

Innovations in Home- and Community-Based Services: Highlights from a Review of Services Available to Money Follows the Person Participants

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EXECUTIVE SUMMARY

The Money Follows the Person (MFP) Demonstration supports state efforts to help Medicaid beneficiaries living in long-term care facilities transition back to the community and to make community-based long-term care services and supports more accessible. To enable successful transitions, MFP participants are typically offered expanded home- and community-based services (HCBS) beyond those normally available to Medicaid enrollees in similar circumstances. The MFP grant program allows states to test and implement innovative services without the restrictions of a waiver, and states are taking advantage of this flexibility particularly in the areas of pre-transition and short-term services where some states have focused on expanding transition coordination and invested in services available after discharge (Table 1).

Table 1. Featured states and services

State	Category of service	Service name	Target population served
Georgia	Pre-transition	Personal care service trial	All MFP participants - includes older adults and people with physical or intellectual disabilities
	Ongoing supports	Community ombudsmen	MFP participants in select counties in the state
Mississippi	Post-transition	Transitional crisis support	All MFP participants – including older adults and people with physical or intellectual disabilities or mental illness
Nebraska	Ongoing supports	Team behavioral consultation staff	Children and adults covered under the developmental disabilities waiver
Ohio	Pre-transition	Behavioral health transition coordinators	Individuals with behavioral health needs
	Post-transition	Social work/counseling	All MFP participants – including older adults and people with physical or intellectual disabilities or mental illness
Washington	Pre-transition	Consumer guides for high-need individuals	High need individuals, as determined by the transition specialist
	Pre-transition	Transitional mental health services	All MFP participants with an identified need
	Ongoing supports	Community bed holds	Individuals living in adult family homes or assisted living facilities
Wisconsin	Housing	Housing counseling	Participants who qualify for select waivers

Source: Review of MFP operational protocols as of June 2014.

About the Money Follows the Person Demonstration

The MFP demonstration, first authorized by Congress as part of the Deficit Reduction Act of 2005 and then extended by the Patient Protection and Affordable Care Act of 2010, is designed to shift Medicaid's long-term care spending from institutional care to home and community-based services. Congress authorized up to \$4 billion in federal funds to support a twofold effort by state Medicaid programs to (1) transition people living in long-term care institutions to homes, apartments, or group homes of four or fewer residents and (2) change state policies so that Medicaid funds for long-term care services and supports can "follow the person" to the setting of his or her choice. MFP is administered by the Centers for Medicare & Medicaid (CMS), which initially awarded MFP grants to 30 states and the District of Columbia in 2007 and awarded grants to another 13 states in February 2011 and to 3 more states in 2012. CMS contracted with Mathematica to conduct a comprehensive evaluation of the MFP demonstration and to report the outcomes to Congress.

INTRODUCTION

Home- and community-based services (HCBS) allow many older individuals and those with disabilities to live independently in their home and community. Some of the most common services that support community living for those with long-term care needs include personal care or attendant services, residential services, assistive devices and home modifications, adult day health and rehabilitative services, case management and care coordination, and respite care for caregivers (Peebles and Bohl 2013). Even though these services are essential for community living, they are often not sufficient to meet the diverse needs of the growing number of individuals who are transitioning from an institutional long-term care setting, such as a nursing home, to the community. The MFP demonstration, provides additional funds to assist individuals residing in institutions move back to the community, and helps states expand the availability of HCBS.

The MFP demonstration provides states with an incentive to make HCBS available by providing a federally enhanced matching rate for all HCBS used during participants' first 365 days of community living. The matching rate, along with administrative funds that CMS makes available to grantee states, allows the demonstration to operate as a valuable mechanism for testing new and innovative HCBS. At the conclusion of the 365-day period, states must support any needed HCBS through other mechanisms, such as a waiver program or state plan services.

