



Money Follows the Person (MFP) Update

January 2017

General Transition Information

570	Consumers have transitioned out of the ICF/ID or a Nursing facility since September 2008
32	Consumers have transitioned of the ICF/ID and are living in a qualified living arrangements in the community in calendar year 2016
26	Consumers have transitioned out of a Nursing facility in the calendar year 2016
5	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)

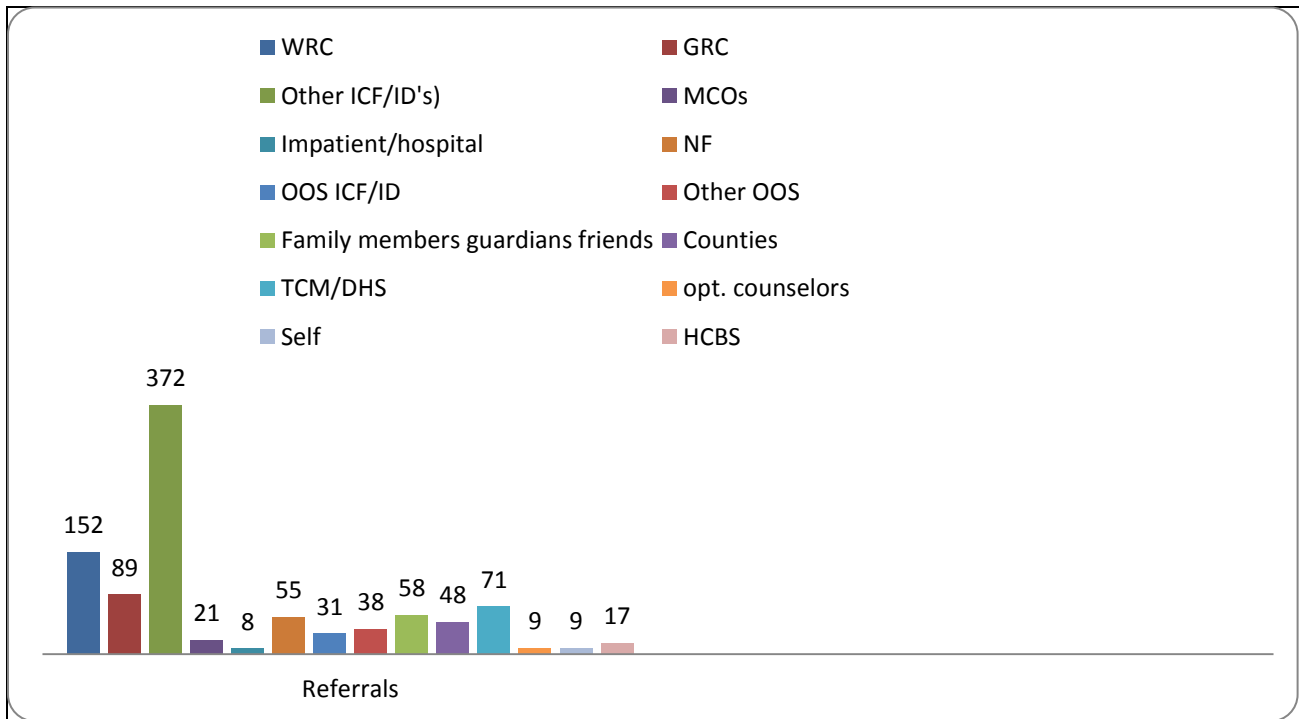
38%	Percentage of consumers who transitioned two to six months after enrollment. (this data is from the most recent CMS semi-annual report)
29%	Percentage of consumers who transitioned six to twelve months after enrollment. (this data is from the most recent CMS semi-annual report)
2%	Percentage of consumers 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)
979	Consumers referred since September 2008
134	Referrals from individuals living in nursing facilities
39	Consumers have transitioned back to Iowa from an out of state facilities
41	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
226	Consumers are currently active in MFP as of December 1, 2016. This includes those who have moved to the community within the past 365 days and those that are in the transition planning phase.
62%	Consumers are male
38%	Consumers are female
1%	Consumers are 1-10
24%	Consumers are 11-20 years of age
26%	Consumers are 21-30 years of age
12%	Consumers are 31-40 years of age
12%	Consumers are 41-50
14%	Consumers are 51-60 years of age
11%	Consumers are 61 and over
447	Consumers successfully completed 365 days of MFP services and have transitioned to the Intellectual Disabilities Waiver or Brain Injury waiver
47	Consumers have returned to an ICF/ID, hospital 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.
10	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
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State Fiscal year transition information

1	Consumer has transitioned from Woodward Resource Center during the fiscal year 2017
3	Consumers have transitioned from Glenwood Resource Center during the fiscal year 2017
34	Consumers have transitioned from private ICF/IDs and nursing facilities
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

