

# MFP STATE OPERATIONAL PROTOCOLS (OPs)

## REVIEW CRITERIA

*Final October 22, 2007*

MFP OP Component	CMS OP INSTRUCTIONS & DRA STATUTORY LANGUAGE
<b>A. Project Goals and Benchmarks</b>	
<p>A. Introduction /Goals</p> <p>A.1 Case Study</p>	<p>State MFP program goals address all four demonstration objectives outlined in statute:</p> <ol style="list-style-type: none"> <li>1. Rebalancing: increasing use of HCBS</li> <li>2. MFP: eliminate barriers that prevent/restrict flexible use of Medicaid funds to receive LTC in HCBS</li> <li>3. Continuity of Service: assure continued provision of HCBS after 1-year transition period</li> <li>4. QA/QI: ensure at least same level of QA for MFP participants as available to other HCBS beneficiaries.</li> </ol> <p>Statutory requirement: “Describe the extent to which the MFP demonstration project will contribute to the accomplishment of [the 4 above objectives] - §6071-(c) (7) (ii)</p> <p>Case study is:</p> <ol style="list-style-type: none"> <li>1) comprehensive (covers each step in the process), and</li> <li>2) describes the transition process from the participant perspective</li> </ol>
<p>A.2 Benchmarks</p>	<p>Two (2) required benchmarks:</p> <ol style="list-style-type: none"> <li>1) projected number of eligible individuals in each target group to be assisted in transitioning, and</li> <li>2) qualified expenditures for HCBS during each year of the demonstration program</li> </ol> <p>At least 3 additional benchmarks measure progress by State in:</p> <ol style="list-style-type: none"> <li>1) directing savings from enhanced FMAP towards system improvements or</li> <li>2) enhancing ways in which money can follow the person.</li> </ol>
<b>B. Demonstration Implementation Policies and Procedures</b>	
<p>B.1 Participant Recruitment and Enrollment</p>	<p>Explain process for each target population.</p> <ol style="list-style-type: none"> <li>1) describes MFP-specific screening, eligibility determination, and assessment criteria and processes, and</li> </ol> <p>MFP Qs &amp; As_14May2007 (see <a href="http://www.mfpresources.com">www.mfpresources.com</a> under CMS Guidance folder): “After a demonstration participant has been enrolled in the MFP and goes back into a facility, the participant cannot spend more than 30 days in the facility without being considered in an institutional residence.”</p> <ol style="list-style-type: none"> <li>2) includes samples of all information, instruments, and forms to be used for those transitioning</li> </ol>

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<p>B. 2 Informed Consent and Guardianship</p>	<p>Clearly describes procedures and forms to fully inform participants and caregivers about their rights and responsibilities in the MFP demonstration and how/to whom to report complaints or critical incidents. Specific procedures for assessing whether guardians’ relationship with potential demonstration participant is sufficient to be involved in transition decision and for documenting type/frequency of interaction with potential participants in past 6 months.</p>
<p>B.3 Outreach, Marketing and Education</p>	<p>Describes State plans to conduct outreach, marketing, education and staff training to enable professionals and individuals to refer eligible individuals to MFP screening system; contains a list of all outreach and training materials developed.</p>
<p>B.4 Stakeholder Involvement</p>	<p>Describes roles and responsibilities of consumer, institutional and other key stakeholders in MFP design, implementation, and if relevant, State evaluation</p>
<p>B.5 Benefits and Services</p>	<p>Describes service delivery system for each population to be served, including mechanisms to be used for a) service delivery (e.g. FFS, MC, self-directed) and b) Medicaid program, e.g. waiver programs, SPAs, etc. See Major Topics Q &amp; A in MFPResources.com - CMS Guidance folder: “The State must ensure there is room for the number of demonstration participants it has assigned the “Qualified HCBS program” by not having a waiting list for its waiver, or the State must reserve slots for the demonstration participants by submitting a simple waiver amendment stating the number of reserved slots. This can be done during the pre-implementation period. See also MFP Qs &amp; As 14May07 in MFPResources.com – CMS Guidance folder. Contains list of all services available to demonstration participants, divided into qualified HCBS, HCBS demonstration services, supplemental services, and SPA-covered services Provide billable units and rate to be paid for HCB demonstration services and supplemental services</p>
<p>B.6 Consumer Supports</p>	<p>Describes arrangements for service planning and coordination, including case management staff Describes 24-hour <u>emergency</u> backup systems for all services available, and provided, to MFP demonstration participants, including:</p> <ul style="list-style-type: none"> <li>▪ Direct service workers</li> <li>▪ Transportation</li> <li>▪ Equipment repair/replacement, and</li> <li>▪ Other critical health or supportive services</li> </ul>

