

MASSACHUSETTS

Money Follows the Person Demonstration Sustainability Plan



Submitted April 24, 2015

Summarized for Posting

1. EXECUTIVE SUMMARY

The Massachusetts Money Follows the Person Demonstration began implementation in July, 2011. The ability to sustain individuals who transition under the Demonstration has been of the highest importance to the Commonwealth since planning for submission of its MFP grant application began. Massachusetts, with input and support from its wide stakeholder community, conceptualized the creation of two Home and Community Based Services (HCBS) waivers, in addition to its existing set of 1915(c) waivers, as mechanisms to ensure sustained availability of home and community based services for individuals transitioned from facilities under the demonstration. Eight of the state's ten HCBS waivers, along with its rich complement of state plan community long term services and supports, remain Massachusetts' core approach to sustaining, in the community, members who have transitioned under the Demonstration.

The state's Aging and Disability Resource Consortia's (ADRC) Five Year Strategic Plan specifically addresses this network's commitment to transitioning individuals from nursing facilities and long-stay hospitals to the community. The ADRCs have been vital partners in the MFP Demonstration, contracting as MFP Transition Entities and building their capacity for and focus on transition work. Massachusetts ADRCs will continue their work to transition individuals from facilities to the community as a core element of their mission.

The MFP grant allowed the state to develop several Demonstration services for use by transitioning individuals. For the most part, these services will continue to be offered to members, either through waivers, or potentially as elements of new opportunities under the Affordable Care Act. Similarly, staff who were brought on under the grant will largely be

transitioned, within MassHealth or other state agencies, to roles that are necessary to continue the work initiated by MFP.

The MFP Demonstration continues to provide Massachusetts with resources and opportunities to support members to transition from facilities into the community and to receive services in the settings of their choice. The Commonwealth looks forward to meeting its obligations under the grant and, most especially, to ensuring home and community based service provision, as an alternative to facility-based care, to our members.

2. STAKEHOLDER INVOLVEMENT

Massachusetts has worked extensively to ensure broad stakeholder involvement in the MFP Demonstration, from planning for the submission of the grant through implementation, and continuing today. The state has taken many steps to involve advocacy organizations, Aging and Disability Resource Consortia, consumers/family members, home and community- based services providers, public housing agencies, and other state agencies, obtaining input through its MFP Stakeholder Informational Meetings, as well as through round-table discussions, contractor training sessions, and both small-group and individual discussion meetings.

In addition, the state participates in conferences and convenes an HCBS Waiver Stakeholder Advisory Committee. MassHealth staff obtained input directly from consumer members participating in two recent meetings. Each of these consumers has transitioned and is being served in the community through an HCBS waiver. In summary, consumers across the board stated their satisfaction with living in the community and noted their great appreciation for having more control over their lives and decision-making. Consumers also expressed they were

very happy with the assistance they received to transition to the community. All stated they were treated with respect and courtesy in their on-going relationships with those who help them, including provider staff, to live independently and continue to gain independence. Several of the consumers from whom we received input were living in residential group homes, while others were living in accessible apartments.

Two anecdotes stand out as excellent illustrations of consumer satisfaction. The first is the situation of a man with acquired brain injury who transitioned into a residential group home. Although he recognized the need for 24 hour supports as he left the facility, he always had a goal of eventually moving to independent housing. He is now in the process of moving to his own apartment and expressed that the help and support that he has received from his case manager, family and the residential provider currently serving him, has been instrumental in helping him decide to move, in ensuring his ability to find housing and get appropriate services in place, and, especially in fostering his confidence in his ability to live independently.

The second example is of a woman who moved to her own apartment. With transition support, she was able to find an accessible apartment. This combined with the availability of transitional assistance that helped her to obtain necessary home furnishings were key to her successful transition. She noted a great difference in being able to live on her own, in particular related to her ability to exercise. While in the nursing facility, she “got in trouble” for trying to exercise without assistance. There were fears of her falling, etc. and she was not allowed to exercise without working with the physical therapist. At home, she now has an exercise bike and uses it seven days a week, with the result that she is now stronger and more independent.