Referrals received since September 2008

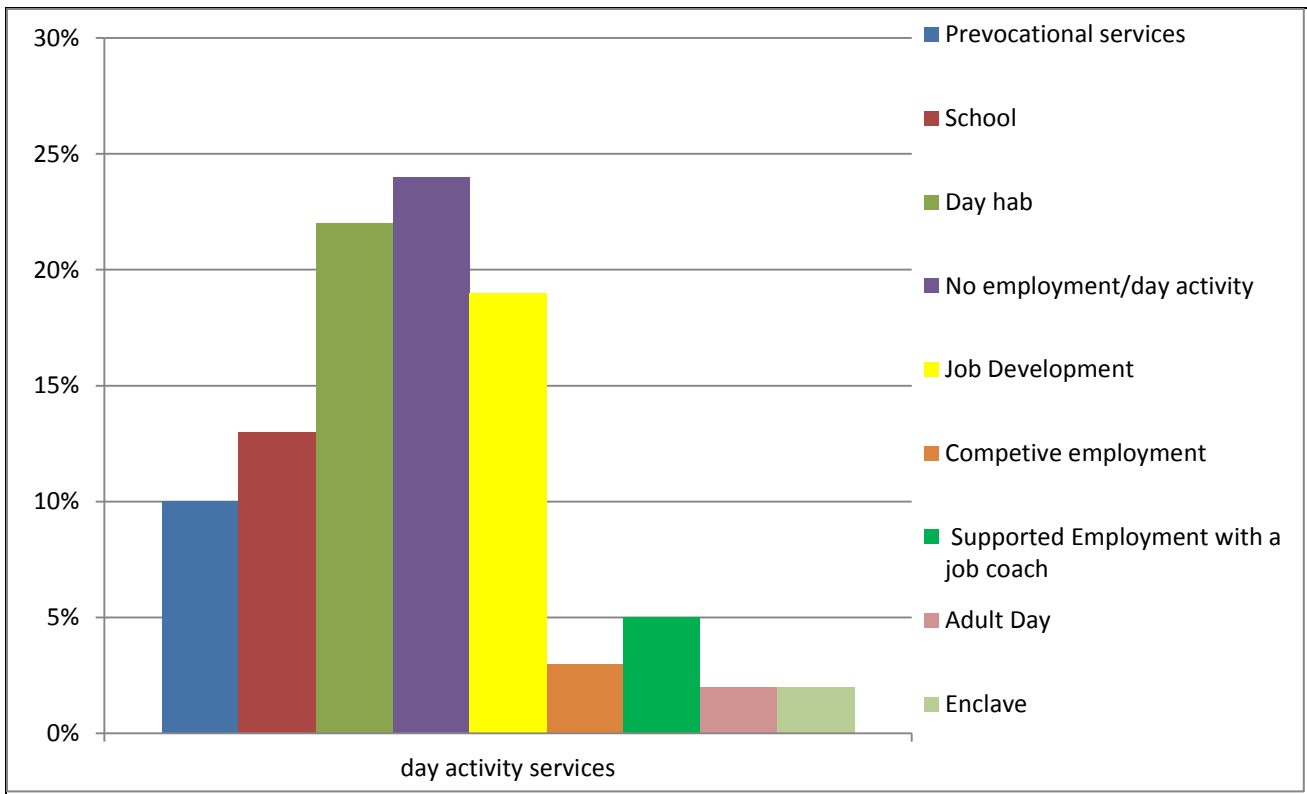


152	Referrals received from Woodward Resource Center
89	Referrals received from Glenwood Resource Center
372	Referrals received from other ICF/ID's providers
21	Referrals received from the MCOs
8	Referrals from a Psychiatric Inpatient Setting/Hospitals
55	Referrals received from Nursing Facilities/PASRR
31	Referrals received from out-of-state ICF/ID's/
38	Referrals received from other out-of-state referrals
58	Referrals received from family members/guardians or friends
48	Referrals received from consumers county of legal settlement
71	Referrals received from DHS/Targeted Case Manager/service coordinator
9	Referrals received from Options Counselors/ADRC/Ombudsman office/Advocacy Group
9	Referrals received as a self-referral
17	Referral received from a community HCBS provider

