

Money Follows the Person



Money Follows the Person

- Medicaid initiative that supports LTC program participants in determining and maintaining the level of care, living choices and supports they desire for their care.
- Money Follows the Person means that the available funds can be applied to the level of care that best matches the choice of the consumer.



Money Follows the Person

- The purpose is to remove barriers and develop practices which reduce fragmentation, support participant self-direction through the use of programmatic features like Person-Centered Planning, Self-Directed services, use of fiscal intermediaries, and self-directed budgets.

From the LTC Task force

Recommendation:

- Money follows the person refers to a system of flexible financing for long-term services that guarantees individuals receive their preferred services and supports in the environment of their choice at all times.
- The money literally does not belong to nor follow an individual.
- It is simply a principle that customized services necessary to meet specific needs are available and that consumers drive decisions as they move through the LTC system.
- “Money follows the person” is a concept that allows an individual to receive necessary services when they want, where they want, and how they want these services delivered.

Key Principles

- When “money follows the person” in the long-term support system, services, supports, and financing move with the person to the most appropriate and preferred setting.
- Supports can change as the person’s needs change.



Key Principles

- People should be fully included in community life and activities to the degree possible.
- Supports and services should be community based and should promote independence, community integration, and participation in community life.
- Continuously incorporate the participant's voice (including family members when appropriate and in the participant's best interests) in all aspects of plan development and implementation.

Key Principles

- Participants and their families should always be treated with dignity and respect.
- The person-centered planning process should always be fostered.
- Supports and services should be of high quality, non-discriminatory, culturally competent, and appropriate.
- People who meet nursing facility eligibility should not have to wait for nursing facility or alternative community services.
- Rights of individuals who are aging and/or individuals with disabilities should be preserved and protected.
- Health and welfare concerns must always be considered.

MFP Mandates

- Executive Order 2005-14 established the OLTCCSS. This order embraces the LTC Task Force recommendations, which include MFP.
- The recommendation from the LTC Task Force states, Improve Access by Adopting “Money Follows the Person” Principles.
- Past and current grant objectives call for action to implement MFP and strong support for MFP from consumers and advocates make the initiative central to the work of the OLTCCSS.
- These mandates form the basis for policy, programmatic and performance expectations related to implementing Money Follows the Person features to Long-Term Care services in Michigan.

