

MFPDAC Quarterly Meeting
July 11, 2008
2:00 pm – 4:00 pm

Brown-Heatly, Room 1410

- Welcome and Introductions
- Review Minutes of Last Meeting (January 11, 2008) MFPDAC
- MFP Demonstration Update Steve Ashman
 - MFPD Enrollments – NF and ICF/MR Dena Stoner
 - Behavioral Health Pilot Ric Zimmerman
 - Overnight Companion Services Tommy Ford
 - ICF/MR Voluntary Closure Steve Ashman
 - Benchmarks Steve Ashman
 - Quality of Life Survey Steve Ashman
 - Outreach Activities Steve Ashman
- Review of MFPD Reports MFPDAC
- Quarterly Activities (January to present, 2008) Steve Ashman
- Public Comments
- Next Meeting Date – October 10, 2008, Brown-Heatly, Room 1410

Toll Free Dial-In Number: (877) 226-9790
Access Code: 1822660

MFP Demonstration Enrollment Activity

	5/31	4/30
CBA	23	8
MDCP	1	0
Class	0	0
HCS	61	49
DBMD	0	0
Star+	31	10
ICM SSI	2	0
ICM MAO	6	0
CWP	0	0
Total	124	67

**ICM MFPD
Processing As of 6-
16-08**

Service Coordinator	Total Referrals Received To Date	Members Assigned to SCs	Members Relocated into the Community	Members with Contact by SC/Transition in Progress	Members Consenting to Participate in MPF Demo Project	% MFPD Participation
Dallas Total	223	119	22	50	36	16.1% (72%)
Tarrant Total	232	152	40	51	28	12.0% (55%)
Other Service Coordinators		165	0	7	7	
Grand Total	455	436	62	108	71	15.6% (66%)

Number of STAR+Plus MFP/MFPDP Referrals and Enrollments for time period 1 February 2008 through May 2008

	STATE MFP	MFPDP (Consent Form Signed)	Total Referrals	% of Total MFPDP	Enrolled
TOTALS	26	83	109	76%	43

CBA and MDCP May Activity by Region	Number Offered MFPD in May	Number Who Accepted MFPD	Number Enrolled In MFPD
1	12	0	1
2/9	4	3	2
3	2	2	1
4	13	12	1
5	7	6	3
6	3	1	4
7	14	2	0
8	7	7	1
10	0	0	0
11	3	2	2
Total	65	35	15



TYPE OF FACILITY TRANSITIONED FROM	COUNT	PERCENT
COMMUNITY ICF/MR	38	29.92%
ICF/MR WITH VOLUNTARY CLOSURE	0	0.00%
STATE INSTITUTION	24	18.89%
NURSING FACILITY	3	2.36%
RIDER 37 (FAC TO COMM)	57	44.88%
HOSPITAL	0	0.00%
MEDICARE/SNF	0	0.00%
HOME	2	1.57%
HOSPICE	0	0.00%
PRIVATE PAY	0	0.00%
CHILDRENS FOSTER CARE LVL 1	0	0.00%
CHILDRENS FOSTER CARE LVL 2	0	0.00%
OTHER/UNKNOWN	3	2.36%
INVALID	0	0.00%
TOTALS	127	100.00%

DATE PREPARED: 06-11-08
TIME PREPARED: 15:04

D A D S
MFP DEMONSTRATION PARTICIPANTS - TYPE OF RESIDENCE TRANSITIONED TO

REPORT NO.: HC063486
PAGE : 1

AS OF 05-31-2008

TYPE OF RESIDENCE TRANSITIONED TO	COUNT	PERCENT
OWN HOME/FAMILY HOME	39	30.70%
COMMUNITY - W/OTHER WAIVER PARTICIPANTS	1	0.78%
COMMUNITY - ALTERNATIVE. LIVING/RES. CARE	22	17.32%
SHIFT STAFF RESIDENTIAL COMPONENT 3 BED	0	0.00%
SUPERVISED LIVING	10	7.87%
RESIDENTIAL SUPPORT	36	28.34%
FOSTER/COMPANION CARE	15	11.81%
UNKNOWN	0	0.00%
OTHER	4	3.14%
TOTALS	127	100.00%

AS OF 05-31-2008

TYPE OF RESIDENCE:		CBA	MDCP	CLASS	HCS	DBMD	STAR+ PLUS	ICM SSI	ICM MAO	CWP	TOTALS
OWN HOME/FAMILY HOME	COUNT	15	1	0	1	0	16	0	4	0	37
	PERCENT	40.54%	2.70%	0.00%	2.70%	0.00%	43.24%	0.00%	10.81%	0.00%	100%
COMMUNITY - W/OTHER WAIVER PARTICIPANTS	COUNT	0	0	0	0	0	1	0	0	0	1
	PERCENT	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100%
COMMUNITY - ALTERNATIVE. LIVING /RES. CARE	COUNT	6	0	0	0	0	12	2	2	0	22
	PERCENT	27.27%	0.00%	0.00%	0.00%	0.00%	54.54%	9.09%	9.09%	0.00%	100%
SHIFT STAFF RESIDENTIAL COMPONENT 3 BED	COUNT	0	0	0	0	0	0	0	0	0	0
	PERCENT	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0%
SUPERVISED LIVING	COUNT	0	0	0	10	0	0	0	0	0	10
	PERCENT	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100%
RESIDENTIAL SUPPORT	COUNT	0	0	0	36	0	0	0	0	0	36
	PERCENT	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100%
FOSTER/COMPANION CARE	COUNT	1	0	0	14	0	0	0	0	0	15
	PERCENT	6.66%	0.00%	0.00%	93.33%	0.00%	0.00%	0.00%	0.00%	0.00%	100%
UNKNOWN	COUNT	1	0	0	0	0	2	0	0	0	3
	PERCENT	33.33%	0.00%	0.00%	0.00%	0.00%	66.66%	0.00%	0.00%	0.00%	100%
OTHER	COUNT	0	0	0	0	0	0	0	0	0	0
	PERCENT	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0%
TOTALS	COUNT	23	1	0	61	0	31	2	6	0	124
	PERCENT	18.54%	0.80%	0.00%	49.19%	0.00%	25.00%	1.61%	4.83%	0.00%	100%

