

**Money Follows the Person  
Rebalancing Demonstration Grant**

**Idaho Home Choice  
Draft Operational Protocol  
2011–2020**



**State of Idaho  
Department of Health and Welfare  
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# State of Idaho: Money Follows the Person Rebalancing Demonstration Idaho Home Choice

## Program Abstract

The state of Idaho proposes to continue rebalancing its long-term services and support system so individuals have more choices in determining where they live and the services they receive. Idaho plans to use the current 1915c waivers and self-direction services to help individuals living in institutions to live in the place of their choice. The goal of the Money Follows the Person (MFP) demonstration in Idaho is to encourage rebalancing by improving the transition process from an institution to community living through increasing outreach and decreasing barriers to transition.

Idaho Home Choice continues to focus on its goals to transition 600 qualified participants who currently are in institutions to Home and Community Based Services (HCBS). The Idaho Home Choice Program also continues its work to increase state Medicaid expenditures for HCBS during each year of the demonstration program as well as show a percentage increase in HCBS versus institutional long-term care expenditures under Medicaid. Through the Home Choice MFP demonstration program, Idaho uses transition managers to ensure that individuals and their families have access to the resources, information, and paid and non-paid supports they need to live successful lives and be included in their communities. The Idaho Home Choice Program has developed outreach materials targeting potential participants and offers transitional services to eligible participants.

Idaho uses grant funds for enhanced match to provide HCBS to more individuals, improve outreach efforts, and invest more funds in transition processes. The Idaho Home Choice Program partners with multiple stakeholders that include individuals with disabilities and their families, state agencies, community providers, consumer advocacy groups, Boise State University, the University of Idaho, and the College of Western Idaho. The Idaho Department of Health and Welfare, the single state agency responsible for the administration of Idaho's Medicaid Program, has overall responsibility for administering this program.

The total proposed budget for this program is \$20,710,848 Federal and state dollars. Idaho requests \$2,369,259 in administrative expenses. Idaho seeks supplemental MFP funding for years four through ten to accommodate the increase in transitions, the sustainability plan implementation, and closeout of the program.

# State of Idaho: Money Follows the Person

## Program Introduction

### Organization and Administration

#### Systems Assessment and Gap Analysis

The Money Follows the Person (MFP) Rebalancing Demonstration Program was authorized by Congress in section 6071 of the Deficit Reduction Act (DRA) of 2005 and was designed to help states balance their long-term care systems and help Medicaid participants transition from institutions to the community. The MFP Demonstration Program reflects a growing consensus that long-term supports must be transformed from being institutionally based and provider-driven to person-centered, consumer-directed, and community-based.

The Idaho Department of Health and Welfare (IDHW) administers Medicaid in Idaho. Through participation as a MFP Demonstration grantee, Idaho reinforces its ongoing commitment to serving individuals in the most integrated setting. This commitment is apparent in the state's existing policies and programs, including the HCBS waivers that serve MFP participants. Idaho is also fortunate to have an exceptional community of advocates and consumers who push the state to continue to improve its efforts. Diverse groups of individuals, organizations, and agencies have been brought together in the development of this Operational Protocol. Thus, the partnership between provider networks, advocacy groups, and state agencies has been strengthened and will continue to be nurtured by the Program Manager to achieve the goals of the demonstration.

Idaho's long-term care system promotes and fosters greater utilization of the existing robust array of home and community-based services and supports designed to promote choice and independence for individuals who are aging and have long term care needs or physical, mental, or developmental disabilities. The state is using MFP funding to promote implementation of an

institutional transition and rebalancing program that uses MFP methodology and operates statewide across long-term care populations. There are no state legislative or regulatory changes necessary for Idaho to move forward with long-term care rebalancing goals. The Idaho Department of Health and Welfare is the lead organization for the Idaho Home Choice program. The Division of Medicaid within the IDHW has direct oversight and works in collaboration with the Division of Behavioral Health, the Division of Welfare, and the Division of Family and Community Services. The number of key staff paid for by the grant is two. Division of Medicaid has hired a full-time Program Manager 2 and full time Program Coordinator. The job descriptions for these positions are found in **Attachment 2**.

The Program Manager 2 is under the direct supervision of the Idaho Department of Health and Welfare, Division of Medicaid, Bureau of Long Term Care, Bureau Chief, Alexandra Fernandez. The Program Coordinator is under the direct supervision of the Program Manager 2. The MFP Program Manager 2 closely coordinates with MFP program associations inside and outside the Department of Health and Welfare. The Program Manager 2's responsibilities include the coordination and organization across multi-state agencies, development of partnerships (public and private, provider and stakeholder), data collection, training, and outreach activities.

Staff from within IDHW who are responsible for programs related to services provided through the MFP Demonstration are involved and utilized for information throughout the grant. The Idaho Commission on Aging and the College of Western Idaho support the transition management section of the program.

In the community, MFP demonstration participants access services through existing HCBS waiver programs or state plan services. In 2008, the AARP Public Policy Institute recognized Idaho as one of the top 10 states in the country to rebalance its long-term care services, allowing seniors

and individuals with disabilities to remain in their homes by providing in-home services through an HCBS waiver. Idaho currently spends approximately \$310,060,436 on institutionalized care and \$303,146,451 on HCBS with 50.6% of long-term care (LTC) dollars spent on institutionalized care and 49.4% spent on HCBS.

Idaho currently has two waiver programs in place: The Developmental Disabilities Waiver and the Aged and Disabled Waiver. As of SFY2016, the Idaho Developmental Disabilities Waiver serves approximately 4,230 individuals at an average cost of \$3,620 per month compared to an average cost of \$6,400 per month for services in an intermediate care facility for the/Intellectually Disabled(ICF/ID). For a participant to be eligible the Idaho Department of Health and Welfare, Division of Medicaid, must find that the participant requires services due to a developmental disability that impairs mental or physical function or independence, has the supports and services to live independently in a non-institutional setting and would, in the absence of such services, need to reside in an ICF/ID. Crisis response and capacity for individuals with developmental disabilities has been a focus of the **Department of Health and Welfare**, Division of Family and Community Services (FACS). As a result, in 2017, the population at Southwest Idaho Treatment Center (SWITC), a public ICF/ID continued to decline from 80 to 24. Four staff positions were reassigned from direct care with SWITC to a community crisis team with members stationed locally in Coeur d'Alene, Nampa, and Blackfoot. These crisis team members have been instrumental in helping people leave institutional settings as well as diverting possible admissions to suitable community settings. The total ICF/ID population including those at SWITC is 430 participants including 108 children. The Idaho Department of Health and Welfare, Division of Medicaid continues to work closely with the Idaho Department of Health and Welfare Division of FACS to transition qualified residents to HCBS through the MFP grant. Eligible participants may choose to receive either

traditional waiver services or “My Voice – My Choice” self-directed services. Participants who select traditional services use a plan developer to develop a plan of care that outlines the services and supports necessary to maintain the participant safely and effectively in the community. These participants receive Medicaid waiver services from traditional Medicaid providers who have provider numbers and bill directly through the Medicaid Management Information System.

The Developmental Disabilities Waiver includes a supervised structured day program as well as personal care, medical care, housekeeping, general household activity, and residential habilitation services. Residential habilitation services consist of an integrated array of individually tailored services and supports furnished to eligible recipients that are designed to help them successfully reside in their own homes, with their families, or a Certified Family Home (CFH).

The waiver also provides for companion services, physical adaptations to the home, home delivered meals, non-medical transportation, crisis management services, skills training in decision-making, money management, daily living skills training, socialization services, mobility training, and behavior shaping and management training.

Additionally, Idaho offers supported employment and specialized medical equipment and supplies including devices, controls, and appliances specified in the plan of care that enable recipients to increase their abilities to perform activities of daily living or communicate with the environment in which they live. Supports also include items necessary for life support, ancillary supplies and equipment, and durable and non-durable medical equipment that are not available under the Medicaid State Plan. Community support services provide goods and supports that are medically necessary or minimize the participant’s need for institutionalization and address the participant’s preferences for job support, personal support, relationship support, emotional support, learning support, transportation support and adaptive equipment identified in the

participant's plan that meets a medical or accessibility need and promotes increased independence. Skilled nursing services are also available and provide emergency technician services for participants in crisis.

Participants who select traditional waiver services are given an orientation to developmental disability services and a list of approved plan developers. Participants can develop their own plan or designate a paid or non-paid plan developer. Participants who select self-directed services use a support broker to develop a plan of care that outlines the services and supports necessary to maintain the participant safely and effectively in the community. Self-directed participants also make use of a fiscal employer agent (FEA) to enter agreements with their selected community support workers. The participants' community supports bill for services through the FEA.

Participants receive orientation training on self-direction from Medicaid staff members. The self-direction program has been successful at allowing participants more flexibility to choose the services and supports they need to live the life they want – where they want.

The Aged and Disabled Waiver is also available in Idaho. As of SFY2016, there were 9,522 adults on the Aged and Disabled Waiver with an average per member per month cost of \$2200, while the average per member per month cost for nursing facility care was \$6803.

Participants consist of individuals with disabilities who must be 18 years or older and older adults aged 65 years or older. The waiver serves participants with traumatic brain injury as well. An eligible participant must meet nursing facility level of care and income must be at, or less than, 300% of the Social Security Income Federal Benefit Rate. Medicaid reviewers interview the participant, caregiver, and family members using the questions on the Uniform Assessment Instrument to determine the services needed and those not provided by family or community sources. Staff uses their professional judgment as to whether the individual can be safely

maintained in the living situation of their choice with these services. Services include adult day care, adult residential care, assistive technology, attendant care, chore services, companion services, consultation for caregiver education, home modifications, home delivered meals, medical and non-medical transportation, personal emergency response system, psychiatric consultation, respite care for non-paid caregivers, skilled nursing hourly RN services, and traumatic brain injury services.

Because of the Idaho Home Choice grant, barriers and gaps in providing HCBS have been researched. One of the gaps discovered in the LTC HCBS system was the lack of awareness of the benefits and services available through Idaho's Home and Community Based services waivers. This lack of awareness contributed to avoidable problems, such as unplanned readmission to hospitals resulting from an acute healthcare episode, and unsuccessful home transitions due to lack of assistance needed to achieve a successful recovery. Through the MFP program, Idaho embarked on additional outreach and education to hospitals, skilled nursing facilities, ICF/IDs, and both State Hospitals to ensure administrators, social workers, discharge planners, and other staff are aware of both waiver programs, state plan personal care services (PCS) benefits, and Idaho Home Choice Money Follows the Person program (IHCMFP). This has increased the Idaho Home Choice referrals as well as utilization of both Idaho 1915(c) waivers. An additional gap in Idaho's current HCBS is poor access to adequate housing supports. Individuals either have no place to go or cannot sustain housing once they are transitioned. While the IHCMFP has been involved in housing coalitions, task forces, and alliances, no significant progress has been made on increasing access to affordable, accessible, and sustainable housing. Idaho currently has a housing shortage of all types. Idaho Home Choice Transition Managers have, however, been successful at securing housing for all Idaho Home Choice participants. The additional assistance from Transition

Managers has helped participants navigate the complicated process of securing housing. Lastly, Idaho's HCBS did not include transition management services or supports. Developing these services and supports increased the number of successful transitions from institutionalized care to home and community based services, aiding Idaho in working toward rebalancing the Long-Term Care dollars. Medicaid contracted with the College of Western Idaho to provide curriculum development and training to transition manager train the trainers. The College of Western Idaho is the expert in the region on providing workforce development. They have also developed curriculum for the Idaho Bar Association on guardianships. The train the trainers come from the Idaho Centers for Independent living. The Centers sent three individuals from each center to the train the trainer training.

Idaho has held 22 trainings for Transition Manager Certification. The IHC program currently has 62 Transition Managers working around the state. After IHC funding has been expended, Idaho will continue these trainings to add to the cadre of Certified Transition Managers. The training will be a web-based modular training including utilizing video from previous trainings as well as written materials and a rigorous evaluation piece. These trainings are currently being developed and are anticipated to be available on-line by January 1, 2019.

Transition managers, are “experts” in understanding available private and public programs, eligibility criteria, and processes to better prepare and provide individuals with their options to “map out” a transition plan. Transition managers assess needs through a standardized assessment instrument, identify formal and informal supports available to the individual, and work collaboratively with the individual to identify specific goals and desires that will be included in a formal person-centered transition plan. Transition managers work closely with qualified institutional setting discharge planners and staff to ensure an effective, comprehensive, and

supportive approach to meeting the goals and outcomes of a participant's plan. Transition managers help participants apply for available programs and services. Transition managers conduct ongoing follow up once a participant has met their needs and goals and help with any future changes or needs when necessary. Transition managers provide services to the MFP participant for up to 16 weeks pre-transition and up to 16 weeks after the transition has been made. Thirty days prior to the expiration of the demonstration year, the electronic MMIS system notifies the transition manager, nurse reviewer and HCBS provider that the participant will be transitioning from grant-funded services to one of the 1915 (c) waivers or State Plan Services and the MMIS indicates the services to which the participant will have access to. The nurse reviewer and provider meet with the participant/participant's family to explain the transition will be seamless and there will be no changes in the supported living situation, daily activities, or self-direction option. The transition manager ensures that all their reporting requirements are met, and on day 366 after the participant's transition, the involvement of the transition manager ends.

Continuity of services after an individual completes his or her demonstration year is guaranteed through access to Idaho Medicaid's Aged and Disabled Waiver, Developmental Disability Waiver or state plan services, which include additional supports to allow the participant to be successful when choosing Home and Community Based Services. Program participants are also assisted to access other community-based services for which they may qualify. At the end of demonstration services, waiver services and benefits for which an individual qualifies support continued home and community based living. This results in no loss of services and supports to individuals who transitioned under demonstration services.

Medicaid has developed ongoing partnerships with policymakers and key stakeholders through the Long-Term Care Policy Advancement Steering Committee, Idaho Commission on Aging,

Elder Justice Community Collaboration, Community Care Advisory Council, Personal Assistant Oversight Committee (PAO), Medical Care Advisory Committee (MCAC), and Council on Developmental Disabilities to develop and implement a person-centered planning and resource network in Idaho. These councils/committees include consumers, families, and advocates for the disabled.

To summarize, through increased outreach and awareness of Idaho's current HCBS and additional supports for transition services, the Idaho Home Choice Demonstration Program continues to focus on achieving the following goals:

- Increase the use of home and community-based services in relation to institutional, long-term care services by transitioning 600 individuals from institutions to Home and Community Based Services.
- Eliminate barriers that would prevent individuals from receiving support for long term-care services in the settings of their choice by providing supplemental transition management and services for individuals transitioning from nursing facilities to communities, increasing the level of outreach provided to individuals residing in nursing facilities and collaborating with other statewide networks, such as Area Agencies on Aging for additional outreach activities.
- Increase the ability of the Medicaid program to ensure the continued provision of home and community-based long-term care services by reinvesting the savings back into Home and Community Based Services supports and systems.
- Ensure procedures are in place to provide quality assurance and continuous quality improvement in Medicaid home and community-based long-term care services by utilizing quality assurance and improvement mechanisms already provided under Idaho's 1915(c) HCBS waivers as well as developing additional quality assurance and improvement systems which will include

comprehensive training for providers.

### **Administrative Structure**

The Idaho Department of Health and Welfare (IDHW) manages the Idaho Home Choice Program. This structure provides great coordination of services across programs as well as high-level support within IDHW. The Division of Medicaid, which resides in the Department of Health and Welfare, has oversight responsibilities for the grant. Medicaid collaborates across multiple divisions within IDHW including the Division of Welfare, the Division of Behavioral Health, and the Division of Family and Community Services. Other areas within Medicaid that provide in-kind support include:

- The Bureau of Financial Operations for data and finance support.
- The Office of Program Development for data support.
- The Bureau of Developmental Disability (BDDS) Services for support through DD Waiver services.
- The Office of Mental Health and Substance Abuse for assessing and authorizing crisis benefits available under the current HCBS waiver.
- A full-time Project Manager 2 and Project Coordinator manage the Idaho Home Choice Program. The Bureau of Long Term Care in the Division of Medicaid within the Idaho Department of Health and Welfare supervises these staffing positions.

Additionally, there are workgroups addressing areas of the Home Choice demonstration such as outreach, marketing, education, housing, participant recruitment, enrollment, benefits, services, consumer supports, self-direction, informed consent, guardianship, quality assurance, and continuity of care. Each group is comprised of IDHW staff, consumers and their families, providers, community advocates, and others. A detailed organizational chart is included in

**Attachment 1** and a chart of stakeholders and workgroups can be found on page 45.

## **Benchmarks**

The following are the five benchmarks that are measured for the Idaho Home Choice - Money Follows the Person Demonstration:

**Benchmark #1: Successfully transition the programmed number of eligible individuals in each target group from an inpatient facility to a qualified residence during each calendar year of the demonstration.**

For calendar year 2016, 5,417 elderly and physically disabled Medicaid participants resided in skilled nursing facilities. For this data, elderly is defined as individual over the age of 65 while physically disabled is defined 64 and under. Four hundred thirty (430) adult Medicaid participants resided in ICF/IDs in calendar year 2016. From historical data, it is reasonable to assume that Idaho could successfully transition 385 of the ID/DD and Physically Disabled participants and 196 of the elderly participants from institutions to Home and Community Based Services with added transitional services. Based on this data, the following table represents the programmed number of eligible individuals in each target group to be assisted in transitioning from a qualified institutional setting to a qualified residence during each year of the demonstration beginning April 1, 2011.

Calendar Year	Elderly	Individuals with ID/DD	Physically Disabled	Mental Illness	Total
2011 (Actual)	0	2	2	0	4
2012 (Actual)	25	14	22	5	66
2013 (Actual)	19	12	36	7	74
2014 (Actual)	24	13	57	2	96
2015 (Actual)	28	13	39	1	81
2016 (Actual)	30	16	46	4	96
2017	35	15	47	0	97
2018	35	15	37	0	87
TOTAL	196	100	285	19	600

**Benchmark #2: Increase State Medicaid Expenditures for HCBS during each calendar year of the demonstration program.**

Idaho plans to increase the amount spent on HCBS each year of the Demonstration. These figures are based on historical waiver costs that have traditionally increased an average of 8% each year since 2006 and include state and Federal dollars. This trend has been attributed to the increase in awareness of the HCBS waivers throughout the state allowing more individuals to apply and qualify for one of the HCBS waivers. The HCBS (A & D and DD waivers) amounts were based on the 2009 state fiscal year Medicaid expenditure data and were trended forward by 2 percent in year 1 and 8 percent for years 2 through 10 of the demonstration. Year 1 did not begin until the Operational Protocol was approved. Idaho did not have any transitions until the third quarter of year one resulting in a lower increase in HCBS Qualified Expenditures.

Year	2011	2012	2013	2014	2015	2016
HCBS Qualified Expenditures Actual	\$173,681,787 (Actual)	\$187,576,330 (Actual)	\$202,582,436 (Actual)	\$218,789,031 (Actual)	\$236,292,154 (Actual)	\$255,195,526 (Actual)
Year	2017	2018	2019	2020		
HCBS Qualified Expenditures Estimated	\$275,611,168	\$297,660,061				

**Benchmark #3: Demonstrate a percentage increase in HCBS spending versus institutional long-term care expenditures under Medicaid for each calendar year of the demonstration.**

As an integral part of Idaho’s efforts to shift the balance from institutional care to home and community-based services, Idaho intends to **increase HCBS expenditures versus institutional care** through increased outreach and awareness, transition management and services, and fostering partnerships with other agencies to provide housing supports and services. The savings from this rebalancing effort will be invested back into Home and Community Based Services by continuing outreach and awareness efforts and evaluating the success of the transition management and services for possible incorporation into the 1915(c) waiver benefits.

The annual benchmarks are expressed as the percentage of all long-term care costs going to home and community-based long-term care. The rebalancing benchmarks are based on programmed expenditures for home and community-based services described in the spending benchmark above. Historical waiver costs have traditionally increased an average of 8% each year since 2006. This is attributed to an increase of individuals on the waiver program as well as efforts to place people in the community instead of in institutionalized care. The institutional amount includes qualified institutional settings paid by Medicaid. Year 1 did not begin until the

Operational Protocol was approved and Idaho did not have any transitions until the third quarter of year one resulting in a lower percentage trended forward.

Percentage Increase In HCBS Expenditures vs. LTC	2011	2012	2013	2014	2015	2016	2017	2018
SFY2009 Baseline is 42%	2% Actual	8.47% Actual	6.63% Actual	14.06% Actual	16.78% Actual	18.79% Actual	8%	8%

**Benchmark #4: Demonstrate an increase in the utilization of transition managers used to assist Medicaid participants to find appropriate services and supports in the community for each calendar year of the demonstration. The Transition Managers will perform the case management piece of the transition from institutionalized care to HCBS.**

The demonstration component of the Idaho Home Choice Program uses transition managers to help Medicaid participants make the move from institutionalized care to HCBS. Historically, Idaho Medicaid did not use transition managers for HCBS participants. Through the demonstration, Idaho added Transition Managers which made a remarkable difference in successfully transitioning and sustaining participants in the community. Not all MFP participants utilize transition management, as some do not have as great of a need as others. Therefore, the benchmark is set for 80% of participants to utilize transition management services for each year of the demonstration. Idaho tracks utilization rates and the number of participants that successfully utilize HCBS longer than 365 days through the MMIS system. The transition management piece is further outlined in Section 5, Benefits and Services.

Increase in Utilization of Transition Managers	2011 Baseline	2012	2013	2014	2015
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MFP Participants Utilizing Transition Managers	0 (Actual)	43 (Actual)	52 (Actual)	64 (Actual)	80 (Actual)
	<b>2016</b>	<b>2017</b>	<b>2018</b>		
	92 (Actual)				

**Benchmark #5: Demonstrate an increase in the use of “one-time” transition services. The participant can utilize up to \$2,000 of one-time Transition Services money to help with initial costs necessary for a successful Transition such as first month’s rent, deposits, furnishings, kitchen set-up, cleaning, and other items deemed necessary for the individual to live successfully in the community.**

One-time transition services are offered to all Idaho Home Choice participants. These services are available up to 365 days after transition occurs. Idaho does not anticipate that all MFP participants will utilize transition services, as some will not have as great of a need as others. Therefore, the benchmark is set for 80% of participants to utilize transition management services for each year of the demonstration. Idaho tracks the amount of services used, types of services used, and the number of participants that successfully utilize HCBS longer than 365 days. The transition services piece is further outlined in Section 5, Benefits and **Services**.

<b>Increase in Utilization of Transition Managers</b>	<b>2011 Baseline</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
MFP Participants Utilizing Transition Managers	0 (Actual)	43 (Actual)	52 (Actual)	64 (Actual)	78 (Actual)
	<b>2016</b>	<b>2017</b>	<b>2018</b>		
	90				

# Demonstration Policies and Procedures

## Participant Recruitment and Enrollment

### Identifying Individuals for Transition

Identification of potential MFP candidates within institutions can occur one of three ways:

1. Referral for Money Follows the Person (via self, family, facility, ombudsman staff/volunteer).
2. Outreach/marketing of community based services and Idaho Home Choice Money Follows the Person.
3. Focused screening of individuals who expressed an interest to return to the community on the MDS, section Q1-A.

Idaho currently has a system in place that utilizes MDS Section Q data that follows the Centers for Medicare and Medicaid guidelines. In an effort to work collaboratively with stakeholders within Idaho, the Department has developed a multifaceted approach. There is a designated point of contact and information is posted on the Department of Health and Welfare's Bureau of Facility Standards website. The Idaho Commission on Aging (ICOA) is designated as the local contact agency. A skilled nursing facility (SNF)/nursing facility (NF) resident is referred to the ICOA if the resident has transition needs that a SNF or NF cannot plan for or provide. NF staff may contact ICOA for those residents who express a desire to learn about possible transition back to the community. ICOA's role is to contact residents referred to them by SNFs through the Section Q processes in a timely manner, provide information about choices of services and supports in the community that are appropriate to the resident's needs, and collaborate with the SNF to organize the transition to community living if possible. ICOA will respond to SNF staff referrals by

providing information to residents about available community-based long-term care supports and services. If the resident is a Medicaid participant, ICOA will forward the referral to the local Medicaid office. When the local Medicaid office receives the referral from ICOA, the support staff will review demographic information and refer to the appropriate Nurse Reviewer (NR) or Care Manager (CM). The NR or CM will contact the eligible participant or responsible party within 10 business days to discuss home and community based service options. ICOA may use the following as resources to provide the facility and/or resident with assistance:

- Center for Independent Living (CIL)
- Area Agency on Aging (AAA)
- Aging & Disability Resource Center (ADRC)
- Money Follows the Person program (MFP)
- Developmental Disabilities Administration
- Mental Health Administration

In addition to this system, Idaho has a Data Use Agreement (DUA) for the Minimum Data Set (MDS) authorizing the sharing of information between the Bureau of Long Term Care and the Division of Licensing and Certification. This will assist in not only identifying MFP participants but also facilitate additional Quality Assurance activities for Money Follows the Person participants.

The target populations selected for transition include individuals residing in Idaho in a qualified institutional setting for a minimum of 90 consecutive days excluding their short-term rehabilitation stay and who are eligible for Medicaid at least one day prior to the transition. In addition, these individuals must meet the financial and level-of-care eligibility for Idaho's existing Aged and Disabled or Developmental Disability HCBS Waivers or financial eligibility for Medicaid State

Plan Services. Therefore, the elderly and those with a physical or mental disability comprise the target population. The target region for these populations is the entire state.

Idaho's Project Manager 2 and Project Coordinator oversee, coordinate, and manage the Idaho Home Choice Program including the process of transitioning individuals to home and community-based services (HCBS) (see **Attachment 2** for job descriptions). They develop the outreach, education, and marketing effort and work closely with the following stakeholders to identify potential Idaho Home Choice participants:

- Division of Medicaid
- Division of Family and Community Services
- Division of Behavioral Health
- Division of Welfare
- Idaho Division of Vocational Rehabilitation
- State Independent Living Council
- Idaho Commission on Aging
- Idaho Centers for Independent Living
- Idaho Council on Developmental Disabilities
- Long-Term Care Ombudsmen offices
- Disability Rights Idaho

The Idaho Home Choice Program contact information is provided to all Medicaid participants residing in qualified institutional settings as part of the outreach effort. This information is provided via letters and brochures. When residents contact the program, they are assigned to a transition manager, if needed, who will initiate the transition activities. In all cases, involvement

of an individual's family will be considered if the individual has provided permission for the family to be involved.

In each community, staff and advocates who work with the target populations provide information to potential participants and put them in touch with a transition manager when needed. Once an individual has been identified as a potential Idaho Home Choice participant the participant will be provided with a packet which includes: (1) cover letter; (2) MFP application (referral) form with information about who to call; (3) MFP Informed Consent form; (4) Brochure and Fact Sheet; (5) Eligibility Information; (6) Idaho Home Choice Participant Handbook; and (7) Qualified Residence Form.

If a transition manager has been assigned, they will review and discuss with the participant, families/guardians, and qualified institutional setting staff information from the Minimum Data Set (MDS) including Section Q and the Uniform Assessment Instrument (UAI) used by the facility to determine medical support, personal care, and other supports available to meet the individual's needs for transitioning to a qualified residence. The Transition manager answers questions, addresses concerns, and establishes methods for on-going communication (phone, email, face-to-face, etc.). The transition packets are intended to assist the individuals in making an informed decision about transition to the community.

### **Qualified Institutional Settings**

Qualified institutional settings include skilled nursing facilities (SNF), intermediate care facilities for the Intellectually Disabled (ICF/ID) and institutions for mental diseases (IMD) serving individuals 18 or older. A level of care assessment will be conducted and a service plan will be developed specific to the needs of everyone following the requirements of the waiver program for which they are eligible.

## **Residency Requirements**

Idaho Home Choice participants are residents of Idaho and meet the minimum residency requirement of 90 days excluding any short-term rehabilitation services funded through Medicare. The Idaho Home Choice Coordinator will ensure that the required residency period has been met. This is achieved through information in the Medicaid MMIS, contact with qualified institutional setting staff, and physical review of individual medical records.

## **Process for Assuring Medicaid Eligibility**

In Idaho, Medicaid eligibility is determined based on regulations established by the Idaho Department of Health and Welfare. The Division of Welfare within the Idaho Department of Health and Welfare is responsible for determining and certifying financial eligibility for all Medicaid participants. Once a participant is identified for the Idaho Home Choice Program, Medicaid staff within the Bureau of Long Term Care or Bureau of Developmental Disabilities Services verify that the person is eligible for Medicaid. If the participants choose to use transition management services, the transition manager can also verify Medicaid eligibility through the Division of Welfare or the Division of Medicaid, Bureau of Long Term Care.

