PARTNERSHIP FOR COMMUNITY INTEGRATION:

OPERATIONAL PROTOCOL
FOR IOWA'S MONEY FOLLOWS THE PERSON GRANT

February 26, 2008
Version 1.1 December 21, 2009
Version 1.2 April 2010
Version 1.3 July 2010
Version 1.4 October 2010
Version 1.5 December 2010
Version 1.6 September 2012
Version 1.7 December 2013

Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, IA 50315 – 6257
Director: Deborah Johnson
Project Coordinator: Brooke Lovelace

Table of Contents

Introduction

MFP's Role in Furthering Iowa's Rebalancing Goals. *The Partnership for Community Integration* proposes to assist 440 residents of Iowa's ICFs/ID in transitioning to independent settings in the community of their choice, where they will receive the enhanced services and supports they need to pursue their personal goals and to achieve a high quality of life. This initiative, made possible through a Money Follows the Person grant, complements the State's larger strategy to rebalance its systems of long term support for older Iowans and people with disabilities.

The driver for that strategy is the primary value the State of Iowa places on choice. Major milestones in the evolution of the strategy include: (a) development of Iowa's Section 1915(c) waivers and a steady and significant increase since 1982 in the number of individuals receiving HCBS services; (b) Iowa's response to the Supreme Court's *Olmstead* decision, including the issuance of Governor Vilsack's Executive Order 27 mirroring President Bush's New Freedom Initiative, and the establishment of the Olmstead Consumer Task Force; (c) adoption of case mix adjusted reimbursement for Iowa nursing homes; (d) passage of the IowaCare Act in 2005 mandating significant steps to rebalance long term care; and (e) numerous important grant-funded initiatives supporting systems transformation, including the creation of a self direction option for most waiver participants.

Iowa, like many other States, took its first steps towards rebalancing by applying for a Section 1915 waiver in 1982. The "Katie Beckett Waiver" serving an Ill and Handicapped population was followed by six other waivers over the next twenty-four years, providing HCB services to Elderly, people with ID, Physical Disabilities, AIDS, Brain Injury, and children with Serious Emotional Disorders. Presently there are about 23,000 people served by Iowa's seven waivers. The Iowa Legislature has provided consistent support over the years; recent appropriations have helped to reduce most waiver waiting lists. Enrollment has grown by 10%-12% annually since 2003, and expenditures have grown from $176 million in 2003 to $348 million in 2007, or approximately 15% annually, demonstrating Iowans' overwhelming choice to live in the community and the state's commitment to providing and promoting these options.

There are still approximately 26,000 people in nursing homes and 2100 people in ICFs/ID. Iowa has taken steps in the last five years to address the bias towards facility-based care for older Iowans by implementing case mix adjusted reimbursement, by funding case management under the Elderly Waiver, and by streamlining access to waiver services and other assistance programs for older Iowans. Nursing home occupancy is in decline and the average acuity level of nursing home residents has begun to increase.

Work continues on initiatives to support further rebalancing in the aging services system. Under Iowa's Aging and Disability Resource Center project, for example, steps have been taken to improve information and referral and provide web-based tools to assist in planning for long term support needs. In recognition of the significant gap in mental health services for older Iowans, the Department of Human Services (DHS) has provided funding for the Iowa Coalition on Mental Health and Aging to raise awareness of mental health issues for this population and to develop recommendations to address them. However, the lack of mental health services, particularly emergency services, is only one factor putting older Iowans at risk of institutionalization. There are pervasive capacity issues across Iowa that limit access to home and community based services.

Several important initiatives have been undertaken to increase access to HCB services and to support community participation for people with disabilities of all ages. Iowa's 2005 Real Choice Systems Transformation grant provided support for a legislatively mandated, intensive year long process to develop a plan to reduce populations served by intermediate care facilities for people with mental retardation, and to increase populations served by HCBS. The Enhancing Community Options Workgroup (ECOW), a 30-member stakeholder group established by Iowa Medicaid Enterprise in collaboration with the Governor's Developmental Disabilities Council and the Iowa Association of Community Providers, submitted a comprehensive set of recommendations to DHS to reduce institutional bias and remove barriers to community living for *all* Iowans who need long term supports. Included in the draft ECOW recommendations will be (1) streamlining access to HCBS; (2) the addition to all Iowa's waivers of services critically needed to avoid institutionalization and to maintain community living; and (3) the development of transition services to assist individuals wishing to leave facilities for community living.

As the ECOW was working in the fall of 2006, CMS issued the first round RFP for Money Follows the Person funding. DHS perceived an immediate opportunity to address one of the most significant elements of institutional bias in its disability services system--its high reliance on intermediate care facilities to provide services to people with mental retardation. *The Partnership for Community Integration*, Iowa's MFP proposal to CMS, has thus been incorporated seamlessly into the State's rebalancing efforts. *The Partnership for Community Integration* addresses several significant barriers faced by residents of ICFs/ID: (1) a lack of awareness of, or even misinformation about, community living alternatives; (2) the scarcity of assistance from trained professionals in planning for and accomplishing successful transitions; and (3) an underdeveloped HCBS provider network; (4) the absence of critical services such as crisis intervention and behavioral supports; and (5) inflexibility in program funding, which makes it difficult for many individuals, particularly in rural areas, to find the supports they need.

The design of Iowa's MFP proposal incorporates processes and program initiatives intended to address these four central issues, contributing in a substantial and permanent way to system rebalancing:

1. *Awareness of community living alternatives*. Families are frequently driven to place loved ones in ICFs/ID for lack of any apparent alternative, and once those loved ones are secure and have access to intensive services by trained staff, family concerns and fears about the loss of safety and services constitute the single biggest barrier to community transitions. MFP's aggressive marketing, outreach and education component will raise awareness of that option.
2. *Transition assistance*. The development of transition services and the formalization of the transition process, coupled with community outreach to publicize their availability, is intended to raise the confidence of families that they will be able to navigate the transition planning process successfully.
3. *Resources for HCBS network capacity building.* Iowa's MFP will allocate an additional $60 million to home and community based services for people requiring an ICF/ID level of care. These resources will constitute a powerful incentive to community providers to expand services, and to ICF/ID providers (with appropriate technical assistance) to diversity their service offerings. MFP will also enhance opportunities for staff training to meet the needs of program participants.
4. *Critical services.* Enhancement of ID and BI Waiver service menus to include additional supports for individuals with mental illness or behavioral issues is widely regarded as one of the most important steps the State of Iowa could take to expand community living options.
5. *Flexibility in service management through self direction.* All MFP program participants will have access to the Consumer Choices Option, which is Iowa's self direction option.

The State's QA/QI processes will be adapted to incorporate components to track customer satisfaction and indicators of improved quality of life for all individuals that transition out of ICF/ID settings into qualified community settings.

Continuity of services after an individual completes his or her demonstration year will be guaranteed through access to Iowa's ID, Brain Injury or other appropriate waiver. Sufficient waiver slots have been set aside for the first demonstration year to accommodate people transitioning from ICFs/ID, (IME routinely designates 100 slots annually for individuals transitioning from ICFs/ID) and IME anticipates no difficulty in addressing the needs of MFP participants in future years. Should any shortfall become apparent, DHS will work with the Legislature to ensure the availability of slots and to add important services to the waivers to support successful community living. Any savings accruing to Iowa as a result of the enhanced FMAP will be used to provide these additional services, which, are

proposed to be available to all ID and BI waiver participants, not just MFP participants.

As described elsewhere in this Operational Protocol, MFP will not only establish the structures and processes necessary to provide meaningful choices to residents of ICFs/ID, but also, by injecting $61 million into home and community based services, it will build the capacity of Iowa's network of community providers to serve all target populations in need of long term supports.

MFP is one of many past, present and probably future initiatives aimed at rebalancing. Funding from the 2005 Real Choice Systems Transformation grant is being used to support several important and complementary projects, such as the design of a Medicaid-funded transportation brokerage system, the establishment of a statewide, web-based database of affordable and/or accessible housing, an electronic medical records system, and a plan for a revised approach to reimbursement for services to people needing an ICF/ID level of care. Iowa received a 2007 Real Choice Systems Transformation grant to collaborate with CMS in the development of a State Profile tool to measure progress towards rebalancing. DHS will collaborate with the Iowa Department of Elder Affairs (the recipient of the grant) in assessing the effectiveness of the strategies adopted to date, and the identification of what else needs to be done, to eliminate barriers to community living

The Operational Protocol. This Operational Protocol was developed on the basis of recommendations from the Partners Group and its five Subcommittees: Social Marketing, Transition Process, Services and Supports, Housing and Workforce. In total, over 70 people contributed their ideas, their experience and their analysis of the challenges posed by this project. The Partners Group consisted of representatives from consumers and family members, advocates, ICF/ID administrators and staff, community providers, direct care workers, State agencies, case managers, and counties.

Each Subcommittee attempted to anticipate every conceivable programmatic issue within its purview in the development of this Protocol, and the overall management of the project by Iowa Medicaid Enterprise (IME) has been immeasurably strengthened by their work. However, everyone who had a hand in this effort acknowledges that the answers to the big questions are unknown: Who of Iowa's 2,100 residents in ICFs/ID will express the desire to move to more independent settings? What will be their communities of choice? What kind and intensity of supports will they need, and have all of these been anticipated? Can a largely rural State that has depended on facility-based services ramp up to meaningful choices for its citizens in community supports, housing and daily activities?

The experiences of consumers and providers, as implementation of the grant proceeds, will generate important information about what works and what

doesn't. IME will continue to consult with the Partners Group through the implementation of MFP , and fully expects the Protocol to be modified as necessary in response to emerging conditions.

I. Overview of the *Partnership for Community Integration*

Benchmarks

The benchmarks for Iowa's progress in transitioning individuals and rebalancing its long term care system are as follows:

1. The projected number of eligible residents of ICFs/ID to receive assistance in transitioning to a qualified residence during each year of the demonstration:

	Individuals with ID/DD	"Other" (E.g., People with brain injury)	Total individuals to be transitioned
2008			9
2009			50
2010			56
2011			56
2012			56
2013			56
2014			56
2015			56
2016			56

2. IME proposes to look beyond the number of transitions to assess the effectiveness of the transition model that has been outlined in this Operational Protocol, including outreach to, and education of families, the quality of transition planning in developing meaningful options for individuals, and the sustainability of transitions. IME's web-based Individualized Services Information System (ISIS), which tracks the case history of all Medicaid members, will be used to develop reports on the effectiveness of marketing to all 2079 ICF/ID residents and their families/guardians/legal representatives; the confidence these individuals have in the program; the ability to sustain people in the community successfully over time; and their satisfaction with community living. Numerical targets will be as follows:

a) Percentage of individuals/family members/guardians notified about their options under MFP who consent to begin transition planning

2008	2009	2010	2011
5% (103)	7% (146)	9% (187)	11% (228)
2012	2013	2014	2015
13%	15%	17%	18%
2016			
20%			

b) Percentage of individuals who began transition planning that ultimately make the decision to transition

2008	2009	2010	2011
73% (75)	78% (113)	81%	82%
2012	2013	2014	2015
85%	85%	85%	85%
2016			
85%			

IME will track the reasons why individuals and families choose not to transition. As confidence in the program increases, as awareness of success stories rises, and as adjustments are made to the program in response to issues and concerns, there should be a steady increase in the percentages reflected in (a) and (b) above.

d) Percentage of individuals transitioning who are living successfully in the community at the end of the grant period

2008	2009	2010	2011
95%	96%	97%	98%
2012	2013	2014	2015
98%	98%	98%	98%
2016			
98%			

In this instance, IME will on both ISIS data to confirm the individuals' service setting, but also on annual customer satisfaction surveys to determine that individuals are receiving the services that they need and that they are satisfied with their living situation. IME will also track, for those individuals who re-enter institutions post-transition, the factors responsible and a determination whether modifications to the transition model are warranted.

e) Percentage of individuals transitioning who report a preference for community living over institutionally based services

2008	2009	2010	2011
100%	100%	100%	100%

***We will strive for these percentages throughout MFP program

2. The qualified HCBS expenditures during each year of the demonstration program (2008 through 2011), with increases over 2006 spending currently projected at:

Year	Projected HCBS Expenditure	Iowa MFP Expenditures	Total Qualified HCBS Expenditures
2006	$323,947,388	0	$323,947,388
2007	$350,878,716	0	$350,878,716
2008	$367,779,304	$8,790,000	$376,569,304
2009	$381,852,080	$13,243,713	$395,095,793
2010	$402,578,105	$17,697,351	$420,275,456
2011	$425,043,037	$22,150,800	$447,193,837
2012	$601,100,000	$27,732,801	$628,832,801
2013	$633,800,000	$34,721,466	$668,521,466
2014	$656,700,000	$43,471,275	700,171,275
2015	$682,600,000	$54,339,093	736,939,093

3. Increases in available and accessible supportive services for consumers beyond those used for MFP transition participants.

