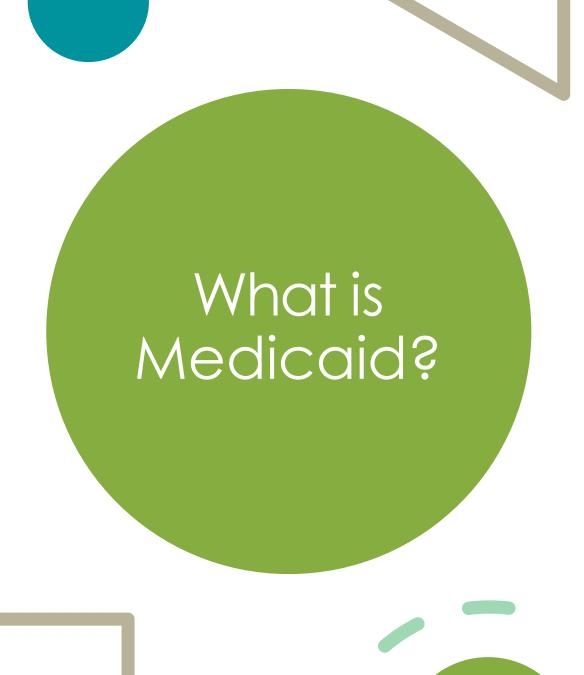


DSS Vision and Mission

Strong families – South Dakota's foundation and our future



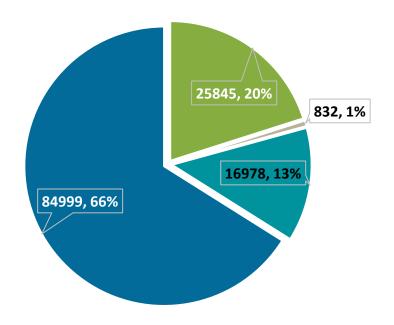


- Covers health care, long term care and other services through a federal-state partnership
- Governed by the Medicaid State Plan which is a contract with the federal government outlining who is served and what services are covered
 - Each State Plan is different comparisons between states can be difficult as not all states publish their State Plans to the general public
- Separate from Medicare
 - Medicare is for individuals 65 years and older for all incomes, and for people with disabilities
 - Medicare is 100% federally funded and administered at the federal level



Who is covered by Medicaid?

SFY 2021: 128,654 Average Monthly Eligible



- Aged/Blind/Disabled Adults Pregnant Women
- Low Income Family (Adults) Children



What is Money Follows the Person?



Provided by . . .

- Federal funding for older adults and/or people with disabilities
- The Deficit Reduction Act in 2005 authorized MFP on a national level
- An extension of the Affordable Care Act in 2010 opened the door for South Dakota to begin MFP in 2013
- The Medicaid Extenders Act of 2019 and the Consolidated Appropriations Acts of 20/21 have kept MFP going
- MFP possibly becoming a permanent program is currently in review by Congress.

Helps People . . .

- Choose where to live and how to receive services in the community
- Living in nursing homes, hospitals, or intermediate care facilities successfully return to the community
- Find a place to live that meets their needs and still receive the services they need to keep living there
- Identify barriers to living on their own and provides one-time or short-term supports that aren't typically covered by Medicaid

Beneficial to All ... Goals of MFP

Cost-Savings

- Designed to assist states balance long-term care systems and help Medicaid enrollees transition to their own home and community-based services (HCBS)
- Significant Cost-Savings from residing in LTC facility to receiving HCBS Services at home

Quality of Life

- Increase the number of individuals being able to choose where to live that is in the least restrictive setting
- Quality care indicators suggest MFP participants are less likely to be readmitted to institutional care the first year after transition
- National data indicates an increased level of satisfaction and quality of life across several domains measured and are sustained two years post-transition