## **Enrollment**

Individuals who wish to participate in the Idaho Home Choice program or, if appropriate, the individual's legal guardian or representative, are required to sign an Informed Consent (**see Attachment 3**) indicating that they have freely chosen to participate, are aware of and understand the transition process, have full knowledge of the supports and services provided, and have been informed of their rights and responsibilities as participants. Additionally, transition managers or Medicaid staff inform participants and/or their family/guardian about the state's protections from

abuse, neglect, and exploitation and the process for reporting critical incidents. The Idaho Long Term Care Ombudsman is housed in the Idaho Commission on Aging. The Ombudsman investigates complaints and responds to requests for assistance from older individuals living in long-term care facilities as well as from those living in the community in residential care or assisted living facilities. The Ombudsmen provide services to protect the health, safety, welfare, and rights of the elderly. There are offices and hotlines in six regions in the state. In addition, MFP participants can report abuse, neglect, and exploitation through the Idaho Bureau of Facility Standards and the Idaho Office of Attorney General. There are also systems in place to report abuse of adults with disabilities and children through adult protection and the Idaho Department of Health and Welfare. There are three additional abuse hotlines provided statewide including the 2-1-1 Idaho CareLine. Training has been provided to transition managers and Medicaid staff involved in Idaho Home Choice regarding the processes and procedures for reporting critical incidents. Additional information on reporting is included in the Consumer Supports section under MFP Complaint Process and in the Quality section under Complaint/Critical incident Tracking System.

## **Re-enrollment Policy**

### **Participants who have not completed 365 days in the MFP Program**

When an MFP demonstration participant is readmitted into an inpatient facility for a period less than 30 days, the participant remains enrolled in the program.

When an MFP demonstration participant is readmitted into an inpatient facility for a period greater than 30 days, the participant is considered as dis-enrolled from the MFP demonstration program. However, Idaho may choose to re-enroll a former MFP participant that was dis-enrolled prior to the completion of 365 days in the demonstration back into the MFP demonstration without

re-establishing the 90-day institutional residency requirement. That participant is eligible to continue to receive MFP services for any remaining days up to the maximum 365 days of demonstration participation at the enhanced FMAP for those MFP services during that period.

### **Participants who have completed 365 days in the MFP Program**

Idaho allows individuals who have been re-institutionalized after completing their initial 365 days of participation to enroll in MFP as a new participant if they are “qualified individuals” who have been in a “qualified institution” for at least 90 consecutive days less any short-term rehabilitative days as per the MFP Policy guidance on “Qualified Individual” dated 5-17-10. The qualified participant must transition into MFP “qualified housing.” Medicaid nurse reviewers or care managers re-evaluate the former MFP participant’s post MFP Program Plan of Care and make appropriate changes before re-enrolling the person back into the MFP demonstration program. The nurse reviewer or care manager will determine if the Plan of Care could not be carried out as a result of:

- a. Medical and/or behavioral changes resulting in the necessity of readmission into an inpatient facility.
- b. The lack of community services to adequately support the participant as identified in the original plan of care.
- c. The plan of care was not supported by the delivery of quality services.
- d. The original plan of care was inadequate.

After determining the basis for re-institutionalization and changes are made to the plan of care that take into consideration the possible causes for a return to institutional care, a former participant who had been previously enrolled in the MFP program for 365 days, may be re-enrolled into the program.

## **Information to Make Informed Choices**

The transition managers ensure that each eligible individual, or the individual's authorized representative, are provided the opportunity to make an informed choice regarding whether to participate in the Idaho Home Choice program. Information is provided that explains how the program works, what the benefits are, what supports are offered, and how to apply to participate. During the protocol development process Medicaid engaged stakeholders, including institutional providers, in discussions to plan the most effective methods to communicate with, and provide information to, the target groups.

This included developing marketing materials and working closely with grassroots community groups such as the Idaho Council on Developmental Disabilities, the Division of Medicaid, the Division of Behavioral Health, local mental health providers, the Area Agencies on Aging, the Councils on Independent Living, etc. Participants also select the qualified residence in which they will reside. As part of the transition planning process, actual community-based living options are discussed and visited.

Transition managers work with guardians of Idaho Home Choice participants to explain the program, safeguards, and operating procedures. They also work with the guardian and individual during the transition process so they fully understand their rights. Each individual identified for transition to the community is provided with information regarding protection from abuse, neglect, and exploitation and the process for notifying the appropriate authorities if the participant is subject to abuse, neglect, or exploitation. The transition manager is given this information to the individual as well as to other identified family members or legal guardians during the service planning process.

Information on reporting abuse, neglect or exploitation is provided in writing to the participants

and, when appropriate, to identified family members or legal guardians. The service provider must ensure that participants or their responsible parties are informed of how to report allegations of abuse, neglect, and exploitation. The service provider also provides the participant with information about how to contact Medicaid, Adult Protective Services, Area Agency on Aging, and the state Long-Term Care Ombudsmen who together have the statutory responsibilities for abuse, neglect, and exploitation investigations. Under the 1915(c) waivers for adults, Medicaid conducts a desk review of any alleged incident and refers to Adult Protective Services to investigate the allegation. In these cases, Adult Protective Services coordinates and communicates its activities with Medicaid.

The Project Manager 2 is responsible for the training plan that ensures stakeholder organizations and/or individuals receive training about the Idaho Home Choice Program. Representatives from stakeholder organizations also provide accurate, timely information that explains how the programs work, what the benefits are, what supports are offered and how to apply to potential eligible IHC participants. Participants receive information about the program and education about reporting suspected cases of abuse, neglect, or exploitation through routine contacts with transition managers, long-term care ombudsmen, qualified institutional setting social workers, and service coordinators. Finally, the caseworker and agency provider, or the managed care provider, will provide a list of numbers individuals should call if they encounter problems. They will provide issue-specific information and set a priority of whom they should call for what situation depending on the priority. Individuals will be provided, at minimum, specific information about complaint procedures, rights and responsibilities, service delivery schedules, and the names and telephone numbers of the person(s) delivering services.

## Informed Consent and Guardianship

Individuals who want to participate in the Idaho Home Choice Program or, if appropriate, their legal guardians will be required by the transition manager to sign an Informed Consent Form (see **Attachment 3**) indicating that they have freely chosen to participate, are aware of and understand the transition process, have full knowledge of the supports and services to be provided, and have been informed of their rights and responsibilities as participants. Participants will acknowledge through the signed informed consent that they understand they will be re-assessed for waiver eligibility prior to the end of 365 days. If an individual does not continue to remain eligible for one of the waivers or State Plan Services, all efforts will be made to help the individual or the family/guardian in locating community services offered by various organizations and state programs in their local area.

Informed consent for participation in the Idaho Home Choice Program may be provided by the participant, the participant's legal representative, or surrogate decision makers who have responsibility for an individual's living arrangement, such as guardians, an attorney-in-fact named in a durable power of attorney, or a health care agent named in a health care power of attorney. In cases where there is a legal representative or surrogate decision maker, the transition manager will review legal documentation to ensure that the individual possesses the legal authority to make decisions dealing specifically with a participant's living arrangement and receipt of services/treatment. Informed consent must be provided by the participant, unless that participant has been adjudicated as unable to make major life decisions. In that case, informed consent must be provided by the court-appointed guardian. Legal representatives or surrogate decision makers who have responsibility for an individual's living arrangement, such as guardians, an attorney-in-fact named in a durable power of attorney, or a health care agent appointed by the individual within

the program will be required to have had contact with the individual identified for transition within the last six months. Only a court-appointed guardian may act as guardian or other legally appointed representative for the participant. Corporations and legal guardians other than family members follow their agency protocol for ensuring ongoing guardian interaction.

## **Outreach/Marketing/Education**

The state of Idaho uses transition managers as part of the Idaho Home Choice Program. Idaho Medicaid contracted with the College of Western Idaho to provide curriculum development and training to transition manager through a train the trainer model. The College of Western Idaho is the expert in the region on providing workforce development. They have also developed curriculum for the Idaho Bar Association on guardianships. The train the trainers were from the Idaho Centers for Independent living.

The Centers sent three individuals from each center to the train the trainer training. They then held 6 regional certified trainings across the state to train a qualified group of transition managers.

Transition managers received specific training on how to evaluate the strengths and weaknesses of a person's circle of supports to ensure that the vision and goals of the individual are driving the informal and formal supports that the person receives in the community. Managers continue to identify specific areas for technical assistance through a case review process. Persons with expertise in identified areas provide training as needed. Specific training relative to the MFP demonstration grant includes data collection changes, overview of the Idaho Home Choice Program, new services, self-direction, and the role in quality management under Idaho Home Choice Operational Protocol.

Training focuses on an understanding of the following objectives:

- Services available to Idaho Home Choice participants

- Referral and intake process
- Rights and responsibilities of participants in the demonstration
- Policies and procedures regarding informed consent
- Importance of consumer files and staff time records
- Process of interviewing and information gathering
- Importance of the self-assessment process
- How to assist with forming a circle of support
- How to develop and monitor a transition plan
- How to apply for programs and/or waivers
- How to coordinate with state agency resources Financial planning, benefits, entitlements and budgeting
- How to identify related needs such as utilities, phone, transportation, social, leisure, recreational and vocational pursuits, furnishings, household goods, basic food start-up, moving and settling in
- How to develop a follow-up plan for the first six months post transition
- How to complete all data collection and other required paperwork

The transition manager infrastructure includes a committed cadre of transition manager specialists who work hand-in-hand with the participant, the participant's circle of supports, the support broker or service coordinator, and other professionals who are responsible for locating and leveraging informal and formal services and supports. Regional training is offered annually for any person wanting to become a Transition Manager. This ongoing training is taught by Idaho Home Choice Staff, other Medicaid staff, and various external stakeholders who are experts in areas such as housing, paid and non-paid supports, transportation for persons with disabilities,

long-term care Ombudsman, person-centered planning and additional curriculum areas. For additional information on the transition managers please see Section 5, Benefits and Services.

## **Participants**

Participants in the Idaho Home Choice Program are those who have expressed an interest in transitioning to providers, qualified institutional setting staff, Medicaid staff, or others involved in their care, and who wish to live and receive supports and services in the community of their choosing. Eligible participants gain interest in transitioning through the methods noted in Section 1, Participant Recruitment and Enrollment. Information is disseminated to participants in several stages: pre-transition, post-transition, and ongoing. During the pre-transition stage, potential participants are notified about the opportunity to transition to the community. A transition manager contacts those who express interest in transitioning. During the transition and on a periodic basis, participants are notified of additional services and supports in the community. Participants, potential participants, and/or guardians are kept informed about services that are available through the Idaho Home Choice Program. Participants receive information about Idaho Home Choice Program services via brochures, broadcast messages, in-person visits to nursing facilities and institutions and the Idaho Department of Health and Welfare's Web site at <http://healthandwelfare.idaho.gov/>.

Information is also available on CDs, videos, and other formats. Media press releases are also used.

## **Providers**

Providers in the Idaho Home Choice Program are those public, private, and community organizations that provide services and supports to the participants so they can successfully transition to, and remain in, the community. There is a wide variety of providers with multiple

interests and expertise. Most providers are knowledgeable about the Idaho Home Choice Program. Provider stakeholders were involved in reviewing the original protocol and will continue to be involved through the life of the program. Providers receive information using the following media: Division of Medicaid bulletins and information releases, Idaho Home Choice Program information sheet, Idaho Home Choice video conferencing sessions, the Division of Medicaid's Web information, remittance advice banner messages, verbal recordings that providers hear while on telephone hold with the Medicaid Management Information System (MMIS), and mailings to provider associations. A mass mailing was also completed to providers to make them aware of Idaho's Home Choice Program and the opportunities for involvement.

Examples of service providers across the state are:

- Community providers of waiver services
- Professional caregivers
- Nursing home administrators
- Intermediate Care Facilities for the Intellectually Disabled ICF/ID administrators
- Institution for mental disease (IMD) administrators
- Health care workers at agencies providing waiver services
- The Centers for Independent Living
- Aging and Disability Resource Centers

Additional outreach and education was accomplished by a variety of approaches that took place simultaneously. Idaho increased marketing of existing waiver services and conducted educational workshops for qualified institutional setting staff and other medical personnel that promotes the use of home and community-based services rather than the traditional move to a nursing or ICF/ID facility.

In addition, Medicaid collaborated with state healthcare associations such as the Idaho Hospital Association and the Idaho Health Care Association, Idaho Association of Home Care Agencies, etc., and other independent providers, to develop training programs or materials that will develop diversified services within their communities. These efforts will directly impact the goal of rebalancing between institutional and home and community-based services expenditures as well as having a positive outcome of increasing the awareness and range of services available within the specific community. The Idaho Home Choice Project Manager 2 and any other staff designated as knowledgeable about such services facilitate these training programs. A training packet has been developed as part of information dissemination.

### **State Staff**

State staff refers to all the employees of the various state agencies who are involved in the Idaho Home Choice Program, including Idaho Department of Health and Welfare staff. A wide variety of staff across divisions received training about this initiative. They include:

- Division of Medicaid
- Division of Family and Community Services
- Division of Behavioral Health
- Idaho Division of Vocational Rehabilitation
- Idaho State Independent Living Council
- Idaho Commission on Aging
- Boise State University, Center for the Study of Aging
- University of Idaho, Center on Disabilities and Human Development

State staff may receive information via the Department of Health and Welfare's Web site, Idaho Home Choice video conferencing sessions, fact sheets, frequently asked questions

documents, and training sessions.

### **Other**

Advocacy groups also serve as important audiences for the Idaho Home Choice Program information. The Division of Medicaid sent a mass mailing to provide basic information about the Idaho Home Choice Program to various advocacy groups.

Advocacy groups across the state include:

- Idaho Council on Developmental Disabilities
- Idaho Centers for Independent Living
- Idaho Legal Aid
- Idaho Health Care Association
- Idaho Association of Home Care Agencies
- Idaho Mental Health Counseling Association
- Long-Term-Care Regional Ombudsman
- Medical Care Advisory Committee
- National Alliance on Mental Illness
- Personal Assistance Oversight Committee

Generic outreach and marketing materials for the Home Choice Program were developed and used across a wide range of audiences and locations. A general information sheet template is available to all audiences. This template can be revised for use with specific audiences. For an example of the information sheet see Attachment 4. Qualified institutional settings throughout the state are targeted through transition managers, community advocacy groups, state staff, and other outreach methods described above.

The following are used for information dissemination:

- Aging and Disability Resource Centers
- American Association of Retired Persons
- National Alliance on Mental Illness
- Idaho Mental Health Association
- State Independent Living Council
- Local management entities (including Community and Family Advisory Committees)
- Centers for Independent Living
- Nursing facilities, ICF/IDs, IMDs
- Boise State University, Center for the Study of Aging
- University of Idaho, Center on Disabilities and Human Development
- Idaho Division of Vocational Rehabilitation
- Idaho Council on Developmental Disabilities
- Long-Term-Care Ombudsmen offices
- Disability Rights Idaho

Paper and electronic materials are available in a variety of formats including English, Spanish, large print, etc. Applicants who are required to cost share are notified through a letter, which states they are approved for waiver services and indicates the amount of cost share they must pay. Individuals who are required to pay a portion of their income toward the cost of their waiver services are those who are not income eligible for Social Security Income (SSI) or AABD cash in their own home or community setting, are eligible for Medicaid if their income does not exceed

three (3) times the Federal SSI monthly benefits, and they meet nursing facility level of care criteria for the HCBS A & D and DD waivers.

The following chart outlines the procedures and timeline carried out for the development of the outreach, education, and marketing plan.

## Outreach, Marketing, and Education Activity Timeline

### Idaho Home Choice Money Follows the Person

<b>Outreach and Marketing Activity</b>	<b>Start</b>	<b>Completed</b>	<b>Lead</b>	<b>Target Population</b>
Develop Talking Points	03-07-2011	03-28-2011	Tammy Ray	Internal IDHW Staff
Develop Frequently Asked Questions	03-07-2011	03-10-2011	Natalie Peterson/Tammy Ray	Public/Medicaid/IHC Participants/Potential Participants
Develop Idaho Home Choice Logo	03-07-2011	03-11-2011	Medicaid Communications Team	
Develop Idaho Home Choice Web Page	03-07-2011		Natalie Peterson/Shannon Winget	Public/Medicaid/IHC Participants/Potential Participants
Form Outreach, Education, and Marketing (OEM) Work Group	03-15-2011	03-15-2011	Trina Balanoff - University of Idaho, Center for Disabilities and Human Development (CDHD) 1) Matt Wappett - CDHD 2) Sara McDaniel - Provider, All About Home Care 3) Fawn Bell - Provider, All About Home Care 4) Hope Brackett - Provider - A Full Life Home Health 5) Mark Leeper - Self Direction Fiscal Intermediary 6) Chris Johnson - Human Service Alliance 7) Dana Gover - Participant and Member of the Personal Oversight Committee	
First Meeting of OEM	03-31-2011	03-31-2011	Trina Balanoff - CDHD	IHC Program Manager 2/LTC Bureau Chief
First Recommendations from OEM	04-04-2011	04-04-2011	Trina Balanoff - CDHD	IHC Program Manager 2/LTC Bureau Chief
Prepare Article for Idaho's Medicaid Newsletter	04-04-2011	04-07-2011	Tammy Ray/Shelby Spangler	Providers
Begin Sub Grant Process to College of Western Idaho for Transition Management Curriculum	04-04-2011	04-15-2011	PM2/PM1	Kristi Rood, Kristin Clovis

Development and Training				
Develop Training for Medicaid and IDHW Staff	04-04-2011	04-22-2011	PM2/PM1	Medicaid and Other IDHW Staff
Develop Banner Messages and IR's	04-04-2011	04-07-2011	PM2/PM1	Providers
Develop Brochures and Other Outreach Materials with Recommendations From OEM	04-04-2011	04-20-2011	PM2/PM1	Potential MFP Participants in all Qualified Institutions
Develop Transition Packets for Idaho Home Choice MFP Participants (IHCMFP)	04-04-2011	05-01-2011	PM2/PM1	Potential IHCMFP Participants
CMS Approval of Marketing Materials	04-21-2011	05-01-2011	CMS	IHC Program Manager 2/LTC Bureau Chief
Begin Training Medicaid and IDHW Staff	04-25-2011	On-Going	PM2/PM1/Bureau of Long Term Care	LTC, Medicaid, and Other IDHW Staff
Printing of Marketing Materials	05-02-2011	05-16-2011	Medicaid Communications Team	
Send Letter to all Medicaid Participants in Qualified Institutional Settings	05-15-2011	07-01-2011	PM2/PM1	All Medicaid Participants in Qualified Institutions/ All Qualified Institutions
Begin Receiving Initial Referrals for the IHCMFP	05-20-2011	On-Going	Idaho Medicaid Staff	All Medicaid and other Idaho Department of Health and Welfare (IDHW) Staff
Have Medicaid Staff begin process for Transition if Applicable	06-01-2011	On-Going	Idaho Medicaid Staff	All Medicaid and other IDHW Staff
Dissemination of Outreach Materials	05-20-2011	05-27-2011	PM2/PM1	All Institutions, LTC Agencies, Stakeholders, Current Medicaid Participants, Potential Participants, ADRC's, All

				Idaho Medicaid Regions,
Transition Packets Ready	05-23-2011	05-23-2011	PM2/PM1	Potential Participants/Transition Managers
Transition Management Training Begins	06-01-2011	On-Going Quarterly	Trina Balanoff, Matt Wappett, CDHD	Transitions Managers
Develop Initial Approved Transition Management List and Map of Transition Managers throughout Idaho	06-20-2011	06-21-2011	PM2/PM1	All Institutions, LTC Agencies, Stakeholders, Current Medicaid Participants, Potential Participants, ADRC's, All Idaho Medicaid Regions
Begin Transitioning IHCMFP Participants	07-01-2011	On-Going Through 01-01-2019	Medicaid Staff, Transition Managers, IDHW Staff, Bureau of Long-Term Care, ADRC's, All Stakeholders	IHCMFP Participants, Their Families/Guardians
Continue Outreach for duration of Demonstration Program	07-01-2011	On-Going Through 01-01-2019	PM2/PM1	All Institutions, LTC Agencies, Stakeholders, Current Medicaid Participants, Potential Participants, ADRC's, All Idaho Medicaid Regions

## **Stakeholder Involvement**

On November 19, 2010, a Money Follows the Person Program kick-off meeting was held to inform stakeholders and state staff about the program. This meeting gave an overview of the program; described the funders' (CMS) role; and provided information on how the Operational Protocol would be developed. Participants were encouraged to attend to provide input into the development of the Operational Protocol and service delivery. Medicaid received a large amount of feedback from the kick-off meeting that has been incorporated into the Operational Protocol. The final draft was also reviewed by the stakeholders and revisions were made as necessary.

### **Stakeholders**

Stakeholder involvement for the Idaho Home Choice program is acquired through various committees and workgroups. The Idaho Home Choice Money Follows the Person Demonstration grant is overseen and administered by the Department of Health and Welfare, Division of Medicaid. Leadership from the Department of Health and Welfare were represented on the Idaho Home Choice Advisory Council. This Council set policy and resolved issues, and made recommendations for improvements. The council met October 2011 through March of 2016.

Additionally, Idaho Home Choice set up workgroups designed to focus on critical areas of the MFP demonstration such as outreach, marketing, education; housing; participant recruitment and enrollment; benefits, services, consumer supports, self-direction; informed consent and guardianship; and quality assurance and continuity of care. Each group is comprised of IDHW staff, consumers and their families, providers, as well as community advocates and others. The stakeholders are responsible for assisting in recruitment of potential participants, marketing and outreach, training, making recommendations for program fundamentals, and quality assurance.

**Attachment 8** illustrates the current workgroups that were developed on March 15, 2011.

### **Operational Activities**

In year 1 through 5 of the grant, the Division of Medicaid coordinated state forums to be held in conjunction with the Stakeholder Advisory Council meetings. These meetings were held via video conferencing throughout the state. These forums were open to the public and efforts were made to invite a wide range of potential participants, their families, friends and guardians, providers, state staff, and other important community stakeholders. Stakeholder involvement will continue to ensure successful implementation and sustainability of the Idaho Home Choice Program. These meetings were instrumental in moving forward with a long-term care system that provides an array of home and community-based services and supports designed to promote choice and independence. These groups continue to provide input into the operations of the demonstration program through face-to-face meetings, emails, and conference calls and video conferencing.

### **Benefits and Services**

In Idaho, the Idaho Home Choice Program has transitioned individuals into existing 1915(c) home and community based waiver programs. Idaho Home Choice participants enroll in waiver services the first day they transition into a community setting. After 365 days of demonstration services, individuals continue in the same 1915(c) waiver program if they meet the eligibility requirements of the program. Idaho currently operates one 1915(c) Aged and Disabled waiver that targets individuals who are aging and/or have disabilities as an alternative to residing in a nursing facility and operates a 1915(c) Developmental Disabilities waiver that targets individuals with intellectual or developmental disabilities as an alternative to residing in a public or private Intermediate Care Facility for the Intellectually Disabled. Referrals come from hospitals, social

service provider agencies, advocacy groups, friends, family, nursing facilities, senior centers, Area Agency on Aging, and other sources. Referrals come from many sources including Health and Welfare staff, potential participants, family members of potential participants, skilled nursing facilities, advocacy groups and transition managers. Upon referral, eligibility is determined and if eligible, a program assessment is performed and a service plan is developed. The 2-1-1 Idaho CareLine, and Aging and Disability Resource Centers (where available) can link consumers to lead agencies. The chart below describes the services currently covered under existing waiver programs.

**Currently Covered Services**

<b>Service</b>	<b>1915 (C) Aged and Disabled Waiver</b>	<b>1915 (c) Developmental Disability Waiver</b>	<b>State Plan</b>
Adult Day Care	Yes	Yes	No
Adult Residential Care	Yes	No	Yes
Attendant Care	Yes	No	No
Behavior Consultation/Crisis Management	Yes	Yes	No
Chore Service	Yes	Yes	No
Companion Services	Yes	No	No
Consultation	Yes	No	No
Day Habilitation	Yes	No	Yes (DT)
Environmental Accessibility Adaptations	Yes	Yes	No
Home Delivered Meals	Yes	Yes	No
Home Health Services	Yes	Yes	Yes
Homemaker	Yes	No	No
Non-Medical Transportation	Yes	Yes	No
Personal Emergency Response System	Yes	Yes	No
Psychiatric Consultation	Yes	No	Yes
Residential Habilitation	Yes	Yes	No

Respite	Yes	Yes	No
Service Coordination	No	No	Yes
Skilled Nursing	Yes	Yes	Yes
Specialized Medical Equipment and Supplies	Yes	Yes	No (DME Only)
Support Broker Services – Self-Direction	Yes	Yes	No
Supported Employment	Yes	Yes	No

### **Home and Community Based Demonstration Services**

Under the demonstration grant, demonstration services are provided and reimbursed with demonstration funds when not covered under current waiver services and benefits. These services are an essential part of successful transition to the community.

Idaho continues to evaluate the success of the demonstration services and plans to sustain the two benefits of Transition Management and Transition Services in both 1915 (c) waivers after the Money Follows the Person demonstration period ends. The Idaho Home Choice Sustainability Plan has been written and approved by administration and the Centers for Medicare and Medicaid services. A project team is in place and the process to achieve sustainability has begun. (See Attachment 11)

### **Transition Management**

Transition Management assists individuals in gaining access to needed medical, social, education, and other services for persons moving from a Medicaid funded institution to a qualified community residence. Transition management services will be offered for up to 120 days prior to transitioning into the community and for up to 365 days after the transition. Participants will receive up to 8 hours per month of transition management services. If necessary, additional transition services may be approved for up to six (6) additional months at the rate of 4 hours per

month. This will be decided on a case-by-case basis. Idaho has developed a qualified cadre of 62 transition managers throughout the state. Transition managers must have a bachelor's degree in an appropriate health field or equivalent experience and attend the certified College of Western Idaho 3-day training. They can then apply to be an Idaho Medicaid Provider and bill at the regular provider rate. Idaho Medicaid developed a list of certified transition managers and a map of where they are located throughout the state. This list is included in the participant handbook, posted on the IDHW website, and provided to all providers throughout the state. With a large cadre of transition managers, it is anticipated that each transition manager will manage an average of three to five transitions per year.

The transition managers work hand in hand with the participant his/her circle of supports, providers responsible for service plan development, the support broker or service coordinator, and other professionals who are responsible for locating and leveraging informal and formal services and supports. Participants are encouraged to explore self-direction if appropriate.

### **Community Transition Services**

Community Transition Services are goods and services that are provided to the Idaho Home Choice participant for addressing identified needs, including improving and maintaining the participant's opportunities for living independently in the community. These goods and services will be Demonstration Services throughout the grant cycle. Community transition services are intended to:

- Decrease the need for formal support services and other Medicaid services;
- Take into consideration the appropriateness and availability of a lower cost alternative for comparable services that meet the participant's needs;
- Promote community inclusion and family involvement;

- Increase the Home Choice participant's health and welfare in the home and/or community;
- Assist the Home Choice participant when he or she does not have the funds available through another source;
- Support and encourage the Home Choice participant to develop personal relationships, learning opportunities, work and income options, and worship opportunities as full participants in community life, and
- Help the Home Choice participant access informal and generic community resources whenever possible in the most integrated community setting appropriate to the person.

Community transition services are one-time set-up expenses for individuals who are transitioning from a qualified institutional setting, to a community setting or another living arrangement where the person is directly responsible for his/her own living expenses. Such expenses include but are not limited to:

- Home and Security Deposits
  - Security (apartment/home)
  - First Month's Utilities
  - Land line phone
  - Water
  - Electricity/Gas
  - First Month's Rent
- Appliances
  - Washing machine
  - Dryer
  - Refrigerator

- Microwave
- Food preparation items
- Essential furnishings
  - Table
  - Chairs
  - Sofa/ Couch
  - Dresser
  - Bed
- One-time cleaning prior to occupancy
- One-time kitchen set-up
- One-time grocery purchase
- Health and Safety Assurances
  - Pest eradication

Transition services are furnished only to the extent that the person is unable to meet such expense or when the support cannot be obtained from other sources. Non-medical transportation is included in the current 1915(c) waivers and medically necessary transportation is provided through Medicaid state plan services and is not part of the demonstration transition services. Transition services do not include household appliance or diversion/recreational items such as televisions, VCRs and DVDs, Gameboys, computer's, and MP3 Players. The services also do not include any decorative items. The monetary limit for transition services is \$2,000 per participant. Funds are used to meet needs that are barriers to transition. Transition Managers use sound judgment when approving services to ensure purchases are modest and reasonable. Funds cannot be used to pay existing bills, past due balances, or on-going rent or utilities. Transition Services

will be sustained in the existing 1915 (c) waivers offered through Medicaid. (See appendix 12)

### **Transition at Termination**

Transition managers conduct ongoing follow up throughout the 365 days of eligibility. The nurse reviewer and provider meet with the participant/participants' family to explain the process when Idaho Home Choice ends and reassure the participant that the change is seamless and there are no changes in the supported living situation, daily activities, or self-direction option. The transition manager ensures that all their reporting requirements are met, and on day 366 after the participant's transition, the involvement of the transition manager ends.

