

MFP MAP LIAISON WORK AND BIPP

Money Follows the Person (MFP) Maryland Access
Point (MAP) Liaison Effort

January 10, 2012



Purpose of Contract the Original Contract

- ▣ The overall goal of this effort is to:
 - Assist in building the MAP program as an integral component of Maryland's rebalancing efforts and to assure the incorporation of MFP goals in that plan
 - Integrate the MFP and MAP functions so that they can be maintained after the MFP grant expires
- ▣ MFP Funding is time limited
 - DHMH and MDoA recognize now is the time to start integrating core MFP initiatives into the MAP infrastructure
 - As a starting point, the liaison assessed existing and future MAP sites to determine their capacity to integrate national ADRC and MFP functions

HCBS Strategies Company Overview

- ▣ HCBS Strategies
 - Small consulting firm based in Baltimore
 - Clients include CMS, AoA, and state agencies in AK, IL, MN, and MD
 - Currently supporting both MDoA Options Counseling development and serving as MFP MAP Liaison
 - Previously supported MDoA in the ADRC solicitation and Community Living Program
- ▣ Core project staff
 - Steven Lutzky, PhD
 - Kristy Michael, HCBS Associate
 - Todd Pinkus, Intern

Original Scope of Work

- ▣ DHMH contracted with HCBS Strategies to
 - Provide technical assistance to DHMH, MDoA and MAP sites
 - Determine capacity across MAP sites as central function to rebalancing including MFP integration
- ▣ Overall Work Plan
 - Review capacity at existing and developing MAP sites
 - Assist MAP sites in developing action plans for becoming fully functioning ADRCs and integrating MFP functions into core MAP operations
 - Assist MAP sites in addressing questions from county governments about the action plans

Incorporating National ADRC and MFP Principles into Core MAP Infrastructure

- ▣ Core ADRC functions such as peer counseling and transition support
- ▣ Support for larger rebalancing goals
 - Increasing Diversion from institutions
 - Rebalancing long term supportive service spending to include more home and community-based services
- ▣ Related consideration is AoA definition of a “fully-functioning ADRC”
- ▣ Core business functions that are included:
 - Information and referral/options counseling
 - Intake and triage
 - Assessment and eligibility determination
 - Support plan development
 - Partnerships

Work Completed

- ▣ Conducted in-person site assessments, drafted findings, and obtained feedback on all active MAP sites
- ▣ Conducted web enabled site assessments, drafted findings, and obtained feedback on all developing MAP sites except Cecil County
- ▣ Near final version of Aggregate Site Report
- ▣ Draft State Action Plan

Major Areas of Progress in Becoming Fully-Functioning ADRCs

- ▣ MAP sites in almost all cases had met requirements set by MDoA
- ▣ Substantial progress in:
 - Building relationships with disability partners
 - Ensuring MAP staff are trained on disability-specific issues
 - Integrating and coordinating operations, including collocation and more regular structured meetings
 - All MAP partners support a person-centered philosophy

Major Areas of Progress in Meeting MFP requirements

- CILs and other disability organizations appear to be conducting Peer Outreach and other functions
 - Caveat: HCBS Strategies did not review CIL operations
- AAAs are generally providing Options Counseling and Enhanced Transitional Case Management as proscribed by DHMH
- In many cases, MFP has resulted in a strong relationship between the AAA and the CIL that has benefited both partners
- AAAs generally providing some support in accessing housing

Major Areas for Improvement: Low Hanging Fruit

- ❑ In most cases, relationships and roles have not been clarified and solidified into MoUs
- ❑ In some counties, the relationship between the CIL and the AAA needs to be improved
- ❑ Little actual participant (i.e., consumer) involvement in MAP Advisory Committees
- ❑ Strengthen outreach to core pathways to LTSS:
 - Hospital discharge planners
 - Targeted internet searches (e.g., Google Ad words)
- ❑ Establish MAP website as single resource and information database

HCBS Strategies Definitions

- ❑ No Wrong Door (NWD) – No matter where you ask, you are sent to the right place (e.g., ask local DSS about meals and referred to AAA).
- ❑ Single Entry Point (SEP) (sometimes SPE) – Only one place for accessing a particular program
- ❑ One-Stop Shop (OSS) – Provide information about multiple (ideally all) of the supports an individual might need
- ❑ Ideal system incorporates all of these components

Major Areas for Improvement: Challenging, but Achievable under Current Conditions

- ▣ Integration of processes for accessing core programs overseen by MDoA and DHMH (OAW, Senior Care, Medicaid PCA, Meals on Wheels, Caregiver Support, etc.)
 - Goal to have a SEP/OSS process
 - Agreement by other key entities to refer to this process (e.g., AERS, hospital discharge planners, etc.)
- ▣ Implement minimum requirements for:
 - Staff qualifications and training
 - Key operations processes (notably referral protocols to/from disability partners and Options Counseling)
- ▣ Implement data-driven, performance indicators-based continuous quality improvement processes

Major Challenges that Will Require State Leadership

- ▣ Unified Assessment Tools and Processes
- ▣ Single Management Information System (MIS) that will support key operations
- ▣ Integration of supports beyond DHMH/MDoA (e.g., housing, DHR)
- ▣ Ensuring adequate staffing at local levels
- ▣ Integrating/coordinating across agencies that are overseen by different entities
 - Multi-state agency consensus and guidance
 - Explore restructuring
- ▣ Adequate funding:
 - MFP/FFP/other federal funds/additional state commitments

Barriers to Rebalancing

- ▣ Identified, but beyond current HCBS Strategies scope
- ▣ Targeting supports to greatest risk of institutionalization
 - Especially important for OAW and SC
 - Integration and standardization of eligibility
 - Integrate HCBS and Nursing facility budgets
- ▣ Ensuring that HCBS spending is cost-efficient
 - MD per recipient waiver spending on older adults and individuals with disabilities is more than twice national average (though overall spending is low)
 - In OAW, little incentive to spend less than institutional cap
 - Spend less per recipient and support more people
 - Major approaches include tiered/case mix budgeting and global budgets

MFP Liaison and the Balancing Incentives Payment Program (BIPP)

- ▣ Core BIPP requirements overlap with MFP Liaison structural recommendations:
 - SEP/NWD
 - Standardized Assessment
- ▣ MFP Liaison currently incorporating specific BIPP requirements into overall State Action Plan
 - Will be obtaining additional information from AAAs about associated requirements/burden
 - BIPP requirements will be incorporated into individual Site Action Plans

Questions?

For additional questions you may address:

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