South Dakota MFP Eligibility Requirements

- ✓ Resident of South Dakota
- √ 18 years or older
- ✓ Reside in a nursing facility or ICF/ID for 60 days; or in a hospital for 30 days
- ✓ Meet Medicaid level of care and financial eligibility criteria
- ✓ Intend to reside in <u>qualified housing</u> specific to MFP per the Deficit Reduction Act falls into these categories:
 - HOME owned or leased by the participant or their family
 - APARTMENT with an individual lease and has lockable access with own living, sleeping, bathing, and cooking areas
 - ☐ GROUP HOME of FOUR or less with no more than FOUR unrelated individuals residing there
- ✓ Willing to enroll in and be supported in the community through the provision of an existing 1915 (c) Home and Community Based Services (HCBS) waiver
- ✓ Expresses a desire to live and receive services in a HCBS setting

1915 (c) Home and Community Based Services (HCBS) waivers

The four waivers in South Dakota provide opportunities for Medicaid beneficiaries to receive services in their own home or community, rather than moving to a facility for care

- <u>H</u>ome and community-based <u>O</u>ptions and <u>P</u>erson-centered
 <u>E</u>xcellence, or HOPE
- Serve those over the age 65 and older, and those age 18 and older with physical disabilities

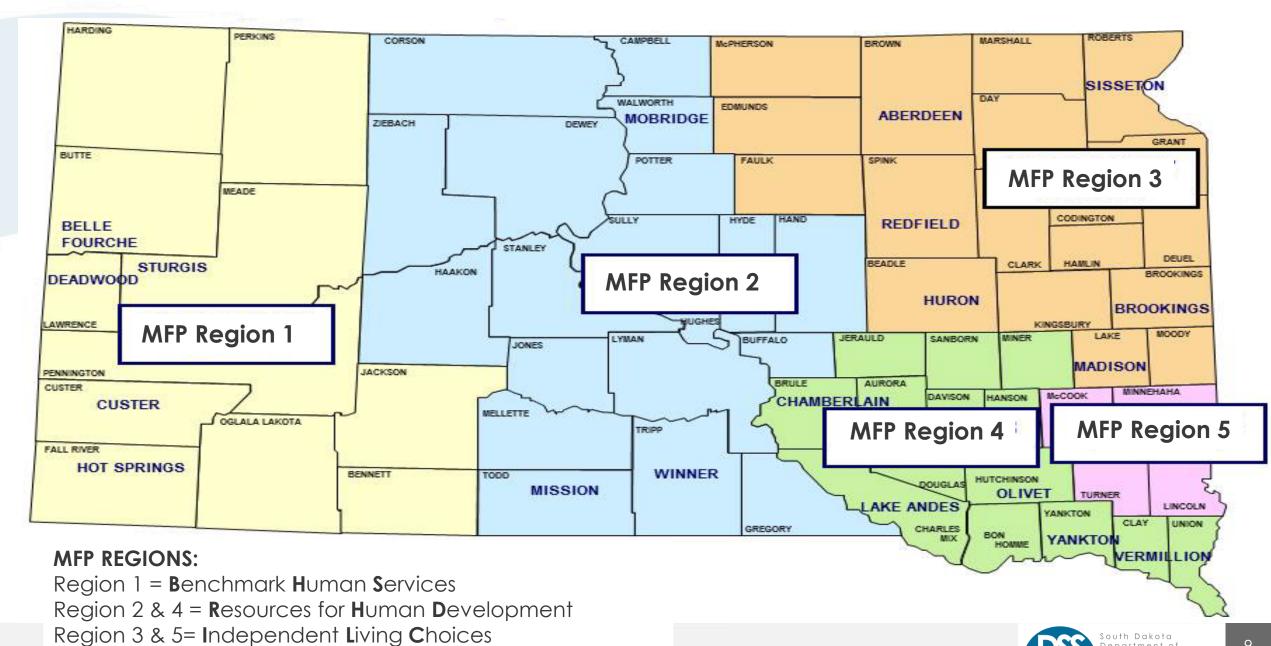
- <u>A</u>ssistive <u>D</u>aily <u>L</u>iving <u>S</u>ervices, or <u>ADLS</u>
- Serve those that have substantial functional limitation in all 4 extremities
- Must manage and self-direct their own services