Iowa proposes that at a minimum the following services be added to the ID Waiver:

- Mental health outreach
- Behavioral programming
- Crisis intervention services

Although the principal purpose of these additions would be to ensure sustainability of MFP participants in the community, they would be available to non-MFP participants as well. The addition of these services beginning in 2014 will eliminate barriers to community living for many people besides MFP participants, and make permanent contributions to a rebalanced system. DHS has global budgeting authority over appropriations to Medicaid; this flexibility and the savings from the enhanced FMAP under MFP will allow IME to use resources to support people's choices.

4. Systemic improvements in the State's ability to identify and respond to the needs of people with ID requiring an ICF/ID level of care (LOC).

The assessment tools used to establish level of care for individuals seeking ICF/ID or waiver services have not been standardized throughout Iowa. IME plans to develop a standardized functional assessment tool to establish service needs, first, for all individuals residing in ICFs/ID, and then for all individuals receiving ID waiver services and for those applying for ICF/ID or HCBS services. Implementation of a uniform functional assessment would assist IME in identifying community service gaps which would constitute barriers to transition of individuals residing in ICFs/ID, leading to development of strategies to improve access to those services through such initiatives as workforce development, provider incentives, etc. Implementation of the standardized assessment will also allow Iowa to continue to make progress in individualizing service and support plans.

Process-based indicators of success are as follows:

- 2008: The appropriate assessment tool is identified and as necessary, refined (e.g., to identify individuals with issues related to co-occurring mental illness);
- 2009: The tool is implemented for ICF/ID residents at the time of their annual re-assessment;
- 2010: Functional assessments for all 2100 ICF/ID residents are completed, and is begun for individuals currently receiving ID waiver services; an analysis of unmet service needs statewide is completed;
- 2011: Functional assessments are completed for all individuals receiving ID waiver services (currently 10,113).
- 2014 an RFP for implementation of the Supports Intensity Scale state wide will be released.
- 2016 The Supports Intensity Scale will be conducted for all individuals on the ID Waiver

6. Interagency and public/private collaboration.

The *Partnership for Community Integration* provides a fresh opportunity to promote greater coherence in Iowa's public policies on disability and to improve coordination among a variety of programs supporting independence, choice and community inclusion.

DHS, Iowa Finance Authority (IFA), and local landlords. The availability of affordable, accessible housing for MFP participants is a key concern. IFA has committed to partner with DHS in implementation of MFP, by working to ensure sufficient legislative appropriations to support the State-funded HCBS Waiver Rent Subsidy program, which will serve as the affordability safety net for MFP participants, and by assisting transition specialists in

understanding housing assistance programs and securing the participation of local landlords. Utilization of the HCBS Waiver Rent Subsidy program by MFP participants, over the period of the grant, is anticipated at the following rate:

Number of MFP Participants Accessing HCBS Waiver Rent Subsidy Program

2008	2009	2010	2011
20	48	66	113

- **The Rent Subsidy is currently not taking applications. Once this program has additional funds we will begin to track the MFP participants that access it.

The above figures assume an overlap from one year to the next due to an average twelve month waiting list for housing vouchers.

With funding from Iowa's 2005 Real Choice Systems Transformation grant, IFA is also developing a statewide, web-based Housing Registry providing information on affordable housing. A major component of this initiative will be the marketing of the Registry with landlords to build a database of sufficient size to be helpful to consumers, families and transition specialists in developing a choice of qualified residences.

II. Demonstration Policies and Procedures

a) Participant Recruitment and Enrollment

The target population for the *Partnership for Community Integration* is individuals with mental retardation and related conditions who are residing in intermediate care facilities for people with ID. Beginning in 2014, people with an Intellectual disability or a Brain Injury who live in a nursing facility may also be eligible for MFP. Both adults and children will be eligible for participation, and demonstration policies and procedures described in this Protocol will essentially be the same for adults and children. Qualified residences are expected to include the family home for some participants. Children may also receive residentially based supported community living services if determined appropriate by their transition planning team.

i. Participant Selection. Systematic identification/targeting of ICF/ID residents and/or nursing facilities is not anticipated at this time. Participants will generally self select as the MFP demonstration commences. All ICF/ID and nursing facility residents are considered eligible for participation in MFP if they meet the three basic requirements: three months' residency in the ICF, eligible for the ID or BI waiver and eligibility for Medicaid. Residency and Medicaid eligibility can be confirmed through IME's electronic consumer case file system. Medicaid

eligibility is routinely handled by DHS Income Maintenance workers. Ensuring staff competence in determining MFP eligibility is therefore not an issue.

Three parallel strategies in participant recruitment will be employed. The first strategy is to integrate MFP seamlessly with the transition work that has been underway since 2004 under the State's consent decree with the Department of Justice. The State-run Glenwood and Woodward Resource Centers (Iowa's largest ICFs/ID) have identified several dozen candidates for transition, using current Center procedures which have served as a model in development of the MFP transition process. The candidates have expressed interest in transitioning, and their service needs and the barriers to community living have been identified. Not all guardians involved with these individuals have given their consent, and some may not. However, initiating the MFP transition process for these candidates will allow the demonstration to get underway promptly, and generate information very quickly about any improvements that need to be made in the Operational Protocol.

The second strategy is similar to the first, but focuses on large community ICFs/ID which have expressed interest in active involvement in MFP, and which have in many cases also identified residents in their facilities that seem to be good candidates for transition. The assessment and transition processes used by community ICFs/ID, if they have in fact already helped residents get access to the waiver in the community, may or may not be well-developed, but some have succeeded in closing down residential buildings on their campuses as they have transitioned residents to HCBS. A work group of interested ICF/ID administrators has been convened to look at their business concerns relative to MFP, and as strategies to address those concerns are developed in consultation with IME, individuals that the administrators have identified as candidates for transition will be targeted in the first year.

The third strategy is to launch, in February 2008, the Outreach/Marketing/Education program described in detail in Section II.C (assuming Iowa's Operational Protocol has been approved), and to send written communications to all ICF/ID residents and their families/guardians/legal representatives inviting them to notify their ICF/ID staff or the regional transition specialist of their interest in transitioning, and/or to attend an informational meeting in their area to meet their specialist. Informational community meetings will be held throughout the State, and will include meetings early in the implementation period at large and medium sized ICFs/ID. The transition specialists will follow up promptly to any request for assistance.

The third strategy relies entirely on self-identification, to be encouraged through social marketing efforts. The limitations of this approach are obvious—individuals and families may resist consideration of the transition option due to ill-founded concerns, for example, and ICF/ID staff and communities may not be proactive in marketing MFP for the same reason. It is likely, however, that the

conditions for recruitment and enrollment will evolve over time, due to emerging transition success stories, heightened demand for HCBS services and the availability of technical assistance to ICF/ID operators to develop them, and improved data from assessment of all ICF/ID residents on level of care needs. IME is also contracting with a private firm to assist in outreach and marketing to families.

Data generated from the functional assessment of ICF/ID residents can possibly also identify residents who might be candidates to explore transition options. Although self-identification will be the principal way in which candidates will emerge, and all ICF/ID residents are eligible and potential candidates for MFP participation, the functional assessment can generate data allowing for a certain amount of targeting. It is clear that many ICF/ID residents have a level of care on a par with individuals who are living successfully in the community. This is likely to be true of many residents who have lived at the ICF/ID for years, dating back to a time when few HCBS options existed. People need to know that their service needs can be met in the community—and on the other hand, if those services are not available, the gaps need to be addressed by building network capacity.

ii. Qualified institutional settings. The institutional settings from which individuals will be transitioning are Iowa's 140 intermediate care facilities for people with mental retardation licensed by the Iowa Department of Inspections and Appeals and cited specifically by Section 6071(b)(3) of the Deficit Reduction Act as an qualifying "inpatient facility." Included in this group are Iowa's two Resource Centers at Glenwood and Woodward. Beginning in 2014, Iowa may also transition individuals living in nursing facilities who have an ID or BI diagnosis

(*iii*) *Minimum residency period.* Eligible participants must have resided in the ICF/ID or nursing facility for at least three months. Compliance with this requirement will be confirmed by data recorded on the DHS Individualized Services Information System (ISIS). Among the information on Medicaid member services which is tracked by ISIS is the date at which service commenced and the provider.

(*iv*) *Eligibility for Medicaid.* Eligibility for Medicaid for the month prior to transition will be determined by the local DHS Income Maintenance worker, contacted by the transition specialist at the onset of transition planning.

(*v*) *Policy regarding re-enrollment into the demonstration after re-admittance to an institution.* Participants who are hospitalized or re-admitted to an ICF/ID, nursing facility or hospital setting during their demonstration year will be immediately disenrolled from MFP, but will be eligible for re-enrollment for an additional period which, combined with the number of days in which they previously received demonstration services, does not exceed a total of 365 days.

Re-enrollment will be authorized only if the following conditions are met (participants would still have access to expanded waiver services assuming the Legislature approves the expansion.

a. The individual was hospitalized for a condition(s) unrelated to his or her diagnosed disability or disabilities, for a period of sufficient duration that he or she lost access to the original qualified residence, and/or the services of the original community provider(s) is no longer available, and an updated assessment indicates that the individual can successfully return to the community only with demonstration l services available under MFP; ***or***

b. The individual was re-admitted to an ICF/ID or hospitalized for a condition related to a diagnosed disability or disabilities for a period long enough to lose access to the qualified residence and/or the services of the community provider, and an updated assessment indicates that the demonstration services currently available under MFP, are both necessary and sufficient to enable a successful return to the community when coupled with other Medicaid and non-Medicaid services for which the individual is eligible. The individual's revised transition plan may call for a higher intensity of MFP services, but not for the creation of new MFP services.

A determination will be made by the IDT prior to discharge as to whether and/or how the conditions that led to hospitalization or re-admission to an ICF/ID or other facility were related to an individual's primary disability and whether more intensive services are required.

(*vi*) *Procedures to ensure informed choice, including safeguards against abuse and neglect.* Information dissemination to consumers, families, guardians and legal representatives about MFP in general will occur through (1) media publicity and State web postings about the transition option MFP offers to ICF/ID/nursing facility residents; (2) community meetings geared to concerned families/guardians/legal representatives, providing general information and an opportunity to get specific questions answered; and (3) one-on-one discussions between interested consumers and families/guardians/legal representatives and transition specialists, where the information becomes very specific to a consumer's situation and sequential decisions are made to continue the transition process. Consumers and family members will have access to written information in each of these three situations and in increasing levels of detail. This is described at greater length in the following section, and copies of written information materials are attached in Appendix A.

The health and safety of their loved ones is likely to be the single greatest concern for most families, and the program cannot succeed unless it provides satisfactory assurances in this regard. Emergency back-up plans are one

component of transition plans addressing these concerns. Safeguards against abuse, neglect and exploitation are another. MFP participants will be provided with essentially the same information and tools for preventing abuse and neglect as are now available to consumers participating in Iowa's HCBS Waivers in Iowa. Safeguards exist at three levels. First, case managers provide consumers and family members/guardians/legal representatives with written information on abuse and neglect, which is included in the individual's safety plan. (This responsibility will be assigned to the transition specialist under the MFP demonstration.) The materials are contained in Appendix A - 4. The information is also provided in the Consumer Manual (Appendix C - 7). Every time an individual's service plan is revised/updated, this information will be provided again. The number to call to report abuse and neglect will be posted on a refrigerator magnet in the individual's residence.

Providers are required to report major incidents through Iowa's IMPA system. The IMPA system then notifies the transition specialist of the incident who is then required to follow up with the provider. Second, there are system-wide protections through the DHS Adult Abuse and Child Abuse and Neglect programs, through which reports of abuse and neglect can be made either to Protective Service Units in DHS county offices or by calling a toll-free 24-hour hotline number (1 800 362 2178). Third, the quality assurance system for HCBS Waivers, which will apply to the MFP initiative as well, includes methods for identification of abuse in participant experience surveys. IME's Quality Management Team meets weekly to review complaint/incident reports and look for trends among individual providers as well as systemic patterns among providers. There is appropriate follow-up, such as additional training.