MFP Projects

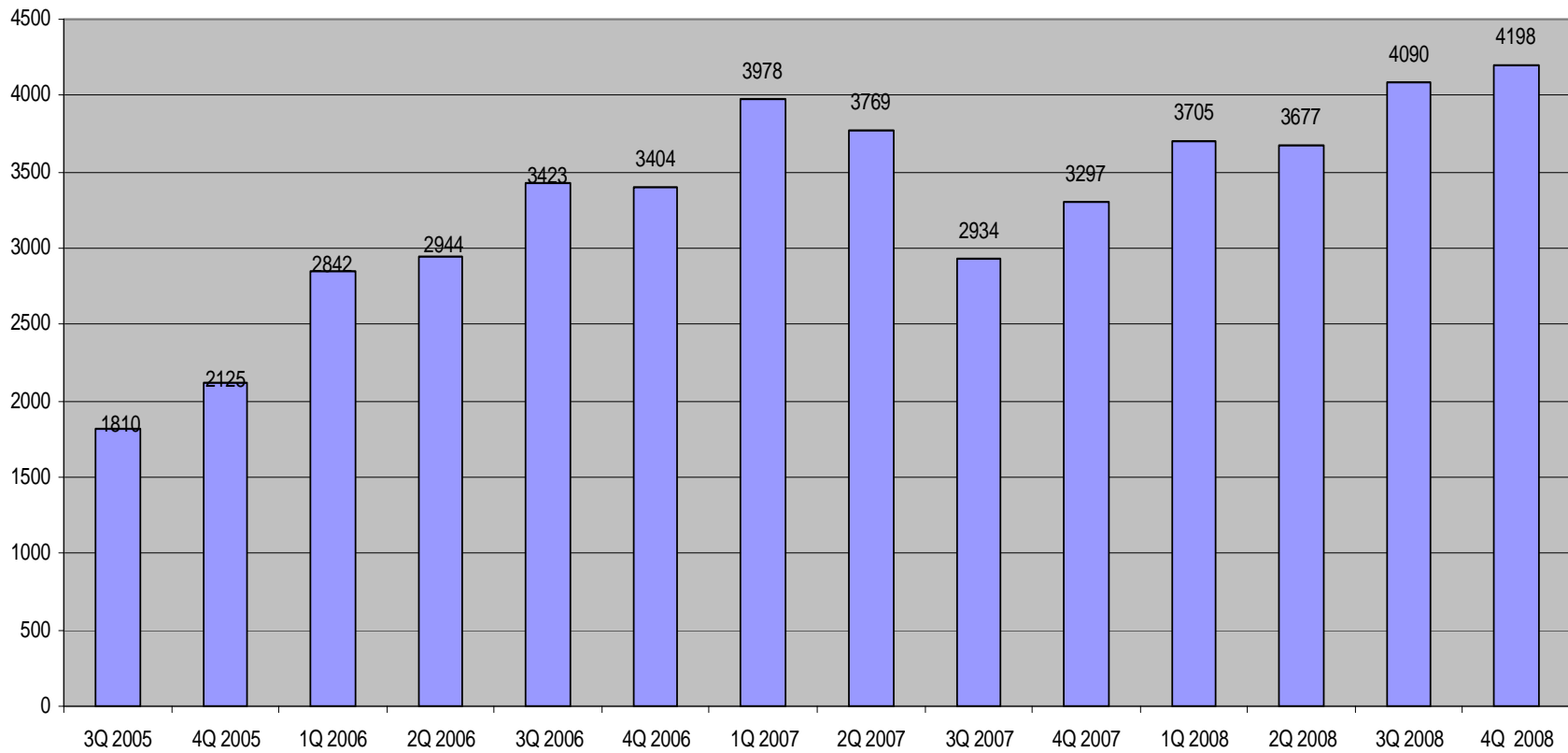
- Self-Direction in the MI Choice Waiver now supports 598 individuals.
- Nursing Facility Transition efforts have supported 1358 transitions from 2005 to December, 2008.
- Systems Transformation Grant Objective of Enacting MFP across the LTC continuum.



