

Supporting a life in the community: Lessons learned through Iowa's Money Follows the Person Program



Through Iowa's MFP program, more than 630 people have transitioned into the community



What Is Money Follows the Person?

The Money Follows the Person (MFP) demonstration program is a collaborative partnership between Iowa Medicaid Enterprise (IME), a division of the Iowa Department of Human Services (DHS), and the Center for Disabilities and Development (CDD) at University of Iowa Health Care. This program, funded through the Centers for Medicare and Medicaid Services (CMS) provides opportunities for individuals with intellectual disabilities, or other related disabilities, to move out of intermediate care facilities for individuals with intellectual disabilities and into their own homes or apartments in the community of their choice. Individuals living in nursing homes may also qualify. MFP grant funding provides for transition services and enhanced supports needed for the first year after an individual moves into the community. Under a contract with IME, eight Transition Specialists from CDD are deployed throughout the state to provide transition planning services, community options awareness, training, advocacy, employment supports and ongoing support and care coordination to individuals with disabilities, their families and facility-based and community-based providers.

CDD, Iowa's UCEDD has been implementing the MFP program on behalf of Iowa DHS for the last 10 years. Historically Iowa has had a high reliance on facility based services for people with more high complex medical or behavioral needs; MFP has made it possible to show community living is possible for people with such needs. MFP funds are used to begin removing barriers to community living and building the capacity of the community to support all people with disabilities. At the time that Iowa applied for MFP, Iowa had over 25,000 people in intermediate care and nursing facilities.

MFP Program Goals:

- Increase the use of home and community-based services (HCBS) and reduce the use of institutionally-based services
- Eliminate barriers in state law, state Medicaid plans, and state budgets that restrict the use of Medicaid funds to let people get long-term care in the settings of their choice
- Build the community capacity to support all people with disabilities in the community
- Put procedures in place to provide quality assurance and improvement of HCBS

Iowa MFP Outcomes

- **Under MFP, more than 630 people have transitioned into the community**
- **Iowa has increased those on waivers by 12% in the last 10 years**
- **Iowa has increased spending on community-based long term care services by 38%**
- **More than 90% complete the MFP transition year and successfully transition over to a traditional Brain Injury or Intellectual Disability waiver**

It is generally less expensive to support individuals in the community. Beyond the cost savings of successfully moving members from institutional care, MFP has a large impact on enabling individuals to achieve a better level of self-determination and power over their own lives. Through the Quality of Life surveys completed after members finish their MFP year, **80% of members reported that they were happy or satisfied with their life.** In addition **80% reported that they preferred community living over living in the facility.**

TABLE 1	Yearly Costs Over Each of the Three Transition Years*			Savings	
Category	A. ICF-ID Year	B. MFP Transition Year	C. First Year Post MFP (Waiver)	ICF-ID Waiver (A minus C)	%
State ICF-ID**	\$ 13,936,572.63	\$ 6,032,355.04	\$ 6,090,118.56	\$ 7,846,454.07	44%
PMPM	\$ 273,266.13	\$ 118,281.47	\$ 119,414.09	\$ 153,852.04	44%
Private ICF-ID**	\$ 11,560,144.99	\$ 10,794,661.81	\$ 10,794,856.66	\$ 765,288.33	93%
PMPM	\$ 121,685.74	\$ 113,628.02	\$ 113,630.07	\$ 8,055.67	93%
Combined	\$ 25,496,717.62	\$ 16,827,016.85	\$ 16,884,975.22	\$ 8,611,742.40	66%
PMPM	\$ 174,635.05	\$ 115,253.54	\$ 115,650.52	\$ 58,984.54	66%

* All Medicaid costs included (medical, dental, etc), except transition specialist services provided during MFP

** State ICF-ID cohort size was 51 individuals, private ICF-ID cohort was 95; individuals without 12 continuous months in each category were excluded

Lessons Learned: Although each individual's needs can vary and bring unique challenges to community living, Iowa was able to identify six themes needed to support people living in the community.

- Intensive transition coordination and on-going support through the transition process.
- Transition Specialists to work with individuals while they were in a facility to develop a transition plan.
- Transition Specialist provided on-going monitoring and support during the first year including at least monthly face to face visits.
- Transition Specialists only carry a case load of people in the transition process which is atypical from traditional case coordination. Their caseload averages around 30 people at any given time with a mix of those living in a facility and those that have already transitioned into the community.
- Training for direct support professionals prior to the individual's transition and ongoing on-site consultations and behavioral plan development
- Employment opportunities and support to seek those opportunities

Community Capacity Building Efforts:

Iowa invested MFP rebalancing dollars for the following capacity building efforts:

- Increasing HCBS waiver slots and deterring and reducing HCBS waiting lists
- A pilot project assessing whether the Supports Intensity Scale (SIS) assessment could be used as Iowa's standardized assessment. The SIS assessment is now the tool used in Iowa for people with intellectual disabilities.
- College of Direct Support on-line training program available for all community providers
- A 1-800 number and web-based information and referral service for Iowan's with disabilities and their families.

LIST of FIRSTS For the last 10 years Iowa's MFP program has worked at breaking down the barriers and building the community capacity so that people with disabilities can live in the community. But it is truly the success stories of people that have benefited from the MFP program that explain this best. From the beginning of the program, after a person finishes his or her MFP year, they are asked "what are some of the first things you have experienced this year?"

We call this our list of firsts. This list includes things such as:

- Hosting dad for dinner
- Having my own mailbox
- Having my own "alone time" in 7 years
- Laughing so hard with my roommates until we cried
- Going to baseball game
- Having my own "man cave"

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