DATE: **April 28, 2021**

OPERATIONS MEMORANDUM #21-04-01

SUBJECT: Money Follows the Person (MFP) Demonstration Project

TO: Executive Directors

FROM: Inez Titus
Director
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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 Operations Memorandum replaces Ops Memo13-06-01 which is now obsolete.

BACKGROUND

The Pennsylvania Department of Human Services' 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. 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 a 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 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. The CAO should NOT enter an MFP facility code end date unless a PA1768 is received verifying the MFP end date. Discharge code 13 designates when eligibility for the MFP program ends. Entering of the discharge code 13 has no effect 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. The MFP facility code end date pre-populated by the system should not be changed until a PA1768 verifying an adjusted MFP end date is received.

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:

- Community HealthChoices (CHC) Waiver (20)
- Consolidated Waiver (77)
- OBRA Waiver (79)
- Living Independence for the Elderly (LIFE) Program (96)

The Independent Enrollment Broker (IEB) 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 Community HealthChoices, 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/IEB 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 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 steps listed below.

3. Send the appropriate notice of eligibility/ineligibility for the HCBS Program to all involved parties by entering the correct information on the Provider screen.

Authorizing 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 under age 65, 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. Make the "Explore LTL" 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 LTL" on the second Facility Placement screen.

NOTE: Although eCIS allows concurrent use of an LTC facility placement code with a MFP code, 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 a Consolidated waiver service begin date of January 15. The MA 103 verifies Allen was discharged from the LTC facility on January 15. The CAO will enter both the LTC facility placement code end date and the Consolidated waiver code begin date as January 15. The CAO will enter the begin date of the MFP facility code as January 16, the day after Allen was discharged from the LTC facility.

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

Authorizing 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. Make the "Explore LTL" 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 LTL" field blank.

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

- End date the 902Z TPL using the Standalone Module in eCIS.

NOTE: The MFP begin date must be the day after the HCBS 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.

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.

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

- Access the Facility Placement screen through maintenance.

- Enter the applicable MFP discharge code and type the appropriate MFP discharge date over the pre-populated date in the "Discharge Date" 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:

- Access the Facility Placement screen through maintenance.

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

- Access the Waiver screen and enter the appropriate end date and discharge code.

NOTE: If the CAO receives the edit message, "MFP facility admission date cannot be before the waiver begin date" the CAO will need to contact Service Now before proceeding.

- 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:

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

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

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

- 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 fifteen days in advance.

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

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 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 (ICT) of an MFP Case

Process the ICT according to current ICT procedures while ensuring that the following steps are taken:

1. Access the Facility Placement screen through Maintenance Mode.

    - Type the discharge date over the prepopulated date, enter the discharge code and leave the "Explore LTL" field blank.

    - 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.

2. Access the Waiver screen via the Left-Hand Navigation (LHN) panel.

    - Enter the waiver code end date and discharge code.

    - Choose to "Add More".

    - Enter the waiver code, new county of placement and waiver begin date as the day after the waiver end date in the previous county.

    - Hit "Next".

3. Access the Facility Placement screen via the LHN panel.

    - Choose to "Add More" if needed to obtain a blank Facility Placement screen.

    - Enter the MFP code, new county of placement and the MFP admission date as the day after the MFP code end date in the previous county. Leave the "Explore LTL" field blank.

NOTE: If the effective date of the MFP code entered overlaps with a previous MFP code, an error message will be received.

    - Hit "Next".

NEXT STEPS

1.   Review this Operations Memorandum with appropriate staff.

2.   Direct any questions to your Area Manager.