The MFP Project Office reviewed 11-month Quality of Life survey results (as of January 2015) to obtain additional consumer input. In general, consumers expressed that their participation in MFP has been very rewarding and noted that their quality of life is very satisfying to them.

Respondents reported as follows:

- 90% said they could see family and friends when they want to;
- Over 92% said they could get to the places they needed to go;
- 61% said they were able to do things they needed to do outside the home;
- 86 % responded that they did not need more help with things around the house;
- Over 96 % said people who help them treat them as they want to be treated
- 82% said they need help to go out;
- 76% said they did not need more help to get around the community;
- 81% said that, during the past week, they were happy with the way they live.

Stakeholder Informational meetings began prior to grant submission, recruiting the state's Community First Olmstead Committee to support planning for the grant. These meetings continued as quarterly sessions when implementation began, and are now held every six months.

As a result of input received from stakeholders in these meetings, Massachusetts shifted its approach to contracting with organizations to undertake transition work. The state changed its plan to procure five Regional Coordinating Offices and, instead contracted with the current thirty-three Transition Entities, all of which are key partners in the Commonwealth's ADRC network.

In preparation for Stakeholder Informational meetings, consumer-friendly correspondence explaining the nature of the sessions is sent out to consumers to encourage participation and on-

going involvement. In addition, MFP Transition Entities are asked to encourage and facilitate consumer attendance, including assisting with arranging transportation to meetings for individuals who need such assistance.

The MFP Demonstration in Massachusetts directly involves the state's ADRC network. As noted, the state contracts with the key ADRC partners to serve as MFP Transition Entities (TEs). The MFP Project Office, led by the MFP Project Director has continued to utilize its partnerships with TEs by conducting bi-monthly MFP Round-Table sessions. These Round-Table sessions have been instrumental in developing and strengthening relationships within and across the Transition Entities, as well as with the state agencies that participate in the MFP Demonstration. These state agencies include the Department of Housing and Community Development, the Massachusetts Rehabilitation Commission, the Executive Office of Elder Affairs, and the Departments of Developmental Services and Mental Health.

To assist Massachusetts in the development of our MFP Sustainability Plan, the MFP Project Office initiated a survey which was distributed to all Transition Entity organizations. The purpose of the survey was to obtain their views on their experience in helping consumers transition from facilities to the community through the MFP Demonstration.

Survey Methodology

The Massachusetts MFP Project Office conducted a survey early in 2015 to collect stakeholder views and opinions related to their experience in 1) helping consumers transition from facilities to the community through the Money Follows the Person Demonstration and 2) activities they plan to undertake, or recommend to continue to help consumers transition to the community at the conclusion of the Demonstration. The web-based survey was completed by 42% of survey

recipients, who are staff of the MFP Transition Entities and members of the Massachusetts Aging and Disability Resource Consortia. In addition to their roles as MFP contractors and ADRCs, these individuals represent the majority of MFP stakeholders. The survey document is included as Appendix A. Below are relevant survey findings.

Major Survey Topics/Summary of Responses

- Outreach

Stakeholders were asked to rank outreach challenges that the MFP Demonstration helped to address or eliminate. Stakeholders ranked “identifying facility residents who are interested in moving to the community” as the primary challenge effectively addressed by the MFP Demonstration (47.22%). Several factors supported Transition Entities (TEs) abilities to identify and outreach to individuals in facilities, including:

- A new web-based system was developed, for use by Nursing Facilities, to record and then disseminate information about positive MDS 3.0 Section Q responses to appropriate ADRC agencies/Registered Nurse staff for follow-up.
- Improvements in the relationship and collaboration between TEs and facility discharge staff.

Sustainability implications: These factors will continue to positively impact ADRC member outreach upon conclusion of the MFP Demonstration.

