

MISSOURI'S MONEY FOLLOWS THE PERSON DEMONSTRATION  
"MY LIFE, MY WAY, MY COMMUNITY"

Department of Social Services  
Department of Mental Health  
Department of Health and Senior Services



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MISSOURI'S MONEY FOLLOWS THE PERSON DEMONSTRATION  
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Background Information - The Olmstead Decision

- Olmstead v. L.C. & E.W was a landmark case that was brought forth by two Georgia women, Lois Curtis & Elaine Wilson, with mental illness and developmental disabilities;
- Lois and Elaine lived in a Georgia state hospital but both requested to be allowed to move into the community.

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Lois & Elaine's Story

- Although the doctors at the hospital stated that they were capable of living on their own, the state refused to let them leave the hospital's care;
- After this refusal an attorney, Susan Jamieson, filed a lawsuit on the women's behalf against the state of Georgia;
- The lawsuit sought to have Georgia allow the two women to live in the community.

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Lois & Elaine's Case

- The state argued that Lois & Elaine were placed in state-run institutions in order to obtain services they needed;
- Lois & Elaine argued that they had the right to receive services from the state in a community-based setting under Title II of the ADA (Americans with Disabilities Act).

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Background Information - What is the Americans with Disabilities Act?

- The ADA was the world's first comprehensive civil rights law for people with disabilities
- The ADA was signed into law by George H.W. Bush in July of 1990.
- The Act prohibits discrimination against 4 different groups

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What is the Americans with Disabilities Act?

- The Act prohibits discrimination against people with disabilities in
  - Employment (Title I)
  - State and Local Governments (Title II)
  - Public accommodations (Title III)
  - Telecommunications (Title IV)
  - Miscellaneous Provisions (Title V)

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Background Information - Title II

- Under Title II of ADA public entities are required to provide their services "in the *most integrated setting appropriate* to meet the needs of qualified individuals with disabilities... that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible."
- "Public entities" include any State or local government and any of its departments, agencies, or other instrumentalities.
- Under these guidelines, this is what Lois & Elaine and their lawyer were fighting to achieve.

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The Olmstead Decision

- The case went all the way to the U.S. Supreme Court;
- On June 22, 1999 the court ruled in favor of Lois & Elaine;
- The ruling agreed that it is indeed a violation of the ADA for states to discriminate against people with disabilities by providing services in institutions, when a community-based setting would be more appropriate.

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Identifying Candidates for Transition – MDS 3.0 and Section Q

- Minimum Data Set (MDS) – a federally required quality assurance document required of all nursing homes.
- MDS 3.0 – the latest version of the MDS that added required interviews of residents.
- Section Q of MDS – "Are you interested in speaking with someone about the possibility of returning to the community?" The question must be asked of the resident upon admission, quarterly, and annually.

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MDS 3.0 Section Q, Intent of Changes

- Adopts a more person-centered approach;
- Places resident/family at center of decision-making;
- Gives individual residents a voice and a choice while being sensitive to those who may be upset by the assessment process;
- Is more targeted about who gets queried.

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Section Q of MDS

- Q0400- "Discharge Plan" a) Is active discharge planning already occurring for residents to return to the community?
- If a nursing facility has a discharge plan and referral process for short term stay residents that includes arranging for home health services, durable medical equipment, medical services, and appointments, select "Yes" If **active** discharge planning is already occurring SKIP to Q0600

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Section Q of MDS

**Q0400. Discharge Plan**

6. Is active discharge planning already occurring for the resident to return to the community?

No

Yes → Skip to Q0600, Referral

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 Section Q of MDS

- Q0490- "Resident's Preference to Avoid Being Asked Question Q0500B" ... does clinical record document that question only be asked during comprehensive assessment?

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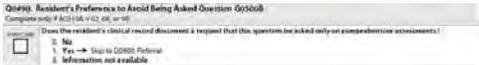
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 Section Q of MDS




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 Section Q of MDS

**Q0500 Assessment Guidelines**

- Make the resident comfortable that this a routine question asked of all residents.
- The intention is to allow a resident his or her right to explore all community options.
- Answering "Yes" is a request for more information made by the resident.
- Answering "Yes" does not commit the resident to leave the nursing home at a specific time.

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Section Q of MDS

- Q0500- "Return to Community".. b) do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?

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Section Q of MDS

**Q0500. Return to Community**

**Q.** Ask the resident (or family or significant other if resident is unable to respond): "Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?"

0. No  
 1. Yes  
 2. Unknown or uncertain

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Section Q of MDS

- Q0550- "Resident's Preference to Avoid Being Asked Question Q0500B again"
- (a) Does the resident (family, other, guardian) want to be asked the question on all assessments?
- (b) indicate information source for Q550A.

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**Q0550 - Resident's Preference to Avoid Being Asked Question Q0500B Again**

**Response:**  A. Does the resident or family or significant other or guardian, if resident is unable to respond, want to be asked about returning to the community on all assessments? (rather than only on comprehensive assessments)

**Response:**  B. If not resident, then family or significant other, then guardian or legally authorized representative

**Response:**  C. Information not available

**Response:**  D. Indicate information source for Q0550A

1. Resident  
 2. If not resident, then family or significant other  
 3. If not resident, family or significant other, then guardian or legally authorized representative  
 4. No information source available

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 Section Q of MDS

- Q0600- "Referral"- Has referral been made to Local Contact Agency? Note: If (1) "No, referral is or may be needed..." has been selected care planning and progress notes should indicate the status of discharge planning and why a referral was not initiated.

