MFP Overview: General

- Federal Demonstration:
  - Originated under the Deficit Reduction Act of 2006
  - Extended through the Accountable Care Act

- MFP involves:
  - Transitioning eligible individuals from facilities to qualified settings
  - Enhanced federal reimbursement (25%)
  - Using enhanced funding for rebalancing activities
MFP Overview: Rebalancing Demonstration Goals

- Increase the use of community and reduce the use of institutional long term services and supports (LTSS).

- Eliminate barriers or mechanisms that restrict use of Medicaid funds so individuals receive support for LTSS in the setting of their choice.

- Strengthen the ability of states to assure continued provision of LTSS to individuals who choose the transition from institutions into community settings.

- Ensure quality procedures are in place and provide continuous quality improvement.
MFP Overview: Eligibility, Settings & Services

- **Eligibility Criteria**
  - Individual must:
    - Have been in a facility for at least ninety (90) consecutive days (less any Medicare short term rehabilitative days) prior to transitioning to the community.
    - Have received those Medicaid inpatient services for at least one day prior to the transition.

- **“MFP Qualified Setting”**
  - A home or apartment owned or leased by an individual or family member, or a community based residence with no more than 4 unrelated individuals.

- **Services**
  - Uses existing waivers for service delivery. Augments waivers in facilitating individual’s transitions by administering rebalancing programs funded by enhanced FMAP.
MFP Overview: Current Rebalancing Activities

- Increase access to assistive technology and durable medical equipment (TRAID program).

- Provide objective information on home and community based long term care options to individuals residing in facilities (ID & Outreach project).

- Create a volunteer guardianship program (VERA program).

- Create a volunteer caregivers program.

- Work with discharge planners to facilitate the successful transition of individuals from long term care facilities into the community.

- Implement housing supports initiatives.
The original MFP operational protocol approved in 2007 involved the elderly and disabled populations served by the DOH.

In the Spring of 2013:

- The MFP demonstration was extended through FFY 2016 via the ACA.
- CMS asked that the MFP operational protocol be amended to include the I/DD population served by OPWDD when it approved DOH’s application for the Balancing Incentive Program (BIP).

Demonstration extension under ACA + Approval for the Balancing Incentive Program = Catalyst for Change in MFP
The Relationship between BIP and MFP

- The Balancing Incentive Program and Money Follows the Person demonstration:
  - Share a rebalancing goal;
  - Provide enhanced funding which compliment the program requirements:
    - MFP funding can be used for the implementation of broader infrastructure developments such as “no wrong door” access to care systems;
  - Are designed to work together and across populations.
MFP will add Managed Long Term Care (MLTC) plans for service delivery:

- MLTC shares the MFP goal of integrating medical, behavioral, long-term services and supports and the social needs of individuals.
- MFP adds value to MLTC as it will expedite transition to community based services and increase access to more robust services with one service plan and one care manager.
- MLTC is becoming the predominant service delivery mechanism in NYS.
MFP is taking a new approach to its Identification and Outreach project:

- Single contract will include serving populations from both agencies.
- The functions will be expanded to:
  - Include use of peers
  - Enhance transition period services
  - Enhance transition period coordination
MFP Accomplishments
Technology

Technology Related Assistance for Individuals with Disabilities (TRAID):

- Objective is to reduce the delay in providing durable medical equipment (DME) to those wishing to avoid or transition from unwanted nursing home placement.

Number of new items purchased
- Target= 450
- Total thus far= 536

Number of equipment loans
- Target= 900
- Total thus far= 851

Number of device demonstrations
- Target= 500
- Total thus far= 609

*These numbers are taken from the most recent MFP Semi-annual Report submitted 8/31/2013.
Partnership with NY Association of Independent Living. Objectives are to:

- Promote the availability of affordable, accessible and integrated housing options.
- Collaborate with NYS Homes and Community Renewal.
- Accomplishments:
  - Provided funding for online free housing listing and locator service
  - Establishment of www.NYHousingSearch.gov
  - Marketing to landlords and consumers
  - Trained 1185 stakeholders
  - Contacted 220 landlords and owners

* Numbers from MFP semi-annual report submitted 8/31/13
### OPWDD Goals:

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>People Transitioned</th>
<th>ICF Residents Contacted</th>
<th>School Districts Contacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY 2013</td>
<td>65</td>
<td>300</td>
<td>134</td>
</tr>
<tr>
<td>CY 2014</td>
<td>215</td>
<td>800</td>
<td>134</td>
</tr>
<tr>
<td>CY 2015</td>
<td>280</td>
<td>1,000</td>
<td>134</td>
</tr>
<tr>
<td>CY 2016</td>
<td>315</td>
<td>1,200</td>
<td>134</td>
</tr>
<tr>
<td>Total</td>
<td>875</td>
<td>3,300</td>
<td>536</td>
</tr>
</tbody>
</table>
MFP is a significant component of OPWDD’s System Transformation agreement with CMS.

The Self Advocates of New York State (SANYS) is assisting with peer-based outreach in developmental centers, ICFs, and nursing homes, starting next month.

Partnership with voluntary service providers is essential:

- Identifying MFP participants
- Data collection and reporting – re-institutionalizations, calls for back-up, settings people are moving into, challenges in transition, etc.
MFP Accomplishments
Transitions

- **Individuals who have transitioned from facilities:**
  - **DOH:** *Numbers as of 9/23/13*
    - 711 individuals through the NHTD Waiver
    - 320 individuals through the TBI Waiver
    - 1,031 individuals
  - **OPWDD:** (from April 1, 2013 – September 23, 2013)
    - 35 individuals
  - **Total individuals to date:** 1,066
A study was done by the MFP team in 2013 evaluating the Quality of Life of MFP participants during 2009-2011.

- Study evaluated specific areas of individual’s life pre-transition and post transition
  - 11 month follow up.
  - Sample size = 249 individuals.

- The populations evaluated in this study were stratified to include the elderly, the physically disabled, individuals with traumatic brain injury (TBI) and individuals who are dually diagnosed.

- Overall, all areas evaluated had an increase in satisfaction post transition. These findings imply that the programs focused on alternatives to institutional care and support provided post transition are really enhancing individual’s quality of life.
## MFP Accomplishments

### Quality of Life (continued)

<table>
<thead>
<tr>
<th>Areas of Evaluation</th>
<th>Total Percentage of Improvement (or increase in Satisfaction) of MFP Participants (Pre-Transition vs. 11 Month Follow up)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction with Care</td>
<td>20%</td>
</tr>
<tr>
<td>Satisfaction with Life</td>
<td>29%</td>
</tr>
<tr>
<td>Respect &amp; Dignity</td>
<td>19%</td>
</tr>
<tr>
<td>Satisfaction w/living arrangements</td>
<td>55%</td>
</tr>
<tr>
<td>Community Integration</td>
<td>32%</td>
</tr>
<tr>
<td>Mood Status</td>
<td>17%</td>
</tr>
</tbody>
</table>
Topics for discussion

- Discuss the role of the stakeholder committee:
  - Old vs. new committee
  - Representation adequate for today? For next quarterly meeting?

- Future rebalancing activities

- Upcoming expansions
  - OMH and the BH/MH population
  - MLTC as the predominant service delivery vehicle