Stakeholders were also asked to rank the activities they plan to undertake or continue, to help consumers transition to the community when the MFP Demonstration concludes. Stakeholders ranked “providing outreach to consumers and families to raise awareness of transition

opportunities” as the primary activity they planned to undertake or continue upon conclusion of the MFP Demonstration (84.62%).

Sustainability implications: The Massachusetts Aging and Disability Resource Consortia (ADRC) are committed to the development of state-level outreach and education planning for ADRC member agencies, as identified in their Five Year Strategic Plan. In concert with initiatives under the Balancing Incentive Program Grant, ADRC planning includes the development of a State-level webpage, uniform fact sheets and educational materials.

- Eligibility and MFP Enrollment

Stakeholders were asked if the MFP Demonstration helped to increase their understanding of the MassHealth eligibility process. The majority of respondents (62.50%) answered affirmatively that their knowledge of the MassHealth (Medicaid) eligibility process had improved as a result of their association with the MFP Demonstration. The single largest factor related to this response was the provision of extensive eligibility training facilitated by the MFP Project Office to ADRC staff.

Sustainability implications: Stakeholders have received in-depth training on the MassHealth eligibility process. This training included classroom and small group training forums, as well as the availability of an online waiver education module. Massachusetts will continue providing training in Medicaid eligibility in a more specific manner through MassHealth eligibility staff who will be co-located at ADRC offices and who will provide direct information to ADRC staff who need support for individuals seeking MassHealth eligibility. The eligibility staff are being hired beginning in the Spring of 2015 with funding made available through the Balancing Incentive Program (BIP) grant.

Stakeholders were also asked to rank enrollment challenges that the MFP Demonstration helped to address or eliminate. Respondents ranked “determining initial eligibility” as the largest enrollment challenge addressed by the MFP Demonstration (50%). The most important factor related to this response was Massachusetts’ creation of a dedicated MassHealth eligibility specialist position that verifies member eligibility, especially in complex situations, to meet the financial requirements needed for MFP participation in the community.

Sustainability implications: This model has been so successful in the Commonwealth that, beginning in the spring of 2015, through funding from both the Balancing Incentive Program and direct state sources, Massachusetts has expanded the model in two ways. First, to create a team of five (5) Complex Community Eligibility Specialists to support determinations on complicated cases; and second, through the hiring of eight (8) MassHealth LTSS financial eligibility determination staff who will be co-located at ADRC member agencies to provide on-going support, provide up-to-date eligibility training/information, and build collaborative relationships in the interest of providing maximum assistance to MassHealth members and those who serve them. Upon conclusion of the MFP Demonstration, this support will continue to be available to ADRC partners and the No Wrong Door system.

- Housing

Stakeholders were asked to rank housing challenges that the MFP Demonstration helped to address or eliminate. Stakeholders identified obtaining funds for MFP enrollee security deposits and/or first month’s rent as the largest housing challenge addressed or eliminated by the MFP Demonstration (57.89%).

Sustainability implications: Upon conclusion of the MFP Demonstration, funds for security deposits will be made available through waiver Transitional Assistance Services. At this time, Massachusetts is reviewing the Community First Choice Option, or 1915(k) program. This program is one of the few Medicaid options, besides MFP, that allows the state to provide first month's rent to members transitioning from a facility setting. In the event that Massachusetts pursues the Community First Choice Option, it will include explicitly the ability to provide first month's rent for eligible members.

Additionally related to housing challenges, stakeholders identified locating affordable and/or accessible housing for consumers as the second largest housing challenge addressed or eliminated by the MFP Demonstration (50%). The MFP Project Office and the MFP Strategic Housing Partnership Coordinator have conducted training for TE staff, as well as ensured the availability of Housing Search Entities that can assist transitioning individuals.

Sustainability implications: The Commonwealth's experience has shown that up to 45% of the individuals, who have enrolled in the MFP Demonstration, may be seeking an apartment in the community. Massachusetts believes there will continue to be a need for Housing Search support for individuals who transition to the community.