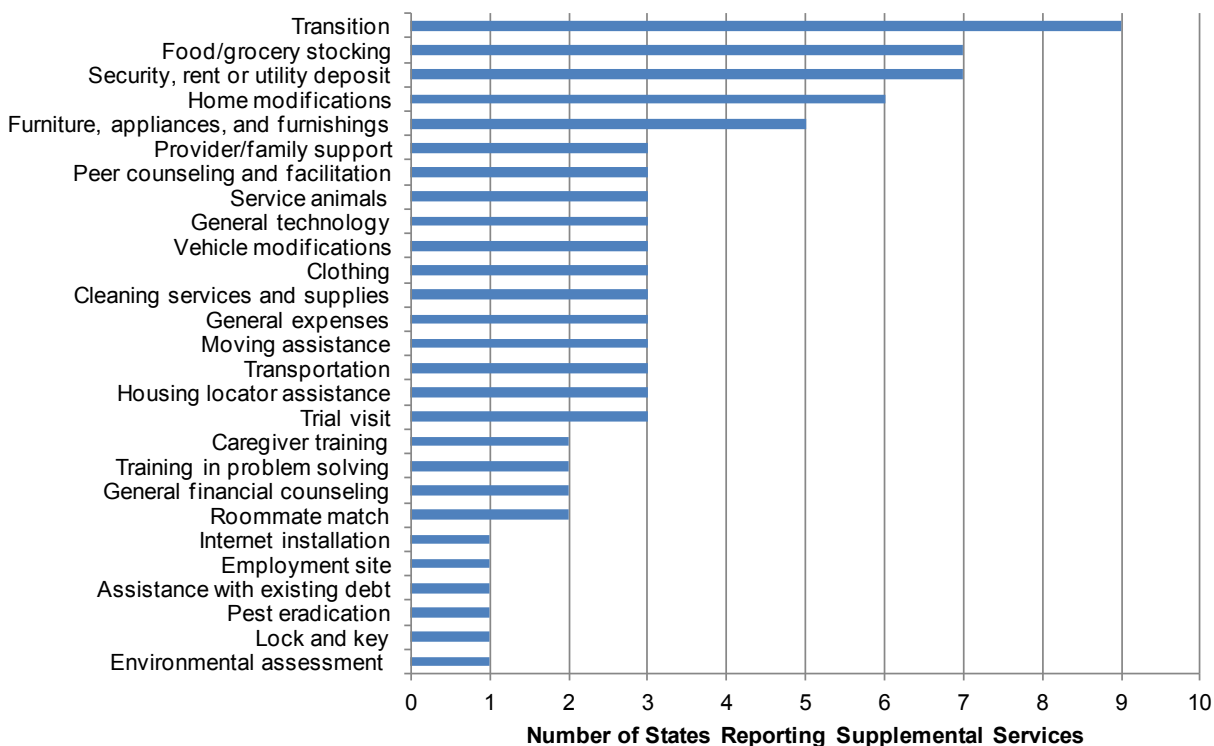
The MFP demonstration was designed to allow states to promote innovation through the development of demonstration and supplemental services. The services available to MFP participants may be grouped into three categories according to how they are funded and defined by statute:

1. **Qualified HCBS** are services that Medicaid beneficiaries may receive regardless of whether they are or are not an MFP participant, and the services must be already available through either a waiver program or the state plan. States receive an enhanced federal matching rate for the qualified HCBS they provide to MFP participants for the first 365 days that the

person resides in the community. State grantees report that approximately two-thirds of all HCBS expenditures for MFP participants go to qualified HCBS (Irvin et al. 2012b).