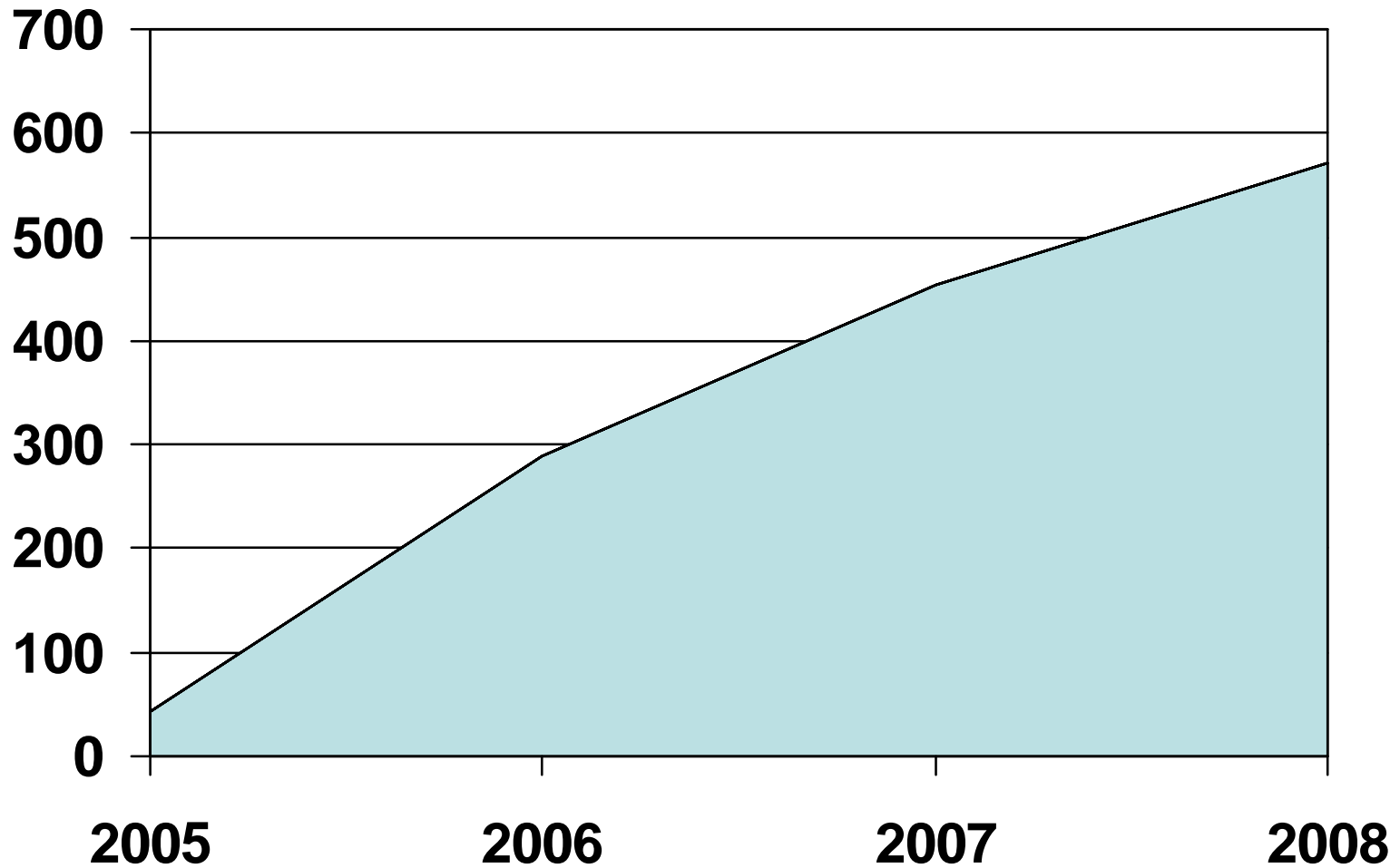
MFP Objectives

- Establish consistent spend down provisions across all long-term care settings
- Establish funding mechanisms that abide by the “money follows the person” principle.
- Amend and fund the MI Choice waiver to serve all eligible clients.
- Establish reimbursement levels that realistically and appropriately reflect the acuity level and need for services and supports the client needs, consistent with federal limitations.
- Establish equitable financial eligibility provisions across all LTC settings.