Massachusetts was one of the thirteen states to be awarded units under the HUD 811 Project Rental Assistance Program in 2012, and has recently been awarded additional units under 811 for 2013. We expect that all of the units that have been awarded will be utilized by MFP Enrollees/Participants. Outreach training will be conducted by the MFP Strategic Housing Partnership Coordinator (SHC), who will ensure that staff from the Transition Entities will receive training about the 811 program including information about specific target populations

and eligibility criteria for participation in the program. Training will also contain information on promoting lease compliance and successful community living for adults with disabilities and for elders who are MFP Demonstration eligible. The HUD 811 project will ensure that units are available well into the future, as development for the total of 190 units is just getting off the ground this spring.

- Community Supports and Services

Stakeholders were asked if the MFP Demonstration had increased their understanding of the state's HCBS waivers. The majority of stakeholders (61.55%) answered affirmatively that their knowledge of the process of applying for/entering a waiver had improved through their association with the MFP Demonstration.

Sustainability implications: Stakeholders have received comprehensive instruction on HCBS waivers, which included the waiver application process. This training included classroom and small group training forums, as well as the availability of an online waiver education module (note: this module ranks second in the number of online "hits" received for all Massachusetts MFP online trainings). This training module will continue to be available after conclusion of the MFP Demonstration. As another source of support to Transition Entities related to HCBS waivers, MassHealth is in the process of developing a public information brochure that will outline all waivers the state operates, for use by Transition Entities, and pointed specifically toward members. In addition, Massachusetts will continue providing training to ADRC staff through the Balancing Incentive Program grant. Standardized training is a major element of BIP implementation in Massachusetts, with the goal of ensuring that all staff across the No Wrong Door system, including ADRC staff in particular, are able to provide consistent information

about community LTSS to consumers. As well, BIP training will address development and/or reinforcement of skills to ensure staff can effectively identify and make referrals to any of the wide range of state supported and MassHealth-funded community LTSS options available across the Commonwealth.

Stakeholders were asked if the MFP Demonstration had helped to build or strengthen collaborative relationships with waiver case managers. The majority of stakeholders (75%) answered affirmatively that the transition coordination/case manager relationship had improved through their association with the MFP Demonstration.

Sustainability implications: Massachusetts has provided extensive classroom and small group training and discussion forums to promote transition coordinator/case manager collaboration. As well, the foundation of ADRC partnerships inherently fosters the collaborative nature of this type of interaction. Stakeholders have increasingly recognized the value of this partnership, which has become a feature of good transition practice in our state.

Stakeholders were asked to rank how their agency had utilized the new MFP resources. The majority of stakeholders (63.16%) identified that the Demonstration had enabled their entities to create a pool of funds to support transitional assistance purchases.

Sustainability implications: Transitional Goods and Services will be accessible to through HCBS Waiver Transitional Assistance Services. Massachusetts will amend its MFP-CL and MFP-RS waivers to add Transitional Assistance Services upon conclusion of the MFP Demonstration.

The survey results described above informed development of this Sustainability Plan. The state's strategy of engaging in partnerships with the core members of the state's ADRCs to serve as MFP Transition Entities has supported and built the infrastructure focused on care transitions.

These entities provide MFP transition coordination support services that help individuals leave nursing facilities and long-stay hospitals and return to the community. The partnership has served to underpin the ADRCs and the state's overarching goals to support care transitions, and overcome certain barriers to providing successful transition supports. Specifically, the Transition Entities' experience with MFP has increased their ability to: identify potential enrollees; access and collaborate with qualified facilities to outreach to potential enrollees; determine eligibility for Demonstration participation in the community; offer sustainable home and community based services, and provide funds for enrollee security deposits and/or first month rents. All of these factors have contributed to Massachusetts' recent success in transitioning members to the community and meeting MFP Demonstration benchmarks. Massachusetts recognizes the importance of supporting its ADRC partners by addressing core barriers that impede smooth and successful community transitions and has taken steps to continue this support after the conclusion of the MFP Demonstration.

