

medicaid and the uninsured

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Case Study: Georgia's Money Follows the Person Demonstration

Introduction

The Georgia Department of Community Health (DCH) implemented the Money Follows the Person (MFP) rebalancing demonstration on September 1, 2008. DCH partnered with the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) and the Georgia Department of Human Services' Division of Aging Services (DHS/DAS) and other state and local agencies and organizations to create the first cross-agency initiative in Georgia's Medicaid program's history.

In 2005, before the MFP demonstration began, Georgia's long-term care expenditures were \$1.5 billion, with 70 percent of spending devoted to institutional long-term care and 30 percent on home and community-based services (HCBS). One goal of the MFP grant was to increase the percentage of dollars going toward home and community-based services to over 40 percent by the end of December 2011. Through MFP, Georgia has achieved a 2 percent growth in annual spending on home and community-based services as of December 31,

2010.¹ With the extension of MFP under the Affordable Care Act, the state plans to continue the demonstration program through 2016. By that time, Georgia is aiming to transition more than 2,000 individuals from institutions back to the community with the help of over \$93 million in enhanced federal matching funds to facilitate these transitions.²

The Money Follows the Person (MFP) demonstration is a Medicaid initiative designed to reduce reliance on institutional services and develop community-based long-term services and supports options. MFP was first authorized in the DRA of 2005 and then extended under the Affordable Care Act in 2010. MFP provides 365 days of enhanced federal funding to states to transition Medicaid individuals living in institutions back to the community. Medicaid beneficiaries must be residing in an institutional setting for at least 90 days to be eligible. Currently, 30 states, including DC, have operational MFP programs, twelve more states have received funding to begin a MFP demonstration program and two states' demonstrations are inactive.

This brief reports on a case study of Georgia's MFP demonstration. It describes key features of the program and highlights recent program experiences. For this case study, we interviewed staff members within the Department of Community Health (DCH) who were knowledgeable about the demonstration. We supplemented interview data with background information obtained from earlier Kaiser Commission on Medicaid and the Uninsured MFP surveys conducted in 2008, 2010 and 2011, as well as from state websites and press reports.

Program Features

Georgia MFP staff consists of a project director, a policy and planning specialist, data reporting manager, data specialist, housing manager, and an accountant. Georgia MFP operates through two interagency agreements – an agreement with DBHDD to transition individuals with developmental disabilities from Intermediate Care Facilities (ICFs), and an agreement with DHS/DAS to transition older adults and people with physical disabilities from nursing facilities.

The MFP transition process is similar under both agreements – both agencies conduct marketing, outreach, and screening of potential MFP participants. Both facilitate person-centered-planning and both facilitate transitions into Georgia HCBS waivers. Under the agreement with DBHDD, case expeditors and planning list administrators working in ICFs facilitate transitions. Under the agreement with DHS/DAS, options counselors and transition coordinators working from the 12 regional Aging and Disability Resource Centers (ADRCs) facilitate transitions. ADRCs are the designated state referral source for MDS Section Q referrals – the section that allows individuals living in nursing facilities to express interest in learning more about living outside a nursing facility. Options counselors work with MDSQ referrals and assist individuals with information and referral to MFP. These interagency agreements increase capacity and leverage the resources and expertise of multiple agencies.

In Georgia, MFP is a set of transition services designed to assist with relocation to the community using existing Georgia Medicaid home and community-based services waivers. Georgia MFP offers demonstration and transition services to qualified Medicaid eligible seniors, adults and children with physical disabilities, acquired brain injury (ABI), and developmental disabilities.³ MFP transition coordinators assist participants with enrollment into appropriate waivers and then work with waiver case managers/care coordinators to ensure that waiver services begin on the day of discharge from the institution. For example, older adults can transition into the Elderly and Disabled waiver; adults with physical disabilities and/or ABI may enter the Elderly and Disabled waiver or the Independence Care waiver; and adults and children with developmental disabilities may enter the New Options Waiver (NOW) or the Comprehensive Waiver (COMP).⁴ After receiving 365 days of MFP transition services, MFP participants continue to receive services through any or a combination of the following: the Medicaid waiver programs, Medicaid state plan services, state-funded programs, and local community support systems beyond the MFP demonstration period.