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**Q0600 - Referral**

**Response:**  A. Has a referral been made to the local Contact Agency? (EXCLUDES INFORMATION FROM RESIDENT'S CLINICAL RECORD)

**Response:**  B. No - referral not needed

**Response:**  C. No - referral is or may be needed (for these situations see Appendix C, Care Area Assessment Resources #30)

**Response:**  D. Yes - referral made

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MFP

- Deficit Reduction (DRA) of 2005.
- Section 6071
- The Centers for Medicare and Medicaid Services (CMS) awarded a Money Follows the Person (MFP) Demonstration grant to Missouri in January, 2007

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MFP Nursing Facility Objectives

- Transition people who are elderly or disabled and currently reside in nursing facilities to Home and Community Based Services (HCBS);
- Eliminate barriers preventing eligible people from receiving HCBS services;
- Increase access to Missouri Medicaid's HCBS;
- Provide for continuous quality improvement in long-term care services.

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MFP Eligibility

Eligibility Criteria

- Must have been in a nursing facility at least 90 consecutive non Medicare rehabilitation days;
- Must be Medicaid eligible at least one day and remain eligible;
- Must move into qualified housing;
- Participant or guardian must sign participation agreement.

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Qualified Housing

- A **home** owned or leased by the individual or the individual's family member;
- An **apartment** with an individual lease, with lockable access and egress, and which includes living, sleeping, bathing and cooking areas over which the individual or the individual's family have domain and control;
- A residence, in a **community-based residential setting**, in which no more than four unrelated individuals reside.

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Services

- HCBS Demonstration (transition) Services: Assistance with a one time expenses of up to \$2,400 to set up a home in the community, approved by the Division of Senior and Disability Services for people transitioning out of nursing facilities. The funds are available during the first 365 days in the community.
- State Plan Services:
  - Personal Care
  - Targeted Case Management
  - Adult Day Health Care
  - Waiver programs

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Transition Coordinator

Nursing Facilities:

- Referrals will be generated through the MFP Web Based System;
- Assessment will be completed by DSDS Regional MFP Coordinators;
- Participation agreements will be completed by DSDS Regional MFP Coordinators and sent to the DSDS Central Office Program Oversight staff;
- DSDS Regional MFP Coordinator will use the MFP Web Based System to select the transition coordinator agency of participant's choice to begin the process of transition.

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DSDS Regional MFP Coordinators

- Region 1: Springfield & surrounding area: Gabriel Chambers 417-895-5789
- Region 2: Cape Girardeau & surrounding area: Tami Goldrick 573-290-5155
- Region 3: St. Louis city & St. Louis county: Nan Downing 314-340-7495
- Region 4: Kansas City & surrounding area: Bill Spencer 816-889-2724
- Region 5: Columbia & surrounding area: Kim Reynolds 573-884-2678

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Avenues to transition

- Money follows the Person initiative;
- Any individual at any time can express a desire to speak to a local community contact about transition to the community;
- MDS Section Q is an additional mechanism that assures all know that community support is an option.

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Section Q Referral Link

- <https://dssapp3.dss.mo.gov/mfpnursinghome/Login.aspx>

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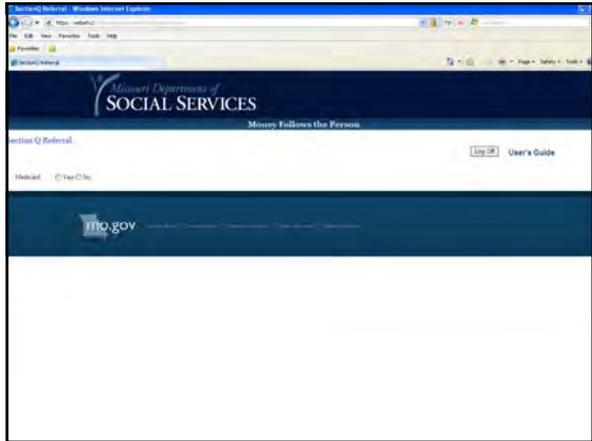
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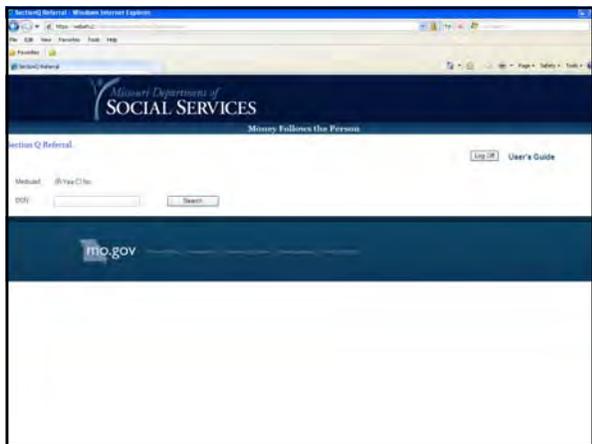
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**Questions/Answers**

Contact:  
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 Shawn Brice, MFP Project Assistant  
 Director  
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 573-522-1591



Missouri MFP website:  
<http://dss.mo.gov/mhd/general/pages/mfp.htm>

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