

**Operations Memorandum**  
**Medical Assistance**  
**Long Term Care**  
**OPS130601**

June 14, 2013

**SUBJECT: Money Follows the Person (MFP) Demonstration Project**  
**TO: Executive Directors**  
**FROM: Tom Strickler, Director, Bureau of Operations**

**Purpose**

To review the current MFP demonstration project as well as the policy and procedure for authorization of Medical Assistance to identify those individuals participating in the MFP demonstration project. This policy was effective July 1, 2008. This Ops Memo obsoletes [OPS 080604](#).

**Background**

Over the past several years, the Pennsylvania Department of Public Welfare's Office of Income Maintenance (OIM), Office of Mental Health and Substance Abuse Services (OMHSAS), Office of Developmental Programs (ODP) and Office of Long Term Living (OLTL) have been working together to transition more individuals from Long Term Care (LTC) facilities to community-based settings. MFP is a federally-funded demonstration project that began on July 1, 2008 to help states rebalance their long term living systems. Individuals may be enrolled in the program through December 31, 2018. MFP provides enhanced federal funding of certain qualified services provided to individuals who transition back to the community. This program has no effect on the type of services received under an Home and Community Based Services (HCBS) Program, only how the services under an HCBS Program are billed. Individuals do not see any changes in the level of benefits and services they would have received in moving to a home and community setting before introduction of the MFP program. Providers do not see a change in how they provide services or how they bill for services. For billing purposes, MFP is tracked in eCIS through the addition of designated facility codes.

**Discussion**

To qualify for the MFP program, an individual must currently be residing in an LTC facility, be eligible for one of the HCBS waivers mentioned below, and consent to take part in the MFP program. If eligible for the MFP program, an HCBS Eligibility/ Ineligibility/ Change Form (PA 1768) will be completed to provide the CAO with the MFP facility code as well as the appropriate HCBS waiver code and date services are to

begin. The County Assistance Office (CAO) will authorize eligibility for an HCBS program according to current procedures and will enter the MFP facility code to ensure enhanced federal funding. There is no minimum time period for which an individual may be eligible for MFP; however, there are a maximum number of days an individual may be eligible. An individual is eligible to take part in the MFP program for a maximum of 365 days while he/she is residing in the community. At MFP authorization, eCIS will automatically enter the MFP facility code discharge date 365 days in the future with discharge code 13. eCIS will track the number of days the individual is eligible for the MFP program. Unless documentation is received verifying the MFP end date, the CAO should NOT enter an MFP facility code end date. Discharge code 13 designates when eligibility for the MFP program ends. Entering of the discharge code 13 has no affect on the individual's continued eligibility for the appropriate HCBS program. eCIS will not allow the MFP facility code to be entered for more than 365 days. Until verification of the MFP end date is received, the MFP facility code end date pre-populated in the system should NOT be changed.

When the caseworker closes the HCBS Waiver Program budget or deletes an individual with an MFP facility code, eCIS will automatically enter the budget eligibility end date for the MFP program. Should an individual leave the HCBS program and later return to an MFP eligible HCBS Waiver Program, eCIS will take into consideration previous days used when determining the end date for MFP program eligibility.

**NOTE:** In order to be sure that individuals do not lose excess days of MFP eligibility, the CAO must process budget closures and individual deletes on a timely basis.

Enhanced federal funding is available for individuals receiving services in the following HCBS Waiver Programs:

- Aging Waiver (38)
- Attendant Care Waiver (40)
- Independence Waiver (42)
- COMMCARE Waiver (59)
- Consolidated Waiver (77)
- OBRA Waiver (79)
- LIFE Program (96)

The Independent Enrollment Broker or the Program Office will complete the [PA 1768](#), checking one of the MFP facility codes listed below for all MFP eligible individuals. The Program Offices include the Pennsylvania Department of Aging (PDA), OLTL, OMHSAS

and ODP. OLTL is the Program Office responsible for the Aging, Attendant Care, Independence, COMMCARE, OBRA and LIFE Waivers. ODP is responsible for the Consolidated Waiver.

**In order to indicate enhanced federal funding, the following correct MFP facility code must be entered:**

- MFP participant living in a Domiciliary Care Home (16).
- MFP participant living in his/her own residence (17).
- MFP participant living with a family member (18).
- MFP participant living in another group setting with less than five people (19).

### **Program Office Procedures/Responsibilities Regarding the MFP Program**

1. Identify an individual who is determined eligible for MFP.
2. Explain the MFP program to an individual in the process of transitioning from the LTC facility.
3. Obtain the signature on a consent form of an individual determined eligible for and interested in the MFP Program. The signed consent form verifies that the individual is medically eligible for MFP and willing to participate in the MFP Program.
4. Notify the CAO of an individual's eligibility for MFP through the completion of the [attached PA 1768](#).
5. Complete and send the Quality of Life Referral Form.