3. SUPPORTS FOR TRANSITIONING MEMBERS

Massachusetts will continue to actively support moving individuals out of facilities as a core ADRC mission, as stated in The Massachusetts Aging and Disability Resource Consortia Five-Year Strategic Plan. The ADRCs pre-existed the MFP Demonstration in Massachusetts, and, during the course of the Demonstration the connections and collaborations within this network have matured. The ADRCs have grown in resources, infrastructure and expertise. The MFP Demonstration has provided extensive and on-going training for ADRC partner agencies and specific staff serving as Transition Coordinators which will support, in conjunction with on-

going state training programs such as Options Counselor training and initiatives under the Balancing Incentive Program Grant, the abilities of these agencies to enhance efforts to outreach to, identify, and support transitions of individuals in facilities. The populations targeted will continue to be adults with disabilities and elders who are institutionalized in nursing facilities, chronic hospitals and rehabilitation hospitals, Intermediate Care Facilities or Psychiatric Hospitals/Units. In general, the “No Wrong Door” system in Massachusetts, the foundation of which is the ADRC network, has continued its development, expansion of partner agencies and interests, and increased public recognition over the past several years. The Money Follows the Person Demonstration has provided an added set of resources to further support this development, particularly within the ADRC core partner agencies, the Independent Living Centers and Aging Services Access Points/Area Agencies on Aging, which serve as Transition Entity contractors under the Demonstration.

The Massachusetts Aging and Disability Resource Consortia Model:

The Massachusetts ADRC model builds upon the existing infrastructure of two key agency networks: twenty-seven (27) Aging Services Access Points (ASAPs) and three free-standing Area Agencies on Aging (AAAs) serving elders age 60 and over, and eleven (11) Independent Living Centers (ILCs) serving people of all ages with disabilities. The Massachusetts model includes formalized partnerships among ASAPs/AAAs and ILCs as the “core members” of the eleven regional ADRCs. These core partners develop their networks to include other appropriate agencies, such as local organizations and agents, Recovery Learning Communities, housing authorities, behavioral health providers, organizations serving individuals with intellectual or

developmental disabilities, councils on aging, health and human services providers and state-human service agencies, working to create linkages with an array of community partners. Each member agency brings its own unique strengths and experiences to the table, allowing for richness in philosophies and perspectives. These organizations enter into formalized Memoranda of Understanding (MOUs) among each other, and with the Executive Office of Elder Affairs (EOEA) and the Massachusetts Rehabilitation Commission (MRC), to clearly articulate the overall relationship, expectations and points of accountability related to the ADRC mission.

The Massachusetts ADRC Strategic Plan was developed and published by the ADRC network. This plan, issued in 2011, outlines Vision and Mission Statements that set out the core goals of the ADRCs including serving every community in the Commonwealth as highly visible and trusted places where all persons regardless of age, income and disability can find information on the full range of LTSS options and can access public long-term support programs and benefits via a No Wrong Door model, as well as providing all consumers, with access to information and referral services and assistance, decision support, service planning and consumer-directed options regarding their choices of services and supports. The specific core functions of the ADRC include Information & Referral, Options Counseling, and person-centered care Transitions, as these organizations explicitly embrace and promote a “Community First” policy, rooted in independent living philosophy and their goals to maximize individual independence, dignity, choice and flexibility. In this context, the term “Transitions [encompasses] specific Care Transition models, Nursing Facility transition/diversion activities including Section Q, and efforts of Member Agencies to support individuals at all points across the system of LTSS in making transitions to the community.”

The full Massachusetts ADRC Strategic Plan is included as Appendix B.