2. **Demonstration HCBS** are allowable Medicaid services that are not currently included in the state’s array of approved HCBS (i.e., they are not qualified services), such as housing modifications. Allowable services may also include qualified HCBS above the amount otherwise available to Medicaid beneficiaries, such as 24-hour personal care if the state’s waiver programs provide a lesser amount. CMS requires MFP states to maintain needed services after participants complete their 365-day transition period, assuming continued Medicaid eligibility; thus, demonstration services tend to be short-term services that are needed to assist individuals in adjusting to community living. States receive an enhanced federal matching rate for these services as well.
3. **Supplemental services** are not typically reimbursable by Medicaid programs but facilitate a smooth transition. The services are typically one-time services such as a trial visit or caregiver education. States receive their regular federal matching rate only for these services and thus have an incentive to convert such services into approved demonstration services when possible. Appendix Table 1 provides a listing of the supplemental services MFP programs offer according to their operational protocols and the number of states offering each type of supplemental service is illustrated in Figure 1.

Figure 1. Supplemental Services Reported in State Operational Protocols



Source: Review of MFP operational protocols as of June 2014.

In this report, we highlight select qualified, demonstration, and supplemental services that seem particularly innovative and promising, and, whenever possible, we have included data on

utilization and spending. Understanding the variety of services made available can help inform policymakers at both the federal and state levels about people's needs for a successful transition from long-term institutional settings to community living. This report does not include an exhaustive list of innovative services, as described in the methods appendix at the end, but instead provides illustrative examples of how states are using the MFP demonstration to test and develop various types of HCBS. We categorized the highlighted services into two groups: immediate short-term services and ongoing community services. Details about our methods appear at the end of the report.

WHAT TYPES OF INNOVATIVE IMMEDIATE OR SHORT-TERM SERVICES DO STATES PROVIDE TO HELP MFP PARTICIPANTS DURING THE TRANSITION PROCESS?

The MFP demonstration allows states to start providing HCBS before the transition to community living even as beneficiaries are still residing in an institution. The services are typically available for a short period and generally focus on coordinating the transition, making arrangements for housing, and/or ensuring that HCBS are in place on the same day that beneficiaries move to their community residence. As such, the services are typically immediate or short-term in nature and designed to help participants make the initial move a successful one.

Pre-transition services

Pre-transition services provide supports to a participant in an institution as a one-time service or for a short duration, with the ultimate purpose of allowing for a smooth transition. MFP transition coordinators work with participants to develop a transition plan and to select the appropriate community-based services and providers. States routinely offer transition services to all MFP participants (Irvin et al. 2013), but we highlight innovative efforts that go beyond routine coordination and planning. Some states have designed an enhanced array of transitions that may be tailored to high-need individuals. Other states have expanded the concept of pre-transition services to allow participants to try out the transition before it becomes final.

Consumer choice guides (Washington). “Consumer choice guides” are new positions financed with MFP demonstration funding. This position was created to assist transition coordination staff when a participant has above average-needs. The state of Washington added consumer choice guides who work exclusively with participants determine to have high needs by the transition coordinators and require additional planning supports. The guides also help meet the demands of increased caseloads carried by MFP transition coordinators. The transition coordinator now delegates the more time-consuming tasks from the transition plan to the consumer choice guide, allowing for improved overall efficiency. The tasks may include educating the participant on how to access health services, connecting the participant with local resources such as his or her local YMCA, or setting up the MFP participant's new home with furniture and household goods. With the addition of the consumer choice guide position, transition coordinators now serve as managers, focusing on the more technical aspects of the transition, such as implementing the service plan, rather than executing all of the detailed elements of the transition. The new managerial role is a culture shift for transition coordinators, and Washington trains its transition coordinators in how to handle their expanded role. In 2013, Washington reports that 974 individuals used this service at a total cost of over \$1,200,000.

Behavioral health transition coordinators (Ohio). Given that transition coordinators do not always have the skills or background needed to work with individuals with serious behavioral health needs, Ohio's MFP demonstration has begun training behavioral health specialists to serve as transition coordinators. This supplemental service is targeted to all individuals with behavioral health needs. The specialists are assigned to MFP participants already linked to the behavioral health system, ensuring continuity of care and increasing the likelihood that participants will remain connected to the behavioral health community after their transition. Ohio allows participants to choose their transition coordinators; for individuals with behavioral health needs, a behavioral health specialist is strongly suggested, although not always selected.