- Community.
 Hope.
 Opportunity.
 Independence.
 Careers.
 Empowerment.
 Success., or
 CHOICES
- Serve those that have an intellectual or developmental disability, manifested itself prior to age 22

- <u>F</u>amily <u>S</u>upport, or <u>FS</u> 360
- Serve those under the age of 18 are typically already in their home

Money Follows the Person (MFP) is like a bridge to get you there.









REFERRAL

- Verify Eligibility for MFP & HCBS
- Assign appropriate regional MFP Transition Coordinator



INTAKE

- MFP Transition
 Coordinator
 contacts MFP
 participant / facility
 to schedule
 meeting
- Review MFP & assess needs
- Complete
 Questionnaire
- Participant (& Guardian, if appropriate) sign Informed Consent



PROCESS-

Service Coordination

- Identifies Transition
 Team Members
- Collaborate as necessary
- Verify Q Housing
- Assist participant as needed within MFP service areas
- Refer to HCBS Waiver Service
- Complete Quality of Life Survey prior to Transition



TRANSITION

- to qualified housing
- Home
- Apartment
- Group Home with FOUR or Less Individuals
- Assisted Living, apartment style
- Provide MFP services



FOLLOW UP

- 365 Days post transition to receive MFP services
- Quality of Life Survey Repeated at 11 and 24 months



Demonstration Services

Transition Services \$5000

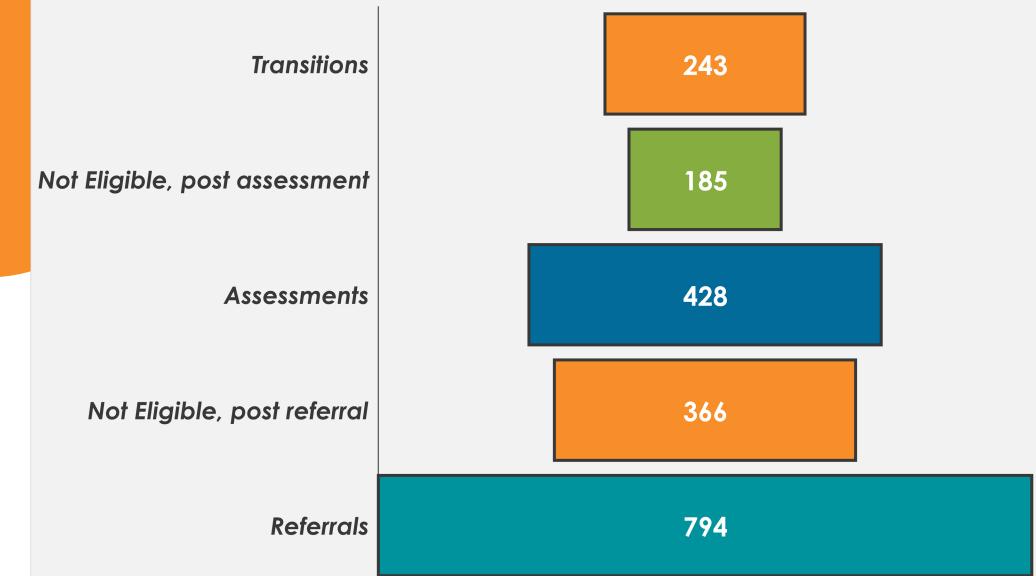
- Secure housing \$1000
- Housing set up \$1500
- Modifications \$2500
 - Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, that are necessary to accommodate medical equipment and supplies that are necessary for the welfare of the consumer

Non-Medical Transportation \$500

• Public transit; Taxi; etc.