The transition specialists will have primary responsibility for ensuring consumers and families are informed about their rights and responsibilities under MFP, including a thorough discussion of the risks of transition and safeguards that can be put into place. This will occur at the point leading to the consent to begin the transition planning process, again where the consent to transition is signed, and any time the service plan is altered. As the consumer moves to the HCBS Waiver system at the end of the demonstration year, it will be the targeted case manager's responsibility to review the safeguards against abuse and neglect with the consumer, and annually thereafter.

b) Informed Consent and Guardianship

(*i*) *Description of procedures used to obtain informed consent from participants.*

The transition process, including steps to ensure that consumers and family members/guardians and legal representatives are fully informed about the process, the services and supports to be provided during and after the demonstration year, and their

rights and responsibilities as MFP participants, is defined as follows, picking up from the point that either an ICF/ID or nursing facility resident or family member/legal rep first expresses an interest in or desire for transition:

1. Initial referral: (a.) With the signed consent (Appendix A – 1: Consent to release case information) of the resident, family member or guardian, the ICF/ID staff person contacts the MFP Project Coordinator who will then assign a Transition Specialists b.) The ICF/ID staff person provides the resident/family member/guardian with a standardized information packet (Appendix A – 4: Basic information packet) explaining the MFP transition program and process, including consumer rights and responsibilities and notification that MFP program participants will be participating in a national evaluation, and will be expected to participate in related data collection activities. They also receive copies of consent forms that will be required: (Appendix A – 2: Consent to initiate transition planning, A – 3: Guardian consent to participate in transition process, and A - 7: Consent to transition) (c) The staff person assembles the referral packet for the transition specialist containing the following items: (i) the current discharge plan; (ii) the signed consent form to explore the transition process; (iii) documentation of the resident's legal status as it pertains to transition (guardianship, court commitment, etc.); (iv) current diagnostics, medical and mental records, current program plan, and social history.

Note: If interest in transitioning is first expressed to the transition specialist (at the annual ICF/ID interdisciplinary team meeting, community meetings or through personal contact), the transition specialist can secure the signed consent to initiate transition planning, and will then provide the interested party with the standardized information packet, contact the ICF/ID in which the consumer resides, and request the preparation of the referral packet described in (c), above.

2. Intake process: (a) Within three business days of the ICF/ID notification that a resident or family member/rep has expressed interest, (or within three days of receipt of the referral packet requested from the ICF/ID), the transition specialist calls to make an appointment with the consumer/family member/guardian to begin the exploration process. The specialist reviews the transition process and consumer/family/guardian rights and responsibilities with them. If the consumer has tentatively identified the community to which he/she wants to move, the transition specialist either provides preliminary information about services/support options, or prepares to refer the consumer to a more appropriate transition specialist. (The consumer will, in any event, will be informed that he or she has a choice of transition specialists once participation in the program begins.) The specialist notifies the appropriate CPC and the local DHS Income Maintenance worker to begin the process of enrolling the consumer in MFP (entering consumer data on the ISIS).

3. Review of guardianship status: In those instances where the expression of interest has been made by the consumer, or by a family member who is not the individual's guardian or legal representative, the transition specialist reviews documentation in the referral packet pertaining to the individual's legal status and takes steps to ensure adequate guardian involvement with the individual and the individual's transition. The transition specialist calls or meets with the consumer's legal representative, explains the MFP demonstration and the consumer's interest in participating, and determines the nature of guardianship, individual guardianship or other legal issues.

The specialist then determines whether guardian involvement with the consumer is sufficient to comply with the Operational Protocol. If the level of involvement has been minimal to date, the transition specialist informs the guardian of Iowa's requirement that in order for transition to proceed he or she must provide a signed agreement (1) to support the individual's choice to begin transition planning; (2) to receive and as necessary respond to monthly communications from the transition specialist throughout planning and the individual's demonstration year, including responding to requests for informed consent to key decisions in the transition process. (Appendix A – 3: Guardian consent) The specialist also secures signed releases to contact providers and other IDT members (Appendix A – 2) to begin the transition planning process.

4. Establishment of the Interdisciplinary Team (IDT): The transition specialist consults with the consumer about the membership of the IDT, which will plan and provide support for the consumer's transition decisions. Besides the consumer, the IDT will generally include the transition specialist, the legal representative, family or friends to be involved in transition, ICF/ID or nursing facility staff familiar with the consumer and supportive or his/her choices, a court advocate if a commitment is in place, and as the planning process proceeds and the consumer has expressed a choice of community, a representative of the county such as a services coordinator, and service providers from that community. The consumer can reject any proposed IDT member. The IDT reviews the most recent diagnostics and discharge plan.

5. The Transition Planning Process:

Phase 1: The IDT discusses with the consumer: (a) where he/she would like to live; (b) with whom he/she would like to live; (c) preferences with regard to work, leisure, volunteerism, transportation, church, etc.; (d) preferences about services, including whether or not the individual wishes to participate in the Consumer Choices Option; (e) choices among available service providers; and (f) provisions for 24/7 backup plans as appropriate, e.g., for direct care services, transportation, etc. The IDT discusses with the consumer how the services available under the MFP grant (and from other funding sources as appropriate) can be used to support the individual's choices. If the guardian/legal

representative does not participate in person, he or she is regularly provided with updates on progress.

The transition specialist will take care to ensure that consumers, family members and legal representatives are aware of the service options after the individual's demonstration year ends. MFP participants in the first demonstration year are guaranteed access to an ID waiver slot at that point because IME has routinely earmarked 100 slots every year for individuals transitioning out of ICFs/ID. IME does not expect a problem with ensuring that participants in ensuing years to have such access, but if a shortfall is anticipated, IME has confidence that the Legislature's historically strong support for the waivers will be maintained, and that the number of slots will be appropriately increased of the grant. MFP participants will have access to the proposed waiver enhancements (described in (e), below) in the event that the Legislature authorizes DHS to seek approval of the necessary waiver amendments, and CMS issues that approval. If the Legislature chooses not add the services to the waiver, they can be provided to individuals who need them as a service option under Supported Community Living or as an exception to policy.

Phase 2: When the basic decisions have been made, the second intensive planning phase begins. By this time the transition specialist is identifying local resources and assisting potential providers in building their capacity to support the transition, as necessary. The consumer and family member or legal representative visit the community of choice, and contact is made with potential providers, including employment service providers or volunteer work settings. The assessment is updated as appropriate for discharge planning.

An individualized plan is completed (Appendix B: Transition Plan) indicating individual responsibilities, essential supports that must be in place before the actual transition and non-essential supports that must be in place within 60 days after transition, a transition/timetable, and a schedule for addressing training needs for HCBS provider staff.

6. Community transition: Informed consent forms are signed by the individual and his or her legal representative (Appendix A – 7: Consent to transition). The consumer moves to the community. The transition specialist ensures that documentation of grant compliance is entered on the ISIS. The monitoring process for the demonstration period begins

7. Demonstration year monitoring: The transition specialist maintains consumer contact a to ensure the availability of all essential and non-essential services identified in the individualized transition plan. The specialist will meet with the consumer and his or her IDT a minimum once per month , for the first year after transition. The specialist will visit the consumer in a variety of his/her community settings including home, work and places chosen sites for leisure

activities. The specialist will also have monthly telephone or written communication with the consumer's legal representative to provide updates on the consumer's status and satisfaction with community living.

8. Transfer of consumer to permanent waiver services. Sixty and again thirty days prior to the expiration of the consumer's demonstration year, the ISIS will provide notification to the Target Case Manager chosen by the consumer that the consumer will be transitioning from grant-funded services to the ID or BI Waiver, and will indicate the grant-funded services which will cease on the final day of the transition year, and the services to which the consumer will have access under the county system A targeted case manager will be assigned. The transition specialist will meet with the consumer and family members or legal representative to complete the consumer satisfaction survey. The transition specialist will also ensure compliance with all reporting requirements under MFP. On day 336 after transition, the transition specialist's involvement with the case comes to an end, and the targeted case manager assumes responsibility for the consumer's case.

c) Outreach/Marketing/Education

1. *Information that will be communicated to enrollees, participating providers, and State staff.* The Department of Human Services is contracting with a vendor to develop an outreach strategy, and marketing and education materials to be used with residents of ICFs/ID and their families/guardians/legal representatives, and with prospective providers. Draft materials targeted to both groups are attached. (Appendix C - 1 through C - 7). The vendor will not itself conduct the marketing but will assist IME in crafting the public message. The materials may be used in training transition specialists and State staff to be involved in MFP, but DHS will assume primary responsibility for that training.

The message to the public about the *Partnership for Community Integration* will be geared to building support for offering more meaningful choices to Iowans with disabilities about where and how they receive the supports they need, for providing ways for families to be engaged with their loved ones in the community while having assurance of their health and safety, and for the aspects of MFP which hold the promise of greater efficiency and cost effectiveness in the service system. This information will be conveyed through media releases and the Department of Human Services web site.

Information to ICF/ID and nursing facility residents and their families/guardians/legal residents will be more specific, including: (a) how they can take advantage of the MFP options; (b) a description of the transition process; (c) the services available during the demonstration year; and (d) how participants will be sustained in the community after the demonstration year ends.

Information to providers will be tailored to address specific concerns they have communicated to date through the Partners Group. For ICF/ID and nursing facility providers, the concern relates to the impact of transitions on the stability of their operations, and the availability of technical assistance to respond to shifts in service demands. For community providers of HCB services, the concerns relate to their capacity: the difficulties in recruiting, training and maintaining sufficient numbers of staff, the services eligible for reimbursement and the adequacy of reimbursement levels, and the assurance of continuity of funding for individuals after their demonstration year.

Staff involved in implementation will be transition specialists and ICF/ID service staff. Targeted case managers and ICF/ID staff will need sufficient information about MFP to respond to questions and concerns of consumers, families, and guardians. ICF/ID staff also need to understand their own role in the transition process and in ensuring compliance with grant requirements.

2. *Types of media to be used.* A variety of media will be used for outreach, marketing and education, including (a) for the general public: media releases and the DHS web site; (b) for consumers, family members, guardians and legal representatives: brochures, letters and written FAQs (Appendix C – 2), public meetings at ICFs/ID and in communities which include presentations by consumers and/or their family members who have participated in successful transitions, as well as a video about success stories; and (c) for providers: written materials such as the Operational Protocol, FAQs (Appendix C – 3), the administrative rules, and one on one marketing, education and technical assistance from transition specialists and as appropriate, IME staff.

As noted in (5), below, a curriculum will be developed for statewide training for transition specialists. The outline of the curriculum for transition specialists is contained in Appendix G - 2. Case managers will receive more general information at appropriate venues such as their quarterly meetings and through the ICN.

3. *Specific geographical areas to be targeted.* Any Iowa Medicaid ICF/ID or nursing facility resident in the State or out of State will be eligible to receive assistance under MFP at any time over the four-year demonstration as long as they meet the ID or BI diagnosis as defined in Iowa's 1915c waivers.

The transition specialists, who are charged with outreach, marketing and education, will each be assigned a regional service area. Their responsibilities will include outreach to ICFs/ID/nursing facilities in their region, to family members and guardians whose loved ones/charges may or may not live in ICFs/ID which are located within the region, and to community providers who could develop the enhanced capacity to serve MFP participants.

In the first year of the grant there is likely to be a relatively greater focus of efforts in north central and west central Iowa due to the simple fact that some administrators of large ICFs/ID in those areas have stepped forward to express interest in participating, and have identified candidates for transition. The state-run Glenwood Resource Center in southwest Iowa and Woodward Resource Center in central Iowa have also identified candidates.

4. *Location where information will be disseminated.* Information will be disseminated in the following venues: (1) in the general media, through press releases and posting on the DHS web site; (2) through letters to all Iowans in ICFs/ID and their family members/guardians/legal representatives notifying them of the transition option under MFP; (3) through community meetings offered by transition specialists and, as appropriate, at ICFs/ID within their regions.

5. *Staff training schedules.* Staff training schedules will depend upon the date when transition specialists are hired, the date on which the Operational Protocol is approved, and also the date on which rules for administration of the program are approved. At present the hiring of transition specialists is anticipated to occur in May 2008. Transition specialists will receive 40 hours of training tentatively scheduled for the beginning of June 2008.

Also in June 2008, (again, assuming CMS approval of the Operational Protocol), letters will be sent to ICF/ID residents and family members/guardians/legal representatives notifying them of the transition option and of the opportunity to attend community meetings scheduled by the transition specialist for their region.

6. *The availability of bilingual materials/interpretation services and services for individuals with special needs.* In 2004, only 3.3% of Iowa's population was foreign-born; most requests for interpreter services are expected to be from individuals who are Spanish-speaking. There are small pockets of Serbians and other ethnic minorities. Transition specialists will have access to Tele-Interpreters, a business service providing immediate telephone access to interpreters of 156 languages. Iowa COMPASS, housed at the University of Iowa's Center for Disabilities and Development, provides information and referral services for Iowans with disabilities, and has access to interpreter services. COMPASS staff will be trained to provide information on MFP, including how to refer individuals to the appropriate transition specialist.

The brochure directed to families/guardians/legal representatives will be available in Spanish.

The letter inviting families/guardians/legal representatives to community meetings will encourage those who have need for an ASL interpreter or for materials in alternative formats to notify the transition specialist in advance so that accommodations can be made.