D A D S
 MFP DEMONSTRATION PARTICIPANTS
 AUTHORIZATIONS BY TYPE OF FACILITY TRANSITIONED FROM BY WAIVER TYPE

AS OF 05-31-2008

TYPE OF RESIDENCE:		CBA	MDCP	CLASS	HCS	DBMD	STAR+ PLUS	ICM SSI	ICM MAO	CWP TOTALS
COMMUNITY ICF/MR	COUNT	0	0	0	38	0	0	0	0	0 38
	AVERAGE	0	0	0	54,282	0	0	0	0	0 54,282
ICF/MR WITH VOLUNTARY CLOSURE	COUNT	0	0	0	0	0	0	0	0	0 0
	AVERAGE	0	0	0	0	0	0	0	0	0 0
STATE INSTITUTION	COUNT	0	0	0	23	0	0	0	0	0 23
	AVERAGE	0	0	0	53,571	0	0	0	0	0 53,571
NURSING FACILITY	COUNT	0	0	0	0	0	0	0	2	0 2
	AVERAGE	0	0	0	0	0	0	0	25,880	0 25,880
RIDER 37 (FAC TO COMM)	COUNT	21	0	0	0	0	28	2	4	0 55
	AVERAGE	17,813	0	0	0	0	17,458	23,195	20,728	0 18,040
HOSPITAL	COUNT	1	0	0	0	0	2	0	0	0 3
	AVERAGE	1,060	0	0	0	0	32,635	0	0	0 22,110
MEDICARE/SNF	COUNT	0	0	0	0	0	0	0	0	0 0
	AVERAGE	0	0	0	0	0	0	0	0	0 0
HOME	COUNT	1	1	0	0	0	1	0	0	0 3
	AVERAGE	26,373	26,377	0	0	0	13,582	0	0	0 22,111
HOSPICE	COUNT	0	0	0	0	0	0	0	0	0 0
	AVERAGE	0	0	0	0	0	0	0	0	0 0
PRIVATE PAY	COUNT	0	0	0	0	0	0	0	0	0 0
	AVERAGE	0	0	0	0	0	0	0	0	0 0
CHILDRENS FOSTER CARE LVL 1	COUNT	0	0	0	0	0	0	0	0	0 0
	AVERAGE	0	0	0	0	0	0	0	0	0 0
CHILDRENS FOSTER CARE LVL 2	COUNT	0	0	0	0	0	0	0	0	0 0
	AVERAGE	0	0	0	0	0	0	0	0	0 0
OTHER/UNKNOWN	COUNT	0	0	0	0	0	0	0	0	0 0
	AVERAGE	0	0	0	0	0	0	0	0	0 0
INVALID	COUNT	0	0	0	0	0	0	0	0	0 0
	AVERAGE	0	0	0	0	0	0	0	0	0 0
TOTALS	COUNT	23	1	0	61	0	31	2	6	0 124
	AVERAGE	17,457	26,377	0	54,014	0	18,312	23,195	22,445	0 36,060

* DATA FOR ICF/MR WITH VOLUNTARY CLOSURE IS UNAVAILABLE AT THIS TIME

D A D S
 MFP DEMONSTRATION PARTICIPANTS
 AUTHORIZATIONS BY TYPE OF FACILITY TRANSITIONED TO BY WAIVER TYPE

AS OF 05-31-2008

TYPE OF RESIDENCE:		CBA	MDCP	CLASS	HCS	DBMD	STAR+ PLUS	ICM SSI	ICM MAO	CWP TOTALS
OWN HOME/FAMILY HOME	COUNT	15	1	0	1	0	16	0	4	0 37
	AVERAGE	18,350	26,377	0	23,288	0	18,864	0	22,612	0 19,383
COMMUNITY - W/OTHER WAIVER PARTICIPANTS	COUNT	0	0	0	0	0	1	0	0	0 1
	AVERAGE	0	0	0	0	0	2,563	0	0	0 2,563
COMMUNITY - ALTERNATIVE. LIVING /RES. CARE	COUNT	5	0	0	0	0	12	2	2	0 21
	AVERAGE	17,753	0	0	0	0	16,500	23,195	22,111	0 17,971
SHIFT STAFF RESIDENTIAL COMPONENT 3 BED	COUNT	0	0	0	0	0	0	0	0	0 0
	AVERAGE	0	0	0	0	0	0	0	0	0 0
SUPERVISED LIVING	COUNT	0	0	0	11	0	0	0	0	0 11
	AVERAGE	0	0	0	54,046	0	0	0	0	0 54,046
RESIDENTIAL SUPPORT	COUNT	0	0	0	36	0	0	0	0	0 36
	AVERAGE	0	0	0	58,380	0	0	0	0	0 58,380
FOSTER/COMPANION CARE	COUNT	1	0	0	13	0	0	0	0	0 14
	AVERAGE	10,057	0	0	44,259	0	0	0	0	0 41,816
UNKNOWN	COUNT	0	0	0	0	0	0	0	0	0 0
	AVERAGE	0	0	0	0	0	0	0	0	0 0
OTHER	COUNT	2	0	0	0	0	2	0	0	0 4
	AVERAGE	13,717	0	0	0	0	32,635	0	0	0 23,176
TOTALS	COUNT	23	1	0	61	0	31	2	6	0 124
	AVERAGE	17,457	26,377	0	54,014	0	18,312	23,195	22,445	0 36,060