Continuity of services after an individual completes his or her demonstration year are guaranteed through access to Idaho Medicaid's Aged and Disabled Waiver, Developmental Disability Waiver or state plan services, which include additional supports to allow the participant to be successful when choosing HCBS. Program participants are also assisted to access other community-based services for which they may qualify. At the end of demonstration services, waiver services and benefits for which an individual qualifies support continued home and community based living. This results in no loss of services and supports to individuals who transitioned under demonstration services.

### **Consumer Supports**

Organizations and entities providing support to consumers under Idaho Home Choice were discussed in detail in the previous section except for fiscal intermediaries, fiscal/employer agent, and emergency backup supports. As noted above, each participant is offered transition management services prior to transition. These services ensure that the participants have access to the assistance and support that is available under the demonstration. Fiscal intermediaries and support brokers are discussed under **Section 7 Self Direction**. This section focuses on the

emergency back-up support system.

### **System for Emergency Back-Up Supports**

Idaho Home Choice participants will utilize the current system used for all Medicaid participants for emergency back up and supports. Providers, transition managers, nurse reviewers, service coordinators and care managers work with participants to identify the demographics of their emergency/back-up plan in their person center plan for all direct services including transportation, DME and supportive services.

Back up plans include a description of the risks faced when emergencies, such as lack of staff, arises. The backup plan also identifies what must be done to prevent risks to health and safety: how people should respond when an emergency occurs, and who should be contacted and when. Back up plans must list individuals who will provide support when regular staff is not available. Back up plans address 24 hour/7day per week coverage including the need for 9-1-1 for emergencies. Participants are required to identify informal networks such as family, friends, and neighbors who have agreed to support the participant on an emergency basis. The informal emergency network is part of the service plan. Such networks commit to assisting the participant, if needed, during periods of time when paid staff does not arrive on schedule or when staff quits unexpectedly. A participant could design a back-up plan with both informal and formal supports in place. Regardless of which options an individual identifies as part of his or her back-up plan, all individuals will receive an in-depth assessment prior to being approved for the Idaho Home Choice program.

During the assessment, a list of needs is developed and serves as the basis of a comprehensive care plan that is developed through a person-centered process with the care manager and service coordinator. Back-up support is also provided indirectly through a variety of means, including:

service and provider qualifications, care and service plans, contingency planning for fire and medication and a variety of other qualifications, restrictions and provisions established by rule, licensing and regulation.

For example, participants accessing the HCBS Waiver programs can elect to have a Personal Emergency Response system (PERS). This service is designed to monitor waiver participant safety and/or provide waiver participant access to emergency crisis intervention for emotional, medical, or environmental emergencies through the provision of communication connection systems. By providing immediate access to assistance, PERS serves to prevent institutionalization. PERS services are limited to those individuals who rent or own their own home, who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. The person who is using the system wears a button that he or she can push if needed. The button connects electronically to the person's phone, which is programmed to send a signal to a response center. Trained professionals in the response center then carry out a series of actions to help the person in need. It should be noted that some individuals might choose to live in a group setting when relocating back into the community. In these instances, there will be someone physically available twenty-four hours a day, seven days a week, for the necessary protection of individuals. A viable plan must be in place before a move to the community is supported by Idaho Home Choice. Fiscal/Employer Agencies and Fiscal Intermediaries are also available to assist with the development of an emergency back-up plan prior to transition as part of a typical 1915(c) procedure.

As an additional transitional service, transition managers remain involved during the first few months after a participant transitions to the community to assure that the plan conceptualized in the inpatient facility is working as designed in the community. Idaho has the requirement for all

service plans to address emergency back-up systems and the State does currently fund a system to support the service plans as required under MFP. Idaho's current Support and Services Authorization and Support and Spending Plan can be found in **Attachment 6**.

Safeguards represent one component of back-up supports. Safeguards are requirements or provisions established or put in place to address potential eventualities that could occur and could require back-up support. Service and support areas for which safeguards have been established include such areas as: Waiver eligibility determinations and re-determinations, both of which lead to the development of service plans and care plans, licensing and certification, service qualifications, avoidance of conflict of interest, fire safety, monitoring and quality assurance, confidentiality of information, reporting requirements, and opportunities for hearing and investigation.

## **Transportation**

### **Non-Emergency Medical Transportation**

Idaho Medicaid has contracted with a transportation brokerage, VEYO, to administer, coordinate, and manage all Non-Emergency Medical Transportation (NEMT) for eligible Idaho Medicaid participants including those eligible for 1915(c) waiver services. Network transport providers may contact Jamie with VEYO at (208)462-0855 with any questions about NEMT. Other Medicaid providers and Medicaid participants may call VEYO at (877) 503-1261 to schedule transportation.

The brokerage agency is responsible for locating accessible transportation appropriate to meet the needs of the participant. If the transportation does not appear to support the participant, it is the responsibility of the brokerage agency to identify back-up transportation.

Idaho Medicaid's transportation broker:

1. Operates a call center - Medicaid participants call in to schedule a ride when they have no other means of accessing their Medicaid-covered medical care.
2. Authorizes transportation services - Based on information provided by participants, the broker conducts prior authorization for appropriate non-emergency transportation services for the participant to access medical care when they are unable to meet their own transportation needs or obtain help from friends, family, or community resources to meet those needs.
3. Assigns participants to an appropriate provider for their transport - The broker contracts with transportation providers to create a statewide transportation network. The broker assigns one of its contracted providers to meet participants' needs once a ride is authorized.
4. Ensures high-quality transportation services are accessible to participants -The broker monitors the transportation providers in the network to ensure that their vehicles are safe, their drivers are qualified and helpful, and that participants get to their medical appointments and services on time.

### **Non-Medical Transportation**

Non-medical transportation is provided through both the Aged and Disabled 1915(c) waiver and the Developmentally Disabled 1915(c) waiver. This service is part of a broader mobility benefit, which includes training and/or assistance aimed at enhancing movement within the person's living arrangement, mastering the use of adaptive aids and equipment, accessing and using public transportation, independent travel, and/or movement within the community. Services enable waiver recipients to gain access to waiver and other community services and resources, required by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services offered under the State plan, defined at 42 CFR

440.170(a) (if applicable), and does not replace them. Transportation services under the waiver are offered in accordance with the recipient's plan of care. Whenever possible, family, neighbors, friends, or community agencies, which can provide this service without charge, are utilized. Prior to approving a non-medical transportation provider request, the Bureau of Medical Care ensures the provider has a current, valid driver's licenses for all drivers and active insurance to cover all automobiles. The Bureau is notified by the insurance company if the provider's insurance coverage lapses.

In addition, the Idaho State Independent Living Council received an AmeriCorps grant for improving accessible transportation in Idaho and have accomplished the following

- Sponsored a bus bench program in Coeur d'Alene,
- Established new bus routes in Coeur d'Alene,
- Created a recreation voucher program in Twin Falls,
- Extended a voucher program beyond Twin Falls city,
- Purchased a para-transit van in Twin Falls from ARRA funds,
- Equipped two wheelchair accessible taxis in urban and rural Treasure Valley,
- Implemented the Lewiston Volunteer Drivers Program,
- Sponsored a Green Expo Booth highlighting public transportation for people with disabilities.

Idaho Home Choice participants and all other stakeholders have information on the formal and informal transportation supports. The transportation benefit is crucial for HCBS participants to support their job needs, personal needs, relationship needs, emotional needs, and learning needs.

### **Emergency Medical Transportation**

Medicaid pays medical emergency transportation through the state plan benefits. Medicaid participants are instructed to call 9-1-1 for medical emergencies.

### **Agency Based Direct Work Force**

Licensed home health agencies are required by state regulation to ensure back-up services are available to the individuals they serve. They must have a telephone number where an individual receiving service can reach a person during the agency's operating hours or from 8:00 A.M. – 5:00 P.M., Monday through Friday. After normal business hours, the home health agencies have call back or on-call systems in place to respond to messages left on a machine or with an answering service and instruct clients to call 911 in an emergency. At the time of the Waiver Level of Care assessment and service planning, the participant is given contact information regarding whom to call in the event of service delivery failure or to inquire about the need for additional services. For Waiver participants, back-up plans for direct care workers are included in the service plans. Individuals identify their back-up system as part of their approved plan of care. Additionally, for each participant who requires emergency back up or otherwise experiences an emergency, contact will be made by the MFP program office within 24 hours.

### **Relationship of back-up system to QI**

Medicaid QA staff conducts quarterly Quality Improvement Strategy activities. At that time, Medicaid reviews the service plan of which a backup system is a component. The backup system strategy must be included in the service plan for the plan to be approved or considered complete. The nurse reviewer staff conducts quality assurance reviews and a reassessment annually to make sure the services are being delivered in accordance with the plan of care and the services authorized can safely and effectively maintain the participant in their home. The State operates a formal, comprehensive system to ensure that the waiver meets the assurances and other requirements contained in this application. Through an ongoing process of discovery, remediation, and

improvement, the State assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the waiver.

The State further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. The service provider is responsible to notify the nurse reviewer, physician or authorized provider, service coordinator, and family if applicable, when any significant changes in the participant's condition are noted during service delivery. Such notification will be documented in the provider's service record. The participant, family, guardian, or other interested party can contact the nurse reviewer and request a new assessment or change in service plan.

### **Risk Mitigation**

The HCBS waivers have implemented a policy that serves as the mechanism for risk mitigation. The Uniform Assessment Instrument is the basis for the transition and service plan. This tool assesses medical history, Activities of Daily Living (ADLs), list of medications, vision, hearing, speech, nutrition, cognitive and behavioral functions, assistive devices, or medical equipment. If a participant is in their own home, the tool also assesses environmental barriers or needs. The nurse reviewer also assesses the participant's potential and perceived health, behavioral and personal safety risks- neglect, abuse, and exploitation, and the ability to live safely in their residence during the UAI assessment. The nurse reviewer discusses their concerns with the participant after the assessment is completed. The risks identified by the reviewer are documented in the UAI. If the participant chooses to live in a Certified Family Home, they must, by Idaho Administrative rule and state law, meet the needs of the participant. All the UAI information is considered when the

service plan is being developed. The nurse reviewer does not approve a plan if services provided will not be safe and effective.

A Local Review Team addresses any concerns for health and safety. This is an interdisciplinary core team made up of nurse reviewer staff and sometimes a contract physician. This team brings in mental health specialists, developmental disability staff, social workers, and anyone with expertise pertinent to the case. The nurse reviewer works with the participant, guardian, provider, and service coordinator to identify strategies for identified risks and individualized interventions developed in the participant care plan to create a system of services and supports to address individual needs, participant preferences, and assures health and welfare. Community supports are outlined in the service plan if required. The service provider is responsible to notify the nurse reviewer, physician or authorized provider, service coordinator, and family if applicable, when there are significant changes in the participant's condition. Such notification will be documented in the provider's service record. The participant, family, guardian, or other interested party can contact the nurse reviewer or transition manager and request a new assessment or change in service plan at any time.

The participant's plan of care may be adjusted during the year. These adjustments must be based on changes in a participant's need, demonstrated outcomes, or changes in risk factors. Additional assessments or information may be clinically necessary. Adjustment of the plan of care is subject to prior authorization by the nurse reviewer. The provider completes a Change/Modification Request Form and submits it to the nurse reviewer. The nurse reviews the information and may authorize additional services. The UAI and Negotiated Services Plan are revised and a copy of the revised UAI and notice of decision are mailed to the participant and provider. Personal care providers and certified family home providers are provided a revised

negotiated service agreement by the nurse reviewer. Personal Care providers of service in the participant's home demonstrate policies and procedures addressing back-up plans for contingencies such as emergencies including the failure of an employee to appear when scheduled to provide necessary services when the absence of the service presents a risk to the participant's health and welfare.

The nurse reviewer Quality Assurance (QA) staff review the UAI documentation to ensure that participant risks have been documented and interventions are developed in the plan of care. During provider QA reviews, nurse reviewers and QA staff monitor the provider's records to ensure the staff emergency backup policy is followed.

As a result of the MFP Demonstration, Idaho Department of Health and Welfare, Division of Medicaid has reviewed barriers that may be preventing individuals from transitioning from institutionalized care to Home and Community Based Care. One of the barriers identified was access to Home and Community Based Services. The Idaho Department of Health and Welfare, Division of Medicaid, Bureau of Long Term Care reevaluated the Uniform Assessment Instrument's (UAI) definitions and associated units/hours. The revised UAI will more accurately identify the hours necessary for caregivers to assist with night needs, medications, behavioral issues, and other tasks. This change will ensure parity between the community worker and the comparable facility worker to ensure quality of personal care services received in congregate and home settings. Maintaining a reimbursement methodology that guarantees the viability of personal care service providers allows the State to recognize the reduced expenses of keeping participants in the community rather than in a nursing home. It is anticipated that these definition revisions will result in additional participants qualifying for waiver services as well as Personal Care Services through the Medicaid Enhanced State Plan Benchmark Benefit package. The annual projected cost

of this revision was \$6,323,000 in Trustee and Benefits funds which includes \$1,896,900 in general funds and \$4,426,100 in federal funds. Idaho's rebalancing fund is projected to be \$2,685,338.00 for the Idaho Home Choice Grant cycle ending in 2020.

### **MFP Complaint Process**

The HCBS waivers have implemented a policy that serves as the mechanism for reporting complaints and incidents, including failure of back-up systems that have been put into place and other issues related to waiver services and supports. The Idaho Home Choice transition managers utilize this same policy for complaint and incident reporting and remediation.

Participants have several options for registering complaints about services or any other aspect of their care. Complaints may be registered directly to Medicaid, community providers, or agency social workers. Participants may register complaints about anything the Department does or is responsible for that they perceive as affecting them negatively in any way. The complaint system is operated by Medicaid. To protect participant rights, some types of complaints are immediately directed to other formal systems rather than being addressed through the Medicaid complaint and critical incident process. When a complaint is received by Medicaid, a determination will be made as to the severity of the complaint. If there is reasonable cause to believe that abuse or sexual assault has resulted in death or serious physical injury jeopardizing the life, health, or safety of a vulnerable adult, the Point of Contact Person will immediately make a report to the appropriate law enforcement authority, Adult Protection, and/or Child Protection as outlined in Idaho Statute 39-5303, Adult Abuse, Neglect and Exploitation Act, Addendum 3.

Complaints that involve a potential for abuse, neglect, or exploitation of a participant or fraudulent use of a participant's Medicaid benefits require action must be taken by Health and Welfare staff to resolve the complaint or to refer the complaint outside the unit for resolution.

Complaints that do not rise to this level of severity, such as billing complaints or dissatisfaction with the provider agency will be handled in an informal matter. If the complaint is with the provider agency, the participant is asked to contact the agency first. If they are unable to do so, a nurse reviewer intervenes and assists with making the contact. Notes are entered into the participant file or the provider file as appropriate. The nurse reviewer is responsible for following up to ensure the complaint has been resolved to the participant's satisfaction. If the participant is still unhappy, a formal complaint may be submitted to the nurse reviewer, or Division of Medicaid. The Bureau of Long Term Care Regional Quality Assurance staff query the Medicaid database for provider complaint issues (open and resolved) prior to conducting a survey. Billing issues are referred to the MMIS representative in each region of the state and notes will be made on the MMIS system. Timelines vary with the nature of the complaint. If there is a complaint related to the health and safety of the participant, it is handled immediately. Complaints that are not urgent, such as billing, are handled within 30 days.

In addition, other avenues exist for voicing complaints. As part of the complaint process, the individual is notified of and afforded numerous rights, established by rules and regulations, which provide a fundamental framework from which expectations and complaints may then arise. Complaints may be received through one or more of the following components of the system. One or more complaint process may be utilized and appeal provisions are available.

- **A participant can make a complaint through the management hierarchy within any agency or organization providing or overseeing service to an individual.** The individual can contact a provider's supervisor, manager, or oversight agency with a complaint. For example, if an individual has a complaint or concern that a service or need is not being provided or is not being provided properly, they can speak with the individual provider; and/or their

supervisor; the case or service manager, nurse, area agency or a member of the licensing or oversight agency.

- **Medicaid Customer Services Unit within Idaho Department of Health and Welfare can be reached at (208) 334-5795 Ext. 4 locally or 1-800-378-3385.** Any Medicaid recipient can contact the unit concerning a complaint regarding the provision of any Medicaid covered service. The Customer Service Case Managers will work with the recipient and provider until the issue is resolved. The unit maintains a database of all complaints received. Medicaid reviews statistics generated by the database for any emerging patterns and takes appropriate action as needed.
- **The Ombudsman Office, within the Idaho Commission on Aging provides an additional complaint process.** The Ombudsman receives, investigates, and resolves complaints or problems involving long-term care in Idaho. The Idaho State Long-Term Care Ombudsman can be contacted at ICOA, (208) 334-3833, or by email at [cathy.hart@aging.idaho.gov](mailto:cathy.hart@aging.idaho.gov).
- **Adult Protection Services (APS) investigate allegations of abuse, neglect, self-neglect, and exploitation involving vulnerable adults and takes remedial actions to protect them.** APS workers provide specialized services to assist seniors and vulnerable adults (age 18 and over) in protecting themselves. Often, APS workers collaborate with law enforcement, Health and Welfare, nursing homes, and others to reduce the incidence of adult abuse, neglect, self-neglect, and exploitation. If a complaint rises to the level of abuse, neglect, or exploitation, Adult Protective Services is notified and carries out the legal requirements of the Protective Services to Adults Law. There are six regional offices around the state. Contact information is provided to all Idaho Home Choice participants.
- **Regulatory Authorities including State, local and regional police, fire, health and**

**building regulatory authorities provide an additional check and complaint process.** In times of crisis or close calls, they are the first responders and point of contact and information for facts and information surrounding the incident or event. An incident can serve as a warning that a provider, home or situation requires greater attention or scrutiny.

### **Responsibility to Report**

IDHW and contracted service provider staff are required to promptly make a complaint on behalf of an individual whenever they have reason to believe that an individual has been subjected to abuse, neglect, or exploitation by an employee of or a consultant or volunteer for a facility or program. This includes assisting individuals who wish to file a complaint to contact the appropriate agency or obtain advocacy services. This involves:

- Reporting the instance of abuse, neglect or exploitation to APS,
- Taking all practicable steps to prevent the situation from recurring; and
- Notifying the Department of the issues presented and actions taken.

In addition to filing a complaint, program staffs file an incident report regarding any circumstance that the policy of the facility or program identifies as an incident.

### **Self-Direction**

Self-direction is available to Idaho Home Choice participants who are on either the Aged and Disabled Waiver or the Developmental Disabilities Waiver. For participants on the DD Waiver, the participant notifies the Department if they want to discontinue their participation in the Self-Directed Community Supports option. After verifying the individual continues to be waiver eligible, the Department completes the following processes based on the specific needs of the individual to ensure continuity of services: 1) Uses the standard procedure for prior authorizations

for of community crisis supports (if applicable). 2) Provides the individual with a list of targeted service coordinators/Plan Developers and a Plan Developer Choice form. 3) Creates a 120-day Transition Plan by the Plan Developer. The 120-day Transition Plan must contain those services and supports that allow the individual to live safely in the community using provider-managed services. 4) Completes an Eligibility Application for Individuals with Developmental Disabilities form for the individual voluntarily transitioning out of the Self-Directed Community Supports option. The Eligibility Application is forwarded to the Idaho Center for Disabilities Evaluation to initiate eligibility re-determination and development of an annual plan per the provider managed service delivery model. 5) Verifies the individual's DD and waiver eligibility using the traditional business model for Annual Re-determination of Program Eligibility through the Idaho Center for Disabilities Evaluation. The Annual DD Eligibility Approval Notice notifies the individual of their budget for the upcoming plan year and notifies the individual they must submit their Individualized Service Plan prior to the date their existing 120-day plan expires to avoid a lapse in services.

If a participant on the A&D Waiver voluntarily elects to terminate self-direction, the Bureau of Long Term Care mails or faxes the participant a list of approved traditional provider agencies and an Agency Selection Form. It is the responsibility of the participant to select a new agency and return the completed Agency Selection Form to the Department. Once an agency is selected, the nurse reviewer sends the UAI and service plan to the new agency.

### **DD Waiver**

For participants on the DD Waiver, the Department may decide not to allow the individual to continue in the Self-Directed Community Supports option for the following reasons:

- The individual is not willing to work with a Support Broker;
- The individual is not willing to work with a Fiscal Employer Agent;

- The individual is not following their My Support Plans and the individual's health and safety is being compromised; or
- The individual is making choices that directly endanger their own health, welfare, or safety and/or endanger or harm others.

If the Department determines an individual's health and/or safety is in immediate jeopardy the Department sends an Immediate Removal from Self-Directed Option Notice by Certified Mail—Return Receipt Requested to the participant and their Support Broker stating the individual is being removed from the Self-Directed Community Supports Option. The Notice includes the date on which removal is effective and appeal rights.

Medicaid verifies individual's DD Waiver eligibility and works with the participant and their legal guardian (if applicable) to identify a Plan Developer to work with individual on creating a 120-day Transition Plan. The Department will then complete the following processes based on the specific needs of the individual: 1) Prior authorize community crisis supports using the standard procedure for prior authorization (if applicable). 2) Provide the individual with a list of targeted service coordinators/Plan Developers and a Plan Developer Choice form. 3) Plan Developer creates a 120-day Transition Plan. The 120-day Transition Plan must contain those services and supports that will allow the individual to live safely in the community using provider-managed services. 4) Department will complete an Eligibility Application for Individuals with Developmental Disabilities form for the individual voluntarily transitioning out of the Self-Directed Community Supports option. The Eligibility Application will be forwarded to the Idaho Center for Disabilities Evaluation to initiate eligibility re-determination and development of an annual plan per the provider managed service delivery model. 5) Idaho Center for Disabilities Evaluation verifies individual's DD

and waiver eligibility using the traditional business model for Annual Re-determination of Program Eligibility. The Annual DD Eligibility Approval Notice will notify the individual of their budget for the upcoming plan year and notify the individual they must submit their Individualized Service Plan prior to the date their existing 120-day plan expires to avoid a lapse in services. **Attachment 5** includes outreach materials for Self-Direction.

### **A&D Waiver**

For participants on the A & D Waiver, if through quality assurance audits or home visits, the department has determined the participant or legal representative is unable or unwilling to meet the self-directions responsibilities, the participant's agency will be contacted to provide training or additional assistance. If the participant or legal representative is still unable or unwilling to meet self-direction responsibilities, will receive written notification. The notification will direct the participant or legal representative to select a different non-legal representative. If the participant or legal representative disagrees with the department decision, a meeting can be set up with the Bureau of Long Term Care to discuss the decision. If the issue is not resolved, the parties may file a formal complaint with the Division of Medicaid. Idaho will provide education and offer the option of self-directing services to every MFP participant.

## **Quality**

### **Quality Management**

The State operates a formal, comprehensive system to ensure that the Idaho Home Choice demonstration meets the assurances and other requirements contained in this application. Through an ongoing process of discovery, remediation, and improvement, the State assures the health and

welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the program. The State further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem.

The Quality Management Strategy for the Idaho Home Choice Program is to use the HCBS Quality Framework and the HCBS Waiver assurances as a basis for a description of the expected outcomes under each of the Quality Framework focus areas and the processes that will be used to measure the quality of the program. The QA/QI system will utilize a system of discovery, the collection of data, and direct participant experiences to assess the ongoing implementation of the program. Remediation and improvement will be applied to the Idaho Home Choice program.

#### **Participant Access (Level of Care Determination (LOC))**

The design for participant access is meant to assure the following outcomes:

- Individuals who have a desire to participate in Idaho Home Choice have access to understandable and user-friendly information and processes to receive services.
- Individuals have informed choice.
- Individuals receive accurate and timely LOC determinations and redeterminations.

The processes supporting the achievement of these outcomes are:

- The use of standardized process and instruments for LOC decisions.
- Evaluations conducted by qualified staff.
- LOC decisions are reviewed through a review process, inappropriate decisions are corrected, and training is provided when appropriate.
- Annual redeterminations for LOC for all participants.

- Getting stakeholder input when new participant materials/information/training, etc. is developed.
- Posting of information regarding Idaho Home Choice services on the Medicaid web pages.
- Processes to get participant experience data from participants
  - Participant Experience Survey Instrument
- Application packet includes information to assist in choice making and access to services.
- Individual is required to sign a statement choosing Idaho Home Choice and waiver services instead of institutional services as part of the application and redetermination process.

### **Participant Centered Service Planning and Delivery**

The design for participant centered service planning and delivery is meant to assure the following outcomes:

- The Idaho Home Choice planning processes support the participant's choices.
- Service Plans (SPs) address the participant's needs and personal goals (including health and safety risk factors) by waiver services or other means.
- SPs are updated and/or revised when warranted by changes in the waiver participant's needs/goals.
- Services are delivered in accordance with the SP.

The processes supporting the achievement of these outcomes are:

- The authorization unit reviews SPs to assure that all needs and goals (including risks and back-up plans) are addressed by either waiver services or other means.
- Participants have trained Service Coordinators and Transition Managers available to assist them to update or revise plans to meet needs/goals if needed.

## **Provider Capacity and Capability**

The design for provider capacity and capability is meant to assure the following outcomes:

- All Idaho Home Choice providers are subject to an initial review prior to providing services.
- All Idaho Home Choice providers must complete Department training.
- All providers are subject to an on-site review every two years.
- Participants can provide feedback to the Department regarding Medicaid HCBS providers through Personal Experience Surveys The processes supporting the achievement of these outcomes are:
- Processes are in place for participants/families/guardians to file complaints or report employee related problems.
- The Participant Experience Survey (PES) is administered using a statistically valid random sampling process and includes questions regarding employee capabilities and capacity.
- Provider Review Process
- Provider Training Process

## **Participant Safeguards**

The design for participant safeguards is meant to assure the following outcomes:

- SPs address potential and real risks and backup plans are in place as needed.
- Assessment/planning and authorization processes are in place that look at participant safeguards and address risks.
- Complaints of abuse, neglect, and exploitation are investigated (and remediated when substantiated).

The processes supporting the achievement of these outcomes are:

- Policies, procedures, information, materials are in place that allow participants to easily report

instances of abuse, neglect and exploitation.

- The planning process includes the identification of risks.
- The authorization unit reviews assessments and SPs to assure that all risks identified are adequately addressed on the SP and back up plans are in place when needed.

### **Participant Rights and Responsibilities**

The design for participant rights and responsibilities is meant to assure the following outcomes:

- Participants are informed of their rights and responsibilities during the assessment process.
- Participants report changes in needs or circumstances.
- Participants report incidents of abuse, neglect, or exploitation as well as file other grievances as appropriate.
- Participants report on service effectiveness in achieving their outcomes during meetings, interviews, and surveys.
- Participants file complaints when they identify that their rights have been violated.
- Participants are offered choice between Idaho Home Choice and institutional services and between/among waiver services and providers.

The processes supporting the achievement of these outcomes are:

- The Participant Experience Survey (PES)
- Processes are in place for participants/families/guardians to file complaints or report provider problems.
- Complaint/Incident Reporting Form is in place to record, track, and report on violations of rights.

### **Participant Outcomes and Satisfaction**

Participant satisfaction with the services they need and receive and progress towards their goals

is a key outcome in the Idaho Home Choice program. The design for participant outcomes and satisfaction is meant to assure the following outcomes:

- Participants participate to the extent they are capable in the development of their SP.
- Participants are satisfied with the outcomes of their services.

The processes supporting the achievement of these outcomes are.