Transitional mental health services (Washington). Transitional mental health services provide behavioral health services that address anxiety or other mental health needs during the actual transition as participants experience disrupted routines. These transitional mental health services cover either behavioral health services not otherwise provided by Medicaid or service gaps. This demonstration service is available to any MFP participant with an identified need in their care plan. For example, if a participant is experiencing mild depression or anxiety related to the transition and does not meet Mental Health Access to Care standards,¹ he or she may access transitional mental health services. Since 2008, over 60 participants (or about 2 percent of all cumulative transitions) had claims for transitional mental health services (Morris et al. 2014), incurring more than \$84,000 in total costs. Similarly, the Washington MFP program will provide professional therapies and substance abuse services as demonstration services to fill gaps in care. Washington reports that about 20 percent of MFP participants use professional therapies, transitional mental health, or substance abuse demonstration services.

Residential and personal care trials (Georgia). Georgia gives participants the opportunity to make trial visits to new community residences and to use personal care services on a trial basis before they make the transition. This supplemental service is available to any MFP participant with an identified need in his or her transition plan. This type of service gives people leaving a nursing home a chance for a trial run with the provider that will assist with services such as dressing, bathing, or cooking. MFP participants collaborate with their transition coordinator to select a provider, and then work with that provider on a one- or two-day trial basis. Although brief, the trial helps the individual gain confidence before fully transitioning into the community. The trial service can also temporarily fill service gaps in cases of a one- or two-day lag between an individual's discharge and the availability of the selected provider. The owners of personal care homes (homes with four or fewer unrelated adults) use the trial service as well, allowing them to feel comfortable with the care needs of a new resident. At the beginning of the MFP demonstration, some personal care home owners were reluctant to take on MFP participants for fear that their needs would be greater than the provider could manage. A trial period gives staff an opportunity to train with a new MFP participant and his or her personal care workers before the participant moves into the home. Since 2009, Georgia reported that trial visits to community residences or personal support trials were accessed by participants 239 times

¹ In Washington, Access to Care Standards define the minimum eligibility requirements for Medicaid-eligible individuals accessing mental health services through the publicly funded system (Washington State Department of Social and Health Services, n.d.).

(one individual may access the service several times) and for a total cost of \$106,391. From January to November 2013, the service was accessed 51 times (Georgia Health Policy Center 2014).

Housing supports

Nearly every state MFP program notes an insufficient supply of affordable, accessible housing or housing vouchers as a persistent barrier to transitioning more individuals to the community (Lipson et al. 2011; Williams et al. 2012; Irvin et al. 2013). To overcome these barriers, MFP demonstrations are increasingly adopting housing-related strategies and services to help participants identify housing that meets their needs. Grantees are focusing on increasing the supply of housing options, employing more housing resources, providing direct housing assistance, and promoting long-term collaborations between state health and housing agencies. Wisconsin provides additional housing counseling services, as described below.

Housing counseling (Wisconsin). Recognizing the difficulties faced by the MFP population in finding housing, Wisconsin provides housing counseling services that go beyond locating housing for a participant. Housing counseling provides education and links participants to other resources available for homeownership, home financing, and home maintenance and repair; rental counseling; accessibility consultation; weatherization and lead-based paint abatement evaluation; low-income energy assistance evaluation; access to transitional or permanent housing; accessibility inventory design; health and safety evaluations of the property; debt/credit counseling; and homelessness and eviction prevention counseling. The housing counseling services are offered as qualified HCBS and are available to all participants who qualify for select HCBS waivers, including people outside the MFP demonstration. Provision of housing counseling services is based on an identified need during the care planning process, and the services are tailored to the individual's situation and goals. As a practical matter, housing counseling is often rolled into other care management services and is not always considered a distinct, separate service. In other states this is a clearly distinct service. For example, Nebraska's housing counseling services include the 'Nebraska Rentwise' program that includes education on managing money, conflict resolution, the rental process, and taking care of your home. Nevertheless, Wisconsin believes that housing counseling is a niche service that is useful for participants.²

Post-transition services

Many residents of institutions need support in planning and arranging a transition to the community, but many also need additional help at the time of the transition or immediately thereafter. After transitioning to a community residence, MFP participants often receive one-time or short-duration services or flexible start-up funds to assist with moving costs, rent, utility deposits (usually up to a set maximum amount), environmental modifications, or pantry set-up.