DATE PREPARED: 06-12-08
 TIME PREPARED: 10:23

D A D S
 MFP DEMONSTRATION PARTICIPANTS - CITY, COUNTY, REGION REPORT

REPORT NO.: HC063492
 PAGE : 10

AS OF 05-31-2008

REGION	CBA	MDCP	CLASS	HCS	DBMD	STAR+ PLUS	ICM SSI	ICM MAO	CWP	TOTALS
LUBBOCK REGION	COUNT 0	0	0	3	0	0	0	0	0	3
	PERCENT 0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100%
ABILENE REGION (COMB. W/ REG. 9)	COUNT 3	0	0	5	0	0	0	0	0	8
	PERCENT 37.50%	0.00%	0.00%	62.50%	0.00%	0.00%	0.00%	0.00%	0.00%	100%
ARLINGTON REGION	COUNT 2	0	0	21	0	0	2	6	0	31
	PERCENT 6.45%	0.00%	0.00%	67.74%	0.00%	0.00%	6.45%	19.35%	0.00%	100%
TYLER REGION	COUNT 9	1	0	1	0	0	0	0	0	11
	PERCENT 81.81%	9.09%	0.00%	9.09%	0.00%	0.00%	0.00%	0.00%	0.00%	100%
BEAUMONT REGION	COUNT 1	0	0	4	0	0	0	0	0	5
	PERCENT 20.00%	0.00%	0.00%	80.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100%
HOUSTON REGION	COUNT 0	0	0	7	0	22	0	0	0	29
	PERCENT 0.00%	0.00%	0.00%	24.13%	0.00%	75.86%	0.00%	0.00%	0.00%	100%
AUSTIN REGION	COUNT 0	0	0	10	0	0	0	0	0	10
	PERCENT 0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100%
SAN ANTONIO REGION	COUNT 2	0	0	4	0	2	0	0	0	8
	PERCENT 25.00%	0.00%	0.00%	50.00%	0.00%	25.00%	0.00%	0.00%	0.00%	100%
ABILENE REGION (COMB. W/ REG. 2)	COUNT 1	0	0	4	0	0	0	0	0	5
	PERCENT 20.00%	0.00%	0.00%	80.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100%
EL PASO REGION	COUNT 1	0	0	0	0	0	0	0	0	1
	PERCENT 100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100%
EDINBURG REGION	COUNT 4	0	0	2	0	7	0	0	0	13
	PERCENT 30.76%	0.00%	0.00%	15.38%	0.00%	53.84%	0.00%	0.00%	0.00%	100%
TOTALS	COUNT 23	1	0	61	0	31	2	6	0	124
	PERCENT 18.54%	0.80%	0.00%	49.19%	0.00%	25.00%	1.61%	4.83%	0.00%	100%

AS OF 05-31-2008

		CBA	MDCP	CLASS	HCS	DBMD	STAR+ PLUS	ICM SSI	ICM MAO	CWP	TOTALS
AGE											
0-9	COUNT	0	0	0	1	0	0	0	0	0	1
10-17	COUNT	0	0	0	3	0	0	0	0	0	3
18	COUNT	0	1	0	2	0	0	0	0	0	3
19-20	COUNT	0	0	0	3	0	0	0	0	0	3
21	COUNT	0	0	0	1	0	0	0	0	0	1
22-44	COUNT	2	0	0	32	0	2	0	0	0	36
45-64	COUNT	9	0	0	19	0	18	2	3	0	51
65-69	COUNT	0	0	0	0	0	1	0	1	0	2
70-74	COUNT	3	0	0	0	0	5	0	0	0	8
75-79	COUNT	4	0	0	0	0	2	0	0	0	6
80-84	COUNT	2	0	0	0	0	2	0	2	0	6
85-89	COUNT	2	0	0	0	0	1	0	0	0	3
90-94	COUNT	1	0	0	0	0	0	0	0	0	1
95-99	COUNT	0	0	0	0	0	0	0	0	0	0
100+	COUNT	0	0	0	0	0	0	0	0	0	0
UNKNOWN	COUNT	0	0	0	0	0	0	0	0	0	0
GENDER											
FEMALE	COUNT	15	1	0	25	0	11	1	4	0	57
MALE	COUNT	8	0	0	36	0	20	1	2	0	67
UNKNOWN	COUNT	0	0	0	0	0	0	0	0	0	0
ETHNICITY											
WHITE- NOT OF HISP. ORIGIN	COUNT	13	1	0	34	0	14	2	4	0	68
BLACK- NOT OF HISP. ORIGIN	COUNT	4	0	0	16	0	8	0	2	0	30
ASIAN OR PACIFIC ISLANDER	COUNT	0	0	0	1	0	0	0	0	0	1
HISPANIC	COUNT	6	0	0	6	0	9	0	0	0	21
UNKNOWN	COUNT	0	0	0	4	0	0	0	0	0	4



Texas MFP Behavioral Health Pilot Update

Dena Stoner, Senior Policy Advisor
Texas Department of State Health Services

Behavioral Health Pilot



- Pilot Site: San Antonio (Bexar County)
- Goals:
 - Transition adults with behavioral health (mental health or substance abuse) needs from nursing facilities to the community
 - Successfully maintain individuals in the community
 - Improve systems of care for long term care clients who also have behavioral health disorders. **(If the pilot is successful DADS and DSHS will consider amending HCBS NF waivers to include pilot demonstration services.)**

Pilot Scope

- Up to 50 participants per year can be included in the pilot
- In **addition** to existing STAR+PLUS and DADS services, two demonstration services are available for participants:
 - Substance abuse services
 - Cognitive Adaptation Training (CAT)
- Demonstration services are provided through a contract with the Center for Health Care Services
- Technical assistance regarding CAT is provided by the UT Health Science Center in San Antonio

Participants

- Adult – the primary target group is ages 21 through 64. (Individuals over 65 may also be included, on a case-by-case basis)
- Current resident in a Medicaid licensed nursing facility
- Has resided in nursing facility for six months or more
- Desires to reside in the community (Bexar county)
- Meets DSHS mandated adult population criteria -
 - GAF score \leq 50; and at a behavioral diagnosis, OR:
 - DSM IV – R substance abuse disorder, OR
 - diagnosis of severe mental illness (schizophrenia, bipolar or major depressive disorder)*