- The Participant Experience Survey (PES)
- Home visit for redetermination
- Provider review process

### **System Performance (Administrative Authority & Financial Accountability)**

The design for system performance is meant to assure the following outcomes:

- Quality Oversight Committee is in place to review information and data from the Quality Management Strategies and to make decisions on needed changes and improvements.
- Financial reviews are conducted by the Office of Performance Evaluation annually.
- Program improvement is based on participant input, quality review, and systems analysis.
- Idaho Home Choice and HCBS policies, processes and staff performance achieve the outcomes of the program.

The processes supporting the achievement of these outcomes are:

- Reports of QA/QI reviews are presented to the QA/QI Oversight Committee on a quarterly basis with recommendations as appropriate.
  - Services billed through the MMIS are audited on an annual basis.
  - Complaints and problems regarding services, providers, and/or processes will be tracked and reported to the QA/QI Oversight Committee.

The quality management strategies will be evaluated on an annual basis or as needed. Any needed

adjustments in the strategies, tools, reports, etc. will be made.

### **Quality Assurance/Quality Improvement Committee**

The purpose of the Medicaid Quality Assurance/Quality Improvement Committee is to review information and data collected from the quality management strategies and to formulate recommendations remediation and program improvement to the Administrator. The Medicaid Self Direction Quality Oversight Committee will meet quarterly. The composition of the committee will be as follows:

- Division of Medicaid Quality Assurance Manager (1) – Chair Person
- A & D Care Management Quality Assurance Specialist (1)
- A & D Policy Specialist (1)
- Regional A & D Care Management Staff (1-Program Manager 1- Care Manager 1- QA Staff)  
(3)
- Administrative Staff from A & D Care Management Unit

Multiple quality management strategies will be used to gather data at both the state and local level to monitor the quality and effectiveness of the Idaho Home Choice program. Idaho will be using the Participant Experience Survey (PES) to capture participant experiences with waiver services. The data from the survey will be used to measure whether the expected outcomes are being met in the Quality Framework Focus Areas from the perspective of the participant. The survey will be conducted using Web Surveyor, which will allow for electronic data storage and reporting. Feedback will be collected on a random sample of Idaho Home Choice participants on an annual basis. Problems or issues identified at the time of interviews with the participant will be forwarded to the appropriate place for remediation.

Significant statewide or region wide data will result in recommendations for improvements on

a program wide basis. Reports will be reviewed by the QA/QI Committee on an annual basis. An Outcome Review will be performed to determine if participants continue to meet eligibility criteria (LOC), receive the services on their Support Plan, are satisfied with the services they receive, and risk plans were adequate to meet participant health and safety needs. Remediation of inappropriate LOC decisions or health and safety issues will be addressed at the time it is identified in the review. Information from the outcome review will be reported on an aggregate basis to the QA/QI Oversight Committee. The Bureau of Long Term care will be responsible for running reports, conducting an analysis of the findings, and reporting the findings and recommendations to the QA/QI Oversight Committee on a quarterly basis.

### **Complaint/Critical Incident Tracking System**

The ability for participants, families, guardians, and providers to file complaints regarding the program, service provision, and incidents of abuse, neglect, and/or exploitation is critical in several of the focus areas in the Quality Framework as well as to ensuring the health and safety of participants who elect HCBS services. The Complaint/Critical Incident Tracking System will focus on:

- Participants know how and where to file a complaint regarding service providers.
- Participant report that they received the assistance they needed from their service provider in accessing services.
- Participants know how and where to file complaints of abuse, neglect, or exploitation.
- Complaints of abuse, neglect, or exploitation are addressed timely and appropriate actions are taken.
- Statewide data on complaints are tabulated and evaluated for statewide trends that require program changes and/or improvements.

- Participants understand that they have the right to file a complaint regarding the program providers.
- Participants report they knew how and where to file a complaint and that their complaints were addressed in a timely manner.

A Complaint/Critical Incident Reporting Form will be used to document all complaints or critical incidents regarding the Idaho Home Choice program. This will include complaints of abuse, neglect, or exploitation as well as issues regarding access, denials, services, providers, etc. Individual complaints are investigated and responded to within designated periods and necessary actions taken. Statewide complaint data is analyzed for identification of needed program changes, improvements, or trends that need to be addressed. Data will be exported from the Complaint/Critical Incident Data base and reports will be extrapolated on participants and providers of Idaho Home Choice demonstration and waiver services. Individual issues will be remediated at the time of the complaint or critical incident. Statewide trends will be reported on a quarterly basis to the QA/QI Committee. Individual complaints are investigated and remediated at the local Medicaid level. Complaints of abuse, neglect, or exploitation are investigated by Adult Protection Services. Statewide data from the database is analyzed by the QA Manager and reported to the QA/QI Oversight Committee.

Service Plans are reviewed by the Medicaid Nurse Reviewers prior to authorization of services. The data from prior authorization reviews will be used to measure whether the expected outcomes are being met in the Quality Framework Focus Areas. The purpose of the prior authorization review is to assure that plans are within the authorized budget, identified needs of the participant are addressed, services are within the scope of allowable services, identified risks are addressed, and back up and mitigation plans are in place. A compilation of data from prior authorization

checklists will be reported to the QA/QI Committee on an annual basis. The Medicaid Nurse Reviewers are responsible for the prior-authorizations reviews and entering the data into the Medicaid database. Central Office policy staff will run reports on a quarterly basis for the Outcome Reviews.

All Idaho Home Choice demonstration and HCBS waiver services are billed through the Medicaid Management Information System (MMIS). The MMIS is managed and monitored through the Division of Medicaid. The Department conducts monitoring of the MMIS contract to ensure that claims are adjudicated by the MMIS and Fiscal Agent contractor in accordance with Federal guidelines and Idaho policies. The State requires the MMIS contractor to contract with and pay for an independent CPA firm to perform an annual audit of the contractor's services to the State in compliance with AICPA Statement on Auditing Standards number 70.

## **Housing**

Information on the type of qualified residence that an individual chooses is verified at the time the participant is enrolled in a 1915(c) waiver. Idaho will only enroll an individual in the MFP Demonstration to a setting that meets the definition of a "qualified residence" as defined in Section 6071(b) (6) of the Deficit Reduction Act. Transition Managers will ensure that prior to any transition, the selected residence meets all requirements of the statutory definition for "qualified residences". Training sessions will emphasize, and brochures and other informational documents will reference the eligibility requirement of "qualified residence" to ensure all parties are aware of this qualifying requirement.

The current Idaho Medicaid HCBS Aged and Disabled and Developmental Disabilities waiver assurances will be utilized to ensure the setting is "safe and effective" for the participant. The detailed service plan will be the mechanism used to address the individual participants need for

housing. The Uniform Assessment Instrument is the basis for the service plan. This tool assesses medical history, ADLs, IADLs, list of medications, vision, hearing, speech, nutrition, cognitive and behavioral functions, assistive devices, or medical equipment. If in their own home, the tool also assesses environmental barriers or needs. The nurse reviewer also assesses the participant's potential and perceived health, behavioral and personal safety risks (neglect, abuse, and exploitation), and ability to live safely in their residence during the UAI assessment. The risks identified by the reviewer are documented in the UAI. If the participant chooses to live in a Certified Family Home or Residential Assisted Living Facility, they must, by IDAPA rule and state law, meet the needs of the participant. All the UAI information is considered when the service plan is being developed. Nurse reviewers will not approve a plan if services provided will not be safe and effective.

A Regional Review Team may address concerns for health and safety. This is an interdisciplinary core team made up of nurse reviewer staff and sometimes a contract physician. This team will bring in mental health specialists, developmental disability staff, social workers, and anyone with expertise pertinent to the case. The nurse reviewer works with the participant, guardian, provider, and service coordinator to identify strategies for identified risks and individualized interventions developed in the participant care plan to create a system of services and supports to appropriately address individual needs, participant preferences, and assures health and welfare. This process will address the assessment of the housing situation to meet the needs of the Idaho Home Choice participant.

For individuals transitioning from a qualified institutional setting and accessing the A & D Waiver, the following identify the types of residences that meet the definition of a qualified residence according to Idaho rules:

- A home owned or leased by the participant or a 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 participant or their family has domain and control.
- Adult foster care home which is defined as a family-style living environment in which two (2) or fewer adults (can receive a waiver to accept up to four participants) live who are not able to reside in their own home and who require care, help in daily living, protection and security, supervision, personal assistance and encouragement toward independence.

For individuals transitioning from a qualified institutional setting and accessing the DD Waiver, the following identify the types of residences that meet the definition of a qualified residence according to Idaho rules.

- A home owned or leased by the participant or a 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 participants or their family has domain and control
- Certified Family Home/Supported Living (CFH) is defined as: "a private residence where one or two adults (can receive a waiver to accept up to four participants) who are elderly, have a mental illness, a physical disability or a developmental disability live in a family-home environment.
- Certified Family Homes provide a safe, home-like environment where residents can direct their own care and live in a community of their choosing. Families who provide such care share their homes and families with adults who are unable to live alone. The purpose of a certified family home in Idaho is to provide a homelike alternative designed to allow individuals to

remain in a more normal family-style living environment, usually within their own community. The Bureau of Licensure and Certification in the Division of Medicaid is responsible for monitoring and enforcing the certified family home provisions. This responsibility includes, but is not limited to monitoring the condition of the certified family home, ensuring that each resident has an individualized written plan of care that includes activities of daily living and support services, and managing enforcement procedures when violations occur. Every Idaho household applying for Certified Family Home (CFH) certification must comply with the following:

- Attend a formal CFH orientation
- Read and understand CFH rules
- All providers must have 8 hours of relevant training (4 hours of classroom training and another 4 hours of either independent study or classroom training)
- Complete Criminal Background Check and fingerprinting for all provider household members and employees 18 years of age or older caring for residents. (CFH residents themselves are exempt from background check requirements)
- Each household member and employee caring for residents must have a current CPR and First Aid Course certification and take the Basic Medication Awareness class
- Submit the home to Home Inspections which include:
  - Water Test Results (for private wells)
  - Receipt for Pumping of Septic Tank (every 3 years)
  - Receipt for Fuel-Fired Furnace Inspection
  - Receipt for Fireplace/Woodstove Inspection
  - Receipt for Servicing/Purchase of Fire Extinguishers

- Resident Bedrooms Minimum of 100 sq. ft.
- Functional Smoke Detectors in All Sleeping Rooms
- Manufactured Homes Less Than 18 Years Old
- Cleanliness and Orderliness Throughout
- Provide Proof of Homeowners Insurance
- Bedroom Windows at Least 22" x 22" and Not More Than 44" From the Floor
- Provide the following services:
  - Food and Lodging
  - Meals Tailored to Any Special Diet Needs
  - Assistance with Activities of Daily Living
  - First Aid Supplies
  - Housekeeping Services
  - Transportation Arrangement Within a 25-mile Radius
  - Assistance with Medications and Supervision
  - Linens and Personal Hygiene Items
  - Television in Common Areas
  - Local Telephone Service
  - Other Services as Needed

Idaho has experienced tremendous growth in this HCBS sector. In fact, from 2004 through 2009 the cumulative 5-year growth represents an additional 477 homes (or 30.4%) and 577 clients (or 29.5%). As of December 2009, there were 2,044 homes caring for 2,530 clients. This represented a 7.8% growth in the number of homes with a corresponding 7.5% participant growth. As evidenced by the historical growth, this sector has a plentiful

supply of certified family homes to meet MFP participant needs. MFP participants interested in this setting may obtain a list of CFH providers from the local Medicaid office. We currently have 2,432 Certified Family Homes serving 3,370 individuals as of December 31, 2016.

The following identify the types of residences that meet the definition of a qualified residence according to Idaho rules.

- An individual's own home or family home
- Certified Family Home/Supported Living (CFH) is defined as: "a private residence where one or two adults (can receive a waiver to accept up to four participants) who are elderly, have a mental illness, a physical disability or a developmental disability live in a family-home environment and described above. Residential habilitation services must be provided by an agency certified by the Department as a Residential Habilitation Agency and can supervise the direct services provided. Individuals who provide residential habilitation services in their own home must be certified by the Department as a certified family home and must be affiliated with a Residential Habilitation Agency. The Residential Habilitation Agency provides oversight, training, and quality assurance to the certified family home provider. Individuals who provide residential habilitation services in the participant's home (supported living) must be employed by a Residential Habilitation Agency.

Idaho recognizes the direct link between housing availability and the state's ability to meet transition targets. The Division of Medicaid MFP stakeholders continue to focus on addressing any identified housing shortages for persons transitioning under the MFP demonstration grant by working collaboratively with the Idaho Housing and Finance Association, Housing Finance

Agencies, Public Housing Authorities and the various housing programs they fund to meet these needs. Idaho has eleven public housing authorities located throughout the state. (See **Attachment 7**)

Idaho Housing and Finance Association is a financial institution and administrator of affordable housing resources. IHFA's mission is to provide funding for affordable housing opportunities in Idaho communities where they are most needed and when it is economically feasible. It functions as an agent for the U.S. Department of Housing and Urban Development and performs a wide variety of tasks associated with financing, developing, or managing affordable housing. In every phase of this challenging work, IHFA strives to remain sensitive and responsive to the needs of Idaho's less-advantaged individuals and families.

IHFA administers the U.S. Department of Housing and Urban Development's (HUD) Section 8 Housing Choice Voucher program in 34 of the 44 counties in Idaho. Additionally, IHFA has 29 units of Low-Income Public Housing in Idaho Falls and 47 units in Kellogg and administers several smaller programs across the state targeted to specific populations. These programs help low-income families and elderly or disabled individuals obtain accessible, affordable rental housing.

Idaho Housing and Finance Association also has a Housing Information Referral Center (HIRC) to answer housing questions. HIRC staff offer important information and referrals to housing consumers, providers and advocates. IHFA also works with statewide coalitions and local communities to better understand the role of affordable and workforce housing in sustainable community and economic development. Their goal is to empower individuals, organizations, and communities as they work toward housing that provides access, stability and resilience at all levels. HIRC services include the following: operating a Housing Hotline (1-877-438-4472), providing

information on Fair Housing as well as partners and planning. In addition to their hotline, they host a website at <http://www.housingidaho.com/> that has an inventory of available rentals throughout the state. The Idaho Housing and Financing Association also manages the Accessibility Improvements Program (AIP). This program is a new source of grant funding to help persons with disabilities makes their homes easier to live in. Up to \$5,000 in funding are available to eligible tenants and homeowner households with at least one member with a disability who would benefit from modifications being made to the housing unit. Household income must be below 80 percent of the state median income. Fair market value for the home cannot exceed the purchase limits for IHFA's Residential Lending program. Applicants must document their disability needs and income eligibility, and submit a description of the work to be completed and estimate of costs involved. IHFA reserves funds on a first-come, first-served basis and notifies the applicant directly when the grant has been approved. Upon verification that the work has been completed satisfactorily, IHFA will issue the funds to the applicants for payment to the contractors. Idaho Medicaid will be working closely with staff from the Idaho Housing and Finance Association to collaborate on locating affordable and qualified housing for the Idaho Home Choice participants.

Idaho Home Choice also collaborates with the Community Action Partnership networks across the state. These organizations provide affordable housing for persons who are 62 or over or handicapped or disabled and who meet income and tenant selection criteria. They also provide energy assistance, help with other bills, and various services for seniors and the disabled. Idaho Home Choice participants are connected to these resources within the community they choose to live in.

The Boise City/Ada County Housing Authority is also a resource for Idaho Home Choice

participants. They provide affordable and safe housing for elderly or disabled individuals under the Section 8 New Construction Program.

Idaho also has a free housing service that helps people find a room, house or apartment that best suits their needs. They can search by rent amount, accessibility features, Section 8 and more. This website has information about moving costs, assisted living facilities, help for people who are homeless and financial assistance to help pay rent.

The website can be found at <https://www.dol.gov/odep/topics/disability.htm> . Idaho Home Choice participants are given information on all the available housing supports.

In addition to collaborating with the various agencies indicated above, Idaho also has Residential Assisted Living Facilities that qualify as a HCBS setting after the MFP Demonstration ends. A Residential Care or Assisted Living Facility is a facility or residence operated on either a profit or nonprofit basis for the purpose of providing necessary supervision, personal assistance, meals, and lodging to three (3) or more adults not related to the owner. These facilities provide a humane, safe, and homelike living arrangement for adults who need some assistance with activities of daily living and personal care. This sector has also experienced significant growth in the last few years growing from 317 facilities with 7,079 licensed beds in 2008 to 359 facilities with 9,943 licensed beds in 2016. While some of the licensed beds are available only for private pay clients, approximately 40% or 3,977 beds are available for Medicaid participants. Idaho formed a workgroup to identify the rule changes needed to meet the definition of qualified residence as well as a workgroup whose mission is to identify additional qualified residence opportunities in their communities. When the demonstration services are put in the waivers for sustainability, any setting that qualifies for HCBS services will be considered a “Qualified Residence”.

## Continuity of Care Post Demonstration

Idaho has worked with stakeholders to develop its long-term services and supports system to include community-based programs and services to meet the needs of individuals who want to remain in their communities. The 1915(c) waiver services were carefully selected to promote community living and help to ensure a successful relocation.

MFP Demonstration participants access established 1915(c) waivers. They will continue to be served through these waivers in the post-demonstration period if they continue to meet the eligibility criteria. Therefore, there will not be a lapse in services for MFP Demonstration participants and a transition plan is not required.

After the MFP Demonstration period, if an individual does not meet the institutional level of care requirement or medical necessity, that individual will not be eligible to participate in any of the Medicaid 1915(c) waiver programs. However, if the individual meets Medicaid financial eligibility, and the functional eligibility criteria for Idaho's state plan programs, then the state assists that individual in the enrollment of one of those programs (attendant supports or adult day care). If Medicaid financial eligibility is not met, the individual will be assessed to determine eligibility for services available under the Older American Act programs or Title XX block grant services.

As discussed elsewhere in this Operational Protocol, Idaho introduced transition management and transition services as demonstration services for the MFP Demonstration. These pilot program services proved to be very effective in helping participants move from institutionalized care to the community. Often, the transition management and transition services made the difference in if someone went home or stayed institutionalized. Idaho is working toward getting these services sustained in the 1915(c) waiver programs.

## Rebalancing

Because of the MFP Demonstration, Idaho Department of Health and Welfare, Division of Medicaid has reviewed barriers that may be preventing individuals from transitioning out of institutionalized care to Home and Community Based Care. One of the barriers identified was access to Home and Community Based Services. The Idaho Department of Health and Welfare, Division of Medicaid, Bureau of Long Term Care reevaluated the Uniform Assessment Instrument's (UAI) definitions and associated units/hours. The revised UAI will more accurately identify the hours necessary for caregivers to assist with night needs, medications, behavioral issues, and other tasks. This change will ensure parity between the community worker and the comparable facility worker to ensure quality of personal care services received in congregate and home settings. Maintaining a reimbursement methodology that guarantees the viability of personal care service providers allows the State to recognize the reduced expenses of keeping participants in the community rather than in a nursing home. These definition revisions resulted in additional participants qualifying for waiver services as well as Personal Care Services through the Medicaid Enhanced State Plan Benchmark Benefit package. The annual cost of this revision has been in Trustee and Benefits funds which included \$1,896,900 in general funds and \$4,426,100 in federal funds. Idaho's rebalancing fund is projected to be \$2,685,338 for the Idaho Home Choice Grant cycle ending in 2020. As a result, Idaho's rebalancing fund was depleted after year 2 of the definition change.

Additionally, Idaho Medicaid introduced proposed rulemaking which will permit waiver participants who reside in the community and incur a rent or mortgage expense and have a share of cost for their waiver services to retain more disposable income to contribute towards their housing expenses. The state funding for this proposed rulemaking was included in the budget

proposed to and approved by JFAC during the 2016 legislative session. The goal of the proposed rule change is to ensure that Medicaid waiver participants are permitted a sufficient allowance within their financial eligibility calculation to rent or own a reasonably priced home or apartment without causing undue financial hardship. The total anticipated cost of this rule change is projected to be \$1,524,158.64 per year due to the reduced participant Share of Cost for Medicaid waiver services. The SFY17 blended rate Federal Medical Assistance Percentage (FMAP) is 70.91%. The impact to the state general fund is projected to be \$443,377.75 per year.

## **Billing and Reimbursement Procedures**

Medicaid uses the Medicaid Management Information System (MMIS) to verify that the participant was Medicaid-eligible on the date of service delivery specified in the request for reimbursement and allows payment only on claims for services provided within the eligibility period. Prior to processing, the automated claims management system edits claims for validity of the information and compliance with business rules for the service/program, and calculates the payment amount and applicable reductions for claims approved for payment. For example, unless the system verifies that a participant's current authorized plan of care has sufficient units in the plan of care to cover amounts claimed or that an authorized level of care is registered in the claims management system, the claim will be rejected.

Idaho uses a fiscal review process to ensure that providers for the various Medicaid 1915(c) waivers are complying with program requirements. The methods used in the fiscal review process include examination of financial and service records as well as plans of care and other records; comparison of provider billings to service delivery and other supporting documentation. The provider must maintain documentation that supports the claims. If the provider fails to maintain the required documentation, all improper payments are recovered.

The State also recovers payments when it verifies the provider was overpaid because of improper billing. The state may take adverse action against the provider’s contract or require a corrective action plan for any fiscal review finding. The Program Integrity section in the Division of Medicaid conducts reviews to identify provider agencies who appear to be abusing or defrauding Medicaid, identifies and collects provider and recipient overpayments, educates providers and recipients when errors or abuse is detected, ensures that recipients’ rights are protected, and identifies needs for policy and procedure definitions or clarifications.

## Evaluation

Idaho did not choose to have an independent state evaluation but is part of the National Quality of Life evaluation. The Centers for Independent Living administered the Quality of Life Surveys. Idaho conducted 642 Quality of life surveys during the national evaluation period.

## Final Budget

Please refer to **Attachment 9**. for the MFP Demonstration budget related information.

## Enrollees

Idaho proposes to transition 600 individuals to the community beginning in April 2011. The table below is an estimate, by population, of the unduplicated count of individuals by calendar year who will transition.

Calendar Year	Elderly	Individuals with	Physically	Mental	Total
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		MR/DD	Disabled	Illness	
2011	0	2	2	0	4 Actual
2012	25	14	22	5	66 Actual
2013	19	12	36	7	74 Actual
2014	24	13	57	2	96 Actual
2015	28	13	39	1	81 Actual
2016	30	16	46	4	96 Actual
2017	35	15	47	0	97
2018	35	15	37	0	86
TOTAL	196	100	285	19	600

## Services

The following cost estimate is for the entire ten-year MFP demonstration period and includes estimates for all qualified HCBS waiver, and demonstration services to be provided to the MFP demonstration population. Based on this cost estimate, \$33,253.00 is the program annual service cost per enrollee. It is estimated that Idaho will need to seek supplemental MFP funding in Year 4 through 10 to transition 600 participants.

Demonstration Services Cost Estimate (Calendar year 2011 - 2018)	Total Costs	Federal	State
Qualified HCBS	\$14,425,305	\$12,631,631	\$1,793,674
Demonstration HCBS	\$3,890,540	\$3,000,000	\$890,540

Total	\$18,315,845	\$15,631,631	\$2,684,214
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## Administrative Budget

The table below contains the programmed administrative costs associated with the routine administration and monitoring activities directly related to the provision of services and benefits throughout the demonstration period. The administrative amounts include salary and fringe benefits for the Home Choice Program Manager 2 and the Program Manager 1. The costs also include indirect charges per federal regulation, travel, marketing and outreach supplies, and equipment. As mentioned in previous section, Idaho is working collaboratively with the U of I Centers of Excellence to develop transition management services.

Administrative Cost Estimate (CY 2011- 2020)	Total Costs	Federal	State
Administrative (Normal)	\$ 45,495	\$ 22,748	\$ 22,747
Administrative (75%)	\$ 144,859	\$ 108,644	\$ 36,215
Administrative (Other) 100%	\$ 2,178,905	\$ 2,178,905	\$ 0
Total Administration	\$ 2,369,259	\$ 2,310,297	\$ 58,962
Federal Evaluation Supports – QOL Surveys	\$ 53,300	\$ 53,300	\$ 0
Total Administration and Evaluation	\$2,422,559	\$2,363,597	\$58,962

## Evaluation Budget

Idaho has not proposed to evaluate unique design elements from the Idaho Home Choice demonstration at this time, but did include money for the National Evaluation utilizing the QOL survey. The \$53,300 was based on the number of surveys times \$100 (baseline, follow-up #1 and follow-up #2) for the demonstration period.

## Budget Narrative

The preceding projections are based on the estimated number of Idaho Home Choice

participants and the historical costs of HCBS waiver enrollees unique to each of Idaho's HCBS waiver programs. Idaho built the Home Choice program cost projections starting with the qualified HCBS waiver and long-term state plan services average cost and adding the demonstration services.

### **Qualified HCBS and State Plan Program Services**

HCBS waiver cost caps were utilized because Idaho will use the existing HCBS waiver structure to alleviate the need to transition consumers on the 366th day. These cost projections were multiplied by the total member months based on the program enrollment and setting to which the enrollee is likely to transition. Idaho then calculated the enhanced federal match based on the first 12-month enrollment period for each phased-in enrollee, taking into account that as Idaho Home Choice participants are phased in, other Idaho Home Choice enrollees phase out and revert to the regular federal match rate.

### **Demonstration Services**

The cost of demonstration services is calculated based upon establishing authorization limits and reimbursement costs for similar services as they exist within current waiver programs and state plan service provision and programmed forward. Projected costs and utilization assumptions were then added to Idaho Home Choice qualified HCBS service projections.

### **Administrative Costs**

#### **a. Personnel.**

Personnel costs include salary for a full-time Project Manager 2, and a full-time Project Coordinator. Additional detail for these positions can be found above in C.2 Staffing plan.

#### **b. Fringe benefits.**

The Fringe benefit rates for each year are 40% on the 2.0 FTEs.

**c. Contractual costs**

Contractual costs include \$50,000 for the first year of the grant for IT Development and Testing and \$8,000 per year for years 2-5 for any additional IT development and testing that is needed. Contractual costs also include curriculum development and training for the Transition Managers.

**d. Indirect Charges, by federal regulation.**

Indirect charges have been set at \$32,215.80 per year for a total of \$161,079 over the course of the 5-year program

**e. Travel**

Travel costs cover travel to National, local, state, and regional MFP-related meetings and presentations. This also includes travel for all marketing and outreach activities.

**f. Supplies**

Costs for supplies built in for each year include paper, printing, telephone, postage and other miscellaneous supplies including outreach and marketing materials such as brochures, videos, and other media.

**g. Equipment**

Equipment costs include a computer for each staff position, an in-focus machine for presentations.

**h. Other costs**

These include translation, mail, forums, and Idaho Home Choice Committee and Advisory Council support.

## **OMB Forms and Assurances**

Idaho requested \$192,022 be awarded for CY 2011, \$1,463,435 be awarded for CY 2012,

\$2,618,716 be awarded for CY 2013, \$2,675,227 be awarded for CY 2014, \$2,415,075 be awarded for CY 2015, \$2,921,716 be awarded for CY 2016, \$3,222,910 be awarded for CY 2017, \$2,234,789 be awarded for CY 2018, \$1,209,258 be awarded for CY 2019, and \$332,100 be awarded for 2020. The total state funding for all years is \$2,634,858 for a total of \$20,710,848 of MFP Demonstration Grant expenditures.

### **Quality**

Idaho will assure that the MFP Demonstration will meet the existing level of quality assurance and improvement activities of the current 1915(c) waivers. Our MFP Demonstration will utilize existing 1915(c) waiver quality assurance processes as currently approved by CMS.

### **Informed Consent**

Idaho assures that it will comply with all requirements of 45 CFR 46.116 in the process of obtaining informed consent for participants or their authorized representatives, and with all requirements of 45 CFR 46.117 in documentation of that consent. Information about the demonstration program will be presented to enable participants or their representatives to voluntarily decide whether to participate as a research subject.

### **Choice of Community-Based Residence**

Idaho assures that an individual who is eligible for services under the demonstration program, or his or her legal representative, will be informed, during the assessment and eligibility process, of feasible alternatives for long-term care and given a choice as to which type of community-based service to receive. Program staff will document the offer of choice on the MFP demonstration election form. The offer of choice will be given before the individual enters the demonstration

program. The individual's, or his or her legal representative's, signature is obtained when possible. If it is not possible to obtain the individual's, or his or her legal representative's, signature on the form, confirmation of the choice can be documented by a witnessed mark of the individual or his or her legal representative, a letter from the legal representative indicating choice and acknowledgment of fair hearing opportunity or a witnessed and documented phone conversation with the individual or his or her legal representative regarding choice and fair hearing opportunity.