² Because housing counseling services are often part of overall care management services, Wisconsin was unable to provide data on the number of users who have benefited from the service or the total billed, but estimates indicate that it is not a highly used service.

Uniquely, New Jersey and Iowa participants are offered a one-time clothing allowance.³ Even though post-transition services commonly focus on the participant's physical health or physical surroundings, Ohio and Mississippi address the participant's mental health and provide specialized services at the time of the transition.

Social work/ counseling (Ohio). Ohio provides social work/ counseling services to MFP participants, their guardian, caregiver, or families to maintain a stable and supportive environment for the individual. Social work/ counseling services may include crisis intervention, grief counseling, or other social work interventions that support the participant's physical, social, or emotional well-being. This is a demonstration service available to all MFP participants. From 2009 through 2013, Ohio reports 360 MFP participants used social work/ counseling services (about 9 percent of all of Ohio's MFP participants) (Morris et al. 2014), totaling almost \$260,000 in costs.

Transitional crisis support (Mississippi). For some, the first few days of residence in the community may trigger behavioral health needs as participants adjust to their new environment. MFP participants may need crisis services to stabilize them after exhibiting behaviors that put them at risk of hospitalization or institutionalization (Eiken 2011). In Mississippi, in-person crisis supports and services are available around-the-clock to individuals in the transition process, and all MFP participants are eligible for this demonstration service. Initial contact may be made via telephone, but the crisis response staff meets with the individual and any other service or housing provider to address the crisis and keep the individual in the community. Transitional crisis support services are provided by transition coordination agencies. Since Mississippi began transitioning participants in 2012, 12 participants have used transitional crisis support services (about 8 percent of the state's total number of MFP transitions) (Morris et al. 2014), and the state has reported over \$5,000 in related expenditures.

WHAT TYPES OF INNOVATIVE ONGOING COMMUNITY SERVICES DO STATES PROVIDE TO HELP MFP PARTICIPANTS REMAIN IN THE COMMUNITY OVER THE LONG-TERM?

On the day that an MFP participant transitions to the community, he or she begins receiving a package of HCBS frequently through a 1915(c) waiver program. Typically, MFP demonstration programs offer a variety of services such as personal care, day habilitation, behavioral health, physical therapy, participant training, respite care, or equipment (Irvin et al. 2012a). For the first 365 days, the state's MFP grant primarily finances these services; thereafter, the Medicaid program finances the services. Even though MFP demonstrations focus on providing innovative services at the time of the transition, many programs are developing new, ongoing community services in the areas of behavioral health, housing sustainability, and community-based advocacy services.

³ For individuals with intellectual and developmental disabilities, the clothing allowance is a separate service, and the state reports spending over \$2,200 on clothing allowances since 2008 for this population. Individuals with physical disabilities and older adults also receive clothing allowances which are part of the programs' community transition services that include other one-time purchases that need to occur before discharge, such as security deposits. The state does not track expenditures for clothing allowances within community transition services.