7. *Information about cost-sharing responsibilities.* Participants will not be responsible for any portion of the costs of MFP services funded under the grant. They and their families will receive clear and complete information from the transition specialist and also from the consumer manual (Appendix C-7) about the implications of transitioning from a facility in which room and board are included with services, to a community living situation in which individuals are principally responsible for room and board, and for any supports not eligible for reimbursement under the grant. Individuals opting for self direction under the Consumer Choices Option will have the assistance of an Independent Support Broker in developing a budget for services and supports eligible for self direction, which may include supports from non-traditional providers.

d) Stakeholder Involvement

As noted in Section B (8)(c), above, the principal vehicle for interagency and public/private collaboration in MFP planning and implementation is the 30-member Partners Group and its five Subcommittees. About 70 stakeholders in total are involved in the work of this group, including advocacy organizations, family representatives, ICF/ID administrators and staff, community providers and case managers, direct care worker representation, counties, and key State agencies. A list of Partners Group members and Subcommittees and the constituencies they represent is contained in Appendix D.

The Partners Group and Subcommittees drafted a transition process, the list of demonstration services, a marketing plan, a housing inventory and resources for consumers and transition specialists. These documents became the foundation for the Operational Protocol, with relatively few modifications by IME.

1. *A chart reflecting the stakeholder role in the MFP organizational structure is on the next page*.

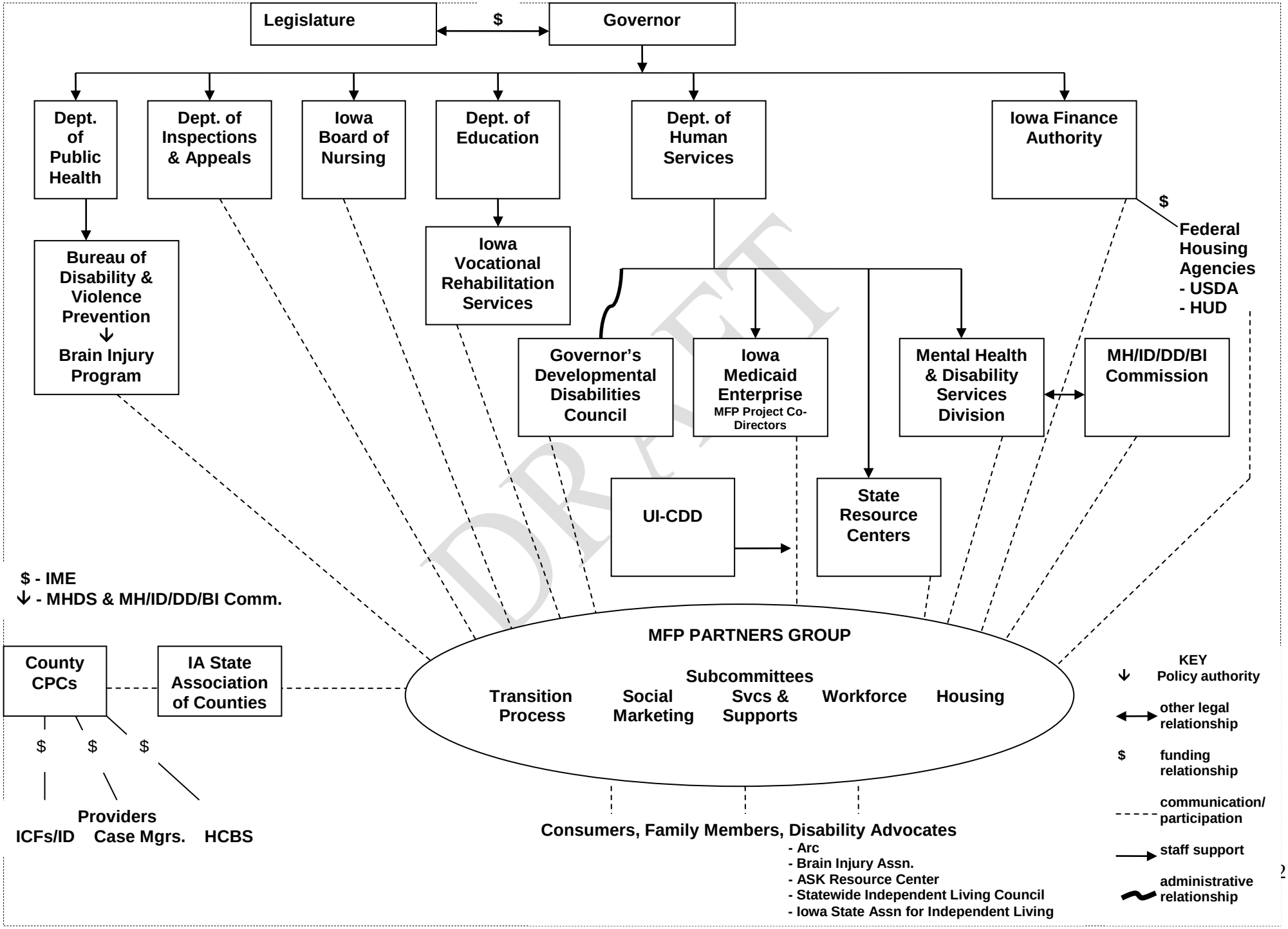
2. *Consumer involvement in the demonstration.* Ten people with disabilities or family members of individuals requiring an ICF/ID level of care participated in the Partners Group or Subcommittees, and eleven organizations engaged in disability advocacy, many of them run by people with disabilities, were also represented. Family member and consumer participants in IME-sponsored planning sessions are eligible to receive reimbursement for travel expenses, and for personal attendant services if needed. The family members were particularly helpful in identifying the principal concerns and fears likely to be expressed by family members of ICF/ID residents, and in identifying measures to address those concerns, such as the inclusion of crisis and behavioral intervention services in the list of qualified HCB services. It is expected that their involvement will continue, in a monitoring capacity, as MFP is implemented. Iowa will be recruiting consumers who have actually participated in MFP to join the Partners stakeholders meeting. Their participation and travel costs will be funded at 100% administrative claims match.

3. *Institutional providers' involvement in the demonstration.* Institutional providers have participated in planning directly as members of the Partners' Group, and through the Iowa Association of Community Providers (IACP), which represents many ICFs/ID. More than a year prior to IME's application several of Iowa's largest ICFs/ID met with IME to discuss steps they might take to respond to changing market demands for long term care services, and how those steps might be supported by IME. When IME embarked on the development of the MFP proposal, IACP provided assistance by arranging a teleconference exchange between IME and interested ICFs/ID about the purpose of the grant, and the extent to which community ICFs/ID would be willing to participate. The preliminary numerical estimates of transition were developed on the basis of the teleconference and follow-up conversations with individual ICF/ID participants.

A number of community ICFs/ID, as well as the State Resource Centers, have been transitioning their residents out of their facilities to HCBS services. Those who have broadened the scope of their services to HCBS are in a position to share their expertise with ICFs/ID which have not. IACP has collaborated with IME in the establishment of a work group to facilitate this exchange, and to provide some strategic insights into how the industry can adapt to multiple demands for more expanded choice without jeopardizing existing services.

4. *Consumers/family members' and institutional providers' roles and responsibilities throughout the demonstration.* Both consumers and institutional providers participate in

MFP Stakeholder Participation – Organizational Chart



the Partners Group in order to communicate what, from their perspective, has to happen in order for MFP to work. This is essentially the role of all stakeholders, including community providers, state agencies, advocacy organizations, direct care worker representatives, county representatives and case managers. Most of the members of the Partners Group have some degree of experience with the transition process, and all have a direct interest at stake in MFP. Since MFP's success depends upon the establishment of many effective partnerships (most of them voluntary), the worries, fears and in fact the dreams of all constituents have been set out before the group and dealt with respectfully. The contractor assisting IME in outreach and marketing will be working with individuals and families to communicate stories of successful transitions to community living.

Once implementation begins, the Partners Group is expected to meet at least twice a year. Meetings will continue to be held at a central location in Des Moines, with travel and expense stipends of participants covered as appropriate.

Stakeholders participated in the drafting of major components of the Operational Protocol, which involved highly detailed work at the Subcommittee level. Following approval by CMS and the launch of MFP in June 2008, the role of the Partners Group will shift from planning and program development to monitoring, with at least twice-yearly meetings to review progress, troubleshoot, and recommend changes in the Protocol as appropriate.

5. *Operational activities in which the consumers and institutional providers are involved.* As noted earlier, consumers and family members have played and will continue to play an important role raising public awareness of the possibilities for and advantages of community living. The current social marketing plan calls for the development of video and slide presentations as well as written narratives about compelling success stories of transitions from ICFs/ID. In addition, the Parent Advisory Group meetings at the Resource Centers will continue to be a vehicle for communicating with consumers and family members about MFP. Consumers/family members will also continue to participate in the Partners Group as it assumes its monitoring role.

As noted in (3), above, an institutional provider work group will be involved in technical assistance to peers as implementation proceeds. Interested ICFs/ID will continue to participate in the Partners Group. Most important, IME hopes for collaboration from all ICFs/ID in identifying consumers who are good candidates for transition, encouraging them to learn more about their options, testing the transition process as defined in this protocol, and bringing to IME's and the Partners Group's attention any changes or refinements that would strengthen the process.

e) Benefits and Services

1. *Description of the service delivery system.* The DHS field staff make income eligibility determinations for Medicaid and the waivers, and once people secure their

disability determinations the field staff refer individuals for targeted case management. Level of care determinations are made by Medical Services, under contract with IME.

Counties provide targeted case management for people with ID, either by hiring staff directly or by contracting for services from DHS. Transfer of responsibilities from the transition specialist to the targeted case manager on day 366 will help to ensure continuity of services after the MFP demonstration ends.

Iowa's provider network includes traditional Medicaid providers, both waiver and facility based service providers, and most recently, self-direction of services not requiring licensed providers, under the Consumer Choices Option (CCO) available in six of the seven waivers. Individuals choosing to self-direct receive assistance from a trained Independent Support Broker (ISB) of their choosing. The ISB helps the individual to develop a budget for eligible services which may include provision for services by non-traditional providers.

Iowa's ID Waiver is generally considered to be flexible and consumer-responsive in its array of services, particularly under Supported Community Living. The Partners Group has identified some significant gaps, however, which are discussed in the following section.

The Legislature has appropriated funds for the non-federal match for the first demonstration year, and will be asked to ensure adequate funding for county disability services to sustain the target population. People with brain injury who transition will have access to the enhanced services they need during the demonstration year, and then will access the Brain Injury Waiver on day 366.

2. *Services available to MFP participants.* A chart showing the service package that will be available to MFP participants is on the following page. The Qualified HCB Services listed are the equivalent of the services available under Iowa's ID Waiver. For reasons described below, the Partners Group recommended inclusion of the following additional services, and DHS will recommend to the Iowa Legislature that they become permanent under the ID Waiver:

- Mental Health Outreach
- Behavioral Programming
- Crisis Intervention Services

The Partners Group includes both family representatives and providers with experience in transitioning individuals, particularly from the Woodward and Glenwood Resource Centers. Behavioral issues resulting both from mental retardation and from mental illness co-occurring with mental retardation have proven to be a significant barrier to transitioning Resource Center

PROPOSED SERVICES FOR IOWA'S MFP PROJECT

Qualified HCB Program Services (80.9% match)	HCB Demonstration Services (80.9% match)
• Adult Day Care • CDAC* • Day Habilitation • Consumer Choices Option** • Home Health Aide • Home/Vehicle Modifications • Interim Medical Monitoring† • Nursing • Personal Emergency Response • Prevocational Services • Respite • Supported Community Living‡ • Supported Employment • Transportation **Permanent Services to be added:** • Mental Health Outreach • Behavioral Programming • Crisis Intervention Services	• Transition Services Coordination • ICF/ID staff participation in trial overnights ($1,000 one-time fee) • Community provider participation in transition planning and preparation($1000 one-time fee) *** • Assistive Technology not covered in ID Waiver (e. g. computers, med. dispensing equipment) • Environmental modifications (e.g. for safety and a $10,000 upper limit) • Nurse Delegation • Initial household set up costs ($2500 upper limit) • DME° • Clothing ($500 upper limit)

* Under this option consumers are responsible for finding, hiring, training, directing and firing individuals who enable consumers to do things they are unable to do without assistance because of disability.