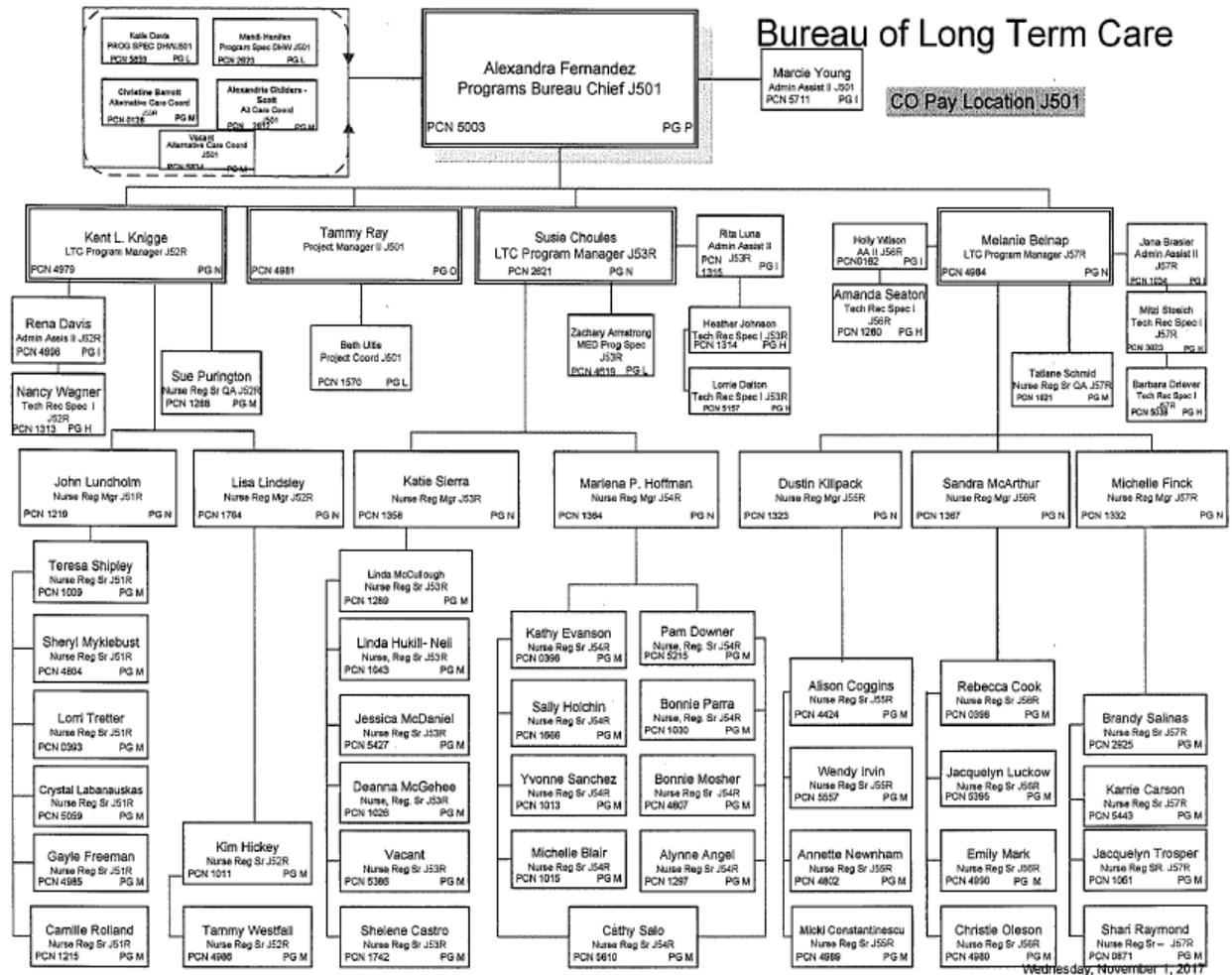
### **Maintenance of Effort**

Idaho assures that the total expenditures under the State Medicaid program for home and community-based long-term care services will not be less for any fiscal year during the Money Follows the Person demonstration program than for the greater of such expenditures for fiscal year 2009. Idaho assures that it will provide information as required by the CMS to monitor this assurance. Idaho intends that all MFP demonstration participants will be entitled to the full range of home and community-based services under the appropriate 1915(c) waiver after their MFP transition ends. Idaho further intends to continue to offer the “qualified Home and Community-Based Program services” under the MFP to 1915(c) waiver participants at the end of each phase of the MFP demonstration, dependent on provider availability. Required Maintenance of Effort forms are included with each budget submission and semi-annual report. **(See Appendix 10)**

### **Reporting**

Idaho assures that it will compile and transmit reports as required by CMS that will permit reliable comparisons of MFP programs across states.

# Attachment #1



Wednesday, November 1, 2017

**Attachment #2**

**Idaho Home Choice  
Money Follows the Person  
Transition Manager Position Description  
And Qualifications**

***Idaho Home Choice Transition Manager.*** The transition manager will provide relocation assistance and intensive service coordination activities to assist nursing facility, hospital, and ICF-MR residents to transition to community settings of their choice. Transition managers will provide additional oversight and coordination activities for *Idaho Home Choice* participants during a transitional period up to 12 months following a return to the community. Transition management services will be offered to all *Idaho Home Choice* participants. Transition manager duties include but are not limited to the following:

- Outreach to facility staff and administrators to explain Idaho Home Choice.
- Meet with potential participants, families, and legal representatives to explain the program, Medicaid 1915c waiver/HCBS and non-waver services and supports.
- Provide written educational materials.
- Confirm eligibility for *Idaho Home Choice*.
- Perform a comprehensive assessment of health, social and housing needs.
- Develop a transition plan together with participant/family/legal representative and appropriate facility staff.
- Housing: Develop housing options with each participant.
  - Assist with housing choices, applications, waitlists follow-up, roommates and trial visits
  - Secure housing for all participants
- Assist participant and facility staff to identify facility tasks to accomplish in order to move/prior to move.
  - Medication revisions
  - Changes in therapies to increase independence/participation in self care, mobility and other required functional capability
  - Diet revision, exercise, or weight loss plans
  - Knowledge about own needs and self care
  - Caregiver training and skills competency evaluation
- Assist participant with community arrangements needed to move.
  - Obtain durable medical equipment, assistive technology, and medical supplies
  - Arrange for home modifications
  - Identify medical, dental, specialty, and pharmacy providers
  - Secure financial assistance, food stamps, and Medicaid eligibility updates

- Arrange housing payments including rent set up
  - Arrange security, utility, and phone deposits
  - Prepare household including cleaning, moving property, purchasing furniture, household items, and food
  - Establish a bank account
  - Describe transportation options and how to access
- Assist participant with required paperwork.
  - Coordinate meeting with waiver/HCBS case manager, participant/family/ legal representative and other requested individuals/clinicians to develop the waiver/HCBS service plan for community living and identify service providers.
  - Arrange for the services in the service plan.
  - Ensure services/equipment/supplies/moving day transportation are in place prior to facility discharge.
  - Help participant move on discharge day.
  - Conduct initial MFP Quality of Life survey.
  - Assist with transition in the community.
  - Conduct post transition monitoring visits or contacts for at least three months: at least once a week for the first month, twice a month for the second month, and once a month for the third month or as requested by the participant.
  - Assist participant with problem solving/ dependency and isolation issues/consumer directed services/supports/ community inclusion.
  - Assess caregiver status and assist with problem solving/needed training.
  - Coordinate with waiver/HCBS case manager to address needed revisions to the service plan.
  - Maintain accurate, comprehensive, confidential program records.
  - Participate in monthly *Idaho Home Choice* team meetings to identify successful strategies and barriers for improvement such as participant identification, facility participation, participant/family /legal representative education for program acceptance, and housing and service provider availability.

### ***Transition Manager Qualifications***

- Bachelor's Degree in a human services field, or 3 years demonstrated experience working with the Idaho Home Choice targeted population.
- Knowledgeable about HCBS systems, housing, and service options
- Demonstrates good communication skills, creative problem solving and knowledge of sound business practices for community providers, mediation skills to help people prioritize their needs and build an options plan
- Enthusiastic, self-starter, positive attitude
- Consumer focus with commitment to consumers making informed choice and finding solutions to support them through their choice
- Understands where to go for appropriate information and assistance, interested in life long learning opportunities
- Organized and responds in timely manner

### ***Required Attributes of the Transition Manager***

- Professional – perceived as competent and knowledgeable about disability supports and services
- Trusted – perceived as objective, respectful, unbiased and able to provide support that allows consumers to make informed decisions;
- Culturally Competent – provides supports to address culture, ethnicity, primary language and disability
- Flexible – has capacity to creatively problem solve and tailor the plan to the individual’s situation and range of needs.
- Collaborative – works closely with other programs, families and communities to create a circle of support for the individual; skilled in building rapport and developing relationships,
- Consumer-Directed – empowering the consumer and caregivers to make informed choices, maintain independence and be in control of their lives
- Communication – Be a good listener, believe that transitions are possible, work independently, and have strong communication skills. Have an outgoing personality and the ability to build relationships.
- Social Skills – Be patient, looking outside their own vision and considering the views of all players involved in the process, have the ability to ask tough questions of participants, even if it means identifying potential risks, and have the ability to handle conflict.

**A Transition Manager must be affiliated with an approved agency. A full background check per IDAPA rules and satisfactory completion of mandatory training is required before an individual can become a Transition Manager.**

## **Position Description and Qualifications**

### **Project Director**

#### ***Idaho Home Choice Money Follows the Person Demonstration Program***

The Division of Medicaid has been awarded a Money Follows the Person Demonstration Grant. The goal of the Idaho Home Choice Demonstration is to rebalance Idaho's long-term care services and support system so individuals have more choices in determining where they live and the services they receive. Medicaid is now recruiting for a Project Manager 1 to help lead this five-year project. The successful applicant will provide leadership for Idaho Home Choice staff and those in other organizations and states. The project manager will also coordinate activities and priorities among collaborators, including working closely with division and department personnel. He/she will contribute substantially to the ongoing development, implementation, improvement, and evaluation of Idaho Home Choice Money Follows the Person Demonstration Program aims, activities and funding.

Reporting to the Bureau Chief of Long Term Care within Idaho Medicaid, this individual will serve as the principal contact for the grant and will have overall responsibility for project planning and management in conformance with the terms of the grant. Principal duties include:

1. Coordination of Pre-Implementation activities: (1) keep stakeholders involved and up to date, (2) recruit additional stakeholders, community provider and consumer/family participants as appropriate; (3) collaborate with the Idaho Housing Authority ensuring the availability of housing resources for demonstration participants; (4) oversee development and submission of Operational Protocol; (5) work with HCBS Quality Assurance specialists to develop monitoring and reporting systems responsive to federal contract compliance and QA requirements; (6) coordinate development and implementation of marketing materials targeted to eligible consumers and family members; (7) develop informational materials and presentations for legislators, agency staff, and the general public; (8) develop mechanisms to monitor community capacity to support transitioning individuals while identifying and addressing service gaps.

2. Management of Implementation activities: (1) Oversee curriculum development, training, and ongoing support for transition service coordinators; (2) Maintain broad stakeholder involvement and collaborative relationships with key partners throughout Implementation phase; (3) Oversee targeting and recruitment of participants; (4) Direct day to day project operations; (5) Monitor achievement of project goals and coordinate with departmental staff in maintaining IT and QA systems.

3. Contract Compliance: (1) Serve as principal point of contact for Centers for Medicare and Medicaid Services (CMS) and the national evaluator; (2) Ensure continuing compliance with CMS requirements for consumer eligibility, qualified residences, qualified expenditures, reporting, etc.

4. Supervision of Staff: (1) Supervise the Project Manager assigned to the grant; (2) Hire and Supervise the IT Data Specialist for the Idaho Home Choice Program;

#### Qualifications

##### Minimum Requirements

- Graduation from an accredited four-year college or university and three years of progressively responsible project management experience.

##### Preferred Qualifications

- Master's degree in public administration, business administration, social sciences, or related field.
- One or more years of professional experience in Medicaid programs/services.

##### Desired Competencies

- Strong skills in oral and written communication.
- Leadership skills in building collaborative relationships among entities with diverse interests.
- Working knowledge of Medicaid programs/services for disability and aging populations.
- Ability to plan and manage complex tasks and achieve project outcomes in a timely manner.
- Attention to detail.

#### IHC Project Coordinator

The Division of Medicaid has an opening for a dynamic person to work as a Project Coordinator for the Money Follows the Person Demonstration Grant (MFP). The goal of the Idaho Home Choice MFP Demonstration is to transition eligible participants from qualified institutions and rebalance Idaho's long-term care services and support system so individuals have more choices in determining where they live and the services they receive.

**The current opening is a Limited Service appointment.** Length of limited service appointments are determined by the availability of funds such as grants, alternative funding sources and/or timeframes such as pilot projects, alternative funding sources or program termination. This grant is anticipated to be funded until September 30, 2020.

#### **Responsibilities:**

- Coordinate and fulfill daily administrative and operational functions of the Idaho Home Choice Money Follows the Person (MFP) Demonstration Program
- Coordinate MFP operational protocol implementation activities
- Facilitate Quality Improvement activities
- Ensure contract compliance
- Identify resource requirements
- Work closely with key stakeholders including Idaho Home Choice Transition Managers

- Develop and implement strategies to encourage and obtain stakeholder and/or community awareness and support
- Identify and coordinate with program committees
- Authorize expenditures and monitor contracts
- Coordinate publicity and development of informational materials
- May train and advise staff, project advocates, and program participants
- Plan, facilitate and conduct meetings
- Measure, evaluate and communicate project performance

**Minimum Qualifications:**

- Experience planning and implementing projects
- Experience developing, promoting and gaining project support
- Experience interpreting and explaining specialized or complex material into information usable by the public
- Experience with Windows applications including Excel, Word, Access, and SharePoint

**Additional Qualifications: Are not required; however, having the minimum qualifications and having the education/experience below will increase your score.**

1. Good knowledge of Idaho Medicaid policies and operations. Typically gained through two years of experience in developing or implementing Medicaid policies and operations.
2. Experience and/or education related to long term care services and supports. Typically gained through one year of experience working in the long-term care system or the equivalent higher education courses.
3. Experience and/or education related to managing and monitoring grants. Typically gained through one year of experience or the equivalent higher education courses.

Attachment #3

	<b>IDAHO DEPARTMENT OF HEALTH AND WELFARE</b> <b>IDAHO HOME CHOICE INFORMED CONSENT FORM – PARTICIPANT</b>	
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I, \_\_\_\_\_, understand and agree to the following:

**SECTION I: CONSENT TO PARTICIPATE IN THE IDAHO HOME CHOICE PROGRAM**

Yes \_\_\_ No \_\_\_ : I want to take part in the Idaho Home Choice program if I am eligible.

Yes \_\_\_ No \_\_\_ : I want to move from my current facility to a home in the community.

Yes \_\_\_ No \_\_\_ : I want to live in my own home or apartment, a home or apartment of a family member, adult foster care, a Certified Family Home or a qualified Residential Assisted Living Facility.

Yes \_\_\_ No \_\_\_ : I will answer questions on three (3) Quality of Life surveys about my services from Idaho Home Choice.

Yes \_\_\_ No \_\_\_ : I agree to have all of my care needs assessed.

Yes \_\_\_ No \_\_\_ : I authorize the Department of Health & Welfare to release any assessment of my needs to any person or agency that I have selected to provide care for me.

Yes \_\_\_ No \_\_\_ : I further authorize and give informed consent to the Idaho Department of Health & Welfare and any of its agencies, institutions, or employees to seek, obtain, and release any and all information and documents pertaining to me and deemed by the Department of Health & Welfare to be relevant to providing services to me.

Yes \_\_\_ No \_\_\_ : I understand that I may be eligible for one-time money to help with expenses to move to the community.

Yes \_\_\_ No \_\_\_ : I understand that I may choose a transition manager to help me move to the community.

Yes \_\_\_ No \_\_\_ : I understand that I will receive no additional benefits or services under the Idaho Home Choice Money Follows the Person program beyond the transition management and services.

Yes \_\_\_ No \_\_\_ : I understand that participating in Idaho Home Choice has no impact on my eligibility for Medicaid or any other program that I might be eligible.

**SECTION II: RIGHTS AND RESPONSIBILITIES**

I have the right to choose not to participate or discontinue in the Idaho Home Choice program at any time.

I have the right to choose to stay in my home at the facility.

I have the right to choose to move to another home or return to a facility, although I understand the facility I am leaving may not accept me again.

I have the right to choose my home in the community and to hire or fire the providers of my services.

I have the right to move to a home in the community even if I choose not to participate in the Idaho Home Choice Program.

I have the right to choose not to have my information shown to someone else.

I have the right to ask for copies of my Idaho Home Choice program records and files at any time.

I have the right not to be hurt by people and I can call 911 if someone hurts me. I also have the right to voice complaints/concerns of suspected abuse, neglect, or exploitation which may be reported to local law enforcement, adult protection, or the local Medicaid office.

By signing below, I agree to the above statements and have had my rights explained to me.

PRINTED NAME: \_\_\_\_\_ MID #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



IDAHO DEPARTMENT OF HEALTH AND WELFARE  
IDAHO HOME CHOICE INFORMED CONSENT FORM- GUARDIAN



I, \_\_\_\_\_, as the court-appointed guardian for \_\_\_\_\_  
("participant"), understand and agree to the following:

**SECTION I: AGREEMENT TO PARTICIPATE**

Yes \_\_\_ No \_\_\_ : I agree to allow the Idaho Department of Health and Welfare's Medicaid program to screen the participant for eligibility for the Idaho Home Choice program.

Yes \_\_\_ No \_\_\_ : If eligible, I agree that the participant can receive the services of transition management and transition services under the Idaho Home Choice Program.

Yes \_\_\_ No \_\_\_ : I agree the participant may be discharged from the participant's current facility and moved to a qualified community residence, defined as the home or apartment of the participant, the home or apartment of a family member, adult foster care, a Certified Family Home, or Qualified Residential Assisted Living Facility.

Yes \_\_\_ No \_\_\_ : I agree that information about the participant should be kept confidential, but may be released to individuals or providers as necessary to complete the transition; to the Centers for Medicare and Medicaid Services, the federal agency providing funding for the Idaho Home Choice Program; and as required by law.

Yes \_\_\_ No \_\_\_ : I agree to complete or assist the participant in completing three (3) Quality of Life surveys regarding the Idaho Home Choice Program.

Yes \_\_\_ No \_\_\_ : I agree to ensure the Idaho Home Choice program application requirements are met; to conduct reasonable visitations with the participant; to comply with reasonable requests for information; and to participate in the transition process as necessary to meet the program's goals.

**SECTION II: RIGHTS AND RESPONSIBILITIES**

I understand that the Idaho Home Choice program only provides access to transition management services and limited funding for transition services.

I understand that any funds received from the Idaho Home Choice program must be used solely for expenses related to the transition to a qualified community residence and that the transition manager is responsible for documenting the use of these funds.

I understand that I should encourage the participation of the participant in decisions related to placement and should abide by the participant's choices if possible.

I understand that I can request copies of all relevant documents and records regarding the Idaho Home Choice Program and I should share these documents with the participant if requested.

I understand that participation in the Idaho Home Choice program does not affect the eligibility of the participant for Medicaid.

I understand that I can pursue a community placement for the participant through Medicaid without agreeing to participate in the Idaho Home Choice program.

I understand that participation in the Idaho Home Choice program is dependent upon the participant's Medicaid eligibility; therefore, I will cooperate with Medicaid to ensure the participant remains eligible.

I understand that I can revoke my consent for participation in the Idaho Home Choice program or for placement in a qualified community residence at any time.

By signing below, I agree to the above statements and that I have had the Idaho Home Choice program and my obligations explained to me adequately at this time.

COURT-APPOINTED GUARDIAN'S NAME: \_\_\_\_\_

GUARDIAN'S SIGNATURE: \_\_\_\_\_

GUARDIAN'S ADDRESS: \_\_\_\_\_

GUARDIAN'S TELEPHONE: \_\_\_\_\_

GUARDIAN'S EMAIL: \_\_\_\_\_

DATE: \_\_\_\_\_

By signing below, I agree I have had my guardian's choices explained to me. I understand that if I do not agree with the decisions of the guardian, I may contact the attorney appointed for me in the guardianship, file papers with the court to ask that the decision be changed, or contact any agency for assistance.

I \_\_\_\_\_agree OR\_\_\_\_\_do not agree with the above decisions of my guardian.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

If participant is unable to sign the document, explain why: \_\_\_\_\_  
\_\_\_\_\_

**Informed Consent**

Idaho Department of Health and Welfare  
 Division of Medicaid  
 Bureau of Long Term Care  
 Region \_\_\_\_\_

HW0623  
 Revised (10-2015)

Individual Service Plan and Informed Consent

Name \_\_\_\_\_ Date \_\_\_\_\_

Reviewer \_\_\_\_\_ Regional Medicaid Services Office \_\_\_\_\_

Assistance Needed in the following areas based upon the UAI	Check all that apply	Additional Waiver Services Needed	Check all that Apply
1-Meal Preparation		A-Adult Day Care	
2-Eating Meals		B-in-Home Respite	
3-Toileting		C-Companion/Standby	
4-Mobility		D-Home Delivered Meals	
5-Transferring		E-Chore Services	
6-Personal Hygiene		F-Consultation	
7-Dressing		G-Behavior Consultation	
8-Bathing		H-Assistive Technology	
11-Shopping		I-Nursing Services	
12-Laundry		J-Nursing Services	
13-Housework		K-Non-Medical Transportation	
15-Night Needs		L-Personal Emergency Response System	
17-Medication		M-Additional Identification Needs	
18-Supervision			

Informed Consent: I have been informed of and understand the options available to me for long-term care services including Nursing Facility and Home and Community Based Waiver Services. If this assessment determines I am medically eligible for the Medicaid Waiver, I choose to receive Waiver Services: In my home \_\_\_\_\_; in an Assisted Living Center \_\_\_\_\_; in a Certified Family Home \_\_\_\_\_. I do not choose to live in a Nursing Facility at this time. I have participated fully in the development of my community based service plan. I understand that I may at any time in the future choose facility admission. I understand I have free choice of services under the Waiver. I understand I have free choice of the providers for these services.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Representative Signature (if necessary) \_\_\_\_\_ Date \_\_\_\_\_

Release of Confidential Information: I authorize any provider of health or psychological services to release any and all information relating to my diagnosis and care, including any information relating to AIDS/HIV or other infectious diseases, to the Idaho Department of Health & Welfare and Idaho Commission on Aging. This release is for the purpose of assessing my care needs under Idaho Code 39-3308 and 39-3508. I also permit the Department of Health & Welfare and the Commission on Aging to release any assessment of my needs to any person or agency that I have selected to provide care for me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Release of Confidential Substance Abuse Information

I authorize \_\_\_\_\_ to release to the Idaho Department of Health and Welfare and the Idaho Commission on Aging any information concerning the degree to which a dependency on alcohol or drugs affects my ability to function in the community. This release is for the purpose of assessing my needs under Idaho Code 39-3308 and 39-3508. I may revoke this release at any time. This consent will end on: Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **What is the Idaho Home Choice Program?**

Idaho Home Choice (IHC) is a system of flexible financing for long-term services and supports that enables available funds to move with the individual to the most appropriate and preferred setting as the individual's needs and preferences change. The program is funded by the federal Money Follows the Person Demonstration Program.

### **Who is Eligible for the IHC Program?**

If an individual and/or their legal guardian are interested in the transition to the community, the individual must meet the following criteria:

- Resident of Idaho;
- Living in a Nursing Facility (NF), Intermediate Care Facilities for people with Intellectual Disabilities (ICF/ID) or Institution for Mental Diseases (IMD);
- Have lived in a long-term care institutional setting for at least 90 consecutive days, including hospitalization periods;
- Have been eligible for Medicaid for at least one (1) day at the time of transition;
- Must enroll in one of Idaho Medicaid's existing waivers; Aged and Disabled Waiver or the Developmentally Disabled Waiver.

### **What Does IHC Mean to Me?**

Some people living in facilities may think that they cannot move back into the community. IHC gives individuals living in nursing facilities, Intermediate Care Facilities for people with Intellectual Disabilities (ICF/ID), and institutions for Mental Diseases (IMD) more informed choices and options about where they live and receive services. Overall, IHC makes it possible for individuals who are elderly, disabled, and intellectually disabled to have the *freedom to choose where they want to live!*

### **What Can IHC Do for Me?**

Should you choose to move to the community, you will enjoy all the privileges of living independently: Choosing your service providers, expressing your satisfaction or dissatisfaction with services and supports, visiting with family and friends, and being a part of your community!

The following additional services will also be permanently available to individuals using home and community based waivers who currently do not have access to them:

- Transition Management
- Assistance with up-front household expenses at transition

### **How Do I Get More Information?**

Under this Program, you or your family members or caregivers, as appropriate, may seek transition information, the requirements, and the options available to you including home and community-based

services and housing. To get more information about transition, contact:

- Any staff member in the facility where you live, including a social worker or discharge planner
- 2-1-1 Idaho CareLine

If you live in a nursing facility or long-stay hospital, you can also contact:

- The Long-Term Care Ombudsman
- An Area Agency on Aging
- A Center for Independent Living

If you live in an Intermediate Care Facilities for Individuals with Intellectual Disabilities/Intellectually Disabled, you can also contact:

- Your case manager

You can also contact the Idaho Home Choice Program Director at \_\_\_\_\_ or call \_\_\_\_\_ for information and referral regarding the Idaho Home Choice Program.

## IS SELF DIRECTION THE RIGHT CHOICE?

THESE ARE SOME QUESTIONS THAT INDIVIDUALS CAN ASK THEMSELVES, THEN DECIDE.

- Q. Am I ready to take control of my own life?

---

- Q. Am I ready to help develop and follow a support and spending plan?

---

- Q. Am I ready to be a boss, hiring and managing the people I choose to give me support?

---

- Q. Am I ready to follow and manage my budget account?

If you are eligible for the Medicaid Developmental Disabilities waiver you may be able to choose My Voice My Choice, Idaho's Self Direction option.

To see if My Voice My Choice is right for you check out [www.selfdirection.idaho.gov](http://www.selfdirection.idaho.gov) or call 1-866-702-5212



IDAHO DEPARTMENT OF HEALTH & WELFARE

Costs associated with this publication are available from the Idaho Department of Health and Welfare



**A NEW CHOICE**  
for Individuals with Disabilities

## SELF DIRECTION



Self Direction is a choice for Individuals who are eligible for the Medicaid Developmental Disabilities Waiver. This option is about choice and freedom to manage their lives.

Individuals don't have to do it alone. They will have as much or as little help as they need from a support broker, circle of support and a fiscal employer agent (FEA). It's their choice. Individuals will have an individualized budget, create a support and spending plan, hire workers, and buy goods and services.

Individuals will agree to follow four guiding principles:

- 1 **FREEDOM** to plan their lives
- 2 **CONTROL** over their Medicaid dollars to buy supports and services
- 3 **SUPPORT** to become involved in their communities
- 4 **RESPONSIBILITY** for their choices and decisions

If Individuals find that Self Direction is not the way they want to plan for and get their services, or if Self Direction doesn't work for them, Individuals can still get their services in the traditional way.

## SELF DIRECTION

### SUPPORT BROKER

Individuals hire a Support Broker to help them identify their needs and create a support and spending plan. The Support Broker can help Individuals with other duties such as finding and hiring community support workers and reviewing their monthly budget account report.

### CIRCLE OF SUPPORT

Individuals pick people who help and encourage them with the choices they make. In the Individual's person-centered planning process, the Circle of Support helps them identify their goals and needs.

### SUPPORT AND SPENDING PLAN

Individuals with help from their support broker and circle of support create a plan that guides them to reach their goals. The plan lists all of the services, supports and goods they need.

### FISCAL EMPLOYER AGENT (FEA)

Individuals sign up with a FEA to help them pay for their supports, services, and goods. The FEA will take care of the government paper work and pay taxes related to hiring support workers. The FEA will keep track of the dollars in the Individual budget account and send a monthly statement.

### INDIVIDUALIZED BUDGET

Individualized Budgets are set the same way whether the Individual chooses self direction or chooses the traditional way to get services.