Team behavioral consultation (Nebraska). Nebraska's team behavioral consultation staff are organized into highly specialized teams with behavioral and psychological expertise. The teams provide on-site consultation when individuals with intellectual disabilities experience difficulties in their residential or work setting that arise from problematic behavior. This qualified service is available to children and adults covered under the Developmental Disabilities Waiver. The team behavioral consultation staff meet with the participant, a legal representative or parent, HCBS coordinator, providers, and staff from various service components (for example, day, respite, or residential services). After the initial in-person meeting, the team conducts direct observations and interviews. The team collects data for the purpose of understanding a participant's behaviors, and creating a behavioral plan with recommended evidence-based interventions. The team then reviews the recommended interventions with the provider; it also supports the provider in implementing the interventions by helping the provider understand the goals of the program, including how to track and monitor the specified goals. The provider tracks the participant's progress through data and meets with the team behavioral consultation staff to discuss the participant and re-evaluate the plan if necessary. On-site follow-up continues until the entire team agrees that the behavior has been addressed and that the file should be closed. Since the start of Nebraska's MFP demonstration, 12 participants have used the service (about 4 percent of all of Nebraska's transitions) (Morris et al. 2014).⁴

Community bed holds (Washington). The state of Washington offers a bed holding service for people in community long-term care settings. When an individual needs to be temporarily hospitalized or re-institutionalized, the bed hold program makes payments that hold the participant's place in an assisted living facility or adult family home. Bed holds may last up to 20 days. This service is a qualified service available to individuals living in adult family homes or in assisted living facilities through the state's waiver programs. From 2009 through 2013, Washington reported that almost 350 participants used a bed hold between 1 and 7 days (about 10 percent of all transitions in Washington) for a total cost of about \$155,000. About 170 users (about 5 percent of MFP transitions) reported additional claims for bed holds between 8 and 20 days, totaling an additional \$18,000 (Morris et al. 2014). If the participant is re-institutionalized and resides in an independent setting rather than in an assisted living facility or adult family home, the MFP program also provides a housing maintenance allowance. The allowance covers up to six months of rent as long as a medical sign-off is in place stating the institutionalization will last fewer than six months.

Community ombudsman program (Georgia). Georgia's community ombudsman program uses specially trained representatives to assist participants with advocacy strategies. Representatives help empower MFP participants to raise and resolve complaints related to their community-based services and supports. This supplemental service is available to all MFP participants. In 2009, this demonstration service was initiated as a pilot program in select counties under the state's Long-Term Care Ombudsman Program. Until that time, the ombudsman focused exclusively on residents of facilities (nursing homes, personal care homes, community living arrangements, and intermediate-care facilities for individuals with intellectual disabilities). Georgia recognized that participants received ombudsmen services while in an

⁴ From July 2013 through April 2014, the state spent over \$980,000 on team behavioral consultation services for participants covered under waivers, including both MFP participants and nonparticipants. Nebraska was unable to identify spending exclusively for MFP participants.

institution but then lost this resource upon transitioning into the community. The community ombudsman makes face-to-face visits and telephone calls to participants to discuss issues associated with the receipt of community-based services. For example, if a provider is consistently running late or a participant needs additional units of a specific service, the ombudsman advocates for the participant with the relevant providers. The community ombudsman is seen by participants as a confidential advocate. The ombudsman is well versed in the legal aspects of the MFP demonstration, understands the requirements of service providers, and can refer the participant to legal aid if necessary. Georgia hopes to expand the program to additional counties and has already developed training materials, but it is waiting for funding to train additional ombudsmen. This demonstration service carries a limit of \$1,800 per participant. One hour of the service is billed at \$150. In 2012, the state reported that participants accessed the service 306 times (one individual may access the service several times) at a cost of \$39,440 to the state (Georgia Health Policy Center 2014).

CONCLUSIONS AND IMPLICATIONS

This report highlights how some grantee states have taken advantage of the flexibility offered by the MFP demonstration to develop and test innovative services for individuals transitioning to community living. The innovative services support participants before institutional discharge and then on an ongoing basis during their first year of community living. In some cases, the services extend an existing service to a level beyond that typically available, potentially filling critical service gaps. In other cases, the services target specific populations that either have high needs or specialized needs that are difficult to manage, which is why some services highlighted in this report are used by only a small proportion of participants. This review was not exhaustive, and there are certainly innovative HCBS beyond the handful highlighted here. Despite that limitation, several notable findings may be inferred from this review.