MI Choice Wait List

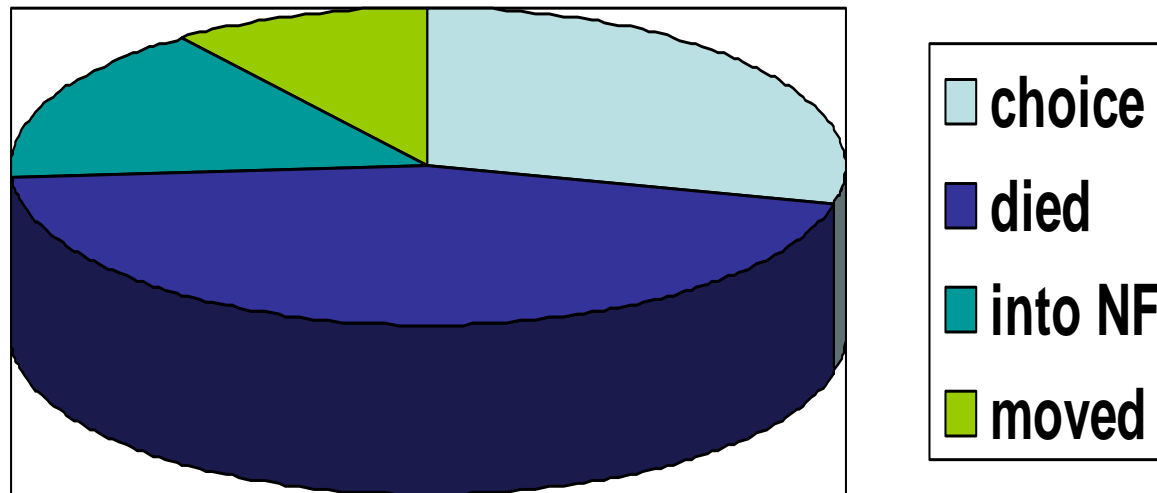


Nursing Facility Transitions

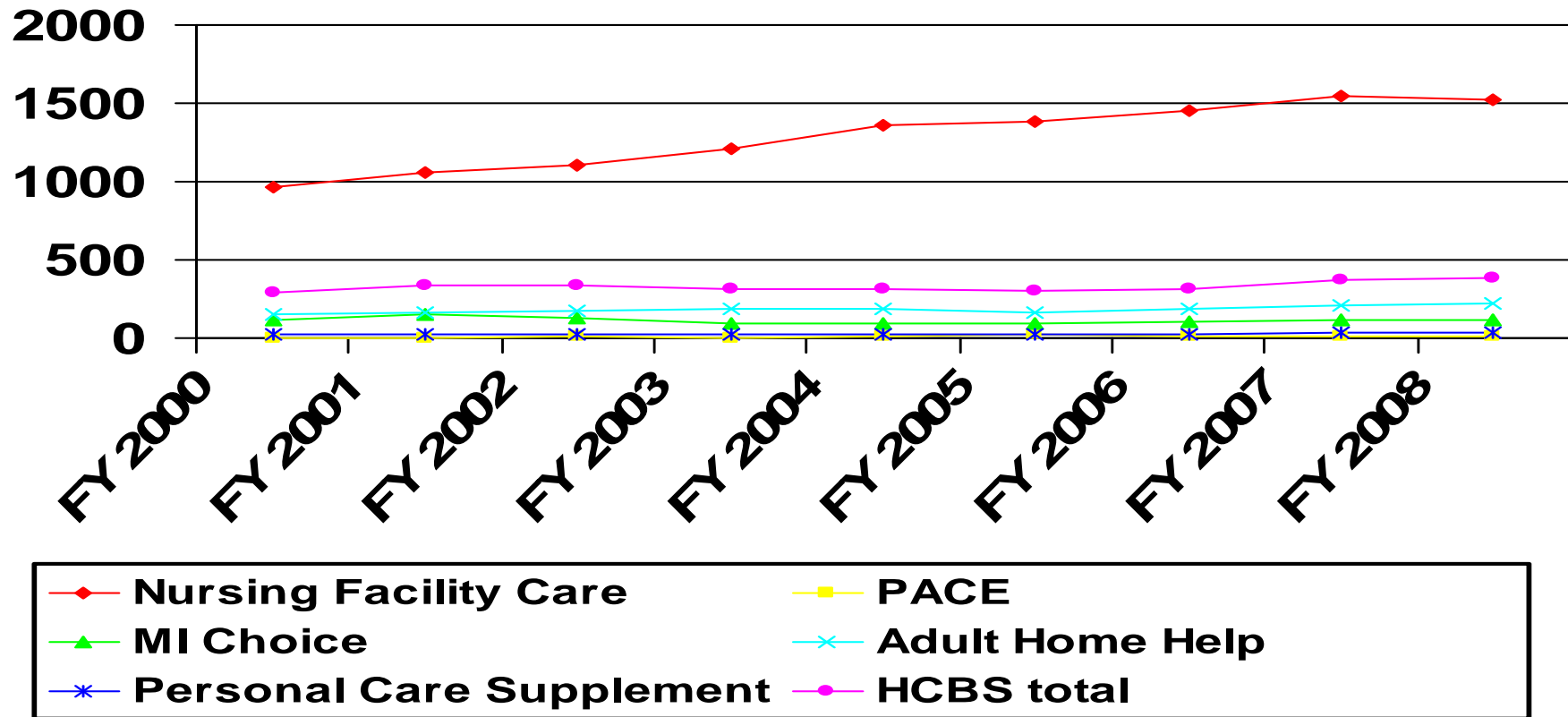


Total is 1358 thru 12-31-08

Reason Participant Left MI Choice Self-Determination Option



Michigan Expenditures on HBCS 2000-2008



MICHIGAN MONEY FOLLOWS THE PERSON (MFP) for LONG-TERM CARE

Purpose: Money Follows the Person (MFP) is the name of a Medicaid initiative that supports LTC program participants in determining and maintaining the level of care, living choices and supports they desire for their care. Money Follows the Person means that the available funds can be applied to the level of care that best matches the choice of the consumer. The purpose is to remove barriers and develop practices which reduce fragmentation, support participant self-direction through the use of programmatic features like Person-Centered Planning, Self-Directed services, use of fiscal intermediaries, and self-directed budgets. Choices like when to transition in or out of a nursing facility, acute care decisions and where and with whom to live are coordinated and arranged in such a way that the program participant is given a voice to determine their preferred option.