## Attachment 6 Supports and Services

Region \_\_\_\_\_ Field Office \_\_\_\_\_

ISP Start Date \_\_\_\_\_

ISP End Date \_\_\_\_\_

DHW or DHW designee signature \_\_\_\_\_

**Idaho Department of Health and Welfare**  
**ISP SUPPORTS AND SERVICES AUTHORIZATION**

**Participant Name:** \_\_\_\_\_

**Medicaid ID#:** \_\_\_\_\_

<b>Initial Plan</b> <input type="checkbox"/> <b>Annual</b> <input type="checkbox"/>	<b>DD Waiver Participant?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Plan Developer/Phone Number:</b> _____	<b>Plan Developer Agency/Address:</b> _____

**DD Waiver Participant Initials:** \_\_\_\_\_ I have been informed of and understand my choice of waiver services. I choose to receive waiver services rather than to accept placement in an ICF/MR. I understand that I may, at any time, choose facility admission.

Service Provider	Service Type	Proposed Start Date and End Date	Service Code	Units & Frequency of Service (#/day/week/month)	Unit Cost (\$/hr/day)	Annual Cost	IPA #  This column for Department use only
<b>WAIVER</b>							
<b>STATE PLAN</b>							

Authorized Budget Amount:    \$ _____
Medicaid Annual Total:    \$ _____

Authorization is requested for the services listed above by the following people:

PARTICIPANT SIGNATURE                      DATE  
 GUARDIAN SIGNATURE (if applicable) DATE  
 PLAN DEVELOPER SIGNATURE                DATE

\*\*By signing this page, I am acknowledging as the Plan Developer that any modifications to the Individual Support Plan (ISP) that was initially developed by the person-centered planning team will only be made with the agreement of the participant/guardian and/or any applicable providers.

**Attachment 6 My Support and Spending Plan**





**This Plan Belongs To:**

---

**DEVELOPING YOUR SUPPORT AND SPENDING PLAN**

Your goal is to submit a Support and Spending Plan which reflects your personal goals and needs and assures that you are able to live safely and successfully in the community within your allocated budget. There are several steps to developing a Support and Spending Plan.

Below is a brief overview of each of the steps involved in completing this process. Detailed instructions for filling out each form listed in the steps below are also on the page preceding that form in the Support and Spending Plan template.

- **Step 1.** First, you should have already completed your My Voice My Choice Workbook. Have your workbook available before you begin writing your Support and Spending Plan.
- **Step 2.** Create your My Support Plan pages. To create your My Support Plan pages, you will need to refer back to the worksheets in your My Voice My Choice Workbook. The worksheets will help you decide on goals that will allow you to get the things you want and need. Keep in mind that there is no one correct way to write a goal. Goals can be written as broad as ‘explore employment opportunities’ or as specific as ‘learn how to use my QUEST card’.
  - Each specific goal needs to be written on a separate My Support Plan page.
  - Your My Support Plans will also identify whether someone will be providing support to you at no cost or whether Medicaid will be paying for the support. In many cases you may be able to do things yourself to accomplish your goal or it may be possible for you to get help for free from community organizations and natural supports. The more support you can find at no cost to you, the more money you will have available to put towards developing other goals or to save for a ‘rainy day’.
- **Step 3.** Review your My Health and Safety Plan in your *My Voice My Choice Workbook*. If you listed health and/or safety issues at home, work, or in the community you must also create a My Support Plan page to go along with these health and/or safety issues. This will ensure supports are in place which addresses each of the identified risks.
- **Step 4.** Develop Back-Up Plans. To decide which supports require a Back-Up Plan you must review all of your My Support Plan pages. If your health or safety would be in immediate jeopardy if a natural or paid support listed on a My Support Plan did not arrive at the scheduled time to provide the support, a back-up plan must be developed for that support. A back-up plan identifies three (3) other ways you could go about getting the help you need should a critical support not happen. Use the Back-Up Plan form to create back-up plans

for critical natural or paid supports listed on all of your My Support Plan pages.

- **Step 5.** Complete your, My Support Broker Worksheet. You will transfer the Support Broker Total from this page to your My Spending Plan Summary.
- **Step 6.** Complete your My Spending Plan Worksheet. Review the paid supports section of each of your My Support Plans. You will need to list each service, task, or good that you are paying for in the section of the My Spending Plan Worksheet that corresponds to the type of support checked for the particular service, task, or good.  
This sheet is also used to identify who will provide the support, how often, and at what cost.
- **Step 7.** Fill out your My Spending Plan Summary. You will transfer the total associated with each type of support listed on your My Spending Plan Worksheets and My Support Broker Worksheet to this page.
- **Step 8.** Complete the Support and Spending Plan Authorization Page. This is where you will transfer every paid support listed on your My Spending Plan Worksheets into the support category with the corresponding title.  
The total amount of money you are going to spend for services, tasks, or goods in a particular support category is also listed on this page.
- **Step 9.** Read, sign, and date the Choice and Informed Consent Statement. This form states you agree with the Support and Spending Plan you are submitting, accept your responsibilities under the Self-Directed Community Supports Waiver option, and choose waiver services over institutional placement.

**NOTE:** For your convenience we have included ten (10) My Support Plan pages and three (3) Back-up Plan pages with this template. If you need more pages of a particular form than have been included, you will need to use your computer to cut and paste additional blank pages into the document.

You can access the entire Support and Spending Plan document at the following website:

[www.healthandwelfare.idaho.gov](http://www.healthandwelfare.idaho.gov).



Name:	Relationship to Participant:
Name:	Relationship to Participant:
Name:	Relationship to Participant:

### MY SUPPORT PLAN INSTRUCTIONS:

- **Step 1.** Complete Participant's Name and Medicaid ID Number lines at the top of the page.
- **Step 2.** Goal or Need. List the goal or need you want to achieve or accomplish in the upcoming plan year. Each goal or need is listed on a separate page. There is no one correct way to write a goal. For example, you can have a goal "I want to get a job" or "I want to work in an office".
- **Step 3.** Activities. List the activities and how often you are able to do the activity on your own, to reach your goal or meet your needs.
- **Step 4.** Natural Supports. Identify people you would not need to pay that would help you reach your goal or meet your need.  
Identify how often these natural supports will be able to provide this help. For example, given the goal of "work in an office" perhaps you have someone that helps you fill out applications.
- **Step 5.** Paid Supports. Complete the boxes as follows:
  - List the service, task, or good needed to reach the goal or meet the need.
  - Indicate the type of support being provided by the service, task, or good by placing a checkmark (✓) in the box corresponding to the support (example: Personal Support, Job Support, etc.).  
Only checkmark one (1) type of support. Use the following definitions to determine which type of support best describes the service, task, or good being purchased:
    - **PERSONAL:** Helps you maintain health, safety, and basic quality of life.
    - **JOB:** Helps you secure and maintain employment or attain job advancement.
    - **TRANSPORTATION:** Helps you accomplish identified goals through gaining access to community services, activities, and resources.
    - **LEARNING:** Helps you learn new skills or improve existing skills that relate to identified goals.
    - **RELATIONSHIP:** Helps you establish and maintain positive relationships with immediate family members, friends, spouse, or others in order to build a natural support network and community.
    - **EMOTIONAL:** Helps you learn and practice behaviors consistent with goals and wishes, while minimizing interfering behaviors.
    - **ADAPTIVE EQUIPMENT:** Equipment that meets a medical or accessibility need and promotes your increased independence.
    - **SKILLED NURSING:** Intermittent or private duty nursing services which are within the scope of the Nurse Practice Act, and are provided by a licensed professional nurse (RN) or licensed practical nurse (LPN) under the supervision of an RN, licensed to practice in Idaho.

**MY SUPPORT PLAN**

Participant's Name: \_\_\_\_\_ Medicaid ID Number: \_\_\_\_\_

<b>Goal or Need:</b>
----------------------

**Activities**

What Activities Will I Be Able to Do Myself to Reach My Goal or Meet My Need?	How Often Do I Need to Do These Activities?

**Natural Supports**

Who Could Help Me Reach My Goal or Meet My Need That Wouldn't Have to Be Paid?	How Often Will They Provide The Support?

**Paid Supports**

Service, Task, or Good Needed	Type of Support <input checked="" type="checkbox"/> Check Only One Box Per Service, Task, or Good
	<input type="checkbox"/> Personal <input type="checkbox"/> Emotional <input type="checkbox"/> Job <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> <input type="checkbox"/> Relationship Transportation <input type="checkbox"/> Learning <input type="checkbox"/> Adaptive Equipment <input type="checkbox"/> Mileage Reimbursement
	<input type="checkbox"/> Personal <input type="checkbox"/> Emotional <input type="checkbox"/> Job <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Transportation <input type="checkbox"/> Relationship <input type="checkbox"/> Learning <input type="checkbox"/> Adaptive Equipment <input type="checkbox"/> Mileage Reimbursement
	<input type="checkbox"/> Personal <input type="checkbox"/> Emotional <input type="checkbox"/> Job <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Transportation <input type="checkbox"/> Relationship <input type="checkbox"/> Learning <input type="checkbox"/> Adaptive Equipment <input type="checkbox"/> Mileage Reimbursement
	<input type="checkbox"/> Personal <input type="checkbox"/> Emotional <input type="checkbox"/> Job <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Transportation <input type="checkbox"/> Relationship <input type="checkbox"/> Learning <input type="checkbox"/> Adaptive Equipment

**IMPORTANT:** If your health or safety would be in immediate jeopardy, if a natural or paid support listed on this My Support Plan did not arrive at the scheduled time to provide the support, a back-up plan must be developed for that support.

A back-up plan identifies three (3) other ways you could go about getting the help you need should a critical support not happen.

Use the Back-Up Plan form to create back-up plans.

**MY BACK-UP PLAN**

Participant's Name: \_\_\_\_\_  
\_\_\_\_\_

Medicaid ID Number:

If your health or safety would be in immediate jeopardy, if a natural or paid support listed on any of your My Support Plans, did not arrive at the scheduled time to provide the support, a back-up plan must be developed for that support.

For any supports you identify that require a Back-up Plan, first list the Goal or Need associated with the support, then state the support that needs to be provided, followed by three (3) other ways you can obtain the help. Please enter this information in the spaces provided below.

Goal or Need:
Support That Needs to Be Provided:
Back-up Plans:
1.
2.
3.

Goal or Need:
Support That Needs to Be Provided:
Back-up Plans:
1.
2.
3.

Goal or Need:
Support That Needs to Be Provided:
Back-up Plans:
1.
2.
3.

**MY SUPPORT BROKER WORKSHEET INSTRUCTIONS:**

- **Step 1.** Complete Participant's Name and Medicaid ID Number lines at top of page.
- **Step 2.** Required Job Duties. Review each of the Required Job Duties listed on the My Support Broker Worksheet.

The required job duty of person-centered planning participation asks you to provide details about what you want your Support Broker to do as part of this requirement. List the specific activities in the appropriate box.

- **Step 3.** Other Requested Job Duties. You may want your Support Broker to assist you with completing a number of other tasks associated with self-directed services. List each of these duties separately under the section titled Other Requested Job Duties.
- **Step 4.** Number of Hours Needed, Per Year. For each of the Required Job Duties and Other Requested Job Duties, enter the maximum number of hours you will employ your Support Broker to provide each of these supports during the upcoming Plan Year.
- **Step 5.** Cost Per Hour. Enter the hourly rate you will pay your Support Broker during the upcoming plan year for each of their job duties. This hourly rate cannot exceed \$18.72/hour. Support brokers can receive different hourly rates of pay for different job duties.

**IMPORTANT REMINDER:** You will need to add an additional amount to the hourly rate you want to pay your Support Broker, before putting the hourly rate in the Cost per Hour section. This additional amount is the employer's share of taxes you are responsible for paying to the Federal Government as an employer under the Self-Directed Community Supports Waiver option. To figure out the Cost per Hour for Support Broker services contact the fiscal employer agent for a specific percentage. Then do the math. For Example: The current average total of employer tax is 11.81% of the wage.

If you decide to pay the support broker \$17.00 per hour, the total cost to your budget will be \$19.01 per hour.  $\$17.00 \times .1181 = 2.07$   $17 + 2.07 = \$19.07$ .

- **Step 6.** Annual Cost. Multiply the number of hours needed per year by the cost per Hour to calculate the Annual Cost of each job duty listed.
- **Step 7.** Support Broker Total. Add together the annual cost of all listed job duties to calculate your Support Broker total. Write this total amount on the line provided on the lower right of the worksheet.

**MY SUPPORT BROKER WORKSHEET**

Participant's Name: \_\_\_\_\_  
 \_\_\_\_\_

Medicaid ID Number: \_\_\_\_\_

Required Job Duties	Number of Hours Needed, Per Year		Cost Per Hour		Annual Cost
Participate in person-centered planning process.		X		=	
Develop a written support and spending plan with the participant, including development of three back up plans for every identified risk.		X		=	
Assist the participant to monitor and review the budget.		X		=	
Submit documentation to the Department as requested regarding participant satisfaction.		X		=	
Participate in Department Quality Assurance measures, as requested.		X		=	
Assist the participant to complete annual re-determination process as needed.		X		=	
Assist the participant to complete the responsibilities of the programs and assist the participant to meet his or her health and safety needs.		x			
Complete the Department approved Criminal History Check Waiver Form as requested by the participant and provide counseling to the participant and his or her Circle of Supports regarding the risks of waiving the Criminal History Check.		x			

**Support Broker Sub Total = \$** \_\_\_\_\_

		X		=	
		X		=	
		X		=	
		X		=	
		X		=	

**Other Requested Job Duties (Give Details of Duties)**

Support Broker Sub Total = \$ \_\_\_\_\_

**Support broker Total (Add total of required job duties to total of 'other requested job duties): Support**

**Broker Total = \$** \_\_\_\_\_

## MY SPENDING PLAN WORKSHEET INSTRUCTIONS:

- **Step 1.** Complete Participant's Name and Medicaid ID Number lines at top of page.
- **Step 2.** Paid Supports section. For each service, task, or good listed under the Paid Supports section of your My Support Plan, list that service, task, or good in the section that corresponds with the Type of Support checked () for that particular service, task, or good on the My Support Plan.
- **Step 3.** Name of Person, Agency, or Vendor Providing the Support. Enter the name of the person, agency, or vendor who will be providing the identified service, task, or good.
- **Step 4.** Number of Hours/Items Needed Per Year. Enter the maximum number of hours or items needed of that service, task, or good during the upcoming plan year.
- **Step 5.** Cost Per Hour/Items. List in this section the hourly, or per item cost for the service, task, or good. This amount must include the hourly wage for the employee plus the percentage amount of employer tax you must pay,
  - If you are hiring a person to provide hourly services, you will to add an additional amount to the hourly wage you want to pay your service provider before putting the hourly cost in this column. The additional amount is the employer's share of taxes you are responsible for paying to the Federal Government, as an employer under the Self-Directed Community Supports Waiver option. Please contact the fiscal employer agent to help you determine the additional amount you, as an employer will be paying from your individualized budget for employer taxes.
- **Step 6.** Annual Cost. Multiply the total number of hours or items by the hourly, or per item cost to calculate the annual cost of the service, task or good.

Repeat Steps 6 - 10 for every paid service, task, or good listed on all of your My Support Plan pages. Calculate the total for each type of support (example: Personal, Job, etc.) by adding together the annual cost(s) of all of the service(s), task(s), or good(s) list.

**MY SPENDING PLAN WORKSHEET**

Participant's Name: \_\_\_\_\_ Medicaid ID Number: \_\_\_\_\_

**Personal Support:** Helps you maintain health, safety, and basic quality of life.

Service, Task, or Good	Name of Person, Agency, or Vendor Providing the Support	Number of Hours/Items Needed Per Year		Cost Per Hour/Item		Annual Cost
			x		=	
			x		=	
			x		=	
			x		=	
			x		=	
			x		=	

Total = \$ \_\_\_\_\_

**Emotional Support:** Helps you learn and practice behaviors consistent with goals and wishes while minimizing

Service, Task, or Good	Name of Person, Agency, or Vendor Providing the Support	Number of Hours/Items Needed Per Year		Cost Per Hour/Item		Annual Cost
			x		=	
			x		=	
			x		=	

interfering behaviors.

Total

= \$ \_\_\_\_\_

**MY SPENDING PLAN WORKSHEET**

Participant's Name: \_\_\_\_\_

Medicaid ID Number: \_\_\_\_\_

Service, Task, or Good	Name of Person, Agency, or Vendor Providing the Support	Number of Hours/Items Needed Per Year		Cost Per Hour/Item		Annual Cost
			x		=	
			x		=	

			x		=	
			x		=	

**Job Support:** Helps you secure and maintain employment or attain job advancement.

Total = \$\_\_\_\_\_

**Transportation Support:** Helps you accomplish identified goals through gaining access to community services, activities, and resources.

Service, Task, or Good	Name of Person, Agency, or Vendor Providing the Support	Number of Hours/Items Needed Per Year		Cost Per Hour/Item/Mile (Please specify)		Annual Cost
			x		=	
			x		=	
			x		=	
			x		=	

Total = \$\_\_\_\_\_

**MY SPENDING PLAN WORKSHEET**

Participant's Name: \_\_\_\_\_ Medicaid ID Number: \_\_\_\_\_

**Learning Support:** Helps you learn new skills or improve existing skills that relate to identified goals.

Service, Task, or Good	Name of Person, Agency, or Vendor Providing the Support	Number of Hours/Items Needed Per Year		Cost Per Hour/Item		Annual Cost
			x		=	
			x		=	
			x		=	
			x		=	
			x		=	

Total = \$ \_\_\_\_\_

**Relationship Support:** Helps you establish and maintain positive relationships with immediate family members, friends, spouse, or others in order to build a natural support network and community.

Service, Task, or Good	Name of Person, Agency, or Vendor Providing the Support	Number of Hours/Items Needed per Year		Cost Per Hour/Item		Annual Cost
			x		=	
			x		=	
			x		=	
			x		=	

Total = \$ \_\_\_\_\_

**MY SPENDING PLAN WORKSHEET**

Participant's Name: \_\_\_\_\_  
 \_\_\_\_\_

Medicaid ID Number:

**Skilled Nursing Support:** Intermittent or private duty nursing services which are within the scope of the Nurse Practice Act and are provided by a licensed professional nurse (RN) or licensed practical nurse (LPN) under the supervision of an RN, licensed to practice in Idaho.

Service, Task, or Good	Name of Person, Agency, or Vendor Providing the Support	Number of Hours/Items Needed per Year		Cost Per Hour/Item		Annual Cost
			x		=	
			x		=	
			x		=	
			x		=	

Total = \$ \_\_\_\_\_

**Adaptive Equipment:** Equipment that meets a medical or accessibility need and promotes your increased independence.

Service, Task, or Good	Name of Person, Agency, or Vendor Providing the Support	Number of Hours/Items Needed Per Year		Cost Per Hour/Item		Annual Cost
			x		=	
			x		=	
			x		=	
			x		=	

Total = \$ \_\_\_\_\_

**MY SPENDING PLAN SUMMARY INSTRUCTIONS:**

- **Step 1.** Complete Participant’s Name and Medicaid ID Number lines at top of page.
- **Step 2.** Refer to the My Support Broker Worksheet. Transfer the Support Broker total to the My Spending Plan Summary sheet.
- **Step 3.** Refer to your My Spending Plan Worksheet pages. Transfer the total from each individual section of the My Spending Plan Worksheets to the My Spending Plan Summary sheet. (Example: totals for Personal Support, Job Support, etc.)
- **Step 4.** Add together the annual Community Support amounts for Personal Support, Job Support, Transportation Support, Learning Support, Relationship Support, Emotional Support, Skilled Nursing Support, and Adaptive Equipment, to calculate your Community Support Total.
- **Step 5.** Indicate the total annual cost for Fiscal Employer Agent services.
- **Step 6.** Add together the A) Support Broker Total, B) Community Supports Total and the (C) Fiscal Employer Agent Totals to calculate the D) Grand Total of all supports and services.

**MY SPENDING PLAN SUMMARY**

Participant’s Name: \_\_\_\_\_ Medicaid ID Number:  
\_\_\_\_\_

- **Support Broker Total** A)= \$ \_\_\_\_\_
- **Community Supports:**
  - Personal Support \$ \_\_\_\_\_
  - Job Support \$ \_\_\_\_\_
  - Transportation \$ \_\_\_\_\_

- Learning Support \$ \_\_\_\_\_
- Relationship \$ \_\_\_\_\_
- Emotional Support \$ \_\_\_\_\_
- Skilled Nursing Support \$ \_\_\_\_\_
- Adaptive Equipment \$ \_\_\_\_\_
- **Community Supports Total** B)= \$ \_\_\_\_\_
- **Fiscal Employer Agent** C)= \$ \_\_\_\_\_
- |                    |              |
|--------------------|--------------|
| <b>Grand Total</b> | D)= \$ _____ |
|--------------------|--------------|

**SUPPORT AND SPENDING PLAN AUTHORIZATION INSTRUCTIONS:**

- **Step 1.** Complete Participant’s Name and Medicaid ID Number lines at top of page.
- **Step 2.** Support Broker Total. Enter the Support Broker total from your My Support Broker Worksheet on the Support Broker Total line. Then enter the Support Broker’s name and address on the following lines where indicated.
- **Step 3.** Community Supports Total. Enter the Community Supports Total from your My Spending Plan Summary page to the Community Supports Total line
- **Step 4.** Fiscal Employer Agent. Enter the Fiscal Employer Agent Total from your My Spending Plan Summary page to the Fiscal Employer Agent line.
- **Step 5.** Grand Total. Add together the A)Support Broker Total, B)Community Supports Total and the C)Fiscal Employer Agent (FEA) to calculate the D)Grand Total. Enter this dollar amount on the Grand Total line.
- **Step 6.** In the gray shaded box on the upper right hand side of the page, enter the start date of your Support and Spending Plan and the annual Medicaid budget you were given, at the time eligibility was determined. Refer to your eligibility approval letter for this information.
- **Step 7.** Transfer every service, task, or good listed on your My Spending Plan Worksheets into the support section with the corresponding title.
- **Step 8.** Transfer the total from each of the support sections of your My Spending Plan Worksheets onto the Total line with the corresponding title.

**SUPPORT AND SPENDING PLAN AUTHORIZATION**

Participant's Name: \_\_\_\_\_ Region: \_\_\_\_\_

Medicaid ID Number: \_\_\_\_\_

**SUPPORT BROKER TOTAL: A)\$ \_\_\_\_\_**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**Community Supports Total B)\$ \_\_\_\_\_**

**Fiscal Employer Agent C)\$ \_\_\_\_\_**

**Grand Total D)\$ \_\_\_\_\_**

Plan Start Date:  
 From \_\_\_\_\_ To \_\_\_\_\_ DOB: \_\_\_\_\_

Plan Approved By: \_\_\_\_\_  
 Bureau of Developmental Disabilities  
 representative signature.

**Assessed Annual Medicaid Budget**  
 \$ \_\_\_\_\_

**Approved Request Amount:**  
 \$ \_\_\_\_\_

**Remaining Difference:**  
 \$ \_\_\_\_\_

**Personal Support:**

(Services, Tasks, and Goods)

\_\_\_\_\_  
 \_\_\_\_\_

\$ \_\_\_\_\_

**Job Support:**

\_\_\_\_\_  
 \_\_\_\_\_

(Services, Tasks, and Goods)

\$ \_\_\_\_\_

**Transportation Support:**

\_\_\_\_\_  
 \_\_\_\_\_

(Services, Tasks, and Goods)

\$ \_\_\_\_\_

**Learning Support:**

(Services, Tasks, and Goods)

\_\_\_\_\_  
 \_\_\_\_\_

\$ \_\_\_\_\_

**Relationship Support:**

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 Total=

\_\_\_\_\_  
 \_\_\_\_\_  
 Total=

\_\_\_\_\_  
 \_\_\_\_\_  
 Total=

\_\_\_\_\_  
 \_\_\_\_\_  
 Total=

(Services, Tasks, and Goods)

	Total=

\$ \_\_\_\_\_

**Emotional Support:**

(Services, Tasks, and Goods)

	Total=

\$ \_\_\_\_\_

**Skilled Nursing Support:**

(Services, Tasks, and Goods)

	Total=

\$ \_\_\_\_\_

**Adaptive Equipment:**

(Services, Tasks, and Goods)

	Total= \$ _____

**CHOICE AND INFORMED CONSENT STATEMENT**

Participant's Name: \_\_\_\_\_ Medicaid ID Number: \_\_\_\_\_

**Instructions:** Read, sign, and date the Choice and Informed Consent Statements below.

**Choice Statement:**

I have reviewed the services contained in this Support and Spending plan, and I choose to accept this plan and understand my responsibilities under the Self-Directed Community Supports Waiver option of the Developmental Disabilities waiver.

Participant's Signature  
Guardian Signature (if applicable)

Date  
Date

**Informed Consent Statement:**

I have been informed of and understand my choice of waiver services. I choose to receive waiver services rather than to accept placement in an Intermediate Care Facility (for Developmentally Disabled)/Intellectually Disabled.

I understand that I may at any time, choose facility admission.