Assistive Technology \$5,150

 Variety of medical equipment essential to assist the person in being more independent Participant Process

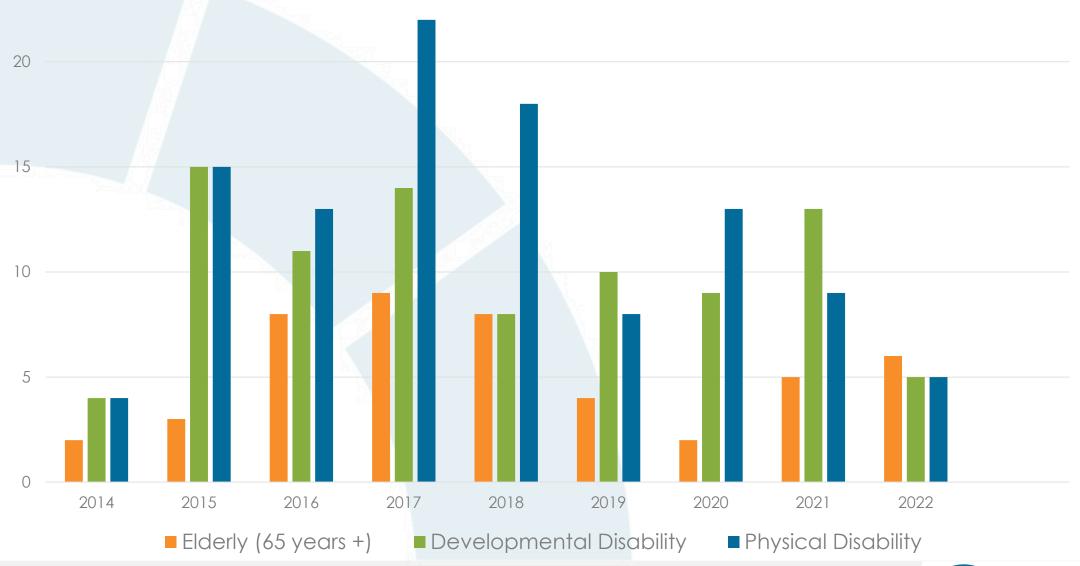




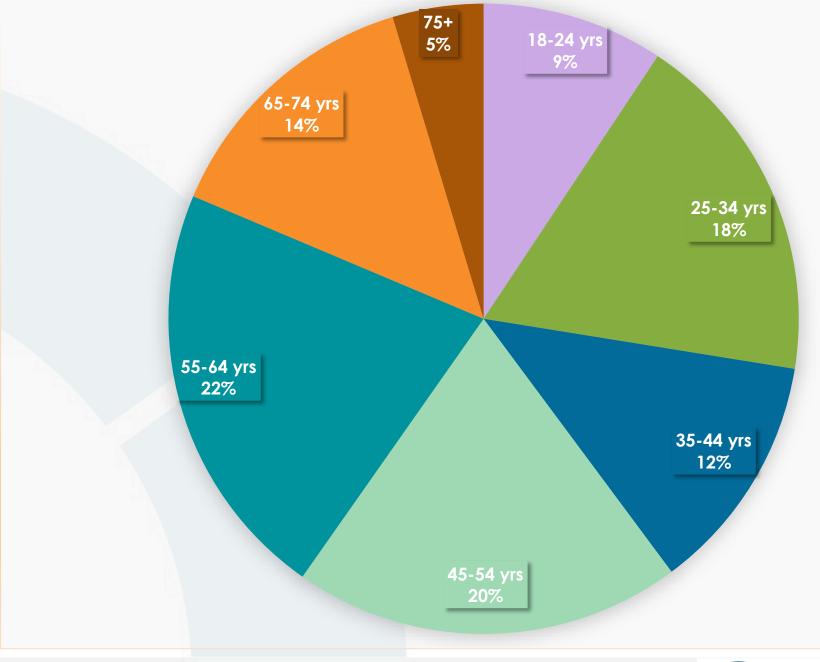
2014-2022 Transitions



Target Populations



Transitions by AGE









Any Questions?

