporting is required for all participants in the MFP Demo. For CIP 1A and 1B and the COR waiver, critical incidents must be reported pursuant to policies established for those waivers. For participants in MFP under the CIP II Community Relocation Initiative, critical incidents must be reported to Gail Propsom, the MFP Project Director (contact information below). Critical incidents for purposes of MFP participants under the CIP II Community Relocation Initiative are also defined (Attachment 4).
6. **Special HSRS coding** – During the MFP Demo participation period, MFP Demo participants will be entered in HSRS using a special funding source code in connection with qualifying long term support codes. The Department must be able to accurately track expenditures and other data for participants. Counties will enter MFP Demo participants in HSRS using these codes. When the 365 day demonstration period ends for each person, state staff will change participant coding from the MFP funding source code to the applicable regular waiver funding code. Counties will receive notification when the MFP Demo participation will end and the coding will be changed.
7. **Quality of Life survey** – As part of the CMS evaluation, MFP participants will be asked to respond to a survey prior to relocating and at approximately one year and two years after relocating. Department staff will conduct initial surveys for CIP 1A and CIP 1B participants. Support and Service Coordinators should communicate with the Community Integration Specialist assigned to the county to determine who will conduct the survey. Counties are requested to conduct surveys for persons relocated under the CIP II Community Relocation Initiative and the COR waiver and will receive reimbursement of \$100 for each completed participant survey that is submitted to the Department as discussed and agreed to by WCHSA. Information regarding the survey will be provided under separate cover.
8. **Additional information requests** – The Department intends to collect as much information as possible from existing sources, but may need to request some additional information from care managers/support and service coordinators about participants. (For example, receipt of housing assistance from another agency or extent of emergency backup needs of participants.)

### **Use of State Funds Freed Up by Enhanced Match**

As required in the federal grant, the Department will reinvest one-time savings from the MFP Demo into home and community-based long term care services. The Department intends to use some of the funding to provide additional waiver slots to counties to serve people from wait lists. The Department is developing a process by which these slots will be awarded. This process will include criteria that give credit to counties that participate in the MFP Demo. The Department will also explore ways to expand enhanced match claiming to locally funded relocations that meet all other requirements of the MFP Demo.

## Action

County Waiver agencies should start identifying individuals who may qualify for the MFP Demo. Before participating in the demonstration, care managers should view the webcast entitled "MFP Demonstration" on the Department's website at <http://media1.wi.gov/DHFS/Viewer/?peid=eb764db3-aa58-404f-9c8f-3a1c18162aab>. A summary of requirements is also included (Attachment 5).

REGIONAL CONTACTS:            Human Services Area Coordinators-LTS  
   Community Integration Specialists

### CENTRAL OFFICE CONTACTS:

Gail Propsom  
Division of Long Term Care  
Room 450  
P. O. Box 7851  
Madison, WI 53707-7851  
Phone: (608) 267-2455  
[propsgf@dhfs.state.wi.us](mailto:propsgf@dhfs.state.wi.us)

Betty Blessinger (COR Waiver)  
Division of Mental Health and Substance Abuse Services  
Room 455  
P. O. Box 7851  
Madison, WI 53707-7851  
Phone: (608) 261-9316  
[blessel@dhfs.state.wi.us](mailto:blessel@dhfs.state.wi.us)

MEMO WEB SITE:            [http://dhfs.wisconsin.gov/dsl\\_info/](http://dhfs.wisconsin.gov/dsl_info/)

ATTACHMENTS:            [Money Follows the Person Demonstration Cover Page \(Attachment 1\)](#)  
[Fact Sheet – Money Follows the Person Demonstration \(Attachment 2\)](#)  
[Participant Emergency Back-Up Information \(Attachment 3\)](#)  
[Critical Incidents/Unexpected Death Reporting Protocol \(Attachment 4\)](#)  
[Summary of Requirements for Participation in the MFP Demonstration \(Attachment 5\)](#)