* A diagnosis on file in the DSHS system or a diagnosis by an MD

Demonstration Services

- DSHS provides state match for demonstration
- Federal demonstration match available for 365 days after participant leaves the Nursing Facility (intervention period)
- After 365 days participant continues to receive STAR+PLUS and the Medicaid state plan services as needed

Substance Abuse Services

- Individual and group counseling
- Pharmacotherapy – opiate addiction
- Maintenance / aftercare

Cognitive Adaptation Training

- Evidence-based service
- Provides community-based and in-home assistance to help people establish daily routines, organize their environment and function independently
- Uses motivational interviewing, to engage the person in performing self-care, using environmental modifications to facilitate independence
- Provides training for a person's long term care providers

CAT Interventions: Dressing



Apathy



Disinhibition

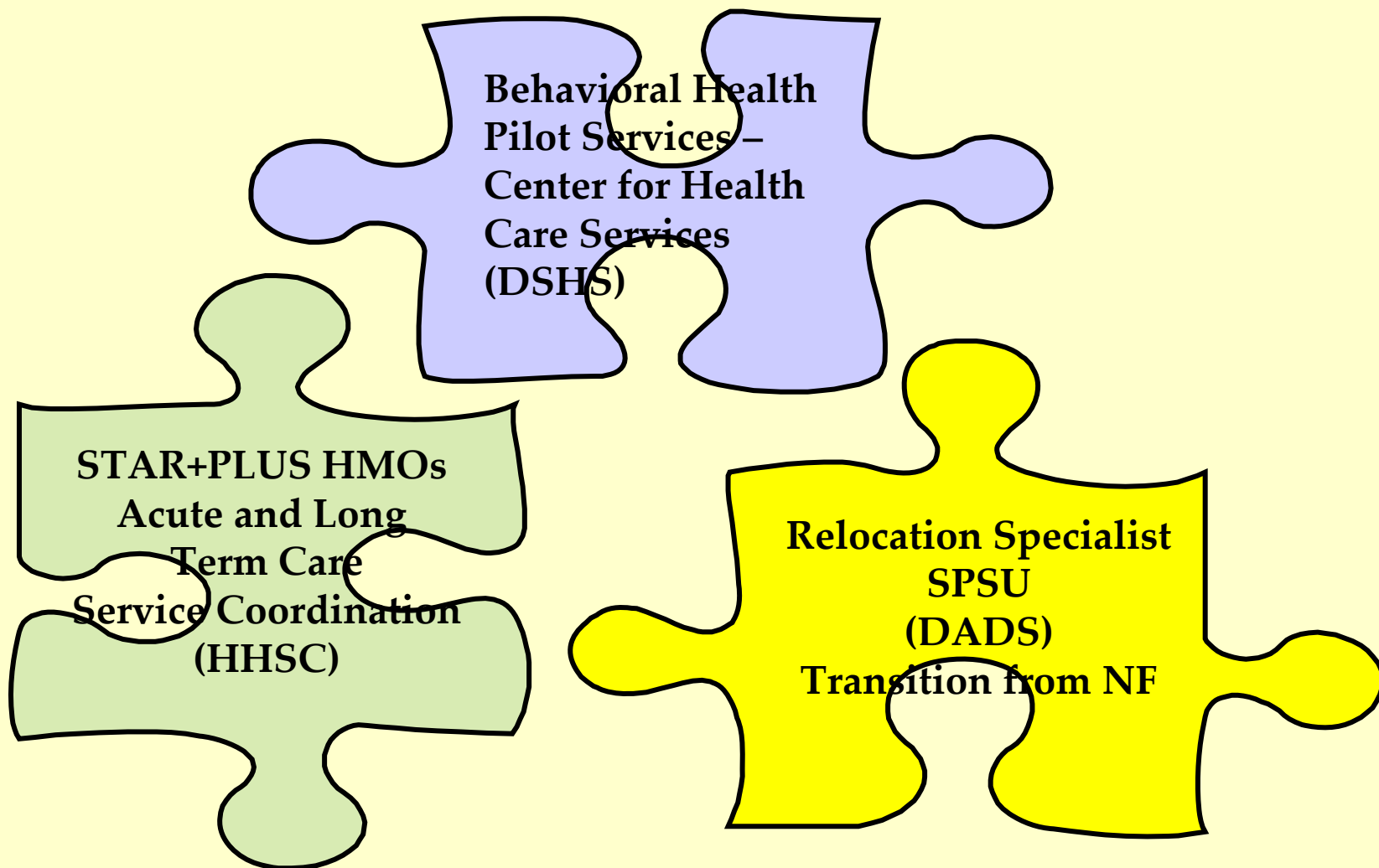


Mixed

CAT Interventions: Organization



Fitting Together



Timeline

- January 2008 – Data match – (almost 500 former DSHS clients are in Bexar County nursing homes)
- February / March 2008 - Implemented provider/stakeholder training
- March 2008 – Referrals into Pilot
- April 2008 – Service delivery started

- **Operations Phase: April 2008 – September 2011**
 - Service delivery
 - Create and Adjust
 - Interim evaluation – Process Evaluation initiated

- Phase-out: September 2011 – September 2012
 - Cease intake
 - Phase-out activities
 - Final evaluation completed

Issues to Date



- Relocation challenges – outreach, housing
- Coordination of services – who's on first?
- Information systems
- Transitional services – bridges to recovery
- Policy conundrums -
 - federal demo criteria - housing
 - medical necessity
 - Medicaid buy-in state rules

Progress

- People are becoming independent
 - moving into apartments, houses
 - obtaining employment
- BH services can effectively coordinate with long term care services
- Substance abuse services should begin before discharge, when possible
- To get people out of the box, we need continue to think outside the box

MONEY FOLLOWS THE PERSON (MFP) DEMONSTRATION
VOLUNTARY CLOSURE OF AN INTERMEDIATE CARE FACILITY FOR PERSONS WITH
MENTAL RETARDATION (ICF/MR)
TEXAS DEPARTMENT OF AGING AND DISABILITY SERVICES (DADS)

CRITERIA FOR PARTICIPATION

To apply for an Award through the Money Follows the Person (MFP) Demonstration an Intermediate Care Facility for persons with Mental Retardation (ICFs/MR):

- The Provider/owner must request in writing to **voluntarily close a Medium or Large ICF/MR (9 or more beds)** through the MFP Demonstration (Demonstration), and
- The ICF/MR must be **currently contracted, licensed and certified** by DADS.