In addition to HCBS waiver services, participants can receive the following MFP transition services:

- Peer Support,
- Trial visits to the community with Personal Support Services,
- Household furnishings,
- Household goods and supplies (including one-time purchase of groceries),
- Moving expenses,
- Utility deposits,
- Security deposits,
- Transition supports (a case-by-case, catch-all category includes assistance with obtaining documents and locating roommates),
- Transportation (in addition to non-emergency medical transportation),
- Skilled out-of-home respite,
- Caregiver training,
- Ombudsman visits,
- Equipment and Supplies (DME and Assistive Technology not covered by Medicaid),
- Vehicle Adaptations, and
- Environmental Modifications.

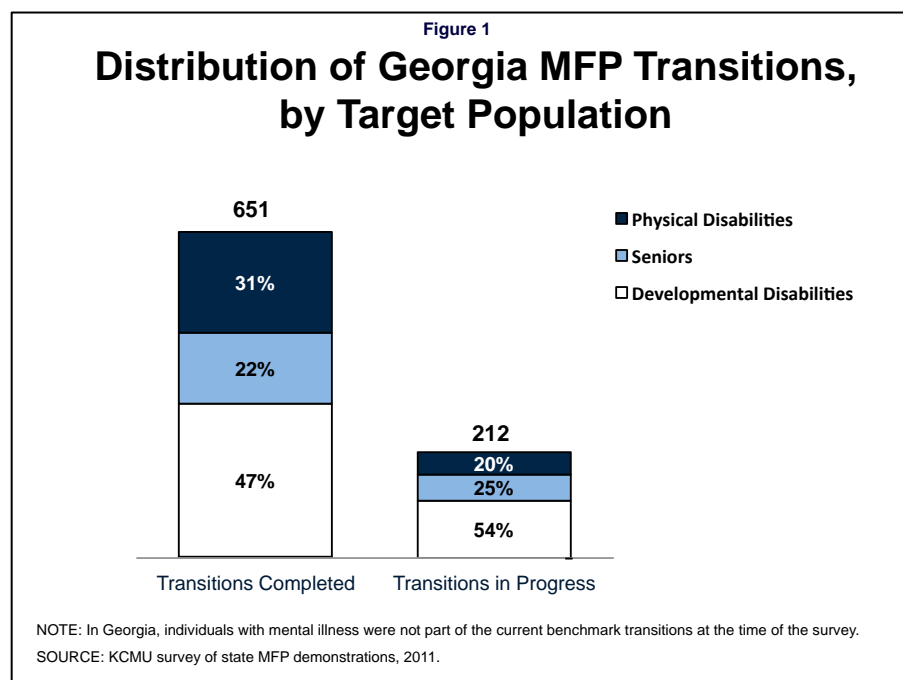
Nearly all MFP demonstrations promote self-direction (or consumer direction) of services. Self-direction refers to various initiatives that give individual beneficiaries control over where, when, and how certain long-term support services are provided. Under Georgia MFP, no cash is exchanged but transition coordinators can set up consumer choice and control of services for the acquisition of household items. For example, working together, participants and transition coordinators determine needs for household items such as home furnishings (up to a budget ceiling of \$1,500) and goods and supplies (\$750 ceiling), and MFP participants select these items.

Outreach and Enrollment. Georgia DCH is the lead Medicaid agency and assumes the leadership role in MFP. Georgia MFP outreach and enrollment is accomplished through the interagency agreement/partnership with DBHDD and DHS/DAS. MFP staff produces media and outreach materials including brochures, posters, a MFP Participants Transition Planning Guide, and fact sheets to help participants understand the support and services available through MFP and HCBS waiver programs.⁵ Medicaid beneficiaries, currently residing in nursing facilities and interested in enrolling in MFP, complete a referral form⁶ that is then sent to the appropriate regional ADRC. ADRC options counselors receive direct referrals from individuals/family members and receive referrals from nursing facilities, including MDS Section Q referrals. Area Agencies on Aging, Centers for Independent Living, and other agencies also make referrals to MFP.

Options counselors and MFP transition coordinators screen MFP candidates, assist with applications to appropriate waivers, facilitate person-centered planning for services, assist with housing searches and coordinate environmental modifications. During the first 365 days after transition, the transition coordinator checks in regularly to ensure quality and to inquire if additional services are needed. In addition to being assigned a transition coordinator, MFP participants enrolled in HCBS waivers receive the services of a waiver case manager – someone who helps assess need for waiver services, understands the availability of services in the community and helps set up and monitor the individual’s waiver service plan.