Rather than developing ongoing community support services, states appear to focus much of their experimentation on pre-transition and short-term supports. For three reasons, such a general approach is not surprising. First, many of the more immediate transition-related services are either difficult to provide outside a waiver program or typically are not part of existing waiver programs. Second, before the advent of the MFP program, many states did not operate an organized program focused on transitioning long-term residents of institutions; they therefore needed to design services specifically for this type of transition that work within the state context even though states encounter difficulties educating providers on new MFP services that are not available to other, similar Medicaid beneficiaries. Third, with individuals transitioning from institutional care settings to home- and community-based long-term care, sustainability and scalability of services is a concern if services are available only to MFP participants and only for 365 days after transition. After 365 days, many MFP participants continue to require HCBS and if they have become reliant on a new innovative service that the state cannot otherwise provide through its regular Medicaid or waiver programs, the continuity of their services and the success of their long-term transition can be jeopardized.

A successful transition to the community requires coordinators to identify appropriately all service needs among participants and to create linkages to existing resources and services. States are taking a variety of innovative approaches to expand capacity among transition coordinators,

including increased staffing levels to support participants with the greatest care needs (Washington), hiring transition coordinators who specialize in working with populations with mental or behavioral health needs (Ohio), and educating transition staff in how to address housing-related challenges (Wisconsin). With provider caseloads expected to grow in many states, it is essential that states take steps to improve the capacity of transition staff to address the broad needs of participants both effectively and efficiently.

States are investing in services that aim to stabilize care while maintaining the health of participants upon their transition to the community. A transition is a disruption for the many MFP participants who have lived for months or even years in an institution and one measure of a successful transition is the ability to remain in the community. States are investing in a range of services that help individuals with needs that may arise shortly after discharge, such as transition-related social work services for both participants and their caregivers (Ohio), mental health services for those otherwise ineligible for such services (Washington), crisis support services during the transition period (Mississippi), and housing security through community bed hold policies (Washington).

Even though this review highlights only a handful of states and services, it provides a broad-based picture of how the MFP demonstration is affecting the HCBS landscape in many states. An array of short- and long-term services are being tested, allowing states to identify the most valuable services before seeking approval for inclusion in state plans or waiver programs. Finding ways to sustain these services beyond MFP is a challenge states will continue to face, but the diversity among the MFP programs creates an opportunity for states to learn from each other. An exchange of experiences with service innovations can help states avoid unnecessary pitfalls and identify the most efficient way to provide individuals with disabilities with the most valuable community-based services.

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DATA AND METHODS APPENDIX

Data Sources

The data presented in this report include (1) state operational protocols for state MFP programs, (2) telephone interviews and email communications with state MFP staff, (3) a review of MFP claims records submitted by states for services provided through the end of calendar year 2013, (4) results of a focus group with Mathematica MFP state liaisons, and (5) other publicly available reports such as MFP annual reports produced by Mathematica and state-produced MFP reports and websites.

Methods

The review of operational protocols concentrated on the benefits and services, consumer supports, self-direction, and housing sections. We focused on identifying innovations in pre-transition services, housing supports, transition supports available in the community, behavioral health services, peer supports, supported employment, caregiver training, overnight visits to new community residences, legal support services, and other ongoing community supports. We extracted service information into a database that also included information on eligibility criteria, limitations, and funding. When possible, we used claims data to validate that participants were using the services reported in the operational protocols.

Information was also gathered from a focus group with Mathematica state liaisons who review and summarize grantees' semiannual progress reports and participate in technical assistance calls arranged by CMS or the MFP technical assistance provider. The discussion highlighted service innovations noted in the liaisons' tracking of MFP programs. Participants were asked to review state documentation, such as emails and semiannual progress reports, for the purpose of identifying innovative services to be discussed during the focus group.