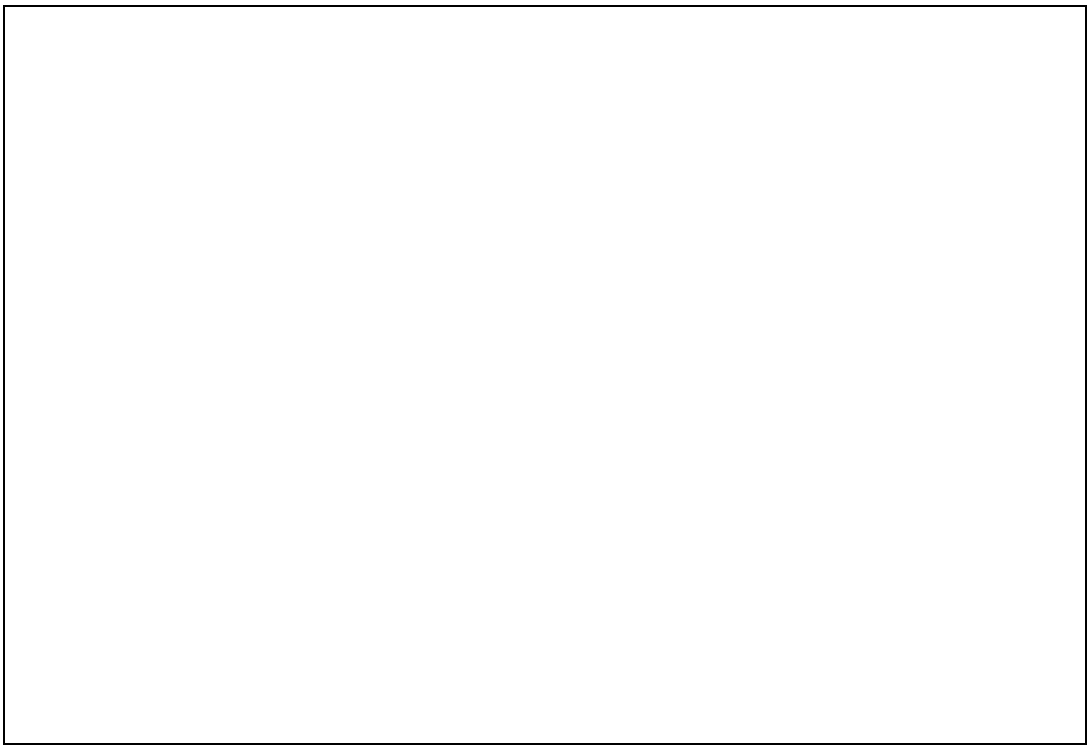
** Provides consumers with a flexible monthly budget based on functional and service needs, allows consumers to direct and manage their own support services.

*** Includes cost of provider participation in IDT, staff training and support, and HCBS provider staff time during community visit and trial overnight stay in community.

† Monitoring and treatment of a medical nature beyond what is normally available in a day care setting for persons age 20 and under. May include medical assessment, monitoring, and intervention as needed. Used when regular caregiver is unavailable due to employment, academic or vocational training, illness or death. May not be duplicative of any regular Medicaid or waiver services provided under the state plan.

‡ Assistance with daily living needs. Services may include, but are not limited to: personal and home skills, community skills, personal needs, transportation and treatment services. Services provided vary according to the needs of the individual receiving services.

° Durable Medical Equipment in excess of coverage provided by waivers, state plan, or otherwise provided by this demonstration project. (e.g. bathroom safety equipment, wheelchair upgrades, back-up supplies).



residents. Some research indicates a high percentage of individuals residing in institutional settings who have undiagnosed mental illness, and while no data are available on the prevalence of mental illness in Iowa's community ICFs/ID, this is expected to be a factor in transitioning residents from those settings as well. (Resource Center staff have addressed the challenge posed by behavioral issues in several ways that have been found to greatly enhance the probability of a successful transition. First, Resource Center staff work closely with community provider staff prior to transition, offering opportunities for the latter to get to know the consumer and to receive training in how to respond to the individual's needs. Second, the Resource Center routinely executes agreements with providers to respond to their needs for additional support and training after transition. This can include intensive work with the consumer and provider staff in development and implementation of strategies to increase the individual's appropriate behaviors. Third, the Resource Centers provide crisis intervention services as necessary, including out-of-home crisis stabilization.

In light of the highly beneficial effect of these services on transition outcomes to date—seen clearly by the case managers participating in the MFP Partners Group, the inclusion of these services in the list of HCB Qualified Services, and indeed their permanent addition to the ID and other waivers was strongly recommended. In addition, all demonstration services listed will be evaluated for possible addition to the waiver at a future date.

The transition process and the services available for children under MFP do not differ significantly from those available for adult participants. Children and their families have the option of either residentially based supported community living (RBSCLL) or of moving from the ICF/ID back to the family home. The service package for children includes EPSDT under the State Plan.

In order to be available to participants completing their demonstration year in mid-2009, the Legislature will need to take action during its session beginning in January. This is anticipated by DHS as it prepares its budget recommendations for the Executive Office. The
Governor's budget recommendations are released in January. Following legislative action, waiver amendments will be submitted to CMS for approval. Until such time as the Legislature acts, continuity of services can be sustained for MFP participants after their demonstration year ends through the crisis intervention and behavioral programming allowable (though with a capped dollar amount) under Supported Community Living, and also through inclusion in an individualized budget under the Consumer Choices Option.

The definitions of the Qualified HCB and Demonstration Services are provided in Appendix E, along with the billable units of service, and their rates. The Iowa Legislature has provided the funding for the non-federal share of these services—counties are not expected to provide the match out of county funds. These services will be uniformly available throughout Iowa, and will be tracked separately on the ISIS system from other Medicaid services funded by the counties or the State. In order to facilitate delivery of non-traditional demonstration and supplemental supports, (those which are not offered by certified Medicaid providers), the transition specialist will serve and be recorded as the fiscal agent (financial management service) and will coordinate payments for the services.

MFP participants are also eligible for all appropriate State Plan services they need.

f) Consumer Supports

As described in case study and Section II (b) on the informed consent process, the principal vehicle for consumer support in the MFP demonstration will be the transition specialists. Depending upon approval of the Operational Protocol by CMS, recruitment will begin in April 2008. These individuals are expected to have case management experience, and are in fact likely to be drawn from the State's pool of targeted case managers, but IME has opted not to rely upon the current case management system for two reasons: first, the position description for transition specialists includes important social marketing and community development functions for which many targeted case managers would be unprepared, and second, it was the consensus of the Partners Group that most (though certainly not all) targeted case managers lack sufficient background in transitions and would have difficulty managing the significant workload. Consumers will, however, be able to seek approval from DHS to secure their transition

services coordination from an entity other than a transition specialist, such as targeted case managers and/or ICF/ID discharge planning staff.

IME has opted to recruit and train a small cadre of transition specialists who will maintain primary responsibility for ensuring effective transitions. At the outset, approximately six transition specialists will be recruited and trained. Two additional specialists were hired in 2014.

Transition specialists need to ensure the availability of community supports throughout the State,. However, they must also cultivate working relationships with ICF/ID administrators and staff, as well as the residents and family members/guardians/legal representatives. Marketing efforts will include meetings at ICFs/ID. Consequently, the distribution of the facilities will be fundamental to how transition specialists are deployed.

Job descriptions and required qualifications for transition specialists are contained in Appendix G.

1. Educational materials to convey procedures by which consumers secure needed supports. The draft consumer/family manual providing this information is attached in Appendix C - 7.

2. Description of 24 hour backup systems. All MFP participants (and all participants in Iowa waivers) are required to have backup systems based upon the risk assessment undertaken by their planning teams. During the evaluation/reevaluation of level of care, risks are assessed using the Mental Retardation Functional Assessment Tool. A summary of the assessment becomes part of the service plan, and the transition specialist, the consumer and the interdisciplinary team incorporate strategies into the plan to mitigate risk. This includes appropriate service providers available to reduce risk, subject to the consumer's preferences.

All service plans must include a plan for emergencies and identification of supports available to the consumer in an emergency. Emergencies are those situations for which no approved individual program exists and which, if not addressed, may result in injury or harm to the consumer or other persons or significant amounts of property damage. Emergency plans shall be developed on the following basis:

- Providers must provide for emergency back-up staff in applicable services.
- Interdisciplinary teams must identify in the service plan, as appropriate for the individual consumer, health and safety issues based on information gathered prior to the team meeting, including a risk assessment. This information shall be incorporated into the service plan.
- The team will identify an emergency back-up supports and crisis response system to address problems or issues arising when support services are interrupted or delayed or the individual's needs change.

Personal Emergency Response is an available service under the waiver and it is encouraged that this service be used when a scheduled support worker does not appear, as part of emergency backup plan. Other providers may be listed on the service plan as source of back up as well, and their contact numbers can be available through the PERS. Many times, the list of numbers includes a neighbor or relative. The transition specialist will be the contact of last resort. The PERS can also be used as described in the case study presented earlier, for those situations in which MFP participants are away from their residence and service workers.

Most MFP participants in Iowa are likely to receive services from an SCL provider in settings where support staff will be present around the clock. The SCL providers will be responsible for ensuring essential services, including backup services, for personal assistance, transportation, equipment repair, etc. MFP participants who opt for self direction will need to work out a backup plan for nontraditional services, which can include reliance upon friends or relatives, or other arrangements, as currently required under the Consumer Choices Option

3. Complaint and resolution process; remediation. Procedures for receiving and resolving complaints are incorporated into IME's incident management process, discussed in detail in Appendix I. Consumers, family members and legal representatives receive information prior to transition about how to file a complaint, as described in Section a (vi). Complaints are reviewed weekly by the HCBS quality management team, which also reviews incident reports to determine if patterns exist among individual providers, or by service, geographic location, etc. Remediation steps are tailored accordingly.

g) Self-Direction

The State of Iowa has an approved self direction option under six of its seven waivers, known as the Consumer Choices Option (CCO). The CCO is available statewide, and will be available to all MFP participants. Under this option, a consumer may use the value of certain services in their individual service plan to develop an individual budget plan. Instead of receiving services from enrolled Medicaid providers, consumers may use funds in their individual budget to hire people to provide self-directed personal care services, or self-directed community support and employment and/or to purchase services, equipment or supplies that are not otherwise provided through the Medicaid program.

Consumers choosing this option must work with an independent support broker who will help plan for their individual budget and provide guidance, as needed, with self directing their services. The consumer can choose from Independent Support Brokers that have already been trained, or they can identify a family member or friend to complete the independent support broker training and perform that role for them. The consumer will also work with a financial management service provider. The funds allocated to the individual budget are transferred to the financial management service which is

responsible for paying for the goods and services the consumer purchases and receives. The consumer does not actually have direct access to the Medicaid funds.

The consumer must develop an individual budget with his or her support broker. The consumer can choose to purchase goods and services from the list of individual goods and services approved for individual budgets (Appendix J-2). If the consumer has a need for a good or service not on the approved list, it must be approved by IME. The Financial Management Services does not pay for any good or service that is not identified on the individual budget, or for which a signed invoice or receipt is not provided. The financial management service is also responsible for accounting and for employer-related duties such as withholding taxes and issuing paychecks. The independent support broker, the financial management service and, for MFP participants, the transition specialist, are all responsible for monitoring and assuring funds are spent according to the program guidelines and not misused. These basic components will be adapted to the MFP initiative to provide a fully comparable self direction option. Further information is contained in Appendix A of the Operational Protocol guidelines, which is incorporated as Appendix J-1) of the Operational Protocol.

h) Quality

IME contracts with Medical Services to provide Quality Assurance functions for the seven HCBS waivers, and this unit of QA specialists will serve this function for the MFP demonstration as well.
IME's Quality Management team includes both QA specialists and IME program specialists (including MFP grant management staff) who meet weekly to review critical incident reports and complaints, identify trends, determine remedial action, and develop a plan to address needs in the Department's continuous quality improvement process.

Iowa Medicaid Enterprise will integrate the MFP demonstration into existing 1915(c) waivers, and provides assurance that the MFP demonstration program will incorporate, at a minimum, the same level of quality assurance and improvement activities articulated in Appendix H of its Section 1915(c) waiver applications (attached as Appendix I) during the transition of MFP participants and during the 12 month demonstration period. The HCBS quality management system will be modified to incorporate the quality assurance requirements emerging from discussions among CMS grant management staff, Mathematica Policy Research, and grantees, including the proposed requirement for pre- and post-transition interviews with each MFP participant. IME will ensure the incorporation of additional questions in participant surveys pertaining to the transition process itself, as well as consumer satisfaction with community living and demonstration services. IME intends to contract with Medical Services to assist with QA functions under the grant, including the conduct of QoL/customer satisfaction surveys. The surveys will be administered to 100% of all MFP participants, rather than to the sampling undertaken in Iowa's HCBS Quality Management program. In every other respect, however, the QA functions under the grant will be identical to the processes defined in Appendix I, and will be applied to Qualified HCB and Demonstration S Services.