### **CAO Procedures/Responsibilities to Authorize with the MFP Facility Code**

1. Review the PA 1768 to verify that the individual has been identified as eligible for one of the HCBS Waiver Programs (waiver code indicated), and the MFP program (MFP facility code indicated).
2. Authorize an individual who is transitioning from an LTC facility to the community using the appropriate HCBS waiver and facility placement codes according to the following steps:

For an applicant currently open in an LTC category:

- Access the Individual Non-Financial Questions screen through maintenance mode and enter a "Y" for "waiver", "facility" and, if applicable, for "disability".
- Enter the HCBS waiver code and begin date on the Waiver screen.

- Enter the end date and discharge code for the individual's previous institutionalization. Leave the "explore LTC" field blank. Choose to "Add More" to schedule a second Facility Placement screen.
- Enter the MFP placement code, MFP begin date, and an "N" to "explore LTC" on the second Facility Placement screen.

**NOTE:** Do **NOT** enter an MFP indicator end date and discharge code until a PA 1768 is provided verifying that the individual left the MFP program. The end date and discharge code 13 will pre-populate with the date the individual's 365-day time limit will expire after transmitting off of the Facility Placement screen.

**NOTE:** Because eCIS does not allow concurrent use of two facility placement codes, the MFP facility code begin date must be entered as the day after the LTC facility discharge date.

**Example:** The CAO receives a PA 1768 documenting an Aging waiver service begin date of 7/15/12. The MA 103 verifies Mr. S was discharged from the LTC facility on 7/15/12. The CAO will enter both the LTC facility placement code end date and the Aging waiver code begin date as 7/15/12. The CAO will enter the begin date of the MFP facility code as 7/16/12, the day after Mr. S was discharged from the LTC facility.

**NOTE:** The appropriate waiver category will open effective the processing date with both the HCBS waiver and MFP placement codes entered.

- Access CCISEL in CIS through clerical transactions to end date the 902Z TPL.

A. For an applicant currently open in an SSI category:

- Access the Individual Non-Financial Questions screen through maintenance mode and enter a "Y" for "waiver" and "facility".
- Enter the HCBS waiver code and begin date on the Waiver screen.
- Enter the end date and discharge code for the individual's previous institutionalization on the Facility Placement screen. Leave the "explore LTC" field blank. Choose to "Add More" to schedule a second Facility Placement screen.
- Enter the MFP placement code and the MFP begin date on the second Facility Placement screen. Leave the "explore LTC" field blank.

**NOTE:** The SSI category will remain open with both the waiver and MFP placement codes entered.

- Access CCISEL in CIS through clerical transactions to end date the 902Z TPL.

**NOTE:** The MFP begin date must be equal to or greater than the HCBS Waiver Program begin date.

**NOTE:** Do NOT enter an MFP indicator end date and discharge code until a PA 1768 is provided verifying that the individual left the MFP program. The end date and discharge code 13 will pre-populate with the date the individual's 365-day time limit will expire after transmitting off of the Facility Placement screen.

3. **Send** the appropriate notice of eligibility/ineligibility for the HCBS Waiver Program to all those listed below by entering the correct information on the Provider screen:

- The waiver applicant.
- The waiver applicant's representative.
- The Independent Enrollment Broker (IEB) or Program Office that completed the PA 1768

### **CAO Procedures/Responsibilities When Closing an MFP Budget and/or Ending an MFP Facility Code**

1. **Review** the PA 1768 for verification of termination of the MFP program and/or HCBS services.

- Individual remains eligible for waiver services but chooses to leave the MFP program:

A. Access the Facility Placement screen through maintenance.

B. Enter the applicable MFP discharge code and type the appropriate MFP discharge date over the pre-populated date in the "discharge field" on the Facility Placement screen.

**NOTE:** Discharge code 13 is only used by the system for discharge due to expiration of the 365-day time limit. Do NOT change the discharge date pre-populated by the system until you receive verification that eligibility for the MFP program has terminated.

**NOTE:** No notice is generated or needed when an individual leaves the MFP program because there is no change in benefits or services.

- Individual is admitted to an LTC facility.

- A. Access the Facility Placement screen through maintenance.
- B. Enter the applicable MFP discharge code and type the appropriate MFP discharge date over the pre-populated date in the “discharge field” on the Facility Placement screen. Hit “Next”.
- C. Access the Waiver screen and enter the appropriate discharge date and discharge code.
- D. Close the waiver record and open LTC facility services according to current policy.