Transition Progress

As of June 30, 2011, 651 individuals have been transitioned back to the community and another 212 individuals were in the process of transitioning (Figure 1). Initially, the state set a goal of transitioning over 1,300 people by 2011 but like most states, that target was not achievable for several reasons. State officials faced challenges working across agencies and



across disabilities. MFP was the first cross-agency initiative in the state’s Medicaid program history. State officials reported problems related to performance contracting that limited their ability to control implementation and problems hiring competent transition coordinators. Georgia MFP is currently on track and has achieved the revised project benchmarks (618 individuals by December 2011) as directed by the Centers for Medicare and Medicaid Services (CMS).

Table 1 shows the total number of MFP transitions by population group, as of June 30, 2011. Individuals with developmental disabilities, individuals with physical disabilities and seniors are the target groups most likely to be transitioned. Georgia is developing a mental health rehabilitation option state plan amendment to provide community services to people with severe mental illness, which will allow MFP to add this group as a target population.⁷ MFP is developing new transition services for individuals with mental illness that will include life skills coaching/independent living skills training and community ombudsman visits. About 4 percent of MFP participants have been reinstitutionalized either to a hospital, nursing facility, or ICF. The rate of reinstitutionalization was highest among seniors. Georgia attributes its low rate of reinstitutionalization to a thorough transition planning process.

TABLE 1. MFP Transitions by Population Group

	Number of Transitions Completed	Number of Transitions in Progress	Number of Participants Reinstitutionalized*
Seniors	143	54	NA
People with Physical Disabilities	201	43	NA
People with Developmental Disabilities	307	115	NA
People with Mental Illness	not part of current benchmark	not part of current benchmark	not part of current benchmark
Total	651	212	27

Source: Data reported by Georgia MFP state officials as of June 30, 2011.

* Number of participants reinstitutionalized not available by type of disability.

On average, Georgia MFP participants take less than 90 days to transition home. Affordable, accessible and integrated housing is the biggest barrier to transition. MFP participants complete the waiver assessment process, which takes an average of 60 days. During this time, participants work with transition coordinators to complete housing searches, make connections to community services (healthcare, recreational and employment) and set-up transportation services.

MFP participants transition to different living arrangements depending on their disability and age. For example, most individuals with developmental disabilities transitioned to group homes with four or fewer unrelated adults; seniors most often returned to their own homes or a

relative's home; and individuals with physical disabilities most often moved to their own apartments with the help of housing choice vouchers or other public housing support.

Key Partnerships

- **Housing Finance Authority:** Georgia MFP has partnered with the State Housing Finance Authority (the Department of Community Affairs-DCA, Rental Assistance Division) by developing a Housing Choice Voucher (HCV) program. DCA has provided 100 HCVs for use by MFP participants during the first four years of the demonstration. The DCA/MFP partnership has now expanded to include six Public Housing Authorities (PHAs) in metro areas in the state. DCA and these six PHAs applied for a total of 615 Category I and 310 Category II HCVs under a new Housing and Urban Development (HUD) Notice of Funding Availability (NOFA) for non-elderly persons with disabilities. The Decatur Housing Authority was awarded 35 Category II HCVs under the NOFA. Georgia MFP has referred MFP participants to Decatur HA to utilize these HCVs. Housing partners are seeking additional technical assistance through MFP from CMS to pursue a number of state-wide strategic initiatives including a state-wide referral network and inventory of available, accessible, affordable and integrated housing. Georgia MFP has also hired a housing manager in an effort to move this agenda forward.
- **Georgia Centers for Independent Living (CILs):** Georgia MFP has partnered with CILs throughout the state to provide a variety of support services to MFP participants. CILs are contacted to provide peer support and independent living skills training for MFP participants. CILs provide life skills coaching and independent living skills training. Additional services are being refined including life skills coaching and a community ombudsman role on a fee-for-service basis.
- **Georgia Long-Term Care Ombudsman:** Through a partnership with the Georgia long-term care ombudsman, monthly contacts with MFP participants are conducted to review participant health, welfare and safety. These are in addition to the contacts required by MFP and by each waiver case manager. The LTC ombudsman reports complaints and assists MFP participants to address service needs and facilitate on-going communication with transition coordinators and with waiver case managers in an effort to facilitate continuous quality improvement.
- **Georgia Medicaid Infrastructure Grant (MIG):** Georgia MFP has formed a new partnership with the University of Georgia Institute on Human Development and Disability, the MIG grantee, to develop an employment initiative for MFP participants. The initiative will focus on improving employment outcomes for MFP participants through person-centered career planning, the development and use of customized employment teams, the vocational discovery process and vocational profile, and links to community services for supported, customized and competitive employment opportunities.