Provider enrollment

240	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

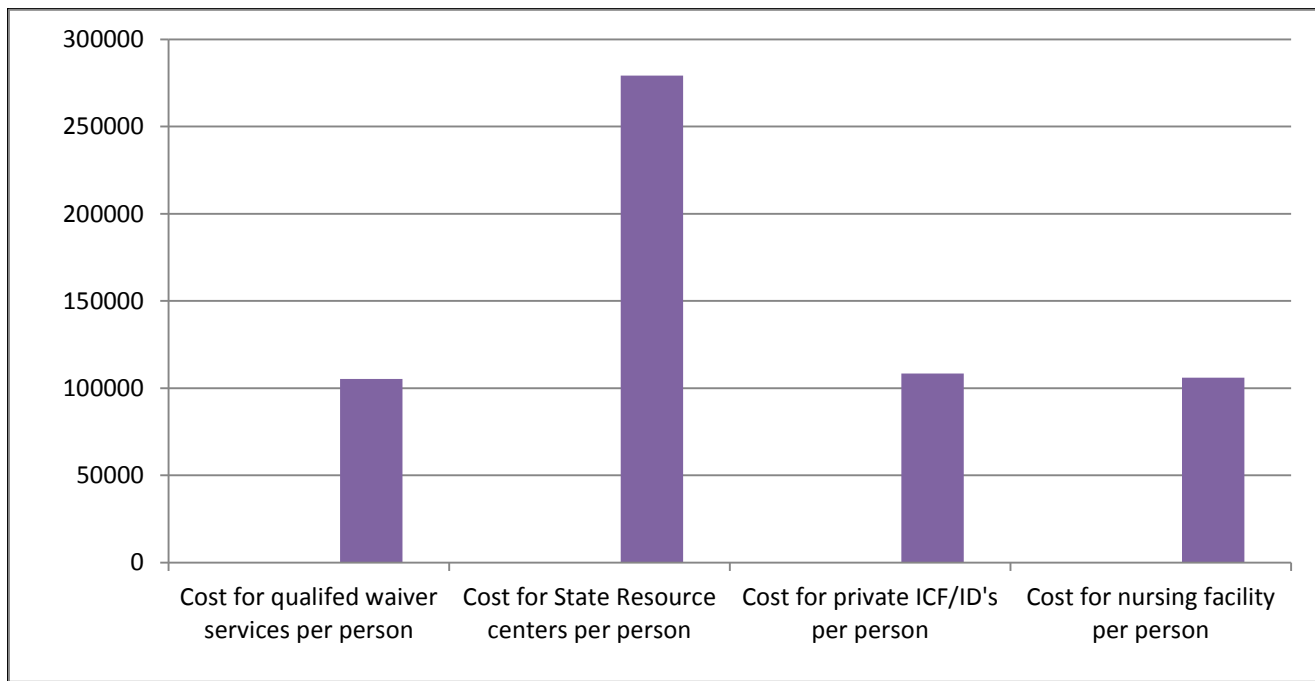


10%	Consumers are using pre-vocational services (this only includes current MFP consumers)
13%	Consumers are in school (this only includes current MFP consumers)
22%	Consumers are using day habilitation (this only includes current MFP consumers)
24%	Consumers are currently not in an employment or any day activity service (this only includes current MFP consumers)
19%	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)

5%	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)
2%	Consumers are using enclave services (this only includes current MFP consumers)
14	Consumers are working with the Employment Specialist to find employment or find an employment provider or apply at IVRS.

Cost Information

Please note that the following cost information is based on paid claims processed through November 2016. There may be outstanding paid claims or adjustments not reflected with these costs



- \$106,672 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 377 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.
- \$105,163 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 377 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.

- \$3668.12 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 377 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
- \$279,184 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.
- \$108,404 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 227 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.
- \$105,913 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 34 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
- \$2329 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.
- \$2418 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.
- \$338 is the average daily rate cost for Supported Community Living Services with paid claims. The highest daily rate paid to date is \$957; the lowest daily rate paid is \$91.

Challenges

- Providers over-all continue to struggle to be able to support individuals with multiple complex needs.
- 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.
- 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.

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.
- 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.

- 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.

Community Capacity Building Efforts with Rebalancing Dollars

As a sustainability element, MFP demonstrations require that savings be utilized to build community capacity. MFP "Rebalancing Funds" refers to the net revenue each state receives from the enhanced FMAP rate (over the state's regular FMAP) for qualified and demonstration HCBS services provided to MFP participants. MFP grantees are required to reinvest the rebalancing funds in initiatives that will help to rebalance the long-term care system. Iowa has used rebalancing funds for the following capacity building efforts.

- Each year Iowa increases the number of people served in HCBS services and increases spending. Iowa has spent \$8,568,204 on increasing slots and deterring waiting lists with rebalancing dollars
- Prior to 2014, Iowa did not have a standardized assessment tool to establish level of care for individuals seeking ICF/ID or waiver services. The Supports Intensity Scale was identified as the assessment that could establish LOC and identify supports needed. The SIS was piloted with the MFP populations to determine if it was the appropriate tool. The SIS was then mandated by Legislation as the assessment tool for people with Intellectual Disabilities. State wide implementation began in 2014. \$10,000 of rebalancing dollars were spent on this activity
- Iowa's Technical and Behavioral Supports Program (I-TABS) provides training to provider, medical professionals and other community professionals and partners on disability specific topics. They also provide individual consultation to providers working with people experience challenging behaviors. Iowa has spent \$259,389 on this activity
- Iowa COMPASS offers information and referral Used Equipment Referral Service and legal advocacy and representation for Iowans with disabilities and their families friends and services providers. It offers information through a 1-800 number and a web based system. Iowa has spent \$447,831 with rebalancing dollars on this activity
- College of Direct Supports is an on-line training program for community providers, guardians, and family members interested in working with MFP as well as other providers providing services to the disability population. The CDS provides a validated and specialized curriculum to enhance and develop a direct support workforce. Iowa has spent 1,603,921 of rebalancing dollars on this activity.
- 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 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 an RFP and

they were awarded a grant in April 2015. Iowa has spent \$30,000 of rebalancing dollars with this activity.

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 • Crisis Intervention Services 	<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