Note: Downsizing of an ICF/MR does not meet eligibility criteria for an Award. The facility/building must not be used as an ICF/MR following closure through the Demonstration.

ACTIONS TO BE TAKEN BY DADS

DADS will select facilities and grant a financial Award to providers selected to participate in the voluntary closure through the Demonstration.

- ♦ The **number of facilities** chosen by DADS to participate in the Demonstration will be determined based on DADS MFP Demonstration Operational Protocol approved by the Centers for Medicare and Medicaid (CMS), and Demonstration requirements from CMS.
- ♦ The **number of beds** approved for conversion through the Demonstration will not exceed the number approved by CMS.
- ♦ The **amount of each Award** will be determined by DADS executive staff based on DADS MFP Demonstration Operational Protocol CMS, Demonstration requirements. Consideration will be given to:
 - a. The necessary and allowable costs demonstrated by the Provider for the closure of the facility;
 - b. The amount of funds available through the Demonstration; and
 - c. An amount determined by DADS to be appropriate and fair.

CONDITIONS FOR PARTICIPATION

1. **DADS will announce the criteria for participation through the Demonstration for a voluntary closure on Wednesday, May 7, 2008 at a stakeholder meeting.** DADS will provide an overview of the Demonstration and describe the application process and expectations.
2. **DADS will begin immediately to accept** applications for proposed voluntary closures of eligible ICFs/MR. The Provider must complete and provide written plans and provide information requested by DADS detailing closure plans and financial and business plans specific to the closure of the ICF/MR.
3. Applications for the Demonstration must be **signed by the Provider, the owner(s)**, with contractual signatory authority for the facility with DADS.
4. **Applications will be reviewed and considered by DADS on a first come/first served basis.** Priority consideration will be given to voluntary closures of “large” ICFs/MR (14+ beds) based on the largest number of individuals who will be transitioned into community-based programs. Only the number of ICF/MR beds approved for closure will be allocated for closures.
5. **The Provider must adhere to the Application/PLAN accepted by DADS for the Provider’s participation in the Demonstration to maintain eligibility for a financial Award.**
 - The Provider must request and justify any modifications to the Application/PLAN in writing prior to initiating a change;
 - DADS will review requested modifications to the Application/PLAN and notify the Provider in writing of decision related to the request;
 - DADS is not obligated to accept requested changes;
 - The Provider must not make changes prior to acceptance by DADS; and
 - DADS may terminate acceptance of an Application/PLAN if the Provider makes changes that were not accepted by DADS in writing prior to the change being made.
6. **Each resident, or the LAR, must be informed of all available choices and be given freedom of choice of community-based programs, services, providers, and living options for receipt of their long term services and supports.**
7. **The Provider must plan that at least 75% of the ICF/MR residents will transition into home and community-based waiver services.**
 - At least 75% of the *occupied*, licensed and certified ICF/MR beds must be converted to community-based waiver services.
8. **The Provider may request permission to develop one or more small ICF/MR facilities** (no less than 4 beds and no more than 6 beds/per facility). The Provider may utilize **no more than 25%** of the *occupied*, licensed and certified ICF/MR beds at the time the facility was selected to participate in the Demonstration.

9. **The Provider agrees to surrender the facility license and the facility contract to DADS within 5 business days of the closure of the facility** (the date the last resident leaves the facility).
10. **Disposition of ICF/MR beds from the closing facility:**
 - *Unoccupied*, licensed and certified beds are taken out of the ICF/MR Bed Plan (*taken off line*) by DADS;
 - Any occupied beds not approved by DADS to be developed by the Provider in one or more small ICFs/MR are taken off line;
 - Any occupied beds approved by DADS from the facility closure to be developed by the Provider into one or more small ICFs/MR:
 - (1) are taken off line on the 366th day following the facility closure date if the resulting small facility/facilities are not licensed and certified;
 - (2) may not be sold by the Provider in less than 365 days of being licensed, certified and contracted as an ICF/MR without prior written approval from DADS;
 - No “beds” from the closing ICF/MR may be sold by the Provider without prior written approval from DADS;
 - DADS has discretion with regards to the disposition of any remaining licensed and certified beds regardless of the occupancy status at the time of facility closure.
11. ~~**The Provider must develop *Individual Plans for community-based services* [Individual Service Plan (ISP), Individual Program Plan (IPP), or an Individual Plan of Care (IPC)] as required for the specific waiver program that the resident/LAR has requested. The Individual Plan is to identify the needs of the individual and to project the first year program costs for the individual in the requested home and community-based waiver program.**~~

New 11. Using historical costs associated with individuals that have moved from institutional settings into community-based waiver programs, DADS will project the first year costs based on the number of individuals that the Provider has projected for each program or type of services upon discharge from the closing ICF/MR.

12. **DADS Access and Intake (A & I) Division or Provider Services (PS) Division state office staff will conduct a Utilization Review (UR)** of each Individual Plan for community placement based on the program requested by the individual/LAR **at time of actual enrollment into the program.** The Individual Plan will be revised and re-calculated by DADS based on results of the Utilization Review.
13. **The Provider will submit a detailed PLAN** specific to the closure of the ICF/MR. Format for the Plan will be provided by DADS in the Application.
14. **DADS staff will evaluate the Provider’s Application**, to include the facility Closure Plan and Financial and Business Plan and determine an Award amount that will be made available to assist the provider with the facility closure.
 - Costs related to the buying/selling of property will not be considered in the consideration of or calculation of an Award paid by DADS.