From the LTC Task force Recommendation: Money follows the person refers to a system of flexible financing for long-term services that guarantees individuals receive their preferred services and supports in the environment of their choice at all times. The money literally does not belong to nor follow an individual. It is simply a principle that customized services necessary to meet specific needs are available and that consumers drive decisions as they move through the LTC system. "Money follows the person" is a concept that allows an individual to receive necessary services when they want, where they want, and how they want these services delivered.

MFP Principles

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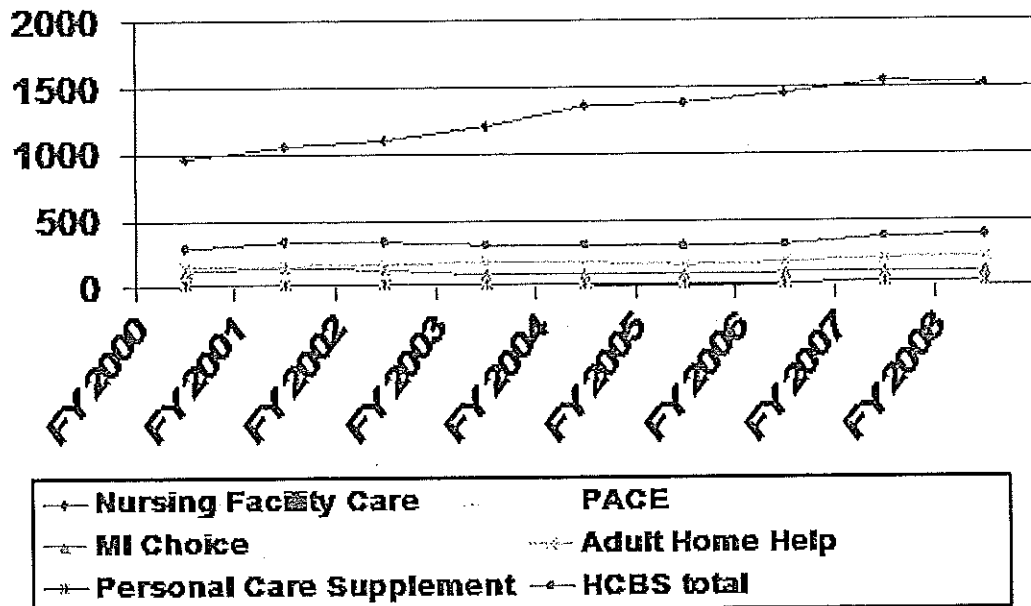
MFP Mandates

The Money Follows the Person initiative in Michigan has several current mandates. Executive Order 2005-14 established the OLTCCSS. This order embraces the LTC Task Force recommendations, which include MFP. Past and current grant objectives call for action to implement MFP and strong support for MFP from consumers and advocates make the initiative central to the work of the OLTCCSS. These mandates form the basis for policy, programmatic and performance expectations related to implementing Money Follows the Person features to Long-Term Care services in Michigan. The recommendation from the LTC Task Force states, Improve Access by Adopting "Money Follows the Person" Principles.