The MFP Quality Management System will address QA requirements as follow:

1. Level of care determinations. LOC determinations for individuals with ID are made by Medical Services , and consumers have rights to notification, appeal and requests for reconsideration. Patterns of inappropriate LOC determinations are addressed through action plans developed by Medical Services, the Bureau Chief of Long Term Care and the QA unit manager. Implementation of the standardized functional assessment of ICF/ID residents in 2008 will incorporate this policy.

2. Service plan. The service plan for MFP participants planning to transition will be developed by the Interdisciplinary Team (IDT) using processes and procedures found to be successful in the transition of individuals with extremely complex needs who have moved to the community from the State Resource Centers. Stipulation of the services which must be in place at the time of transition and within 60 days following is contained in the Provider Agreement (Appendix A – 8). Once the transition has taken place, the transition specialist has responsibility for monitoring the service plan to assure that services are delivered in the type, scope, amount, duration and frequency in accordance with the plan. The QA interview process, which incorporates sampling of HCBS participants under Iowa's current waiver system, will be modified to ensure 100% sampling of MFP participants, to assure that services are adequate and appropriate and that the plan is updated as needed. If systemic inadequacies in service plan development are found, transition specialists and providers will receive additional training. Consumer choice of providers is documented. Consumer rights and responsibilities are outlined in the consumer manual.

3. Identification of qualified HCBS providers. Most MFP service providers will be current certified HCBS providers. The safeguards for MFP will be the same as for current waiver service providers, and will include requirements for documentation of compliance with eligibility criteria, random audits, a discovery process to identify deficiencies, and development of a corrective action plan.

4. Health and welfare. All service plans must address the health and welfare of the consumer and include provisions for backup and emergencies as described in Section II (e). Providers are required to report critical incidents, and the Quality Management Team meets weekly to review reports, track trends and develop an action plan.

5. Administrative authority. The Bureau of Long Term Care provides oversight to the waiver program, and contracts with Medical Services to provide QA monitoring. DHS is responsible for monitoring the contractor's performance of all its responsibilities, and to review, approve and monitor corrective actions taken. Medical Services will provide QA monitoring for MFP consistent with the processes described in Appendix I.

6. Financial accountability. The web-based Individualized Services Information System (ISIS) is the mechanism by which DHS tracks Medicaid case files, including services plans and program expenditures. The ISIS system has been adapted to meet the

needs of consumers opting for self direction under the Consumer Choices Option, and will be adapted again to track MFP participants separately prior to transition, during their demonstration year under the grant, and as they transfer into the county based system and waiver services. In addition, the Department of Human Services Bureau of Purchase Services analyzes payments and selects providers for financial and performance audits.

As noted elsewhere in the Operational Protocol, IME will with the assistance of the Partners stakeholder group continue to monitor implementation of the grant to determine the adequacy of procedures and services in assuring effective transitions to community living, and will recommend changes to either as necessary and appropriate. IME will also cooperate fully with Mathematica Policy Research in its national evaluation of MFP.

Iowa's MFP initiative calls for nine demonstration service supports Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board. Demonstration services are furnished only to the extent that they are reasonable and necessary determined by the IDT process, clearly identified in the individual service plan and the person is unable to meet such expense or when the services cannot be obtained from other sources. These services include: Transition Services Coordination, ICF/ID staff participation in trial overnight; Community provider participation in transition planning and preparation , Assistive Technology not covered in ID Waiver (e. g. computers, med. dispensing equipment), Environmental modifications (e.g. for safety), Nurse Delegation initial household setup (furniture, appliances, cleaning supplies, etc.), clothing (if needed for employment or other community participation), and DME in excess of what is available under the current waiver, to ensure safety, adequate mobility, etc. The transition specialist will be authorized to make purchases directly on behalf of the consumer.

i) Housing

1. *Process for documenting qualified residences.* The transition specialist has responsibility for reviewing the availability of qualified residences in the community of choice, and in ensuring that the consumer and family member/guardian/legal representative has a meaningful choice of qualified residences. The specialist will provide documentation of compliance through the ISIS system, which will provide a drop-down menu for reporting the type of qualified residence chosen by the consumer.

2. *Assuring a sufficient supply of qualified residences.* The Iowa Finance Authority assembled a stakeholder group, including Department of Housing and Urban Development (HUD) and United States Department of Agriculture (USDA) officials in Iowa, which served as the Housing Subcommittee of the Partners Group. They have defined the issues facing Iowa in assuring a sufficient supply of qualified residences, and suggested strategies to address them.

3. *Existing or planned inventories and/or needs assessments of accessible and affordable community housing.* The "Iowa Affordable Rental Housing Inventory" (Appendix F) lists the total number of affordable rental housing units by major

development funding program for each county in Iowa. The following programs are included in the analysis:

- USDA Rural Rental Housing Section 515 Program: Very low-, low-, and moderate-income families; the elderly; and persons with disabilities are eligible for tenancy in Section 515-financed housing. Very low-income is defined as below 50 percent of the area median income (AMI); low-income is between 50 and 80 percent of AMI; moderate-income is capped at $5,500 above the low-income limit. In new Section 515 projects, 95 percent of tenants must have very low-incomes. In existing projects, 75 percent of new tenants must have very low-incomes. Those living in substandard housing are given first priority for tenancy. When rental assistance is used, top priority is given to very low-income households. Section 515 projects must be located in rural areas (communities under 20,000 in population) and do have contracts for project-based rental assistance in place.

- HUD Multifamily Programs: These projects fall under a wide variety of HUD programs all designed to provide multifamily rental housing opportunities. Specific program requirements vary by funding program and project. In order to live in Section 811 housing, the household must be very low-income (at or below 50 percent of the median income for the area) and at least one household member must be 18 years or older and have a disability, such as a physical or developmental disability or chronic mental illness. Occupancy in Section 202 housing is open to any very low-income household comprised of at least one person who is at least 62 years old at the time of initial occupancy. Section 236 units were restricted to households that met the low- and moderate-income limits established for the program, which ended additional construction in 1973. All families are eligible to occupy existing properties with mortgages insured under the 221(d)(3), 221(d)(4), and 207/223(f) programs, subject to normal tenant selection without income limits, although these projects may also be designed specifically for the elderly or handicapped.

- HUD Public Housing: Public housing was established to provide decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities. Public housing comes in all sizes and types, from scattered single-family houses to high rise apartments for elderly families. Public housing is limited to low-income families and individuals. A housing authority determines eligibility based on: 1) annual gross income; 2) qualification as elderly, a person with a disability, or as a family; and 3) U.S. citizenship or eligible immigration status. Housing authorities use income limits developed by HUD with the lower income limits at 80% and very low-income limits at 50% of the median income for the applicable county or metropolitan area. Public housing in Iowa is administered by 71 local public housing authorities. They generally have waiting lists, which can range from several months to five years. The average is about a year.

- Low-Income Housing Tax Credit Program through the Iowa Finance Authority: The Tax Reform Act of 1986 created the tax credit as an incentive for Low-Income Housing Tax Credit (LIHTC) project owners to invest in the development of rental housing for individuals and families with fixed or limited incomes. The tax credit, rather than a direct federal subsidy, provides a dollar for dollar reduction (or credit) to offset an owner's federal tax liability on ordinary income. Tenants in LIHTC properties are typically restricted to households at or below either 60 percent or 50 percent of the AMI, as defined by HUD guidelines.

- State HOME Program through the Iowa Department of Economic Development's Housing Fund: Housing Fund assistance is restricted to activities serving low- and very-low income families. All assisted rental units must be occupied by families below 80 percent of the AMI, as established by HUD. At least 20 percent of the units must be occupied by tenants below 50 percent of the AMI. At least 90 percent of Housing Fund assistance for rental housing must be invested in units occupied by families with incomes at or below 60 percent of the AMI.

In total, nearly 43,000 affordable rental housing units are identified as operating under one or more of the major affordable housing development programs in Iowa as of July 2007. As noted above, specific tenant occupancy requirements vary by program and by project. Despite differences among programs, MFP participants will be eligible for many of the units accounted for in this inventory.

Given the role choice of community will play in the *Partnership for Community Integration* process, it was impossible for the Housing Subcommittee to evaluate whether a qualified residence will be available for every MFP participant in his/her area of choice. Where such information was available, overall vacancy rates seem to support an adequate supply of affordable housing options in most areas, with a 9.5 percent vacancy rate reported among USDA Section 515 units as of June 1, 2007 and an 11 percent vacancy rate among LIHTC units as of July 1, 2007. The *2007 Iowa Housing Study* reports a statewide vacancy rate of more than eight percent.

4 *How the State will address housing shortages for MFP participants.* The availability of safe, decent affordable housing is key to Iowa's *Partnership for Community Integration* Money Follows the Person (MFP) initiative. Those choosing to transition from ICFs/ID to community-based housing options must be provided with an adequate supply of qualified residences. The general lack of affordable, accessible housing in the United States for persons with long-term disabilities has been well documented. According to *Priced Out in 2006*, published by the Technical Assistance Collaborative and the Consortium for Citizens with Disabilities Housing Task Force, in 2006 – for the first time – the national average fair market rent of $633 for a studio/efficiency apartment rose above the entire monthly income of a person who solely relies on Supplemental Security Income (SSI). Although on average housing is more affordable in Iowa, in 2006, 78.1 percent of an Iowan's monthly SSI benefit was needed to rent a modest one-bedroom apartment at HUD's fair market rent, and 68.5 percent of monthly

SSI was required to rent an efficiency unit. The Housing Subcommittee recognized these market barriers and has identified the following sources of rent subsidy as keys for the MFP initiative to succeed.

Rent subsidy programs available to MFP participants. With Iowa's SSI benefit totaling only 17.9 percent of the one-person area median income and a statewide housing wage of $9.06 (the hourly wage that a person needs to earn to afford a one-bedroom apartment at HUD's fair market rent), people in Iowa with SSI-level income must have access to rent subsidy programs to make most housing options affordable. The major source of rental assistance for very low-income households is the U.S. Department of Housing and Urban Development's Housing Choice Voucher program (commonly referred to as Section 8), which provides a rent subsidy directly to the landlord on behalf of the participating household. Voucher recipients pay approximately 30 to 40 percent of their adjusted gross monthly household income toward rent/utilities and are free to choose any housing meeting program requirements, including minimum health and safety standards, where the owner agrees to rent under the program.

Housing Choice Vouchers are administered at the local level by 45 of Iowa's 71 public housing authorities (PHA). Due to high demand in relation to supply, long waiting periods for Housing Choice Vouchers are common – with waiting list periods as long as five years reported in some areas, according to the *2007 Iowa Housing Study*. The Iowa Affordable Rental Housing Inventory in Appendix F details the number of Housing Choice Vouchers currently allocated in each Iowa county. In Iowa, the Housing Choice Voucher program is subject to the local control of the area's PHA, which may establish local preferences for selecting applicants from its waiting list. Although "disability" is an allowable preference that can move qualified disabled applicants ahead of others on the waiting list who do not meet the preference criteria, the preference may not be disability-specific and, according to a 2003 report completed for the Iowa Finance Authority (IFA), only seven PHAs in Iowa had an established preference for people with disabilities. Despite the general lack of established preference, 39 percent of Iowa's Housing Choice Vouchers are allocated to disabled households, according to the most recent HUD Resident Characteristics Report. Furthermore, 60 percent of the Housing Choice Vouchers in the state are allocated to extremely low-income households at or below 30 percent of the area median income, with the average voucher holder's annual household income at $9,906. Of the disabled households holding Housing Choice Vouchers in Iowa, 67 percent of those households are categorized as non-elderly people with disabilities with no children, which is the reporting category most in line with the targeted MFP population.

In addition to the Housing Choice Voucher program, disabled Iowans are afforded another important source of rental assistance – the Home- and Community-Based Services (HCBS) Rent Subsidy Program administered by IFA. This rent subsidy program assists those receiving services under one of Iowa's HCBS Medicaid waiver programs who are at risk of placement in a nursing facility or ICF/ID. Assistance under the program serves as a bridge until such time as the recipient is able to secure a Housing Choice Voucher from the local PHA or another source of rental assistance.

HCBS Rent Subsidy Program recipients pay 30 percent of their gross monthly income toward rent, with the maximum monthly rent subsidy amount capped at the applicable HUD fair market rent for a one-bedroom unit or a proportionate share of the rental cost in units containing more than one bedroom.

Since January 2005 through the second quarter 2007, the program had assisted 1,635 Iowa Medicaid waiver recipients, with an average monthly rental subsidy of $152 for an average length of 12 months. Due to its targeted population's alignment with Iowa's intended MFP beneficiaries, the HCBS Rent Subsidy Program has been identified as the primary rental assistance resource for those who will transition to community-based housing options under the Partnership for Community Integration initiative. Although current funding levels for the rent subsidy program are thought adequate to serve the MFP initiative's transition goals in year one, HCBS Rent Subsidy Program resources will be closely monitored by IFA staff to ensure legislative budget requests are sufficient to provide needed rental assistance for the transitioning population long-term. ** Please note that the HCBS Rent Subsidy is currently at its capacity and is not taking additional applications.