15. **DADS will determine the amount and frequency of the Award payments** to assist the Provider in the closure of the ICF/MR based on:
 - The time frame for facility closure;
 - The sequence and timing of incurring necessary and allowable costs; and
 - The availability of funds/cash flow for DADS through the Demonstration.
16. **DADS will inform the ICF/MR Provider** of:
 - The Award amount and the payment schedule that is being offered to the provider;
 - The conditions of the Award, contract, and the facility closure;
 - The required settle-up between the Provider and DADS; and
 - The projected timing of the settle-up/reconciliation activities.

AGREEMENT / CONTRACT

17. **A contract between DADS and the Provider is developed** when a Provider's PLAN is accepted by DADS and an Award offer is agreeable to the Provider. The contract between DADS and the Provider will consist of at least the following:
- Provider must acknowledge that closure of the specific facility is voluntary.
 - Provider must establish and specify the date that last resident will be discharged, the closing date, of the facility.
 - Provider must indicate what the disposition of the facility (building/property) will be after closing and acknowledge that it can not be used as an ICF/MR.
 - Provider must provide a business plan related to any opportunities that the Provider may have to provide services to any individual that is leaving the closing ICF/MR. The business plan will address the development, purchase, or expansion of community-based:
 - a. programs (HCS, CLASS, etc.);
 - b. services (day habilitation, etc.); or
 - c. ICFs/MR.
 - Provider must agree to the Award amount, payment arrangements for the Award, and settle-up/reconciliation conditions of the Award.
 - Provider must agree that DADS may adjust the Award amount and payment schedule of the Award based on:
 - (1) the Provider meeting the conditions of the Provider's Application/PLAN that was accepted by DADS;
 - (2) the Provider receiving prior authorization from DADS for making modifications to the awarded Application/PLAN
 - (3) the Provider requesting from DADS in writing and receiving approval prior to making modification or revision to PLAN or activities related to carrying-out the PLAN;
 - (4) the costs related to the buying/selling of property not being an allowed expense in the calculation of an Award amount or in the use of the Award;
 - (5) a decreasing or increasing in enrollment in and utilization of community-based programs by individuals transitioned from the facility from the Provider's initial projections in the accepted Plan.
 - The agreement will specify that the provider must ensure the health and safety of the individuals in preparing for and during the closure,

transitions and moves of individuals to the community or alternate placements.

- Provider must acknowledge that contract, certification, and licensure requirements must be maintained during the closure and transition of residents to alternate living options. Provider is responsible for correction of any noncompliance, Plan of Correction, or other action required by DADS.
- Provider must not report revenue or expenses related to the Award for cost reporting purposes except as allowed by cost reporting rules and guidelines.
- Provider must, during the closure process, meet fiscal accountability and related reporting requirements for the closing ICF/MR.
- Provider must agree to maintain sufficient staffing to meet the needs of residents, maintaining required staffing and activities of individuals pending closure of the facility.
- Provider must acknowledge and agree to allow for informed choice by each individual or the individual's legally authorized representative (LAR) and to ensure freedom of choice in the selection of alternate living options, programs and services, and providers of those programs and services.
- Provider must agree to afford each resident/LAR total, independent choice in selection of community-based services, programs, and providers in addition to alternate living options based on informed consent.
- Provider must agree to cooperate with and support the effort of outside agencies and organizations assisting each individual and the individual's LAR or family with education of and assistance in accessing alternate services, programs
- Provider must acknowledge that there is no guarantee that any resident of the closing facility will select the Provider to deliver any program or services following the individual's move from the closing facility, to include another ICF/MR operated by the Provider.
- Provider must acknowledge that a vendor hold will be placed 30 days prior to the contract termination date in accordance with standard closure procedures.
- Provider must acknowledge that final cost reporting and fiscal responsibility requirements will be applied in accordance with existing rules.
- Provider must agree to transfer and assist with resident trust fund account(s) reconciliations and the close-out audit of the account.

- Provider must acknowledge and agree to continue census reporting and payments for the ICF/MR Quality Assurance Fee (QAF) in accordance with rules.
- Provider must acknowledge that external monitoring will occur related to how residents and LARs are informed of and given choices of programs and services, living options, and providers of services.
- Provider must provide assistance with transitioning and moving of residents to alternate living options when not the responsibility of the receiving provider.
- Provider must indicate if the Provider is planning to open or expand community-based programs to accommodate former facility residents that select the Provider for alternate living option. (Does not include the buying/selling of property.)
- Provider must indicate if the Provider is planning to develop one or more new small ICF/MR facilities using beds authorized for that purpose in the agreement between the provider and DADS. (Does not include the buying/selling of property.)
- Provider must provide in writing, giving adequate notice for review by DADS any request to modify closure plan, etc.

CLOSURE ACTIVITIES

18. The Provider has sole responsibility for providing formal notice related to the closure of the facility to DADS and other governmental agencies.

NEW OR EXTENDED BUSINESS DEVELOPMENT

19. The Provider has sole responsibility for providing formal notice related to new or extended development of any waiver or other program to DADS and other governmental agencies.
20. If the ICF/MR Provider is not currently providing Home and Community-based Services (HCS), or other applicable program/services, the Provider is responsible for obtaining appropriate credentialing prior to enrolling individuals for services.