4. DEMONSTRATION SERVICES

The Massachusetts MFP Demonstration created several Demonstration services, including Demonstration Case Management; Transitional Assistance Goods and Services; Assistive Technology; and Orientation and Mobility Service. The chart below shows each of these demonstration services, definitions, target populations, and the state’s decisions on retention of these services, and how a service may be modified, if necessary. In addition, the state intends to review its existing waivers to determine if there is a need to develop amendments in order to consistently allow home modifications, either as a waiver service, or as an element of transitional assistance services. Such adaptations currently can be a component of Demonstration Transitional Assistance Goods and Services. The state is exploring the possibility of adding Work Incentive Counseling as a waiver service, as well.

MFP Demonstration Services/New Service

Service Name:	Service Definition:	Target Population:	State Decision:	Planned change:
Demonstration Case Management	Person-centered care/service planning, care coordination and assistance with obtaining services including community long term services and supports, medical, social or educational services, when Case Management is not otherwise available to the Demonstration participant.	All Demonstration participants not served through a waiver or other source of case management	Retain as administrative CM or TCM	The state will serve members through administrative case management associated with specific waivers, or targeted case management, as appropriate. Note: in the case of a Demonstration participant who receives Demonstration Case

				Management, and who continues to require case management, but is not eligible for, or does not prefer to enroll in a waiver, the state will provide administrative case management after the 365 day transition period, as necessary.
Demonstration Transitional Assistance Goods and Services	Transitional Assistance Services may include such components as: non-recurring set-up expenses (security deposits, essential furnishings, pest eradication, etc.), environmental adaptations, adaptive equipment, assistive technology; pre-discharge assessment by an RN or OT for transition/community re-integration and/or short-term 24 hour supports, peer support and companion services, activities to assess need, arrange for and procure needed resources (individual support, transportation), service animals, family support/training, housing locator/roommate matching, tele-health monitoring or reminders, substance	All Demonstration participants if not served in an HCBS waiver that provides transitional assistance service.	Retain – with modifications	<p>The state will amend its MFP-RS and MFP-CL waivers in 2017-2018 to add Transitional Assistance Service.</p> <p>Inclusion as an HCBS waiver service affords less flexibility, and therefore waiver TAS will not include certain elements allowed through the MFP Demonstration, such as first month’s rent.</p> <p>However, the state is analyzing/considering submission of a 1915(k) which could allow support for first month’s rent.</p>

	abuse treatment, cognitive adaptive training, first month's rent.			
Demonstration Assistive Technology	Devices, controls, or appliances that enable the member to increase his/her ability to perform activities of daily living and perceive, control, or communicate with the community environment in which he/she lives.	All Demonstration participants if not served in an HCBS waiver that provides Assistive Technology.	Retain	The state will amend its MFP-RS and MFP-CL waivers in 2017-2018 to add Assistive Technology.
Demonstration Orientation and Mobility Service	Services that teach an individual with vision impairment or legal blindness how to move or travel safely and independently in his/her home and community. O&M services include direct training, environmental evaluations and caregiver/direct care staff training on sensitivity to blindness/low vision.	All Demonstration participants.	Do not retain	Lack of utilization – to date only two (2) participants have utilized this service during the course of the MFP Demonstration.

Service to be added – not currently a separate Demonstration Service

Home Accessibility Adaptations	Currently provided as a component of Demonstration Transitional Assistance Services: physical adaptations to the participant's residence, as required by the participant's service	All Demonstration participants if not served in an HCBS waiver that provides home accessibility adaptation.	Add a new waiver service. Environmental adaptation (home accessibility adaptation) is currently included as a	The state will amend its MFP-RS and MFP-CL waivers, as appropriate, in 2017-2018 to add Transitional Assistance Services, including
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	<p>plan, that are necessary and appropriate to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home.</p>		<p>component of Demonstration Transitional Assistance Service</p>	<p>Home Accessibility Adaptations completed prior to facility discharge. In addition, the state will review its other waivers to determine the need to amend for consistency.</p>
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5. ADMINISTRATIVE STAFF POSITIONS

In order to build the appropriate infrastructure to support and implement the MFP Demonstration in Massachusetts, the state developed and filled several positions using administrative grant funding. At this time, MFP funds 5 positions at MassHealth and four positions at MRC. In most cases, MFP-funded positions will either transition to specific state agency budgets or be discontinued, through expected attrition.