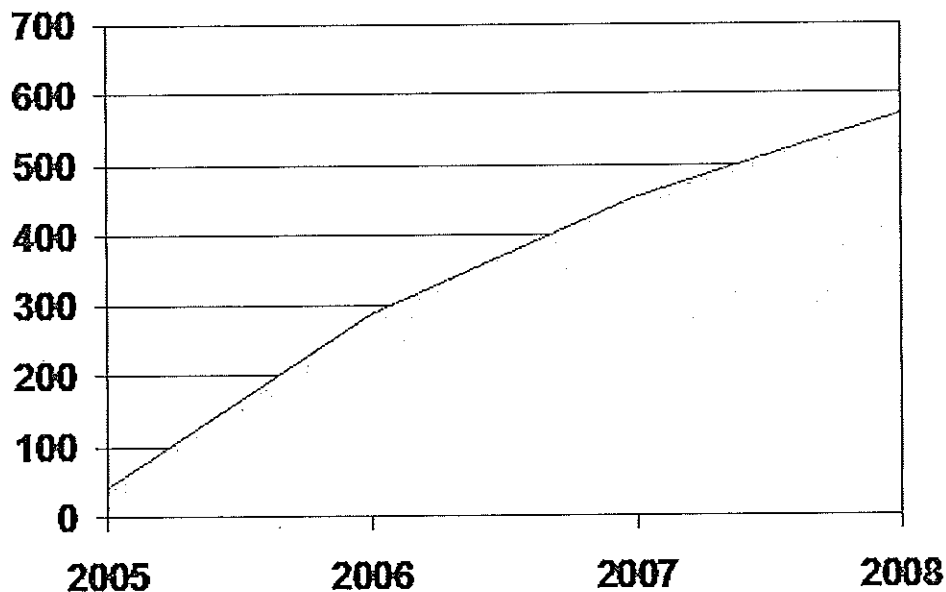
MFP Projects

- Self-Direction in the MI Choice Waiver now supports 598 individuals.
- Nursing Facility Transition efforts have supported 1358 transitions from 2005 to December, 2008.
- Systems Transformation Grant Enacting MFP across the LTC continuum

Michigan Expenditures on HBCS 2000-2008



Nursing Facility Transitions



Total is 1358 thru 12-31-08

LTC Commission Retreat “Money Follows the Person” Breakout Session

Goal: Improve Access by Adopting “Money Follows the Person” Principles					
Objective	Activity	Output	Outcome	Indicator/measure	Responsible for
Establish funding mechanisms that abide by the “money follows the person” principle.	Develop rationale for rollup of the LTC appropriation line items into one line.	<ul style="list-style-type: none"> * The office provided a one page justification describing the need for a rollup line to DCH management and the Governor’s Office for the FY 09 budget. * The office prepared a FY 10 budget enhancement or a rolled up line item asking for boilerplate authority to transfer funds. *The office monitored the FY 07 – 09 House and Senate Appropriations Committee meetings where the roll up was discussed. * The Office prepared a historical review of the line Item structure of MI Choice line item since it’s start to show that it was rolled into the NF line at the beginning. *MSA prepared Sec. 1689 boilerplate reports that recorded the number of MI Choice transitions which could justify the roll up. * OLTCCSS documents the number of NF transitions by program. * The Executive Budget Recommendation and Office presentations to the legislature included recommendations for a unified, rolled up line. Rolling up the lines gives more opportunity to act through-out the year, making the needed funding adjustments for NF vs. home & community-based services. 	Roll up LTC program funding.	<p>Number of times LTC roll up is included in the Executive Rec.</p> <p>Identify support from organizations for rollup.</p>	
Amend and fund the MI Choice waiver to	Request new funding for MI Choice	<ul style="list-style-type: none"> *The Office developed FY 09 and FY 10 enhancements to fund MI Choice from NF transitions. *This Office submitted the MFP grant application to CMS and through the budget process to fund the federal 	*New Home and Community service funds are to be phased	No wait lists	

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serve all eligible clients.	(This could be up dated to include other LTC home and community based programs.)	grant and general fund match. * DCH budget is requesting a transfer to line items where the trade off from the NF to MI Choice activity occurred.	in over FY 09 and FY 10. Financed with NF transitions, \$22.4 million gross was appropriated in FY 09. This includes the MI Choice Wait list at \$10.0 m, specialized residential at \$7.0 m, & affordable assisted living at \$1.3 m) The PACE line item increased by \$4.0 m. A transfer of federal funds is needed in FY 09 for MI Choice for the wait list. The FY 10 budget will		

LTC Commission Retreat “Money Follows the Person” Breakout Session

Goal: Improve Access by Adopting “Money Follows the Person” Principles					
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			include a request for the remaining funds of the phase - in.		
		Sec. 1689 reads, “(2) Within 60 days of the end of each fiscal quarter, the department shall provide a report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies that details existing and future allocations for the home- and community-based services waiver program by regions as well as the associated expenditures. The report shall include information regarding the net cost savings from moving individuals from a nursing home to the home- and community-based services waiver program, the number of individuals transitioned from nursing homes to the home- and community-based services waiver program, the number of individuals on waiting lists by region for the program, and the amount of funds transferred during the fiscal quarter . The report shall also include the number of Medicaid individuals served and the number of days of care for the home- and community-based services waiver program and in nursing homes.”			