SETTLE-UP ACTIVITIES

21. Following the closure of the facility, DADS will review the Provider's plan for the facility closure and the actual results of the facility closure to determine to what extent the plan was met or not met. DADS will review information provided by the Provider and information available to DADS through data and other sources to determine:

- a. The actual performance by the Provider when compared to the Provider's Closure Plan to determine the extent that the closure plan was met;
- b. The actual allowable costs incurred by the Provider compared to the projections in the Provider's Financial and Business Plan that were used to determine the Award amount;
- c. The actual number of residents that the Provider projected to transition into DADS community-based waiver programs and the first year costs for those individuals (**projected by DADS based on historical data from individuals that have transitioned into community programs from institutional settings**) compared to the actual number transitioned and cost incurred and projected.
- d. The Provider's performance based on the Contract between the Provider and DADS for participation in the Demonstration;
- e. Potential Audit of Expenditures related to Award:
 1. Acknowledge that DADS, HHSC, and other state and federal agencies may request an accounting of how the Award (funds paid) to the Provider through Demonstration were expended.
 2. Agree to re-pay DADS for any amount that the Provider can not account for or that was not expended or utilized (non-allowable) in accordance with the contract between DADS and the Provider.
 - Costs related to the buying/selling of property will not be an allowed expense in the calculation of an Award amount.
 3. A hold on payments will be placed on the Provider's ICFs/MR, HCS and TxHmL contracts and other contracts with DADS if:
 - a. Closing ICF/MR cost reports and financial accountability requirements have not been met and reconciled;
 - b. Exceptions to resident trust fund audits and financial audits have not been reconciled within required timeframes;
 - c. Administrative Penalties or other fees assessed by or owed to DADS or HHSC have not been paid.
- f. If a settle-up/reconciliation is justified, either:
 - (1) The Provider re-pays DADS for any overpayment of Award;
or
 - (2) DADS pays any additional funds to the Provider in accordance with the contract between DADS and the Provider if utilization and performance by the Provider is higher than the Award amount paid.

To: ICF/MR MFP Demonstration Stakeholders
From: Tommy Ford, Director
Institutional Services Section, Provider Services/DADS
Date: May 21, 2008
Subject: **Update to MFP Demonstration – Revised Application and Attachments**

So that Providers do not need to involve any more staff or other persons than necessary in working on the Application for participation in the Voluntary Closure of an ICF/MR through the DADS MFP Demonstration, the following changes are being made related to the projection of first year program costs following a voluntary Medium or Large community-based ICF/MR closure.

DADS will be projecting the first year costs for individuals transitioning into community-based waiver programs for the purposes related to the application for a Voluntary Closure of a community-based Medium or Large Intermediate Care Facility for Persons with Mental Retardation (ICF/MR). The DADS projection will be based on data from individuals that have transitioned from institutional settings into community-based or other programs. Review the attached, **revised Application/Attachments and Criteria** dated 05-21-2008.

Attachment 1 - Total Planned to Transition from ICF/MR to Waiver Programs

DADS will estimate the projected first year costs based on the number of residents in each LOC/LON category. The average costs for other individuals that have transitioned from an institutional setting through a Rider or a MFP process into HCS and other programs will be used to project costs.

You and your staff do not need to draft or submit individual plans for each resident.

- The only individual plan that will be required will be **at the time of an individual's enrollment by the receiving provider or MRA** into a program through the MFP Demonstration if the facility is voluntarily closing.
- Based on the actual costs following the first 365 days of each individual's enrollment, the Award funds will be reconciled as discussed in the information provided related to settle-up/reconciliation.

Attachment 2 - Total Planned to Transition from ICF/MR to Non-Waiver Programs

Indicate the number of individuals that are projected to:

- Continue in an ICF/MR setting –
 - A 4-6 bed ICF/MR owned/operated by the Provider that will be generated from the closure of the ICF/MR,

- Another ICF/MR owned/operated by the Provider, or
- Another ICF/MR that is not owned/operated by the Provider; OR
- Settings not addressed elsewhere in the application (state school, nursing facility, etc.)

Be sure that all current individuals (100%) are accounted for in the application for transition – either on **Page 3** (HCS, CLASS, DBMD), **Attachment 1** (Other Waiver Programs) or **Attachment 2** (ICF/MR, State School, Nursing Facility, Other Program/Services).

Let me know if you have questions.

Tommy Ford, Director
Institutional Services Section/Provider Services
Texas Department of Aging and Disability Services
Phone: (512) 438-3543 Fax: (512) 438-5133
E-mail: tommy.ford@dads.state.tx.us
Mail Code W-535 701 West 51st Street
P.O.Box 149030 Austin, Texas 78714-9030

To Be Completed by DADS: Received by: _____
Date of Receipt: _____ Time of Receipt: _____ AM/PM

MONEY FOLLOWS THE PERSON
MFP Demonstration - APPLICATION
Closure Plan / Financial and Business Plan - - - "PLAN"

FACILITY INFORMATION

Facility Name:

Address:

City:

County:

Zip Code:

Contract Number:

Vendor Number:

License Number:

Expiration Date:

Facility Contact:

Position:

Email Address:

Telephone:

Fax:

FACILITY CATEGORY

Large (14 + beds)

Medium (9 -13 beds)

Licensed/Certified Beds:

Number of Contracted Beds:

Current Medicaid Census:

*Average Census (Last 12 Months):

(*Between _____, 2007 and _____, 2008)

PROVIDER INFORMATION

Provider Name:

DBA:

Address:

City:

Name of Signature Authority:

Position:

Email Address:

Telephone:

Fax:

Mobil:

Financial and Business Plans

Facility Name: _____

ICF/MR Census and Bed Information

Census Information "as of:" _____, 2008

Medicaid:		Other/Explain:
Private Pay:		
Bed-holds:		
Other:		
Total Census:		

DESCRIPTION	NUMBER	PERCENTAGE
Number of TOTAL Licensed/Certified ICF/MR Beds:		
Number of OCCUPIED Licensed/Certified Beds:		
Variance:		
Number of Residents to be Offered Community-based Programs:		100%
Number Expected to enter Community-based Programs:		%
Number Expected to go to Community-based ICF/MR =		%
Number Expected to go to State School ICF/MR =		%
Percentage Expected to go to ICF/MR or Institutional Setting:		%
Number of ICF/MR Beds requested for small (4-6 bed) ICF/MR:		%
* Requested Use of ICF/MR Beds for Small ICFs/MR:		
	# of Facilities	* # of Beds
4-bed		
5-bed		
6-bed		
* Must not exceed 25% of OCCUPIED Beds	TOTALS:	

