CMS issues Money Follows the Person Best Practices Report

Source: NAHC, April 3, 2024

On Tuesday, March 12th, the Centers for Medicare & Medicaid Services (CMS) released a report to Congress on Best Practices within the Medicaid Money Follows the Person deinstitutionalization program. This report was required by the *Consolidated Appropriations Act of 2021*, which identified eight key areas for CMS to report on best practices.

The eight areas, and examples of best practices within each, are:

- The most effective State strategies for community transitioning, including any population-specific examples:
    - Embedding local options counseling staff within institutional settings;
        - Hiring dedicated transition specialists and specialized staff, with relevant clinical expertise, to work with specific populations;
        - Funding one-time transition costs, such as security deposits, first month rent, and costs for setting up a home pantry, and home accessibility modifications. Of note, many interviewed states identified these services as the most valuable uses of grant funds.
- The most common and the most effective State uses of grant funds:
    - According to a survey of MFP project directors, one-time transition costs, home accessibility modifications, and medical equipment were the most common uses of grant funds;
    - One-time transition costs, home and vehicular modifications, and medical equipment and supplies (beyond what is covered under the state's HCBS programs) were also reported as the most critical supports.
- The most effective State approaches carried out under MFP Demonstration projects for improving person-centered care and planning.
    - To improve person-centered planning, states invested in trainings for transition specialists on person-centered practices to build competency and ensure consistent implementation across the state.
    - The transition specialists, who work with participants to develop person-centered plans, built relationships with participants and used techniques that empowered MFP participants to express their goals and preferences during the development of care plans.
    - Transition specialists assisted MFP participants in making informed decisions about their care plans and continued to assess and monitor participants' needs and preferences after the transition.

    - States primarily used experience of care surveys to measure the effectiveness of care plans in meeting participants' needs.
- Identification of program, financing, and other flexibilities that are not available under the traditional Medicaid program which directly contributed to successful transitions and improved health outcomes:
    - The flexible nature of the MFP Demonstration enabled states to address, through state-specific initiatives, those barriers that preclude individuals from receiving HCBS (for example, limited accessible housing and waitlists for enrolling in a waiver program).
    - States used MFP programs as a testing ground to design, implement, and evaluate service innovations as potential precursors to permanent changes in Medicaid policies and programs, such as New York offering small stipends for neighbors to act as informal supports to MFP participants who do not have family members or close friends nearby; and
    - Using MFP to make core Medicaid HCBS programs more accessible and to offer more comprehensive services to program participants.
- State strategies and financing mechanisms for effective coordination of housing financed or supported under MFP Demonstration projects with local housing authorities and other resources.
    - Developing partnerships state executive leaders, state and local public housing agencies, landlords, and home modification programs to increase the supply of housing for MFP participants;
    - Using funds for infrastructure improvements, including development of housing registries and capital investments in new housing; and
    - Covering enhanced pre-tenancy supports, including upfront housing costs such as rental deposits.
- Effective State approaches for delivering Money Follows the Person transition services through managed care entities:
    - Using specifically structured capitation payments and other financial incentives to promote community transition;
    - Establishing formal cooperative agreements that clearly define the roles and responsibilities of all entities;
    - Establishing open lines of communication to facilitate collaboration among state Medicaid agency staff, MFP project directors, and managed care plan case managers;
    - Robust data sharing to monitor the use of health care and critical incidents, like hospitalizations, between states and plans.
- Other best practices and effective transition strategies demonstrated by States with approved MFP Demonstration projects:
    - CMS specifically identifies MFP Tribal Initiatives, including partnerships with the American Indian and Alaska Native organizations; and
    - Creating a specialized Medicaid HCBS program tailored to American Indians and Alaska Natives.

- Identification and analyses of opportunities and challenges to integrating effective Money Follows the Person practices and State strategies into the traditional Medicaid program:
    - Some successes are:
        - State Medicaid agencies added transition coordination services to their state plans or section 1915(c) waiver programs to expand access to HCBS;
        - States also changed section 1915(c) HCBS waiver program requirements to enable HCBS to be authorized during pre-transition planning; and
        - Integrating MFP protocols into managed care contracts.
    - Challenges identified in the report include:
        - Some states with MFP programs have not yet been able to secure funding for ongoing services;
        - Shortages in the direct care workforce hinder the expansion of transition services and expansion of HCBS; and
        - Lack of accessible and affordable housing necessary to support community placements for individuals.

The full report is online at: https://www.medicaid.gov/sites/default/files/2024-03/mfp-best-practices-rtc-feb2024.pdf.