After reviewing all of the state operational protocols and meeting with state liaisons, we generated a final list of innovative services. We contacted all states on the list and attempted to solicit their feedback either by setting up a telephone interview or through email. We also identified additional services but, after speaking with MFP staff, learned that the additional services were not yet fully implemented. We subsequently eliminated these services from the analysis. If we could not reach a state after repeated follow-up attempts to confirm that the service was in use, we excluded the service from the report. By July 15, 2014 we had contacted 21 states, received responses from 18, and were able to highlight 6 states in our report.

We reviewed claims data and other publicly available reports to supplement the information provided through our communications with state personnel. Our focus group with liaisons and calls with state staff elicited additional public information for review. We incorporated such information into the report and cited it throughout this document. Later, we used the claims data once again to provide estimates for the number of participants using the service and total expenditures for the service.

Limitations

This paper is not a comprehensive review of MFP services. With the operational protocols as the starting point for the paper, we were limited to the services and details that states chose to

write about in their protocol documents. The states exhibit variation in the level of detail used in describing their services, and it is possible that we were unable able to identify some innovative services.

We have included data on the number of participants using a service and the expenditures reported for each service, when possible. However, many states did not have such information available, and we were unable to identify the service in claims records. In other words, some of the services described here may not find widespread use by participants. Additionally, we are not able to link these services to measures of success, such as the Quality of Life survey.

Appendix Table 1. Supplemental services reported in state operational protocols

Supplemental service	Service definition	States reporting
Transition	Other transition services not categorized as housing locator assistance, trial visits, roommate match, or environmental assessments	CT, DE, DC, KS, MD, ND, OH, OR, TN
Security, rent, or utility deposit	Payments made for initial housing security deposits, rent payments, or utility deposits	DE, HI, KY, MO, ND, OR, TN
Food/grocery stocking	Initial stocking of refrigerators and pantries	HI, KY, MD, MO, NJ, OR, TN
Home modifications	Physical modifications to adapt a home to meet the needs of a person with a disability, including assistive technology or structural changes	HI, KY, MO, ND, OR, WA
Furniture, appliances, and furnishings	Furniture provided at transition to furnish a home	HI, KY, MO, ND, TN
Housing locator assistance	Support to help participant find affordable and accessible housing	CT, HI, OR
Transportation	Nonmedical transportation to appointments	IN, KY, MD
Moving assistance	Payments made to moving companies to relocate participant from an institution to a community residence	DE, HI, OR
General expenses	Housing coordination and general household goods not specified	CT, KY, OR
Cleaning services and supplies	Assistance in cleaning a residence upon moving or in purchasing cleaning supplies	MO, OR, TN
Clothing	Clothing allowance for participant moving into the community	HI, MN, NJ

Supplemental service	Service definition	States reporting
Vehicle modifications	Motor vehicle adaptations, such as hand-controls, siren detectors, or steering devices	ND, OR, WA
General technology	Assistive technology or health and safety technology installation, maintenance, and training	ND, OR, WA
Service animals	Animals trained to perform tasks to assist individuals with disabilities	OH, OR, WA
Peer counseling and facilitation	Connects MFP participants with peers who can encourage self-advocacy and independence	ME, MT, OR
Provider/family support	Caregiver training before transition that may include payments to community-based providers who participate in care planning at facility before transition	HI, KY, WA
Trial visit	Trial visits to residential settings before transition	GA, HI, OR
Roommate match	Assistance to participants in selecting a roommate before transitioning	HI, OR
General financial counseling	Education and resources to help participant with money management and financial skills	GA, HI
Training in problem solving	Problem-solving services to cover unforeseen expenses that might interfere with participant's transition	KY, OR
Caregiver training	Education provided to caregivers on how to manage participant's conditions	KY, OR
Environmental assessment	Evaluating participant's community residence	NJ
Lock and key	Providing participant with a lock and key— usually for participants transitioning to a home with more than one adult	OR
Pest eradication	Pest control services	KY
Assistance with existing debt	Debt and credit counseling	OR
Employment site modifications	Modifications to participant's work site	OR
Internet installation	Installing Internet in participant's home	OR

Source: Review of MFP operational protocols as of June 2014.