



STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

FEB 27 2012

The Honorable Edward J. Kasemeyer
Chairman
Senate Budget and Taxation Committee
3 West Miller Senate Office Bldg.
Annapolis, MD 21401-1991

The Honorable Norman H. Conway
Chairman
House Appropriations Committee
121 House Office Bldg.
Annapolis, MD 21401-1991

The Honorable Thomas M. Middleton
Chairman
Senate Finance Committee
3 East Miller Senate Office Bldg.
Annapolis, MD 21401-1991

The Honorable Peter A. Hammen
Chairman
House Health and Government
Operations Committee
241 Lowe House Office Bldg.
Annapolis, MD 21401-1991

RE: SB 302/HB 325 (Ch. 542/543 of the Acts of 2007) and HG § 15-144 – Department of Health and Mental Hygiene – Money Follows the Person Grant – Report

Dear Chairmen Kasemeyer, Middleton, Conway and Hammen:

The Department of Health and Mental Hygiene (“the Department”) is required by SB 302/HB 325 (Ch. 542 and 543 of the Acts of 2007) to report annually on the status of the Money Follows the Person (MFP) Grant. The first report, submitted in January 2009, outlined the Department’s initial efforts in implementing the activities related to the MFP Grant. It included: an update on communications with the Centers for Medicare and Medicaid Services (CMS) related to the grant, information on funding received from CMS under the grant, the number of individuals moved out of institutions under the grant, by the type of institution, and any plans or policies developed by the Department to move individuals out of institutional settings. The following is an update of the Department’s MFP Grant activities through November 2011.

The Department received formal approval of the State’s Money Follows the Person (MFP) Operational Protocol on March 6, 2008 with an effective date of February 6, 2008. The total grant award through calendar year 2011 is \$59,212,377. The majority of MFP grant award funds are provided to support an enhanced federal match (75% FFP) for home and community-based services for MFP program enrollees. The enhanced match leads to “savings” over the service costs that the State would have incurred without the enhanced federal match. The MFP Grant obligates the State to spend the “savings” toward meeting the federally established, State-directed goals of the MFP demonstration. The activities funded with the savings include: peer outreach; program education; application assistance; enhanced transitional case management for nursing facility residents; peer and family mentoring; the expansion of the Maryland Access Point initiative; development of a



statewide MAP resource website; resource coordination and provider incentives to serve individuals with brain injury; and provider training.

The MFP program staff within DHMH regularly communicate with the State's MFP Project Officer at CMS. The MFP Stakeholder Advisory Group which is composed of State staff, consumers, providers, and advocates has met monthly since 2008, moved to quarterly meetings in August 2009, and resumed monthly meetings in August of 2010.

The first MFP participant moved to a community residence on March 18, 2008. Since then, 1,103 individuals have transitioned to the community from institutions, including 942 individuals from nursing facilities, 134 individuals from State Residential Centers (with 108 from Rosewood) and 27 individuals from chronic hospitals, through the end of November 2011.

During the past year, the Department has continued its work to implement the plans laid out in the approved Operational Protocol. The MFP Grant brought with it significant reporting requirements that required changes to the MMIS system, modifications to several Medicaid waiver tracking systems, and the development of an MFP web-based tracking system. The Department has added services to the Living at Home and Older Adults waivers in order to improve the package of services available to those transitioning out of nursing facilities.

Through the MFP demonstration, the Department has conducted face-to-face outreach visits with 21,725 institutional residents, provided options counseling 5,580 times, and assisted 1,977 nursing facility residents in applying for home and community-based services.

In addition to the changes noted above, CMS implemented a new Minimum Data Set (MDS) assessment for all nursing facility residents on October 1, 2010. As part of the revised MDS 3.0 assessment instrument, Section Q requires nursing facility staff to ask residents if they would like additional information about returning to the community. CMS created a new requirement that states must create a Local Contact Agency (LCA) responsible for responding to requests for information about community living based on the responses to the MDS 3.0 Section Q. To respond to this new requirement, the MFP demonstration has agreed to accept and respond to Section Q referrals by providing program education to all interested nursing facility residents, regardless of Medicaid eligibility or payment source. Since its implementation on October 1, 2010, the MFP demonstration has received and responded to 766 referrals including 348 referrals for individuals who are not eligible for Medicaid.

MFP funding was also provided to the Maryland Department of Aging to further their efforts to develop the website for the Maryland Access Point (MAP). This funding and increased collaboration between Departments has fostered positive relationships with MAP partners and increased the availability of information about community services and supports. In order to support the local MAP sites, an ADRC liaison contract was awarded in May, 2011 and the contractor is in the process of assessing existing and developing MAP sites for their capacity to integrate MFP services within the MAP structure, as well as identifying existing structural, staffing, and funding barriers. The contractor will develop action plans for MAP sites to facilitate the incorporation of MFP services and overcome identified barriers and will develop a State-level action plan, as well as action plans for local MAP sites in order to facilitate the incorporation of MFP services and

overcome identified barriers. Technical assistance to developing MAP sites will be provided in order to implement the action plans.

Behavioral health issues and the lack of affordable, accessible housing are two major barriers that prevent individuals from transitioning to the community. In 2011, several steps were taken to address these barriers.

In February of 2011, in partnership with MFP, four Maryland public housing authorities applied for and were awarded a total of 112 category II housing vouchers for non-elderly disabled individuals transitioning from institutions. As of November, 75 vouchers have been awarded, allowing 46 individuals to transition back to the community.

In June 2011, MFP contracted with a Behavioral Health Consultant to reconvene and lead the behavioral health workgroup, analyze the gaps in the existing service system, research best practices nationwide, and present recommendations for new services along with an action plan for implementation. The reconvened work group has held several meetings and the consultant is in the process of interviewing state agency representatives, consumers, and advocates for the service system analysis.

In September 2011, Maryland successfully applied for a Real Choice Systems Change Grant titled Building Sustainable Partnerships for Housing. Maryland's proposal, Maryland Partnerships for Affordable Housing (MPAH), is a joint effort of Medicaid, the Department of Disabilities (MDOD), the Department of Housing and Community Development (DHCD), the Mental Hygiene Administration (MHA), the Developmental Disabilities Administration (DDA), Centers for Independent Living (CILs), disability advocates, consumers, and other community service providers. MPAH is a one year \$330,000 grant that will assist Maryland in developing strong relationships and a competitive application for funding through the Department of Housing and Urban Development's (HUD) revised 811 rental assistance program. It is anticipated that any new funds received will be dedicated to affordable and accessible housing for persons with disabilities and targeted to individuals who are institutionalized or at risk for institutionalization.

Thank you for your consideration of this information. If you have questions or concerns, please contact Marie Grant, Director of Governmental Affairs, at (410) 767-6481.

Sincerely,



Joshua M. Sharfstein, M.D.
Secretary

cc: Charles Milligan
Susan Tucker
Mark Leeds
Tricia Roddy
Marie Grant
Sarah Albert, MSAR# 6636