6. UTILIZATION OF REBALANCING FUNDS

MFP Rebalancing funds have been utilized for two major purposes: 1) to support provision of waiver services for MFP Demonstration participants, and 2) to a much lesser extent, to support development and implementation of the state’s MFP-Information System. Use of MFP Rebalancing funds to support the MFP-IS will steadily decline during SFY 2015, and no additional Rebalancing funds will be used to support MFP-IS development after SFY 2016. As we move forward, MFP Rebalancing funds will continue to be used to support waiver service provision to individuals served through the MFP waivers, and will constitute the main resource

that will be used to expand capacity in the MFP waivers over the course of the Demonstration period and in future years.

Massachusetts created and had approved by CMS, two 1915(c) waivers to serve MFP Demonstration-eligible adults with disabilities and elders. These waivers began operation in April 2013, and will continue to be a major source of sustained services for members who are, or at one time have been, MFP Demonstration participants. Massachusetts operates ten 1915(c) waivers, eight (8) of which are used by MFP Demonstration participants, including the MFP waivers. All of these eight will continue to serve any MFP Demonstration participants that enroll in them, in an on-going manner, as long as such participants remain waiver eligible and continue to want and need waiver services.

Massachusetts is committed to expanding community long term services and supports for disabled and elder adults and will continue to do so with resources in addition to MFP Rebalancing funds. The state has recently received a Balancing Incentive Program Grant, submitted a State Plan Amendment for a 1915(i) program in December 2014, and is currently investigating the possibility of applying for a 1915(k) state plan amendment. All of these activities, in combination with Massachusetts' existing rich state plan long term services and supports benefits, support the state's on-going efforts to both sustain and grow resources and options for members seeking Medicaid-supported home and community based services.

7. TIMELINE

As noted above, Massachusetts operates ten 1915(c) waivers. These waivers, along with state plan LTSS, managed care options such as One Care, Senior Care Options and the Program of

All-Inclusive Care for the Elderly, planned Health Homes, and yet to be developed MassHealth community service options, will continue to serve any MFP Demonstration participants who remain eligible for such participation, as well as members who transition in the future.

Massachusetts intends to amend its MFP Residential Supports and MFP Community Living waivers, as appropriate in 2017-2018, with an effective date in January 2019. Massachusetts does not require legislative approval for changes to its waivers.

The projected last day referrals will be accepted for the Massachusetts MFP Demonstration will be October 31, 2017. The last day that an individual may transition will be December 31, 2017, with services provided to these participants for 365 days. The majority of the services should be completed by December 31, 2018, although services may be extended beyond this date when temporary breaks in service occur, for example if a participant is re-institutionalized during the 365 day period.

8. BUDGET SUMMARY

Massachusetts is committed to supporting MFP operations through the remainder of the Demonstration. As the MFP Demonstration winds down, the Commonwealth will concomitantly reduce its grant-supported budget, while maintaining appropriate functions and fulfilling its reporting responsibilities under the grant.

Planning for the Massachusetts MFP Demonstration reflects several major areas where funding shifts off of the MFP grant as the main source of funding. Specifically, in comparison to the

current approach, going forward as noted above, the state will support appropriate administrative costs by absorbing them into state agency line items. In addition, the state will continue to serve MFP-eligible members through the Medicaid state plan, which affords a rich array of community-based LTSS, as well as through HCBS waivers, as needed and appropriate. This approach reflects Massachusetts' original and continuing plan for sustaining transitioned members in the community through on-going waiver participation.

Appendices

Appendix A: MFP Sustainability Survey

Appendix B: The Massachusetts Aging and Disability Resource Consortia
Five-Year Strategic Plan