Data and Evaluation

CMS requires states to file quarterly reports each year and has contracted with Mathematica Policy Research (MPR) to perform data analysis on the MFP program. MPR's evaluation of MFP is designed to assess the effects of the transition program moving individuals back to the community as well as states' progress in rebalancing their long-term care delivery systems using enhanced matching funds generated by these transitions.⁸ In addition to the national level evaluation, Georgia MFP has partnered with the Georgia Health Policy Center (GHPC) at Georgia State University to evaluate the MFP program. GHPC has assisted with the creation of a project logic model so that Georgia can focus on state-specific evaluation metrics as the demonstration progresses. Preliminary findings from data collection and analysis of key evaluation questions on cost utilization, quality of life survey responses and performance measures are now available from the implementation of the demonstration in late CY 2008 through March 2011. Georgia Health Policy Center is also conducting first and second-year post transition interviews with MFP participants who have transitioned back to the community as part of the MFP evaluation. With assistance of GHPC, Georgia MFP is undertaking an analysis of per member per month Medicaid paid claims, however initial cost analysis was not complete at the time of this case study.

Through March 2011, a total of \$1.2 million MFP demonstration funds were spent in Georgia. More than 42% of those funds were spent on environmental modifications. The greatest number of services was provided in ombudsman visits followed by household goods and supplies and equipment and supplies.

In January 2010, GHPC began conducting Quality of Life one-year follow-up interviews with individuals formerly enrolled in MFP, after their discharge date. Results were analyzed and reported for 167 follow-up interviews that were completed through June 15, 2011. Results from baseline interviews conducted by other project personnel have been compared with results from the follow-up data. The analysis included the entire population of participants and highlights of the findings included:

- **Living situation** - Analysis showed overall positive results since baseline, especially on happiness with the living situation and choice of living situation. A larger percentage of respondents could be by themselves, eat when they wanted to, and chose their own foods in the follow-up interviews than in the baseline interviews.
- **Selection of personal care attendants** - In follow-up interviews, 91 percent of respondents chose their own personal care attendants as compared to four percent at baseline (in the institution).
- **Satisfaction** – A higher percentage of respondents were happy with how they lived their lives in the follow-up than in the baseline interviews.

Outlook

Looking ahead, Georgia MFP is working on adding mental health rehabilitation option services to the Medicaid state plan and MFP is developing new demonstration services with the hopes of transitioning more individuals with mental health needs. Georgia plans to increase outreach to housing authorities to expand the number of housing choice vouchers in metropolitan areas of the state. The MFP housing manager is leading this undertaking. Additionally, Georgia has plans to develop a direct services workforce study so that information about personal support

services jobs and training is readily available. Georgia is working to create a statewide training program of direct services workers in partnership with the Georgia Department of Labor. The state is expanding person-centered planning, self-direction, and employment opportunities for MFP participants. Finally, with the extension of the MFP demonstration through 2016 and new options to expand Medicaid home and community-based services included in the Affordable Care Act, there will be opportunities for Georgia and other states to expand the number of transitions so that more individuals with long-term services and supports needs can be served in community-based settings.

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¹ http://dch.georgia.gov/vgn/images/portal/cit_1210/35/34/92459779MoneyFollowsThePerson.1.2011_FINAL.pdf

² http://dch.georgia.gov/vgn/images/portal/cit_1210/35/34/92459779MoneyFollowsThePerson.1.2011_FINAL.pdf

³ When MFP was initially created in the Deficit Reduction Act of 2005, eligible participants were those individuals who had been residing in institutions for at least six months to two years. With the passage of health reform and the extension of the MFP program through 2016, individuals that reside in an institution for more than 90 consecutive days (not counting days of short-term rehabilitation under Medicare) are now eligible to participate.

⁴ http://dch.georgia.gov/vgn/images/portal/cit_1210/12/5/158019625MFP_Overview%20Presentation_050510.pdf

⁵ http://dch.georgia.gov/vgn/images/portal/cit_1210/22/31/158019835MFPBrochure_Jan2011.pdf and

http://dch.georgia.gov/vgn/images/portal/cit_1210/30/9/161886803MFP_TransitionGuide10.10.pdf

⁶ http://dch.georgia.gov/vgn/images/portal/cit_1210/3/31/164854979MFP%20Referral%20Form_Blank.pdf

⁷ Noelle Denny-Brown et al., Money Follows the Person Demonstration: Overview of State Grantee Progress, January - June 2010, January 2011, http://www.mathematica-mpr.com/publications/PDFs/health/MFP_jan-july2010_progress.pdf.

⁸ <http://www.mathematica-mpr.com/Health/moneyfollowsperson.asp>

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