Moving Forward MFP is Growing!

MFP... One-Time Services

Transition (secure, set up, modify)
Transportation
Assistive Technology

MFP... Supplemental - Short-Term Services

Rental assistance; application fees
Food security
Appliances, other

MFP... Capacity Building



MFP Capacity Building

\$5 million dollars – for up to five years

- Intent is for Planning and Capacity Building activities to accelerate and expand HCBS capacity
- Expected to strengthen focus on LTSS rebalancing and
- To support MFP grantees with making meaningful progress

Activities include are:

- Direct Service Workforce recruitment and retention
 - Provider staff trainings
 - Community Mental Health Center trainings

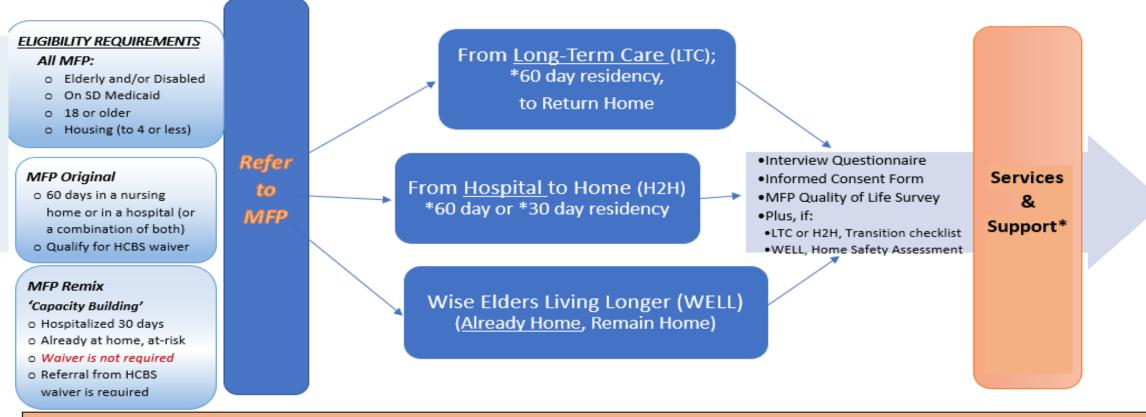
Diversion Opportunities

- ➤ Hospital to Home (H2H)
- Home, may be at-risk for placement (WELL)

Data Systems

- > Implement revised rate methodologies, therefore increasing provider capacities
- Merge MFP data, build tracking, pull reports





*Services and Supports

(Receive support for 365 days post transition unless re-institutionalized, deceased, or no longer on waiver)

Original MFP

Transitional (Security deposit; minor modifications)

Transportation

Assistive Technology

(+Supplemental to Original)

- +Short Term Housing; Home Modifications
- +Expanded Food/Pantry Security
- +Appliances/Other

√ Remix MFP (H2H + WELL)

- √ Safety Assessment
- √ Home Modifications
- √ Additional Resources

Other MFP Capacity Building services being supported:

Direct Care Workforce Training CHOICES Rate Methodology Implementation Merge MFP Data Files and Build in Reporting

All Services Available . . .

Referral forms are found at https://dss.sd.gov/mfp/

MFP – the Original MFP

- In LTC 60 days
 - Secure housing and set-up
 - Transportation
 - Assistive Tech
 - HCBS Waiver

MFP - the Remix, Capacity Building

W.E.L.L.

- At home, at-risk for LTC
 - Home Safety Assessment
 - Supportive devices and installation (Asst. Tech)
 - Modifications as necessary
 - HCBS Waiver

H2H

- At hospital 30 days
 - Secure housing and set-up
 - Transportation
 - Assistive Tech
 - HCBS Waiver

DCW trainings & Data Systems