The *Partnership for Community Integration* MFP initiative will also benefit greatly from the state's other recent efforts to provide housing units for people with disabilities. In February 2003, then Governor Vilsack and Lt. Governor Pederson directed state agencies to address barriers to community living and established a target to "develop or preserve 1,000 independent living units in communities across Iowa to ensure that people with disabilities have access to housing in their communities." In August 2006, then Lt. Governor Sally Pederson announced that the state of Iowa had reached this goal. As the state's leading provider of affordable housing, IFA worked in cooperation with organizations including the Olmstead Real Choices Consumer Task Force, the Iowa Department of Economic Development and many federal, state and local housing organizations to meet the goal in less than three years, one year shy of the original four-year timetable.

During those three years, IFA implemented changes to several of its housing programs to spur the creation or preservation of units for the disabled. Some of those changes include establishing a special set-aside in the LIHTC program for developers of affordable housing, changing the state's first-time homeownership program to accept housing choice vouchers for homeownership, and creating a loan program that provides low-interest money to help people with disabilities modify their homes to meet their individual needs. To date, the Governor's 2003 goal has led to funding commitments for more than 1,572 housing units for people with disabilities across Iowa.

Today, IFA continues to encourage the development and preservation of housing for people with disabilities. The 2008 LIHTC Qualified Allocation Plan includes set-asides for affordable assisted living and for service-enriched housing, in which at least 25 percent of the units must be set-aside and rented to families with a member who has a disability. Scoring criteria in the 2008 Qualified Allocation Plan also encourages expansion of affordable housing opportunities for people with disabilities through

incentives to provide items such as supportive service plans, locations near services, and fully handicapped accessible units. IFA will monitor Iowa's need for additional housing units for people with disabilities and incorporate any needed program changes to help meet those needs in the years to come.

Many participants in the Partners' planning process favored program support for simultaneous transition of individuals interested in having roommates, which can not only reduce social isolation but also enhance housing affordability by spreading costs. The vast majority of affordable rental housing units included in the inventory have one or two bedrooms. Of the participating programs, only the LIHTC program reported units including three or four bedrooms in any sizeable number, with 2,230 such units reported as in service across the state.

Therefore, although private housing is an option for all MFP participants, those choosing a community-based housing environment with roommates will particularly need to consider units owned by private landlords, including single-family properties. Nonprofit service and housing providers serving on the Housing Subcommittee have reported encouraging success stories as they have engaged private landlords on a one-on-one basis in previous client transitions from ICFs/ID to community-based housing.

Based upon their wealth of past experience in this area, these providers can continue to serve as a valuable resource in the MFP process and may be especially helpful to the transition specialists going forward. The Housing Subcommittee has also prepared a "Transition Specialist Housing Toolkit" to provide basic reference information that may be useful to the transition specialists in relation to housing in Iowa (Appendix G). Training in how to access Iowa's housing resources, and in the development of constructive relationships with landlords, will be incorporated into the curriculum for transition specialists. In addition, the proposed housing locator/registry website to be completed by IFA under the Real Choices Systems Transformation grant will be an invaluable resource in the MFP transition process, providing information on affordable and accessible units throughout the State.

j) Continuity of Care Post Demonstration

- Continuity of care for participants post-demonstration period will be ensured by (a) the 100 ID Waiver slots reserved annually and currently available for individuals transitioning out of ICFs/ID i(b) future earmarking of sufficient waiver slots to accommodate MFP participants, with the understanding that if a shortfall in funding or slots is anticipated, DHS will work with the Legislature to ensure that sufficient waiver slots are available; and (c) the DHS initiative to secure approval, the necessary funding, and authorization to make application to CMS for proposed waiver amendments incorporating qualified HCB services offered under MFP but which are not currently in the ID or BI Waivers (mental health outreach and crisis intervention), as well as behavioral programming, which is not available in the ID Waiver.

A letter from DHS Director Kevin Concannon affirming his commitment to seek the necessary authority from the Iowa Legislature and from CMS is contained in Appendix H.

Continuity in the mental health outreach, behavioral programming and crisis intervention services can be provided using Supported Community Living, under which these are allowed services, or they may be purchased by a consumer under the Consumer Choices Option.

IME will be reviewing two other issues that have been raised as having an impact on implementation: provider staff training costs which may not be fully accommodated under current reimbursement policies, and the cap on reimbursements for home and vehicle modifications, and will make recommendations as appropriate to ensure that the needs of MFP participants are met.

III. Organization and Administration

A. Organizational structure.

Iowa Medicaid Enterprise (IME) is responsible for management of the grant. The State Medicaid Director is Principal Investigator. For a chart of the organizational structure, see page 31.

B. Staffing plan.

1. Project Director. Debbie Johnson is the Bureau Chief of Long Term Care and is the MFP director: Eileen Creager, who was approved as the Co-Director has retired from the Department of Human Services. The salary for the Director is an in-kind contribution. DHS will not charge administrative support services to the grant.

2. Dedicated positions. The Project Coordinator is funded at 100% federal administrative claims match. Brooke Lovelace of the Bureau of Long Term Care Project is assigned full time responsibilities as Project Coordinator. The MFP project coordinator is responsible for the statewide implementation of the MFP program. This position is funded through a contract between the (IME) and the University of Iowa's Center for Disability and Development. The MFP Project Coordinator is a full time position that is located at the IME with the state Medicaid staff.

3. Percentages of staff time. The Co-Director dedicate .20 FTE to the grant. The Project Coordinator is full-time.

4. Roles and responsibilities. The primary responsibilities of the Co-Director is oversight of the administrative and fiscal functions relative to Medicaid services,

approval of contracts and requests for payments associated with the project, and over-all project management.

The project coordinator duties include:

- Supervision of the eight transition specialists responsible for meeting the transition benchmark and the Employment and Behavioral Specialist
- Oversight for all the individual service transition plans and approval of all non-typical Medicaid services needed to support the MFP participant's needs.
- Provide education, social marketing and outreach to Medicaid and Iowa Department of Human Services field staff, consumers and families, providers and other stakeholders involved with implementation of MFP.
- Provide policy interpretation and guidance to the transition specialists and other stakeholders
- Assist with the development of polices and service definitions as necessary.
- Collect, track and analyze MFP referral information, demographics, expenses, service trends, transitions, incident reports, marketing activities and other data as necessary.
- Complete MFP reports required for CMS and develop and share reports to other stakeholders has needed.

5. In-kind support. The Co-Director position is an in-kind contribution

6. Number of contracted individuals supporting the grant. There are fourteen contracted individuals that support the grant. The Project Coordinator position, the eight transitional specialists, the Employment Specialist and the Behavioral Specialist are contractual positions. There is also a .90 fulltime account Clerk and a .50 fulltime secretary that provide administrative support for the grant.

The primary functions and roles for eight of the transition specialists are to assist, provide support to and facilitate the process for individuals interested in transitioning from an ICF/ID to the community. The transition specialists' services include individual needs assessment and MFP eligibility determination, resource counseling, care coordination and monitoring, and processing of non-typical Medicaid authorized services needed to support the MFP consumers' needs. In addition, the transition specialists are responsible for outreach activities and social marketing to increase the awareness of the community options and to facilitate the building of community capacity needed to support individuals.

The time that the Transition Specialists spend directly working with the consumers or on behalf of the consumer is billed as a service and is billed as a federal service match. The time that they spend traveling, doing outreach activities and required paperwork is funded at the 100% federal administrative claims match. The transition specialists track all their direct service time with the consumers on a "Direct Service Client log".

The primary function and role for the Behavioral Specialists is to provide behavioral supports training and consultation and Crisis Prevention Institute (CPI) training to

community providers working with MFP consumers. This position will be funded at the 100% federal administrative claims match starting July 1, 2010.

The primary function of the Employment Specialist is to assist the transition specialists with developing employment opportunities for MFP consumers and addressing the employment barriers that people face when transitioning. This position will be funded at the 100% federal administrative claims match starting January 1, 2011

The travel costs for the eight transition specialists, the Employment Specialist, and the Behavioral Specialists will be funded at the 100% federal administrative claims match. Their travel time includes meeting with consumers and providers and time spent doing outreach activities and meeting with other stakeholders. The cost for travel for these positions is paid for through a contract between IME and the University of Iowa. It is not included in a fee for service rate for the transition specialists' time. Costs associated with their travel time include vehicle expense (all transition specialists have state of Iowa cars), hotels stays, when necessary, and meals.

The other contractual positions are four individuals at the University of Iowa – Center for Disabilities and Development (CDD) who provide general staff support: Robert Bacon, Director of the University Center for Excellence in Developmental Disabilities (UCEDD), Ann Riley, Deputy Director of the UCEDD, and Liz O'Hara, Disability Policy Analyst CDD has assisted in research, project planning, the establishment and staffing of the Partners stakeholder group, development of the Operational Protocol, assistance in grant compliance ,and ongoing technical assistance to the program

8. Performance evaluation. Project Director Debbie Johnson is responsible for supervision and evaluation of the Project Coordinator.

C. Billing and Reimbursement Procedures

All MFP participants will be tracked separately from HCBS waiver consumers in the Individualized Services Information System (ISIS) described below. All qualified HCBS services will follow the same billing procedures as any HCBS waiver payments. For the demonstration l services, the Transition Services Coordination agency (the vendor employing the transition specialists) will act as a Financial Management Service similar to the process of the Consumer Choices Option program. The Transition Services Coordination agency will be the Medicaid provider and will submit claims for all approved demonstration services and will pay for these services on behalf of the consumer. All services must be identified in the MFP participant's service plan and in ISIS and will be subject to the same billing audit procedure as the HCBS waiver providers. This process has been tested with the Consumer Choices Option program and has been shown to work.

The Iowa Department of Human Services has developed a computer program, named the "Individualized Services Information System" or "ISIS," to support the waiver

programs. The purpose of ISIS is to assist workers in these programs in processing and tracking requests, starting with an initial entry from the ABC system through approval or denial. Upon approval, participants will use ISIS to provide the Iowa Medicaid Enterprise (formally called the fiscal agent) with information and authority to make payments to or on behalf of a consumer. The consumer is tracked in ISIS until that consumer is no longer accessing a waiver program. The ISIS system provides for edits to make sure that all claims are made only when an individual is eligible for waiver payments and when the services was included in the plan. The Iowa Department of Human Services Bureau of Purchased Services performs financial audits on providers to ensure the services were provided. The transition specialist and, after the demonstration year ends, the case manager also ensures that the services were provided.

In addition, the Department of Human Services Bureau of Purchased Services performs both financial and performance audits of Medicaid Providers. The billing audit is intended to:

- Ensure HCBS providers appropriately and accurately document the provision of services so that claims paid by the Department are eligible for reimbursement;
- Limit the risk of providers having to refund payments to the Department because they have submitted ineligible claims.
- Limit the risk of the Department losing or having to return matching federal funds because of having paid ineligible claims.

The flow of billing is as follows:

- Providers shall submit claims on a monthly basis for waiver services provided to each individual served by the provider agency.
- Providers may submit electronic claim forms only
- Providers shall submit a claim form that accurately reflects the following:
    - The provider's approved Medicaid waiver provider number
    - The appropriate waiver procedure code(s) that correspond to the waiver services authorized in the service worker or case manager's service plan (case plan).
    - The appropriate waiver service unit(s) and fee that corresponds to the service worker, transition specialist or case manager's service plan (case plan).
- The IME/Provider Services Unit issues provider payments on the second and fourth Mondays of each month.
- The ISIS system edits insure that payment will not be made for services that are not included in an approved service plan (plan of care). Any change to ISIS data generates a new program request. The program request culminates in a final milestone that verifies an approved service plan has been entered into ISIS. ISIS data is updated daily into MMIS.

D. Other Administrative Activities.

Training

Crisis Intervention Institute: Crisis Prevention Institute (CPI) is a training program that teaches practical skills and strategies to safely manager disruptive or difficult behavior while balancing the responsibilities of care. CPI is known worldwide for its behavioral management best practices. One of the transition specialist s is a certified trainer for CPI. The certification allows the transition specialist to train direct care workers on the CPI techniques. Fifteen CPI trainings have been held for free with over 100 people attending. Iowa continues to find that community providers lack the necessary training to be able to support consumers with challenging behaviors successfully in the community. The training books for the training and the annual certification fee for the transition specialists to be able to continue to the training is funded at the 100% federal administrative claims match.

Curriculum for the Certified Behavioral Analyst Certificate: One of the transition specialists will be obtaining her certification to become a certified Behavioral Analyst. The courses necessary to obtain this certification is funded at the 100% federal administrative claims match.