CURRENT CENSUS		
Level Of Need and Level Of Care for Current Residents	Number of Residents	Percentage Of Total Census
Level of Care 1 / Level of Need 1		
Level of Care 1 / Level of Need 5		
Level of Care 1 / Level of Need 8		
Level of Care 1 / Level of Need 6		
Subtotal		
Level of Care 8 / Level of Need 1		
Level of Care 8 / Level of Need 5		
Level of Care 8 / Level of Need 8		
Level of Care 8 / Level of Need 6		
Subtotal		
TOTALS:		

Financial and Business Plans

Facility Name: _____

PROJECTED TRANSITIONS FROM ICF/MR TO COMMUNITY-BASED *PROGRAMS BASED ON LOC		
Level Of Need and Level Of Care for Current Residents	Number of Residents	Percentage Of Total Census
Level of Care 1 / Level of Need 1		%
Level of Care 1 / Level of Need 5		%
Level of Care 1 / Level of Need 8		%
Level of Care 1 / Level of Need 6		%
HCS Totals		
Level of Care 8 / Level of Need 1		%
Level of Care 8 / Level of Need 5		%
Level of Care 8 / Level of Need 8		%
Level of Care 8 / Level of Need 6		%
CLASS/DBMD Totals		
PAGE 3 TOTALS		%

***Community-Based Programs / LOC Criteria:**
 LOC 1 = HCS Program
 LOC 8 = CLASS Program or DBMD Program

L O N Level of Need	Description	I C A P Service Level	Service Score Range
1	Intermittent	7, 8, or 9	≥ 70
5	Limited	4, 5, or 6	40 - 69
8	Extensive	2 and 3	20 - 39
6	Pervasive	1	1 - 19

Attachment 1, Total Planned to Transition from ICF/MR to "Other" Waiver Programs, and Attachment 2, Total Planned to Transition from ICF/MR to Non-Waiver Programs are to be completed initially based on *projections* at the time the Application is submitted to DADS.

Prior to DADS determining and Award amount, the Individual Plans must be reviewed and approved by Utilization Review.

Financial and Business Plans

Facility Name: _____

NARRATIVE

See Instructions for completing the following sections.

Historical Overview/Information:

Current Status of the ICF/MR:

Overview of Provider's Proposed Action:

Specific Actions Related to Closure

Time Frames for Proposed Activities (Initiation to Closure)

	Activity	Begin Date	End Date/ Due Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
Facility Closure Date/Date of Last Resident Discharge			

Financial and Operational Considerations:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Financial and Business Plans

Facility Name: _____

**Summary of Financial and Operational Considerations –
Requests for Financial Assistance:**

	Area	Estimated Costs	Amount of Assistance Requested
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Totals:		\$0	\$0

Provider Acknowledgement

On behalf of _____ (Provider)

I approve the submission of this application for the voluntary closure of _____

_____ (Facility), DADS Contract Number _____,

through the Money Follows the Person (MFP) Demonstration administered by the Texas Department of Aging and Disability Services (DADS).

PRINT: Contract Signatory

Position:

SIGNATURE: Contract Signatory

Signature Date:

Fax Signed Acknowledgement to: **Attention: Tommy Ford at 512-438- 5133**

Attachment 1 - Total Planned to Transition from ICF/MR to "Other" Waiver Programs,

PROJECTED			
TRANSITIONS FROM ICF/MR TO OTHER			
COMMUNITY-BASED *PROGRAMS BASED ON LOC/LON			
(Not including HSC, CLASS, and DBMD)			
Level Of Need and Level Of Care for Current Residents	Number of Residents	Percentage Of Total Census	Programs
Level of Care 1 / Level of Need 1		%	
Level of Care 1 / Level of Need 5		%	
Level of Care 1 / Level of Need 8		%	
Level of Care 1 / Level of Need 6		%	
Totals		%	
Level of Care 8 / Level of Need 1		%	
Level of Care 8 / Level of Need 5		%	
Level of Care 8 / Level of Need 8		%	
Level of Care 8 / Level of Need 6		%	
Totals		%	
Attachment 1 TOTALS:		%	

Attachment 2 - Total Planned to Transition from ICF/MR to Non-Waiver Programs

NON-WAIVER PROGRAM	FACILITY SIZE	NUMBER OF INDIVIDUALS	PROJECTED UTILIZATION OF NON-WAIVER PROGRAMS
PROVIDER'S PLANNED DEVELOPMENT <i>ICF / MR</i>	Small		DEVELOPED BY THE PROVIDER USING ICF/MR BEDS FROM THE CLOSING ICF/MR
	Medium		
	Large		
	Sub-Total		
PROVIDER'S OTHER EXISTING' <i>ICFs / MR</i>	Small		EXISTING ICF/MR FACILITY OR FACILITIES OPERATED BY THE SAME PROVIDER THAT OPERATES THE CLOSING ICF/MR
	Medium		
	Large		
	Sub-Total		
<i>ICFs / MR</i> Operated by Other Providers	Small		EXISTING ICF/MR FACILITY OR FACILITIES OPERATED BY PROVIDER(S) OTHER THAN THE PROVIDER OF THE CLOSING ICF/MR
	Medium		
	Large		
	Sub-Total		
State School, Other NON-WAIVER AND NON-ICF/MR Programs or Services	PROGRAM	# INDIVIDUALS	LIST NAME OF EACH SPECIFIC PROGRAM AND NUMBER OF INDIVIDUALS THAT ARE PROJECTED TO UTILIZE EACH NON-WAIVER PROGRAM (Example: Nursing Facility)
	State School		
	Sub-Total		
Attachment 2 TOTAL			Be sure that 100% of current census is accounted for between Page 3, Attachment 1 and Attachment 2.