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B.7 Self-Direction	<p>Self-directed support systems in place for MFP participants (see OP Appendix A for further details):</p> <ul style="list-style-type: none"> <li>▪ Participant-centered service plan development</li> <li>▪ Service plan implementation and monitoring</li> <li>▪ Self-direction approach, goals, decision-making authority</li> </ul>
B. 8 Quality	<p>Describes quality management system for MFP demonstration participants during the demonstration year and in the programs in which they will continue after the transition period.</p> <p>If using an <b>existing waiver</b>, quality management system (QMS) will be modified to meet the needs of MFP demonstration participants, assures that changes will meet same level of quality assurance as the overall waiver QMS</p> <p>If <b>new waiver program</b> proposed to serve MFP demo participants, describes QMS to be employed.</p>
B.9 Housing	<p>Defines qualified residences for MFP participants and describes State regulations for each type.</p> <p>Describes plan for assuring sufficient supply of qualified residences to assure MFP participants have a choice among them.</p>
B. 10 Continuity of Care Post Demonstration	<p>Describes how waivers or SPAs will be used to assure continuity of care after participation in the MFP demonstration.</p>
<b>C. Organization and Administration</b>	
C. 1 Organizational Structure	<p>Organizational chart clearly shows lines of authority between MFP lead agency and project director, all other State agencies, including the Medicaid agency and Medicaid Director.</p>
C.2. Staffing Plan	<p>Full-time project director with strong management skills and HCBS experience hired</p> <p>All other staff positions for MFP program are clearly identified, roles defined and time dedicated to grant.</p> <p>Contractors and their roles/duties clearly specified.</p> <p>See MFP Qs &amp; As_14May07 on <a href="http://www.mfpresources.com">www.mfpresources.com</a> - CMS Guidance:</p> <p>“It is at the States discretion to have a Medicaid provider agreement as well as a contract with a Fiscal Intermediary for demonstration and supplemental services because these are not Medicaid services. If demonstration HCBS services are to continue after the demonstration period, then a Medicaid provider agreement and contract will need to be in place because the services will then be Medicaid services.</p>

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C.3. Billing and Reimbursement Procedures	Describes procedures for preventing duplication of payment for MFP demonstration and Medicaid programs, and fraud control and monitoring.
<b>D. Independent State Evaluation</b> [Not required]	
D. 1. Evaluator	Evaluator has necessary skills/expertise to conduct the evaluation and State has sound plans for implementing, monitoring the proposed evaluation.
D. 2. Evaluation Design	Describes evaluation design and outcome measures, identifies data sources, and addresses proposed methods to isolate effects of demo from other State initiatives and characteristics.
D. 3 Variables	Specifies evaluation outcome variables to be collected in State evaluation, and identifies instruments, e.g. surveys, to be used.
D. 4 Process Evaluation	Describes process evaluation measures and methodology.
<b>E. Final Project Budget</b>	
E. 1 MFP Budget Forms	All required MFP budget forms attached <u>in CMS-provided Excel files.</u>
E.2. Budget Presentation and Narrative	Includes narrative explaining <u>how MFP service cost estimates in each category (qualified HCBS, HCB demonstration, and supplemental) were calculated</u> in the line item budget and justification for administrative and evaluation expenses.
E. 3 OMB Forms and Assurances	Includes all other OMB budget forms and assurances.