HCBS National Conference September 2010: The MFP director will be attending the HCBS National Conference. This is funded at the 100% federal administrative claims match

Iowa Program Assistance Response Team: In response to barriers that Iowa has been facing with transitioning, IME entered into a memorandum of understanding with one of the state resource centers to implement a new program called Iowa Program Assistance Response team (I-PART). I-PART will assist providers, families and medical professionals with managing the serious and challenging behaviors of individuals with co-occurring intellectual disability and mental illness so they can live successfully in the community. I-PART will provide two mobile response crisis teams, twenty-two community provider trainings, four provider consultations to encourage other crisis intervention providers, and two trainings for Psychiatrists and other medical professions. It is anticipated that this will provide a system that will assist community providers and programs in an effort to:

- Better manage individuals with mental retardation and mental illness of clients enrolled in Iowa Medicaid;
- Reduce the number of individuals formally applying for admission to the Resource Centers;
- Reduce emergency behavioral health hospitalizations, thereby reducing costs;
- Reduce jail admissions in the target population;
- Reduce out of state placements;
- Reduce emergency discharges from community programs;
- Provide a broad range of training opportunities to community resources and providers;
- Increase successful movement from the Iowa resource centers to community services; and

- Assist the IME staff in establishing appropriate programmatic requirements so that services can be provided in the future by the full panel of Medicaid providers eligible to offer intervention services.

For MFP consumers, the mobile response crisis team service can bill the service as a direct service under the Crisis Intervention Service. The provider and psychiatrist training will be paid for administratively through the memorandum of understanding between the resource center and IME and will be funded at the 100% federal administrative claim match

Outreach and Marketing As part of Iowa's outreach strategy, Iowa developed a video to highlight success stories of individuals who have transitioned into the community. The video also provides details on the importance of offering consumers choice and what the benefits are with MFP. United States Senator, Tom Harkin provides an introduction to the video. The video will be distributed to guardians and family members as well as ICF/ID providers. Iowa hopes to have the video played as a public service announcement. The duplication of this DVD will be funded at the 100% federal administrative claims match. Iowa will be modifying the video to feature MFP individuals that have significant physical disabilities and or medical needs. The modification of the DVD will be funded at the 100% federal administrative claims match.

IV. Evaluation

Iowa has not planned or budgeted for a state administered evaluation of MFP, but will collaborate with the national evaluation.

V. Nursing Home Transition and Diversion and Diversion Supplemental Grant Award and Budget

Summary/Abstract

This grant opportunity is ideally timed to build upon and capture the momentum currently in place for the Iowa Medicaid Enterprise's (IME) Money Follows the Person (MFP) program, the Aging and Disability Resource Centers (ADRC), and the Office of the State Long Term-Care Ombudsman (OLTCO). Through the approach defined in this proposal, these three organizations will come together in strategically new ways to advance Iowa's commitment to creating the necessary systems so individuals of all ages and disabilities can choose where they want to live and receive long-term supports.

The proposal calls for nursing facility providers to contact IME whenever a resident's Minimum Data Set (MDS 3.0) Section Q response is that he or she wants "to talk to someone about the possibility of returning to the community." IME would notify the assigned ADRC which would then be responsible for ensuring that either an ADRC Options Counselor or the local OLTCO contacts the resident to provide options counseling. If a resident is interested in transitioning to the community, the ADRC or a designated transition assistance entity will provide transition services. The experience of the MFP initiative will be utilized throughout this grant. Collectively, this structure supports and strengthens the mission of each partner and strengthens MDS 3.0 "Q" implementation.

Current Status of ADRC and MFP-ADRC Partnership

The Iowa Department on Aging (IDA) received an ADRC planning grant in 2004. In 2008, two county ADRC pilot sites were established. Each project had an advisory committee of local human service agencies and advocacy groups that created a streamlined access plan with accompanying protocols, memorandums of understanding, and referral networks all designed to help consumers more readily access the long term support system. In 2009, Heritage Area Agency on Aging (AAA) became an ADRC serving the Cedar

Rapids area. In 2010, Hawkeye Valley Area Agency on Aging (AAA) became an ADRC serving residents in Waterloo and surrounding counties. Currently these two area agencies on aging serve 17 counties. Both agencies provide options counseling to all populations regardless of age, disability, or income. The core functions of these ADRCs are: 1) outreach, education, advocacy, and establishment of linkages with service providers that represent major pathways to long term services and supports, 2) information and assistance to help consumers understand the range of long-term support options available in their community, 3) options counseling to provide more in-depth support as directed by the consumer to help the consumer understand his or her benefits and to link consumers with needed support, and 4) streamline access by connecting with community partners to establish necessary protocols and procedures to facilitate integrated and/or coordinated access to publicly supported long-term services and supports – both community-based and institutional. Funding from this grant would be used to enhance the level, frequency, and geographic coverage of transition planning services.

The ADRCs desire to support MFP activities through provision of options counseling services and transition services to individuals who wish to remain in the community and to individuals looking to return to the community from a facility. Under this grant, the ADRCs will expand their involvement with MFP through the addition of more structured options counseling and transitional services to support residents of nursing facilities who have indicated through their response to the MDS 3.0 “Q” questions that they wish to return to the community.

Iowa’s MFP program currently is transitioning individuals with Intellectual Disabilities (ID) and other related conditions out of ICF/IDs. Iowa has six MFP transition specialists that provide transition/option counseling and transition activities to the ICF/ID population across the state.

Referrals to the MFP program may come from the individual, family member, guardian, ICF/ID providers, community providers, case managers or other community stakeholders. Once a referral is made, the assigned transition specialist will request a consumer referral packet from the ICF/ID provider. The transition specialist will then meet with the consumer and/or family/guardian to review the MFP informational packet and discuss available community options. The Iowa MFP program is guided on the principle that each individual has a choice as to where they want to live, which includes whether or not they want to transition from the ICF/ID.

Once the consent to begin transition planning is obtained, the transition specialists assists the individual with developing the interdisciplinary team (IDT) that will assist the consumer with a person centered transition planning process. The individual and the IDT will discuss options and preferences of communities and service providers. This includes the option to be able to self –direct their services. The IDT will discuss the supports that will be needed to make the transition happen. This information will be incorporated into the transition plan. The transition specialist assists securing the needed services and supports.

Services currently available under the MFP program include qualified HCBS services available under the ID Waiver and demonstration services (i.e. training reimbursement for providers, assistive technology services, environmental modification initial household setup costs and clothing). The MFP individual is also offered the opportunity to participate in trial overnight stays in his or her new community setting before the move actually occurs. Once the transition specialist secures the needed services and supports, a move date can be established. Once the move occurs, the transition specialist is required to visit the consumer within the first two days of the move, and then at least every 30 days after that, and provide care coordination for the first 365 days after the move.

Iowa would like to utilize the experiences from the current MFP project to work with the ADRC and the transition assistants to explore options to expand the MFP program to the nursing facility population. As Iowa looks to expand the population served under

MFP to individuals living in a nursing home, this grant would provide the opportunity to link Iowa's existing ADRC programs with the MFP transition activities.

Goals, Objectives, and Outcomes

The IDA, the local ADRCs, and the local OLTCOs all embrace the MFP values of independence, dignity, and choice. The concepts of person-centered planning and consumer directed decision-making are fundamental to each of these partners and serve to unite all in a shared mission.

The goals under this proposal are to provide timely information on available options to approximately 450 facility residents and to transition up to 10% of Medicaid members who received options counseling from nursing facilities back to the community.

The objectives are to 1) use the knowledge and expertise ADRCs have about community service networks to educate and transition residents out of facilities, 2) optimize the geographic presence and facility knowledge of the Local OLTCO) to assist and advocate for residents who are considering discharge from a facility, 3) determine what would be needed in the state infrastructure and possible state policy changes, to expand MFP to the nursing facility population and ensure sustainable community services and supports and 4) complement but not duplicate MFP transition activities currently in place.

The outcomes are 1) more nursing facility residents will be able to make informed decisions about where they would like to receive services, 2) 45 facility residents will successfully return to the community setting of their choice, 3) nursing facility staff will better understand their role under the new MDS 3.0 "Q" provisions, 4) the partnerships will be strengthened between the State Medicaid Agency, the State Unit on Aging, local ADRC agencies, and the OLTCO.

This project will not change the expected outcomes under the current MFP program to transition ICF/ID residents, but will strengthen Iowa's MFP, ADRC and OLTCO partnerships, providing Iowa with the information to explore options to expand the current MFP grant to include the nursing facility population.

Proposed Project and Management

The proposed approach builds upon the existing strengths of the Iowa ADRCs and the work done under the IME MFP initiative, while at the same time supporting the capacity of the ADRCs to expand visibility in facility settings. The proposal also integrates the local OLTCO into the community-based service provision network. The interface of these partners will advance Iowa's goals by collaborating resources to reach more nursing facility residents who would transition to the community if the right support opportunity existed. The experience with options counseling and transition planning with MFP will be applied to ADRC/OLTCO activities, thereby reducing start-up time and facilitating long term operational sustainability.

Proposed Project:

The project would be implemented statewide. Whenever a resident indicates that he or she wants "to talk to someone about the possibility of returning to the community" the nursing facility would contact the IME established 800-number. IME staff would notify the designated ADRC of the referral.

Upon receipt of the referral, the ADRC or local OLTCO staff person would contact the resident referred and provide timely information about choices of services in the community. If the resident is interested in transitioning into the community, in the 17 counties served by the ADRC, the ADRC options counselor and the nursing facility representative will coordinate the transition. In the remaining counties not currently served by ADRC, IME will contract with a designated entity to provide transition assistance. The

options counselor/designated transition assistant would maintain a relationship with the individual and follow up to ensure adequate supports are in place after the person returns to the community.

The ADRC options counselor or designated transition assistant will have the responsibility to assist residents through the process of deciding upon and procuring the services necessary to support the resident's transition to the community. Prior to the MDS 3.0 "Q" implementation date, there will be cross-training to share the unique technical expertise that each partner brings to the project. MFP staff will train ADRC staff and OLTCO about person-center planning and other core competency skills related to MFP. ADRC options counselors will educate OLTCO about the service of options counseling and where to obtain information about local community resources and supports available to those living in the community. OLTCO will explain resident's rights and discharge planning responsibilities of nursing facility providers.

Iowa anticipates that the activities of this grant will strengthen the partnership between IME, MFP, ADRC and OLTCO. The experiences will help identify funding options necessary to continue to support these activities, i.e. expansion of the MFP grant, modifications to the existing state plan and HCBS waiver services and/or investigating federal administrative funding matches.

IME will enhance and build upon the current MFP data management systems to manage referrals and collect data to include populations within the implementation of MDS 3.0 "Q". It is anticipated that all the partners with the proposed activities of this grant will have access to this data management system.

Proposed Project Management:

IME is Iowa's existing MFP grantee and will oversee this supplemental grant award. IME will manage the implementation of the intake referral services, options counseling, the transition planning, assistance and the development of the data management system. IME is

also the state authority responsible for monitoring and oversight of the effective implementation of the MDS 3.0 “Q”. IME will formalize the partnerships with the proposed grant activities by establishing an interagency agreement between IME and IDA as well as a designated transition assistance agency. The agreements will clearly define the scope of work and responsibilities for the local entities providing option and/or transition counseling.

The IDA is the state ADRC grant recipient. As such, the IDA will be responsible for activities of the local ADRCs located in the Heritage AAA (Cedar Rapids) and the Hawkeye Valley AAA (Waterloo). The IDA will amend current contracts with these two AAA’s to encompass funding and deliverables under this grant. The ADRC project manager at IDA will facilitate coordinate between the local ADRCs and IME and address any programmatic issues. IDA has state oversight for the OLTCO who is responsible for managing activities of the local OLTCO entities.

Iowa acknowledges it is difficult to determine the volume of referrals that may be received as a result of implementing MDS 3.0 “Q”. IME will facilitate at least once a month coordination meetings with all partners to discussion implementation and operational challenges. With a formalized interagency agreement with the partners, there will be opportunities to mitigate challenges and barriers has they arise.

PROJECT BUDGET JUSTIFICATION

D. Budget:
Period: October 1, 2010 - September 30, 2012

I.	**Intake and Referral for Options Counseling (intake calls from Nursing Facilities and make referrals to local contact agencies)**	**$ 20,000**
II.	**Interagency agreement with Iowa Department on Aging (contacting residents, discussing options and assisting residents to return to the community)**	**$240,000**

III.	**Other Transition Activities (contract to designated transition assistance entities to assist residents to return to the community)**	**$120,000**
IV.	**Data Management Development (enhancing and building upon data management systems to compliment MFP data management systems)**	**$ 20,000**
	Total Budget Request	**$400,000**