Participant's Signature

Date

Guardian Signature (If Applicable)

Date

## Attachment 7

## Public Housing Authority Contact Information

Public Housing Authority Contact Information			
HA Code	PHA Name, Phone & Fax Number	Address	Type [2]
ID012	<a href="#">American Falls</a> Phone: (208)226-5262 Fax: (208)226-7945	290 Tyhee Avenue <b>American Falls</b> ID 83211	Low-Rent
ID013	<a href="#">Boise City</a> Phone: (208)345-4907 Fax: (208)345-4909	1276 River Street Suite 300 <b>Boise</b> ID 83702	Both
ID021	<a href="#">Ada County</a> Phone: (208)345-4907 Fax: (208)345-4909	1276 River Street Suite 300 <b>Boise</b> ID 83702	Both
ID020	<a href="#">IHFA</a> Phone: (208)331-4886 Fax: (208)331-4808	565 West Myrtle Street <b>Boise</b> ID 83702	Low-Rent
ID901	<a href="#">IHFA - Sec 8</a> Phone: (208)331-4886 Fax: (208)331-4808	565 W. Myrtle Street <b>Boise</b> ID 83702	Section 8
ID010	<a href="#">Buhl</a> Phone: (208)543-6171 Fax: (208)543-4719	1310 Main Street <b>Buhl</b> ID 83316	Low-Rent
ID011	<a href="#">Jerome</a> Phone: (208)733-5765 Fax: (208)733-5878	100 North Fillmore Street <b>Jerome</b> ID 83338	Low-Rent
ID016	<a href="#">Sicha</a> Phone: (208)585-9325 Fax: (208)585-9326	377 East Main Street <b>Middleton</b> ID 83644	Both
ID002	<a href="#">Nampa</a> Phone: (208)466-2601 Fax: (208)466-1216	211 19th Avenue North <b>Nampa</b> ID 83687	Low-Rent
ID005	<a href="#">Pocatello</a> Phone: (208)233-6276 Fax: (208)233-9821	711 North 6 Avenue <b>Pocatello</b> ID 83201	Both
ID001	<a href="#">Twin Falls</a> Phone: (208)733-5765 Fax: (208)733-5878	200 Elm Street North <b>Twin Falls</b> ID 83301	Low-Rent

**Attachment #8**

**Idaho Home Choice Workgroups**

<b>Name</b>	<b>Affiliation</b>	<b>Contact</b>
<b>Workgroup #1 Outreach, Education, and Marketing - First Meeting 03-31-2011</b>		
Trina Balanoff	University of Idaho Center for Disabilities and Human Development	(208) 364-9931
Matt Wappett	University of Idaho Center for Disabilities and Human Development	(208) 885-6144
Sara McDaniel	All About Home Care - Provider	(208) 994-2059
Fawn Bell	All About Home Care - Provider	(208) 994-2059
Hope Brackett	A Full Life Home Health - Provider	(208) 762-4214
Mark Leeper	Self-Direction Fiscal Intermediary	(208) 301-5105
Chris Johnson	Human Service Alliance - Association for the Handicapped	(208) 459-4425
Dana Gover	Participant and Member of the Personal Assistance Oversight Committee	(208) 761-3073
<b>Workgroup #2 Housing - First Meeting 03-25-2011</b>		
Eva Blecha	Idaho Care Provider Network	(208) 465-7542
Brian Dale	LINC - Self Direction Fiscal Intermediary	(208) 336-3335
Sandy Scheffert	Special Olympics Idaho	(208) 466-4513
Roger Howard	LINC - Self Direction Fiscal Intermediary	(208) 336-3335
Patrick Blum	Disability Action Center	(208) 664-9896
Chuck Williams	Life Care Center of Boise	(208) 376-5273
Shane Robinson	Idaho Association of Residential Habilitation Agencies	(208) 782-0990
<b>Workgroup #3 Participant, Recruitment and Enrollment - First Meeting 03-23-2011</b>		
Aaron Thain	AAA Home Care	(208) 466-3196
Kelly Marang	Addus Healthcare, Inc.	(208) 762-9835
Bettina Briscoe	Idaho Com. on Aging/Idaho Council on Developmental Disabilities	(208) 334-3833
Ken Warden	Certified Family Home	(208) 713-2694
<b>Workgroup #4 Benefits, Services, Consumer Supports, and Self Direction First Meeting 03-30-2011</b>		
Jim Baugh	Disability Rights Idaho	(208) 336-5353
Dana Gover	Self-Directed Consumer/ Personal Assistance Oversight Committee	(208) 761-3073
Deana Gilchrist	Self-Directed Consumer/LINC	(208) 336-3335
Robbie Barrutia	SILC	(208) 334-3800
Wanda Warden	Certified Family Home	(208) 713-2694
Marilyn Sword	Idaho Council On Developmental Disabilities	(208) 334-2178
Tim Voz	Clinical Supervisor Idaho Department of Health and Welfare	(208) 769-2712
<b>Workgroup #5 Informed Consent and Guardianship - First Meeting 03-30-2011</b>		
Mary Jo Butler	Advocate/Personal Assistance Oversight Committee	(208) 336-5353

James Steed	Consumer/Idaho Council On Developmental Disabilities	(208)334-2178
Dana Gover	Self-Directed Consumer/ Personal Assistant Oversight Committee	(208) 761-3073
<b>Workgroup #6 Quality Assurance and Continuity of Care - First Meeting 03-24-2011</b>		
Aaron Thain	AAA Home Care	(208) 466-3196
Dr. Martha Tanner	Member NAMI	(208) 529-5605
Gwen Chavarria	Idaho State School and Hospital, Quality Commitment Supervisor	(208) 442-2812
Eva Blecha	Idaho Care Provider Network	(208) 465-7542
Shane Robinson	Idaho Association of Residential Habilitation Agencies	(208) 782-0990
Chuck Williams	Life Care Center of Boise	(208) 376-5273

# Attachment #9 Idaho Home Choice Budget

Original and ARRA increased Federal Medicaid Assistance Percentages (FMAP) are provided here:  
<http://aspe.hhs.gov/federal-medicaid-assistance-percentages-or-federal-financial-participation-state-assistance-expenditures>  
 \*Expenditures may vary slightly. States are responsible for keeping accurate records for auditing purposes in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. \*

FMAP Table	Column 1	Column 2	Column 3	Column 4	Column 5
Please express FMAP as a decimal (example: 68.32%=0.6832) Calendar Year Quarters through 2020	Original State FMAP	State Enhanced FMAP with MFP (1.00 - Reg FMAP / 2 * Reg FMAP)	State FMAP with ARRA Increase (Oct 2008 - Jun 2011)	State Enhanced FMAP with ARRA and MFP (for Oct 2008 - Jun 2011) Not to Exceed 80%	Calculated Enhanced FMAP (Oct 2008 - Jun 2011)
FFY 2007	0.7036	0.5518			
FFY 2008	0.6967	0.5494			
FFY 2009 Q1	0.6977	0.5489	0.7837	0.8919	0.8919
FFY 2009 Q2	0.6977	0.5489	0.7837	0.8919	0.8919
FFY 2009 Q3	0.6977	0.5489	0.7918	0.8959	0.8959
FFY 2009 Q4	0.6977	0.5489	0.7918	0.8959	0.8959
FFY 2010 Q1	0.6940	0.5470	0.7918	0.8959	0.8959
FFY 2010 Q2	0.6940	0.5470	0.7918	0.8959	0.8959
FFY 2010 Q3	0.6940	0.5470	0.7918	0.8959	0.8959
FFY 2010 Q4	0.6940	0.5470	0.7918	0.8959	0.8959
FFY 2011 Q1	0.6885	0.5443	0.7918	0.8959	0.8959
FFY 2011 Q2	0.6885	0.5443	0.7635	0.8618	0.8618
FFY 2011 Q3	0.6885	0.5443	0.7447	0.8724	0.8724
FFY 2011 Q4	0.6885	0.5443			
FFY 2012 Q1	0.7023	0.5512			
FFY 2012 Q2	0.7023	0.5512			
FFY 2012 Q3	0.7023	0.5512			
FFY 2012 Q4	0.7023	0.5512			
FFY 2013 Q1	0.7100	0.5550			
FFY 2013 Q2	0.7100	0.5550			
FFY 2013 Q3	0.7100	0.5550			
FFY 2013 Q4	0.7100	0.5550			
FFY 2014 Q1	0.7154	0.5582			
FFY 2014 Q2	0.7154	0.5582			
FFY 2014 Q3	0.7154	0.5582			
FFY 2014 Q4	0.7154	0.5582			
FFY 2015 Q1	0.7175	0.5588			
FFY 2015 Q2	0.7175	0.5588			
FFY 2015 Q3	0.7175	0.5588			
FFY 2015 Q4	0.7175	0.5588			
FFY 2016 Q1	0.7124	0.5562			
FFY 2016 Q2	0.7124	0.5562			
FFY 2016 Q3	0.7124	0.5562			
FFY 2016 Q4	0.7124	0.5562			
FFY 2017 Q1	0.7151	0.5576			
FFY 2017 Q2	0.7151	0.5576			
FFY 2017 Q3	0.7151	0.5576			
FFY 2017 Q4	0.7151	0.5576			
FFY 2018 Q1	0.7117	0.5559			
FFY 2018 Q2	0.7117	0.5559			
FFY 2018 Q3	0.7117	0.5559			
FFY 2018 Q4	0.7117	0.5559			
FFY 2019 Q1	0.7117	0.5559			
FFY 2019 Q2	0.7117	0.5559			
FFY 2019 Q3	0.7117	0.5559			
FFY 2019 Q4	0.7117	0.5559			
FFY 2020 Q1	0.7117	0.5559			
FFY 2020 Q2	0.7117	0.5559			
FFY 2020 Q3	0.7117	0.5559			
FFY 2020 Q4	0.7117	0.5559			
FFY 2021 Q1	0.7117	0.5559			

**Populations Transitions Chart (unduplicated count)**  
 Unduplicated Count - Each individual is only counted once in the year that they physically transition.  
 All population counts and budget estimates are based on the Calendar Year (CY).  
 The State is held accountable for the current year populations to be transitioned and actual numbers should be consistent with semi-annual reports submitted in Jan/Feb for the previous calendar year.  
 All prior year actuals must be updated accordingly to match what is reported on the semi-annual reports.

	Elderly	IDD	Physical Disability	Mental Illness	Other	Total per CY
CY 2007 (actuals)						0
CY 2008 (actuals)						0
CY 2009 (actuals)						0
CY 2010 (actuals)						4
CY 2011 (actuals)	25	14	22	5		66
CY 2012 (actuals)	19	12	36	7		74
CY 2013 (actuals)	24	13	57	2		96
CY 2014 (actuals)	28	13	39	1		81
CY 2015 (actuals)	34	14	45			93
CY 2017 (projected)	35	15	47			97
CY 2018 (projected)*	35	15	30			80
Total Count	200	88	278	15	0	581

If a Grantee achieves less than the 80% of the established benchmark, an Action Plan will be required.  
 See Policy Guidance Achieving and Amending Transition Benchmarks, July 2014  
 \* Projections and cost should only be provided in 2018 once a sustainability plan is submitted and approved.

\* Qualified HCBS Services, Demonstration HCBS Services and Supplemental Services are defined in the MFP Solicitation.  
 \* Administration - Normal - costs that adhere to CFR Title 42, Section 433(b)(7);  
 \* Administrative - 75% - costs that adhere to CFR Title 42, Sections 433(b)(4) and 433(b)(10);  
 \* Administrative - 90% - costs that adhere to CFR Title 42 Section 433(b)(3);  
 \* Federal Evaluation Supports - costs related to administering the Quality of Life Survey (reimbursed @ about \$100-\$150 per survey);  
 \* Rebalancing Fund - estimates State's savings attributed to Enhanced FMAP Rate that could be reinvested into rebalancing benchmarks. It is the State's responsibility to track Rebalancing Funds.  
 \* Other - Other costs reimbursed at a flat rate (to be determined by CMS)

Total Expenditures (2007 - 2017)	Total Costs (Fed & State)	Federal	State
Qualified HCBS	\$ 14,371,493	\$ 12,314,181	\$ 2,057,313
Demonstration HCBS	\$ 533,112	\$ 456,970	\$ 76,142
Supplemental	\$ 246,416	\$ 176,466	\$ 69,950
Administrative - Normal - 50%	\$ 30,253	\$ 15,129	\$ 15,124
Administrative - 75%	\$ 104,839	\$ 78,630	\$ 26,209
Administrative - 90%	\$ -	\$ -	\$ -
Federal Evaluation Supports - 100%	\$ 57,700	\$ 57,700	\$ -
Administrative (Other) - 100%	\$ 2,142,846	\$ 2,142,846	\$ -
State Evaluation - 50%	\$ -	\$ -	\$ -
ADRC Funding - 100%	\$ 267,179	\$ 267,179	\$ -
AJAN Funding (Tribal) - 100%	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$ 17,763,838</b>	<b>\$ 16,608,101</b>	<b>\$ 2,244,737</b>

Administrative 30% Cap Calculation Through CY 2017	
Total Costs (Fed & State less Fed Eval, ADRC & AJAN)	\$ 17,438,959
Total Administrative Costs (Fed & State)	\$ 2,377,538
Admin. to Services Percentage (30% Max)	19%
	Within budget
Administrative Cost CY 2018-2020	
Total Administrative Costs (Fed & State) CY 2018	\$ 234,514
Total Administrative Costs (Fed & State) CY 2019	\$ 210,061
Total Administrative Costs (Fed & State) CY 2020	\$ 90,254

Total Costs (Fed & State) Per Capita	
Service Costs	\$ 35,636
Admin Costs	\$ 3,854

Estimated Rebalancing Fund Calculation	
CY 2007	\$ -
CY 2008	\$ -
CY 2009	\$ -
CY 2010	\$ -
CY 2011	\$ 2,965
CY 2012	\$ 161,637
CY 2013	\$ 340,326
CY 2014	\$ 351,908
CY 2015	\$ 336,175
CY 2016	\$ 448,244
CY 2017	\$ 481,840
CY 2018	\$ 340,265
CY 2019	\$ 170,133
CY 2020	\$ 40,744
<b>Estimated Total</b>	<b>\$ 2,886,938</b>

CY 2007	Rate	Total Costs (actual expenditures)	Federal (actual expenditures)	State (actual expenditures)	Enter CY 2007 Comments Here
Qualified HCBS	0.8518	\$ -	\$ -	\$ -	
Demonstration HCBS	0.8518	\$ -	\$ -	\$ -	
Supplemental	0.7036	\$ -	\$ -	\$ -	
Administrative - Normal	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports	1.0000	\$ -	\$ -	\$ -	
Administrative (Other) - 100%	1.0000	\$ -	\$ -	\$ -	
State Evaluation (if approved)	0.5000	\$ -	\$ -	\$ -	
ADRC Funding	1.0000	\$ -	\$ -	\$ -	
<b>CY 2007 Actual Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

CY 2008 (including Partial Year Increased FMAP)	Rate	Total Costs (actual expenditures)	Federal (actual expenditures)	State (actual expenditures)	Enter CY 2008 Comments Here
Qualified HCBS (Jan - Sept)	0.8494	\$ -	\$ -	\$ -	
Qualified HCBS (Oct - Dec increased FMAP)	0.8919	\$ -	\$ -	\$ -	
Demonstration HCBS (Jan - Sept)	0.8494	\$ -	\$ -	\$ -	
Demonstration HCBS (Oct - Dec increased FMAP)	0.8919	\$ -	\$ -	\$ -	
Supplemental (Jan - Sept)	0.6987	\$ -	\$ -	\$ -	
Supplemental (Oct - Dec increased FMAP)	0.7837	\$ -	\$ -	\$ -	
Administrative - Normal	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports	1.0000	\$ -	\$ -	\$ -	
Administrative (Other) - 100%	1.0000	\$ -	\$ -	\$ -	
State Evaluation (if approved)	0.5000	\$ -	\$ -	\$ -	
ADRC Funding	1.0000	\$ -	\$ -	\$ -	
<b>CY 2008 Actual Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

CY 2009 (using Increased FMAP)	Rate	Total Costs (actual expenditures)	Federal (actual expenditures)	State (actual expenditures)	Enter CY 2009 Comments Here
Qualified HCBS (Jan-Mar increased FMAP)	0.8919	\$ -	\$ -	\$ -	
Qualified HCBS (Apr-Jun increased FMAP)	0.8959	\$ -	\$ -	\$ -	
Qualified HCBS (Jul-Sep increased FMAP)	0.8959	\$ -	\$ -	\$ -	
Qualified HCBS (Oct - Dec increased FMAP)	0.8959	\$ -	\$ -	\$ -	
Demonstration HCBS (Jan-Mar increased FMAP)	0.8919	\$ -	\$ -	\$ -	
Demonstration HCBS (Apr-Jun increased FMAP)	0.8959	\$ -	\$ -	\$ -	
Demonstration HCBS (Jul-Sep increased FMAP)	0.8959	\$ -	\$ -	\$ -	
Demonstration HCBS (Oct - Dec increased FMAP)	0.8959	\$ -	\$ -	\$ -	
Supplemental (Jan-Mar increased FMAP)	0.7837	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun increased FMAP)	0.7918	\$ -	\$ -	\$ -	
Supplemental (Jul-Sep increased FMAP)	0.7918	\$ -	\$ -	\$ -	
Supplemental (Oct - Dec increased FMAP)	0.7918	\$ -	\$ -	\$ -	
Administrative - Normal	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports	1.0000	\$ -	\$ -	\$ -	
Administrative (Other) - 100%	1.0000	\$ -	\$ -	\$ -	
State Evaluation (if approved)	0.5000	\$ -	\$ -	\$ -	
ADRC Funding	1.0000	\$ -	\$ -	\$ -	
<b>CY 2009 Actual Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

CY 2010 (using increased FMAP)	Rate	Total Costs (actual expenditures)	Federal (actual expenditures)	State (actual expenditures)	Enter CY 2010 Comments Here
Qualified HCBS (Jan-Mar increased FMAP)	0.8959		\$ -	\$ -	-
Qualified HCBS (Apr-Jun increased FMAP)	0.8959		\$ -	\$ -	-
Qualified HCBS (Jul-Sep increased FMAP)	0.8959		\$ -	\$ -	-
Qualified HCBS (Oct - Dec increased FMAP)	0.8959		\$ -	\$ -	-
Demonstration HCBS (Jan-Mar increased FMAP)	0.8959		\$ -	\$ -	-
Demonstration HCBS (Apr-Jun increased FMAP)	0.8959		\$ -	\$ -	-
Demonstration HCBS (Jul-Sep increased FMAP)	0.8959		\$ -	\$ -	-
Demonstration HCBS (Oct - Dec increased FMAP)	0.8959		\$ -	\$ -	-
Supplemental (Jan-Mar increased FMAP)	0.7918		\$ -	\$ -	-
Supplemental (Apr-Jun increased FMAP)	0.7918		\$ -	\$ -	-
Supplemental (Jul-Sep increased FMAP)	0.7918		\$ -	\$ -	-
Supplemental (Oct - Dec increased FMAP)	0.7918		\$ -	\$ -	-
Administrative - Normal - 50%	0.5000		\$ -	\$ -	-
Administrative - 75%	0.7500		\$ -	\$ -	-
Administrative - 90%	0.9000		\$ -	\$ -	-
Federal Evaluation Supports - 100%	1.0000		\$ -	\$ -	-
Administrative (Other) - 100%	1.0000		\$ -	\$ -	-
State Evaluation (if approved) - 50%	0.5000		\$ -	\$ -	-
ADRC Funding - 100%	1.0000		\$ -	\$ -	-
<b>CY 2010 Actual Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

CY 2011 (using partial year increased FMAP)	Rate	Total Costs (actual expenditures)	Federal (actual expenditures)	State (actual expenditures)	Enter CY 2011 Comments Here
Qualified HCBS (Jan-Mar increased FMAP)	0.8818		\$ -	\$ -	-
Qualified HCBS (Apr-Jun increased FMAP)	0.8724		\$ -	\$ -	-
Qualified HCBS (Jul-Sept)	0.8443		\$ -	\$ -	-
Qualified HCBS (Oct-Dec)	0.8512	\$ 19,916	\$ 16,952	\$ 2,964	-
Demonstration HCBS (Jan-Mar increased FMAP)	0.8818	\$ -	\$ -	\$ -	-
Demonstration HCBS (Apr-Jun increased FMAP)	0.8724	\$ -	\$ -	\$ -	-
Demonstration HCBS (Jul-Sept)	0.8443	\$ -	\$ -	\$ -	-
Demonstration HCBS (Oct-Dec)	0.8512	\$ -	\$ -	\$ -	-
Supplemental (Jan-Mar increased FMAP)	0.7924	\$ -	\$ -	\$ -	-
Supplemental (Apr-Jun increased FMAP)	0.7447	\$ -	\$ -	\$ -	-
Supplemental (Jul-Sept)	0.6886	\$ -	\$ -	\$ -	-
Supplemental (Oct-Dec)	0.7023	\$ -	\$ -	\$ -	-
Administrative - Normal - 50%	0.5000	\$ -	\$ -	\$ -	-
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	-
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	-
Federal Evaluation Supports - 100%	1.0000	\$ -	\$ -	\$ -	-
Administrative (Other) - 100%	1.0000	\$ 175,070	\$ 175,070	\$ -	-
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	-
ADRC Funding - 100%	1.0000	\$ -	\$ -	\$ -	-
<b>CY 2011 Actual Totals</b>		<b>\$ 194,986</b>	<b>\$ 192,022</b>	<b>\$ 2,964</b>	

CY 2012	Rate	Total Costs (actual expenditures)	Federal (actual expenditures)	State (actual expenditures)	Enter CY 2012 Comments Here
Qualified HCBS (Jan-Mar)	0.8512	\$ 67,288	\$ 57,276	\$ 10,012	-
Qualified HCBS (Apr-Jun)	0.8512	\$ 143,067	\$ 121,770	\$ 21,297	-
Qualified HCBS (Jul-Sept)	0.8512	\$ 377,112	\$ 320,999	\$ 56,113	-
Qualified HCBS (Oct-Dec)	0.8550	\$ 511,480	\$ 431,315	\$ 80,165	-
Demonstration HCBS (Jan-Mar)	0.8512	\$ -	\$ -	\$ -	-
Demonstration HCBS (Apr-Jun)	0.8512	\$ -	\$ -	\$ -	-
Demonstration HCBS (Jul-Sept)	0.8512	\$ -	\$ -	\$ -	-
Demonstration HCBS (Oct-Dec)	0.8550	\$ -	\$ -	\$ -	-
Supplemental (Jan-Mar)	0.7023	\$ -	\$ -	\$ -	-
Supplemental (Apr-Jun)	0.7023	\$ -	\$ -	\$ -	-
Supplemental (Jul-Sept)	0.7023	\$ -	\$ -	\$ -	-
Supplemental (Oct-Dec)	0.7100	\$ -	\$ -	\$ -	-
Administrative - Normal - 50%	0.5000	\$ 3,231	\$ 1,616	\$ 1,615	-
Administrative - 75%	0.7500	\$ 5,731	\$ 4,298	\$ 1,433	-
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	-
Federal Evaluation Supports - 100%	1.0000	\$ 4,700	\$ 4,700	\$ -	-
Administrative (Other) - 100%	1.0000	\$ 509,600	\$ 509,600	\$ -	-
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	-
ADRC Funding - 100%	1.0000	\$ 5,662	\$ 5,662	\$ -	-
<b>CY 2012 Actual Totals</b>		<b>\$ 1,828,061</b>	<b>\$ 1,463,436</b>	<b>\$ 364,625</b>	

CY 2013	Rate	Total Costs (actual expenditures)	Federal (actual expenditures)	State (actual expenditures)	Enter CY 2013 Comments Here
Qualified HCBS (Jan-Mar)	0.8550	\$ 650,377	\$ 470,572	\$ 179,805	-
Qualified HCBS (Apr-Jun)	0.8550	\$ 685,189	\$ 595,836	\$ 89,353	-
Qualified HCBS (Jul-Sept)	0.8550	\$ 618,873	\$ 523,426	\$ 95,447	-
Qualified HCBS (Oct-Dec)	0.8582	\$ 506,797	\$ 434,075	\$ 72,722	-
Demonstration HCBS (Jan-Mar)	0.8550	\$ -	\$ -	\$ -	-
Demonstration HCBS (Apr-Jun)	0.8550	\$ -	\$ -	\$ -	-
Demonstration HCBS (Jul-Sept)	0.8550	\$ -	\$ -	\$ -	-
Demonstration HCBS (Oct-Dec)	0.8582	\$ -	\$ -	\$ -	-
Supplemental (Jan-Mar)	0.7100	\$ -	\$ -	\$ -	-
Supplemental (Apr-Jun)	0.7100	\$ -	\$ -	\$ -	-
Supplemental (Jul-Sept)	0.7100	\$ -	\$ -	\$ -	-
Supplemental (Oct-Dec)	0.7164	\$ -	\$ -	\$ -	-
Administrative - Normal - 50%	0.5000	\$ 1,391	\$ 696	\$ 695	-
Administrative - 75%	0.7500	\$ 9,961	\$ 7,471	\$ 2,490	-
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	-
Federal Evaluation Supports - 100%	1.0000	\$ 12,200	\$ 12,200	\$ -	-
Administrative (Other) - 100%	1.0000	\$ 440,960	\$ 440,960	\$ -	-
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	-
ADRC Funding - 100%	1.0000	\$ 139,480	\$ 139,480	\$ -	-
<b>CY 2013 Actual Totals</b>		<b>\$ 2,962,227</b>	<b>\$ 2,618,716</b>	<b>\$ 343,511</b>	

CY 2014	Rate	Total Costs (actual expenditures)	Federal (actual expenditures)	State (actual expenditures)	Enter CY 2014 Comments Here
Qualified HCBS (Jan-Mar)	0.8582	\$ 633,094	\$ 534,739	\$ 89,355	
Qualified HCBS (Apr-Jun)	0.8582	\$ 605,396	\$ 515,551	\$ 89,845	
Qualified HCBS (Jul-Sept)	0.8582	\$ 565,505	\$ 485,316	\$ 80,189	
Qualified HCBS (Oct-Dec)	0.8588	\$ 690,155	\$ 592,706	\$ 97,450	
Demonstration HCBS (Jan-Mar)	0.8582	\$ -	\$ -	\$ -	
Demonstration HCBS (Apr-Jun)	0.8582	\$ -	\$ -	\$ -	
Demonstration HCBS (Jul-Sept)	0.8582	\$ -	\$ -	\$ -	
Demonstration HCBS (Oct-Dec)	0.8588	\$ -	\$ -	\$ -	
Supplemental (Jan-Mar)	0.7154	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun)	0.7154	\$ -	\$ -	\$ -	
Supplemental (Jul-Sept)	0.7154	\$ -	\$ -	\$ -	
Supplemental (Oct-Dec)	0.7175	\$ -	\$ -	\$ -	
Administrative - Normal	0.5000	\$ 2,103	\$ 1,052	\$ 1,051	
Administrative - 75%	0.7500	\$ 25,280	\$ 19,035	\$ 6,245	
Administrative - 50%	0.5000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ 16,500	\$ 16,500	\$ -	
Administrative (Other) - 100%	1.0000	\$ 384,291	\$ 384,291	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding - 100%	1.0000	\$ 122,037	\$ 122,037	\$ -	
AUAN Funding - 100%	1.0000	\$ -	\$ -	\$ -	
<b>CY 2014 Actual Totals</b>		<b>\$ 3,094,482</b>	<b>\$ 2,876,227</b>	<b>\$ 368,256</b>	

CY 2015	Rate	Total Costs (actual expenditures)	Federal (actual expenditures)	State (actual expenditures)	Enter CY 2015 Comments Here
Qualified HCBS (Jan-Mar)	0.8588	\$ 496,330	\$ 425,248	\$ 70,982	
Qualified HCBS (Apr-Jun)	0.8588	\$ 686,485	\$ 589,553	\$ 96,932	
Qualified HCBS (Jul-Sept)	0.8588	\$ 618,367	\$ 529,336	\$ 87,031	
Qualified HCBS (Oct-Dec)	0.8562	\$ 569,896	\$ 487,945	\$ 81,951	
Demonstration HCBS (Jan-Mar)	0.8588	\$ -	\$ -	\$ -	
Demonstration HCBS (Apr-Jun)	0.8588	\$ -	\$ -	\$ -	
Demonstration HCBS (Jul-Sept)	0.8588	\$ -	\$ -	\$ -	
Demonstration HCBS (Oct-Dec)	0.8562	\$ -	\$ -	\$ -	
Supplemental (Jan-Mar)	0.7175	\$ 66,220	\$ 47,513	\$ 18,707	
Supplemental (Apr-Jun)	0.7175	\$ 61,325	\$ 44,001	\$ 17,324	
Supplemental (Jul-Sept)	0.7175	\$ 52,786	\$ 37,874	\$ 14,912	
Supplemental (Oct-Dec)	0.7154	\$ 46,123	\$ 34,710	\$ 11,413	
Administrative - Normal - 50%	0.5000	\$ 2,807	\$ 1,404	\$ 1,403	
Administrative - 75%	0.7500	\$ 19,838	\$ 14,879	\$ 4,959	
Administrative - 50%	0.5000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ 12,200	\$ 12,200	\$ -	
Administrative (Other) - 100%	1.0000	\$ 189,412	\$ 189,412	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding - 100%	1.0000	\$ -	\$ -	\$ -	
AUAN Funding - 100%	1.0000	\$ -	\$ -	\$ -	
<b>CY 2015 Actual Totals</b>		<b>\$ 2,822,588</b>	<b>\$ 2,416,076</b>	<b>\$ 407,514</b>	

CY 2016	Rate	Total Costs (actual expenditures)	Federal (actual expenditures)	State (actual expenditures)	Enter CY 2016 Comments Here
Qualified HCBS (Jan-Mar)	0.8562	\$ 580,326	\$ 496,875	\$ 83,451	
Qualified HCBS (Apr-Jun)	0.8562	\$ 779,119	\$ 666,225	\$ 111,894	
Qualified HCBS (Jul-Sept)	0.8562	\$ 861,079	\$ 737,256	\$ 123,823	
Qualified HCBS (Oct-Dec)	0.8576	\$ 912,816	\$ 782,831	\$ 129,985	
Demonstration HCBS (Jan-Mar)	0.8562	\$ -	\$ -	\$ -	
Demonstration HCBS (Apr-Jun)	0.8562	\$ -	\$ -	\$ -	
Demonstration HCBS (Jul-Sept)	0.8562	\$ -	\$ -	\$ -	
Demonstration HCBS (Oct-Dec)	0.8576	\$ -	\$ -	\$ -	
Supplemental (Jan-Mar)	0.7134	\$ 16,117	\$ 11,482	\$ 4,635	
Supplemental (Apr-Jun)	0.7134	\$ 725	\$ 516	\$ 209	
Supplemental (Jul-Sept)	0.7134	\$ 520	\$ 370	\$ 150	
Supplemental (Oct-Dec)	0.7151	\$ -	\$ -	\$ -	
Administrative - Normal - 50%	0.5000	\$ 1,351	\$ 976	\$ 375	
Administrative - 75%	0.7500	\$ 10,681	\$ 8,011	\$ 2,670	
Administrative - 50%	0.5000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ 12,100	\$ 12,100	\$ -	
Administrative (Other) - 100%	1.0000	\$ 205,074	\$ 205,074	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding - 100%	1.0000	\$ -	\$ -	\$ -	
AUAN Funding - 100%	1.0000	\$ -	\$ -	\$ -	
<b>CY 2016 Actual Totals</b>		<b>\$ 3,079,608</b>	<b>\$ 2,821,716</b>	<b>\$ 467,792</b>	