- Expiration of MFP time limit is reached for individuals currently open with MFP code 17, 18, or 19. Individual remains eligible for HCBS.

A. The end date and discharge code 13 were pre-populated by the system.

B. No further action is required by the CAO.

- Expiration of MFP time limit is reached for individuals currently open with MFP code 16 (residing in Domiciliary Care (DC) Home).

A. A system-generated alert is set for 30 days before the time limit is reached for all MFP cases eligible with facility code 16.

B. Once the alert is received, the CAO must review to determine if the individual intends to remain in the DC Home.

C. If the individual intends to remain in the DC Home, the worker must change the facility code back to 75.

**Reminder:** Due to system edits, action cannot be taken more than seven days in advance.

D. If the individual does not intend to remain in the DC Home, the address needs to be updated in the system.

**NOTE:** If the non-SSI Medical Assistance budget in which an MFP individual participates is closed or the MFP individual is deleted from a record, and an MFP end date is not entered, the system will change the MFP end date to the budget eligibility end date. This system enhancement will ensure that no more MFP days than necessary are counted towards the individual’s total days used.

**NOTE:** If the closure of an SSI budget results in the opening of a non-SSI Medical Assistance budget, the system will not end date the MFP facility code. In order not to use more days of MFP eligibility than necessary, the MFP facility code must be end dated as of the date of discharge.

### **CAO Procedures/Responsibilities When Processing an Inter-County Transfer of an MFP Case**

1. Losing County Procedures:
  - Review the PA 1768 to verify that the HCBS recipient has moved to another county and still remains eligible for HCBS and the MFP Program.
  - Close the case following current inter-county transfer procedures while ensuring that the following steps are taken:
    - A. Access the Facility Placement screen through maintenance mode.
    - B. Enter the appropriate end date and discharge code in the losing county on the Facility Placement screen by typing over the end date and discharge code pre-populated by the system. Hit “Next”.

**NOTE:** The end date pre-populated by the system is the date that 365 days of MFP eligibility will have been used. If the end date you enter is after the date pre-populated by the system you will receive an error message. The individual is not eligible for the MFP program for more than 365 days.
    - C. Access the Waiver screen and enter the end date and discharge code for the losing county. Choose to “Add More” to schedule a second Waiver screen.
    - D. Enter the appropriate waiver code, gaining county code and effective date on the second Waiver screen.
    - E. Continue to process the inter-county transfer according to current procedures. See Policy Clarification [PMN 15414-423](#)
2. Gaining County Procedures:
  - Inquire through CQIFAC in CIS prior to authorizing to determine the date the MFP code was closed.

**NOTE:** Although the MFP code entered by the losing county may have had a close date 365 days in the future, the MFP code end date will be updated by the system to the budget close date. For this reason, the gaining county must ensure the MFP code is entered with an effective date the day after the close date on CQIFAC.
  - Authorize an HCBS recipient who has moved to another county following current inter-county transfer procedures. Ensure that the following steps are taken when processing an inter-county transfer of an individual eligible for MFP:
    - A. Enter a “Y” on the “waiver” and “facility placement” fields on the Individual Non-Financial Questions screen.

- B. Access the Waiver screen and review the information to ensure that the appropriate waiver code, gaining county code and effective date are entered.
- C. Access the Facility Placement screen and enter the appropriate MFP code, gaining county code and effective date. The MFP effective date will be the day after the MFP code closed in the losing county.  
**NOTE:** If the effective date of the MFP code entered overlaps with a previous MFP code, an error message will be received.
- D. Continue to authorize HCBS in the gaining county according to current inter-county transfer procedures.

### **Home and Community Based Services (HCBS) Eligibility/Ineligibility/Change Form PA 1768**

[The attached PA 1768](#) is used by the Program Offices and the IEB to verify MFP eligibility. MFP codes were added to the Eligibility/Program Assessment Information portion of the PA 1768. CAOs should review all PA 1768s for verification of MFP eligibility as well as HCBS eligibility.

### **CAO Training**

Staff Development designed an MFP e-learning module which is available through OIM Staff Development. If not already completed upon the original release of the Operations Memorandum, this module should be completed by all Income Maintenance Caseworkers who work with applicants and recipients who need LTC benefits. The e-learning module should be completed prior to enrolling an individual in the MFP program.

The e-learning module may be accessed via the following link:  
<http://opsweb/e-learning/MFP-2010/Money%20Follows%20the%20Person/player.html>

### **Next Steps**

1. Review this Operations Memorandum with appropriate staff.
2. Direct any questions to your Area Manager.
3. Retain this Operations Memorandum until further notice.