For CY 2017, Report PROJECTED Expenditures					Enter CY 2017 Comments Here
CY 2017	Rate* (Assume most recent known rate)	Total Costs (projected expenditures)	Federal (projected expenditures)	State (projected expenditures)	
Qualified HCBS (Jan-Mar)	0.8875	\$ 727,200	\$ 673,854	\$ 103,966	
Qualified HCBS (Apr-Jun)	0.8875	\$ 727,200	\$ 673,854	\$ 103,966	
Qualified HCBS (Jul-Sep)	0.8875	\$ 727,200	\$ 673,854	\$ 103,966	
Qualified HCBS (Oct-Dec)	0.8875	\$ 727,200	\$ 673,854	\$ 103,966	
Demonstration HCBS (Jan-Mar)	0.8875	\$ 133,270	\$ 114,290	\$ 18,970	
Demonstration HCBS (Apr-Jun)	0.8875	\$ 133,270	\$ 114,290	\$ 18,970	
Demonstration HCBS (Jul-Sep)	0.8875	\$ 133,270	\$ 114,290	\$ 18,970	
Demonstration HCBS (Oct-Dec)	0.8875	\$ 133,270	\$ 114,290	\$ 18,970	
Supplemental (Jan-Mar)	0.7181	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun)	0.7181	\$ -	\$ -	\$ -	
Supplemental (Jul-Sep)	0.7181	\$ -	\$ -	\$ -	
Supplemental (Oct-Dec)	0.7181	\$ -	\$ -	\$ -	
Administrative - Normal - 50%	0.7000	\$ 18,710	\$ 9,355	\$ 9,355	
Administrative - 75%	0.7500	\$ 33,240	\$ 24,230	\$ 9,010	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ -	\$ -	\$ -	
Administrative (Other) - 100%	1.0000	\$ 230,230	\$ 230,230	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding - 100%	1.0000	\$ -	\$ -	\$ -	
AAFC Funding - 100%	1.0000	\$ -	\$ -	\$ -	
CY 2017 Projected Totals		\$ 3,732,206	\$ 3,222,910	\$ 609,296	

For CY 2018, Report PROJECTED Expenditures					Enter CY 2018 Comments Here
CY 2018	Rate* (Assume most recent known rate)	Total Costs (projected expenditures)	Federal (projected expenditures)	State (projected expenditures)	
Qualified HCBS (Jan-Mar)	0.8995	\$ 400,000	\$ 410,832	\$ 85,168	
Qualified HCBS (Apr-Jun)	0.8995	\$ 400,000	\$ 410,832	\$ 85,168	
Qualified HCBS (Jul-Sep)	0.8995	\$ 400,000	\$ 410,832	\$ 85,168	
Qualified HCBS (Oct-Dec)	0.8995	\$ 400,000	\$ 410,832	\$ 85,168	
Demonstration HCBS (Jan-Mar)	0.8995	\$ 106,220	\$ 94,081	\$ 12,139	
Demonstration HCBS (Apr-Jun)	0.8995	\$ 106,220	\$ 94,081	\$ 12,139	
Demonstration HCBS (Jul-Sep)	0.8995	\$ 106,220	\$ 94,081	\$ 12,139	
Demonstration HCBS (Oct-Dec)	0.8995	\$ 106,220	\$ 94,081	\$ 12,139	
Supplemental (Jan-Mar)	0.7117	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun)	0.7117	\$ -	\$ -	\$ -	
Supplemental (Jul-Sep)	0.7117	\$ -	\$ -	\$ -	
Supplemental (Oct-Dec)	0.7117	\$ -	\$ -	\$ -	
Administrative - Normal - 50%	0.5000	\$ 10,000	\$ 5,000	\$ 5,000	
Administrative - 75%	0.7500	\$ 17,510	\$ 13,132	\$ 4,377	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ -	\$ -	\$ -	
Administrative (Other) - 100%	1.0000	\$ 197,004	\$ 197,004	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding - 100%	1.0000	\$ -	\$ -	\$ -	
AAFC Funding - 100%	1.0000	\$ -	\$ -	\$ -	
CY 2018 Projected Totals		\$ 2,664,184	\$ 2,234,789	\$ 549,405	

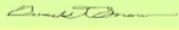
For CY 2019, Report PROJECTED Expenditures					Enter CY 2019 Comments Here
CY 2019	Rate* (Assume most recent known rate)	Total Costs (projected expenditures)	Federal (projected expenditures)	State (projected expenditures)	
Qualified HCBS (Jan-Mar)	0.9550	\$ 240,000	\$ 208,410	\$ 34,594	
Qualified HCBS (Apr-Jun)	0.9550	\$ 240,000	\$ 208,410	\$ 34,594	
Qualified HCBS (Jul-Sep)	0.9550	\$ 240,000	\$ 208,410	\$ 34,594	
Qualified HCBS (Oct-Dec)	0.9550	\$ 240,000	\$ 208,410	\$ 34,594	
Demonstration HCBS (Jan-Mar)	0.9550	\$ 54,960	\$ 47,040	\$ 7,920	
Demonstration HCBS (Apr-Jun)	0.9550	\$ 54,960	\$ 47,040	\$ 7,920	
Demonstration HCBS (Jul-Sep)	0.9550	\$ 54,960	\$ 47,040	\$ 7,920	
Demonstration HCBS (Oct-Dec)	0.9550	\$ 54,960	\$ 47,040	\$ 7,920	
Supplemental (Jan-Mar)	0.7117	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun)	0.7117	\$ -	\$ -	\$ -	
Supplemental (Jul-Sep)	0.7117	\$ -	\$ -	\$ -	
Supplemental (Oct-Dec)	0.7117	\$ -	\$ -	\$ -	
Administrative - Normal - 50%	0.5000	\$ 10,000	\$ 5,000	\$ 5,000	
Administrative - 75%	0.7500	\$ 20,810	\$ 16,581	\$ 4,229	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ -	\$ -	\$ -	
Administrative (Other) - 100%	1.0000	\$ 177,961	\$ 177,961	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding - 100%	1.0000	\$ -	\$ -	\$ -	
AAFC Funding - 100%	1.0000	\$ -	\$ -	\$ -	
CY 2019 Projected Totals		\$ 1,080,601	\$ 929,259	\$ 181,643	

For CY 2020, Report PROJECTED Expenditures					Enter CY 2020 Comments Here
CY 2020	Rate* (Assume most recent known rate)	Total Costs (projected expenditures)	Federal (projected expenditures)	State (projected expenditures)	
Qualified HCBS (Jan-Mar)	0.9995	\$ 53,000	\$ 48,435	\$ 7,860	
Qualified HCBS (Apr-Jun)	0.9995	\$ 53,000	\$ 48,435	\$ 7,860	
Qualified HCBS (Jul-Sep)	0.9995	\$ 53,000	\$ 48,435	\$ 7,860	
Qualified HCBS (Oct-Dec)	0.9995	\$ 53,000	\$ 48,435	\$ 7,860	
Demonstration HCBS (Jan-Mar)	0.9995	\$ 19,990	\$ 18,021	\$ 2,825	
Demonstration HCBS (Apr-Jun)	0.9995	\$ 17,550	\$ 15,021	\$ 2,825	
Demonstration HCBS (Jul-Sep)	0.9995	\$ 17,550	\$ 15,021	\$ 2,825	
Demonstration HCBS (Oct-Dec)	0.9995	\$ 19,990	\$ 18,021	\$ 2,825	
Supplemental (Jan-Mar)	0.7117	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun)	0.7117	\$ -	\$ -	\$ -	
Supplemental (Jul-Sep)	0.7117	\$ -	\$ -	\$ -	
Supplemental (Oct-Dec)	0.7117	\$ -	\$ -	\$ -	
Administrative - Normal - 50%	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ -	\$ -	\$ -	
Administrative (Other) - 100%	1.0000	\$ 90,264	\$ 90,264	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding - 100%	1.0000	\$ -	\$ -	\$ -	
AAFC Funding - 100%	1.0000	\$ -	\$ -	\$ -	
CY 2020 Projected Totals		\$ 372,616	\$ 332,190	\$ 40,716	
Less Unobligated Balance from Prior Years		\$ 290,640	\$ 256,563	\$ 43,280	Enter unobligated balance in the historical table as a negative number.

Attachment 9 Budget

Final CY 2017-2020 Projected Totals	\$	7,778,273	\$	8,742,484	\$	1,036,779	Do not enter a negative number.
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# Attachment #10 MOE

Maintenance of Effort (MOE) Form					
Money Follows the Person Demonstration Grant Program (Rev. 11/01/2016)					
State:	IDAHO	Grant Number:	CMS-1L1-11-001-011751		
Reporting Year Type:	<input type="checkbox"/> State FY (Jul 1 - Jun 30) <input checked="" type="checkbox"/> Calendar Year (Jan 1 - Dec 31) <input type="checkbox"/> Federal Fiscal Year (Oct 1 - Sept 30)				
Total Expenditures for Home & Community-Based Services					
Base Year					
2009	2007-Actuals	2008-Actuals	2009-Actuals	2010-Actuals	2011-Actuals
\$183,742,100	\$155,239,300	\$165,092,533	\$183,742,100	\$186,523,644	\$205,299,477
2012-Actuals	2013-Actuals	2014-Actuals	2015-Actuals	2016-Actuals	2017-Projected
\$220,931,931	\$240,209,812	\$267,202,294	\$281,056,459	\$303,146,451	\$316,616,517
2018 - Projected	2019 - Projected	2020 - Projected			
\$334,588,165	\$352,559,813	\$370,531,460			
Attestation (required by Section 6071 of the Deficit Reduction Act of 2005)					
<p>I assert by my signature that the expenditure report above is accurate and follows the MFP MOE Form instructions. I also assert that all qualified HCBS programs operating under a waiver under section (d) in the case of a qualified HCB program operating under a waiver under subsection (c) or (d) of section 1915 of the Social Security Act (42 U.S.C. 1396n), but for the amount awarded under a grant under this section, the State program would continue to meet the cost-effectiveness requirements of subsection (c)(2)(D) of such section or comparable requirements under subsection (d)(5) of such section, respectively.</p>					
Signature :				Date:	1/24/2017
Title/Position:	Principal Research Analyst, IDHW, Division of Medicaid				
Instructions					
<ol style="list-style-type: none"> <li>1. Enter your State and Grant Number.</li> <li>2. Select the type of reporting year that your State will use. You must report by either State FY, Federal FY or Calendar Year.</li> <li>3. Enter the base year which will represent the baseline for your HCBS expenditures. Provide the base year, base year expenditures, and expenditures for the first full year you began your grant through the latest reporting period. For years 2007-2016, enter actual expenditures. For years 2017-2020, enter projected expenditures. Medicaid HCBS Expenditures include all non-institutional services and include waiver and HCBS State Plan services such as personal care services, rehab services and other State Plan services you cover that are non-institutional.</li> <li>4. The State authorized signatory must sign and date as well as identify their Title or position as indicated. The second element to attest to is the continuation of meeting cost neutrality in the waivers your State provides.</li> </ol>					



**Attachment #11**

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Money Follows the Person Sustainability Plan  
Idaho Home Choice  
April 20, 2015

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### **Executive Summary**

Idaho Home Choice (IHC) is Idaho's Money Follows the Person (MFP) Demonstration Grant. Idaho was awarded an MFP Grant in March of 2011 and implemented the program in October of 2011. IHC offers two demonstration benefits to those individuals living in institutionalized care to help them transition to the community. They can receive 72 hours with a Transition Manager and \$2,000 of one-time Transition Services Money. The Sustainability Plan is a policy document meant to guide the continuation of the two demonstration benefits afforded by the IHC in ways that preserve and enhance the rebalancing efforts of Idaho Medicaid.

The plan was preceded by over a year of research and assessment devoted to the sustainability options available to maintain the program after the demonstration grant funding was expended. The Bureau of Long Term Care developed the plan with extensive input from internal and external stakeholders including provider agencies, participants, advocacy groups, advisory councils, Medicaid subject matter experts, and other inter-departmental staff. The Recommendations are: (1) add Transition Management and Transition Services to the 1915(c) Aged and Disabled Waiver and the Developmental Disabilities Waiver; (2) continue to identify systems barriers that prohibit participants from moving out of institutionalized care to the community; (3) utilize the rebalancing fund to enhance the quality of service delivery to participants.

Implementation will occur on January 1, 2019, with the two demonstration benefits being available to all participants who qualify for one of the 1915(c) waivers who currently reside in an institution and have been there for at least 60 consecutive days. Additionally, Idaho will utilize the Money Follows the Person Rebalancing fund to increase access to HCBS through the revision of the Uniform Assessment Instrument definitions. These revisions are projected to increase the utilization of HCBS by approximately \$6,000,000.00 per year.

## **Stakeholder Involvement**

The Idaho Home Choice program has enjoyed a robust relationship with our stakeholders. Sustainability of the IHC program has been presented to internal and external stakeholders throughout the last year for feedback and revisions. The stakeholder groups are in agreement that adding the two additional Transition Benefits to the 1915(c) waiver benefits would continue to assist individuals who have a possibility of being institutionalized for an extended amount of time leave institutionalized care and move back into the community. Stakeholders agreed this would help Idaho continue to rebalance its long term care spending. The following stakeholder groups were involved in the development of the sustainability plan. Several meetings were held with each group.

<b>Stakeholder Membership: Personal Assistance Oversight Committee Beth Kriete, Facilitator, Bureau of Long Term Care, Medicaid</b>		
<b>Name</b>	<b>Stakeholder Type</b>	<b>Agency/Office</b>
Kevin Thorson	Participant	Personal Assistance Oversight Committee
Lisa Martin	Participant	Personal Assistance Oversight Committee
Tracey Thompson	Participant	Personal Assistance Oversight Committee
Dana Gover	Participant	Personal Assistance Oversight Committee
Tracy Martin	Participant	Personal Assistance Oversight Committee
Deborah Mehraban	Participant	Personal Assistance Oversight Committee
Trisha Taylor	Participant	Personal Assistance Oversight Committee
Hellenmerie (Rei) Walker	Participant	Personal Assistance Oversight Committee
Jim Verduyssen	Provider Agency	Comfort Keepers
Hope Brackett	Provider Agency	Emeritus at Juniper Meadows
Karen Raine	Provider Agency	Best Home Care & Staffing
Sharon Anitok	Provider Agency	Multicare
Brett Waters	RALF	Qualicare, Inc.
Cathy McDougall	AARP-Idaho	Association for Advancement of Retired Persons
Dean Nielson	Center for Independent Living	Life, Inc.
Gwen Wilson	Personal Assistant	
<b>Stakeholder Membership: Medical Care Advisory Council, Tom Fronk, Chair,</b>		
<b>Name</b>	<b>Stakeholder Type</b>	<b>Agency/Office</b>
Yvette Ashton	Medicaid Participant	
Amber Mausling	Disabled Community Representative	Living Independent Network Corporation

Jeff Weller	Aged Community	Idaho Commission on Aging
Courtney Holthus	Disabled Community Representative	Disability Rights Idaho
Cathy McDougal	Aged Community	AARP
Katherine Hansen	Provider Agency	Community Partnerships of Idaho
Kara Craig	Disabled Community Representative	Idaho Quality of Life Coalition
Kris Ellis	Skilled Nursing	Idaho Health Care Association
Toni Lawson	Hospitals	Idaho Hospital Association
Katherine Forstie	Medical	Idaho Medical Association
Tom Fronk	Primary Care	Idaho Primary Care Association
Cory Lewis	Physical Therapy	Idaho Physical Therapy Association
Paula Barthelme	Mental Health	Mental Health Providers Association
Pam Eaton	Pharmacy	Idaho State Pharmacy Association
Rep. Fred Wood	Government	Idaho House of Representative
Sen. Lee Heider	Government	Idaho Senate
Tina Bullock	Tribal Representative	Nimipuu Health – Nez Perce Tribe
Elke Shaw-Tulloch	Public Health	Department of Health and Welfare
Rep. John Rusche	Board Certified Physician	Idaho House of Representatives.
<b>Idaho Home Choice Advisory Council, Debra Ransom, Chair</b>		
<b>Name</b>	<b>Stakeholder Type</b>	<b>Agency/Office</b>
Debra Ransom	Licensing and Certification	Department of Health and Welfare
Jeff Weller	Aging Community	Idaho Commission on Aging
Eric Kingston	Housing	Idaho Housing and Finance Association
Robert Vandemerwe	Skilled Nursing	Idaho Health Care Association
Christine Pisani	Disability Community	Idaho Council on Developmental Disabilities
Bart Larsen	Provider Agency	Quali Care, Inc.
<b>Idaho Home Choice Workgroups</b>		
<b>Name</b>	<b>Stakeholder Type</b>	<b>Agency/Office</b>
Aaron Thain	Provider Agency	AAA Homecare
Brian Dale	Housing	Idaho Housing and Finance Association
Chris Johnson	Provider Agency	Human Service Alliance
Dana Gover	Participant/Disability Advocate	Northwest ADA Center
Dean Nielson	Independent Living	Living Independently for Everyone, Inc.
Eva Blecha	Provider Agency	Certified Family Home
Fawn Bell	Medical	Nurse
Gwen Chavarria	Institution Representative	Southwest Idaho Treatment Center
Hope Brackett	Provider Agency	A Full Life Home Health
Jim Baugh	Disability Community	Disability Rights Idaho
John and Martha Tanner	Mental Health	Physician
Ken and Wanda Warden	Provider Agency	Certified Family Home
Mark Leeper	Independent Living	Disability Action Center
Mary Jo Butler	Disability Community	Disability Rights Idaho
Matt Wappett	Assistive Technology	University of Idaho
Patrick Blum	Independent Living	Disability Action Center
Robbie Barrutia	Independent Living	State Independent Living Council
Roger Howard	Independent Living	Living Independent Network Corporation
Shane Robinson	Provider Agency	Robinson and Affiliates DDA

Tim Voz	Mental Health	Department of Health and Welfare
Trina Balanoff	Assistive Technology	University of Idaho

**Idaho’s Plan for Continuing Transition Support**

The state of Idaho will continue to actively support moving persons out of institutions following the conclusion of its Money Follows the Person (MFP) demonstration program – Idaho Home Choice – by adding the two demonstration benefits of Transition Management and Transition Services to the existing Medicaid 1915(c) waivers. It is anticipated that transitions supported under MFP will end as of December 31, 2018 and that transitions supported through the state’s 1915(c) HCBS Waiver programs will begin January 1, 2019.

The transition initiative will target individuals who are aged and disabled, those with physical disabilities, and individuals with developmental disabilities who:

1. Have resided in a Qualified Institution including, a Skilled Nursing Facility, an Institution for Mental Diseases, or an Intermediate Care Facility for the Intellectually Disabled, for at least 60 consecutive days over and above any Medicare Part A stay;
2. Qualify for services and supports through the Medicaid Aged and Disabled Waiver or the Developmental Disabilities Waiver;
3. Require transition services provided by the waivers to safely and successfully transition from institutionalized care to Home and Community Based living in “Qualified Housing” as defined by the HCBS setting rules. Qualified Housing may include, a person’s own home, a family member’s home, a home or apartment leased by the participant, or a group home setting.

**Waiver Transition Management**

An individual who qualifies for waiver Transition Management will be eligible for up to 72 hours of Transition Management from a certified transition manager who will work one-on-one with the participant to assess their needs, develop a Transition Plan, and facilitate the delivery of needed

services and supports. The Transition Manager structure will remain the same as the current Idaho Home Choice structure. Idaho Medicaid will continue to recruit and train a committed cadre of qualified Transition Managers from among the Medicaid Provider Agency Network. Training will be conducted by the Bureau of Long Term Care regional staff in coordination with the annual Medicaid Provider Training.

### **Waiver Transition Services**

Transition Services are goods, services, and supports that are provided to the Idaho Home Choice participant for addressing identified needs, including improving and maintaining the participant's opportunities for membership in the community. An individual who qualifies for waiver Transition Management will be eligible for up to \$2,000 of one-time Transition Services funding for expenditures not limited to but including:

1. Security deposits, first month's rent, and application fees necessary to lease an apartment or home;
2. Household items including furniture, meal preparation items, linens, etc;
3. Assistive technology, and other items deemed necessary to promote health and safety and enhance independent living, and;
4. Moving expenses and one-time cleaning expenses.

A comprehensive list of eligible and non-eligible expenditures of Transition Services money will be developed prior to the negotiated rule making process scheduled for March of 2017.

Eligible individuals will have up to 365 days to utilize the Transition Management and Transition Services benefit. These benefits are summarized in **Attachment 1**.

## **Administrative Functions**

It is anticipated that the following general administrative functions will be necessary to support

Waiver

transition activities:

1. Policy Oversight and Long-Term Services and Supports (LTSS) System Advocacy;
2. Quality Assurance and Quality Improvement;
3. Education and outreach;
4. Data management;
5. Training.

The Idaho Home Choice Program has been successfully imbedded into the Medicaid book of business. Policy Oversight and Long Term Services and Supports System Advocacy already occur at the Medicaid level through the Medical Care Advisory Council and the Personal Assistance Oversight Committee. Medicaid's waivers currently have proactive mechanisms to avoid quality problems, define performance measures to assess quality and identify priorities for intervention, specify how data will be collected to monitor program implementation, and embraces quality improvement. The performance measures address sub-assurances across waivers and populations served. The assurances are Level of Care, Service Planning, Qualified Providers, Health and Welfare, Financial Accountability, and Administrative Authority. Education and outreach will include revising the Bureau of Long Term Care "Home Care" brochure to include the two additional Transition Benefits. Inter-departmental and intra-departmental training will also occur for all divisions affected by the addition of the Transition Benefits. Medicaid will continue to rely on the Medical Care Advisory Group and the Personal Assistance Oversight Committee to disseminate information. Data management will continue through the Molina system where the

two Idaho Home Choice Transition Benefits are currently billed. Transition Management Training will occur annually in coordination with the Medicaid Bureau of Long Term Care Provider training and will be held regionally. These Administrative Functions are summarized in **Attachment 2**.

**Demonstration Services**

The chart below summarizes the two MFP Demonstration services that will be continued after the MFP grant funding ends. These are also summarized in **Attachment 3**.

Demonstration Service you Plan to Continue	Target Population	Specific Medicaid Authority - Waiver, SPA or Admin Funds Used	Staff who will Submit Amendment	Date for Amendment Draft Approval	Date for Waiver or SPA Amendment Submission
Transition Management	Elderly, Physically Disabled, Developmentally Disabled	1915(c) Waiver	Alexandra Fernandez, Alternative Care Coordinator, Bureau of Long Term Care Stephanie Perry, Alternative Care Coordinator, Bureau of Developmental Disabilities Services	Draft submission will be June 1, 2018 for CMS approval or revisions for an anticipated September CMS approval	Finalized draft Amendment submission will be September 15, 2018 for an anticipated November/December CMS approval

Transition Services	Elderly, Physically Disabled, Developmentally Disabled	1915(c) Waiver	Alexandra Fernandez, Alternative Care Coordinator, Bureau of Long Term Care Stephanie Perry, Alternative Care Coordinator, Bureau of Developmental Disabilities Services	Draft submission will be June 1, 2018 for CMS approval or revisions for an anticipated September CMS approval	Finalized draft Amendment submission will be September 15, 2018 for an anticipated November/December CMS approval
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**Administrative Staffing**

The two Idaho Home Choice staff positions will not be funded after the demonstration ends as indicated by the chart below. This is also summarized in **Attachment 4**. Current Medicaid Bureau of Long Term Care staff will conduct all business required for the two Transition Benefits that will be added to the 1915(c) waivers.

<b>MFP Staffing</b>											
<b>Job Function/ Title for Position Funded Through MFP</b>	<b>Number of FTEs</b>	<b>Location of Staff</b>	<b>State Employee or Contractor?</b>	<b>Will the Job Function Continue to be Funded Post-MFP?</b>	<b>Number of FTEs Funded Post-MFP</b>	<b>Where will FTEs be Housed ?</b>	<b>State Employee or Contractor?</b>	<b>Source of Funding for Position Post-MFP</b>	<b>Agency/ Division that will Secure Funding</b>	<b>Date to Commence Work to Secure Funding</b>	<b>Projected Date to Secure Funding</b>
Idaho Home Choice Project Manager	1	Division of Medicaid, Bureau of Long Term Care, Boise Idaho	State Employee	NO	0	N/A	N/A	N/A	N/A	N/A	N/A

Idaho Home Choice Project Coordinator	1	Division of Medicaid, Bureau of Long Term Care, Boise Idaho	State Employee	NO	0	N/A	N/A	N/A	N/A	N/A	N/A
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## **Idaho's Plan For Using Rebalancing Funds**

As a result of the MFP Demonstration, Idaho Medicaid has reviewed barriers that may be preventing individuals from transitioning from institutionalized care to Home and Community Based Care. One of the barriers identified was access to Home and Community Based Services. Through an ongoing collaboration with the Long Term Services and Supports Reimbursement committee, Medicaid reevaluated the Uniform Assessment Instrument's (UAI) definitions and associated units/hours. The revised UAI will more accurately identify the hours necessary for caregivers to assist with night needs, medications, behavioral issues, and other tasks. This change will ensure parity between the community worker and the comparable facility worker to ensure quality of personal care services received in congregate and home settings. Maintaining a reimbursement methodology that guarantees the viability of personal care service providers allows the State to recognize the reduced expenses of keeping participants in the community rather than in a nursing home. It is anticipated that these definition revisions will result in additional participants qualifying for waiver services as well as Personal Care Services through the Medicaid Enhanced State Plan Benchmark Benefit package. The annual projected cost is \$6,323,000 in Trustee and Benefits funds which includes \$1,896,900 in general funds and \$4,426,100 in federal funds. This will utilize all estimated Idaho MFP rebalancing funds.

## Projected Timeline

<b>Milestone/Major Activity</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Submit Sustainability Plan to CMS	April 30					
Begin work on 2016 – 2020 MFP Budget	May 1					
Complete any revisions to Sustainability Plan if Applicable	June/July					
CMS Approves Sustainability Plan	August					
2016 – 2020 MFP Idaho Home Choice Budget Due to CMS	October 1					
CMS Approves 2016 – 2020 MFP Idaho Home Choice Budget and sends NOFA		January				
Submission of 2017 MFP Idaho Home Choice Supplemental Budget Request		October 1				
CMS approves MFP Idaho Home Choice 2017 Supplemental Budget Requests and sends NOFA			January			
Begin Official Project for IHC Sustainability			April 1			
Begin Negotiated Rule Making for the two Transition Benefits to be added into the 1915(c) waivers				March 1		
Begin waiver amendment work				March 1		
Submission of 2018 MFP Idaho Home Choice Supplemental Budget Request			October 1			
CMS approves MFP Idaho Home Choice 2018 Supplemental Budget Requests and sends NOFA				January		
Present revisions to IDAPA rules for approval to Idaho Legislative Session to take affect January 1, 2019				January/March		
Draft submission of 1915(c) waiver amendment posted for Public Comment 30 Days				June 1		
Draft Submission of 1915(c) waiver amendments to CMS for review				July 1		
Response from CMS on waiver amendment				September 1		
Revisions to 1915(c) waiver amendment per CMS request if applicable				September 5		

Submission of final 1915(c)waiver amendment to CMS				September 10		
Submission of 2019 MFP Idaho Home Choice Supplemental Budget Request				October		
Approval of final 1915(c) waiver amendment from CMS				December 15		
Last day to enroll participants in the MFP Idaho Home Choice Program				December 31		
CMS approves MFP Idaho Home Choice 2019 Supplemental Budget Requests and sends NOFA					January 1	
Transition Benefits begin as part of the Medicaid 1915(c)waivers					January 1	
Participants continue to utilize their 365 days of MFP Idaho Home Choice benefits					January through December	
Submission of final 2020 MFP Idaho Home Choice Supplemental Budget Request					October 1	
MFP Idaho Home Choice Demonstration Program ends					December 31	
CMS approves MFP Idaho Home Choice 2019 Supplemental Budget Requests and sends NOFA						January
MFP Idaho Home Choice staff finalize all MFP demonstration Program activities						January 1 through December 31
MFP Idaho Home Choice Demonstration Program officially ends						December 31

**Idaho’s MFP Idaho Home Choice Estimated Budget Summary**

Idaho is requesting \$11,065,258 to extend the Money Follows the Person Demonstration Program through December 31, 2020. This includes all costs including Demonstration and Home and Community Based Service costs. This will also include the development of comprehensive on-line training for Transition Managers in line with the efforts to sustain the training after the Demonstration Program has ended. Please see **Attachment 5** for budget summary details.

## **Conclusion**

It has been an extremely rewarding experience to administer the Money Follows the Person Demonstration Program in Idaho. We currently have transitioned 265 individuals from living in institutions to living in the community and anticipate transitioning approximately 600 total participants before the demonstration ends. The quality of life for the participants who have transitioned continues to improve and we have identified and mitigated many barriers that institutionalized individuals faced when trying to transition back into the community. Please accept Idaho's Sustainability Plan that outlines our efforts to continue to empower individuals to live in the least restrictive environment they desire.