



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

MFP Planning & Policy Development Update



Presentation to: MFP Steering Committee/Stakeholder Meeting

Presented by: RL Grubbs



Date: April 22, 2015



Mission

The Georgia Department of Community Health

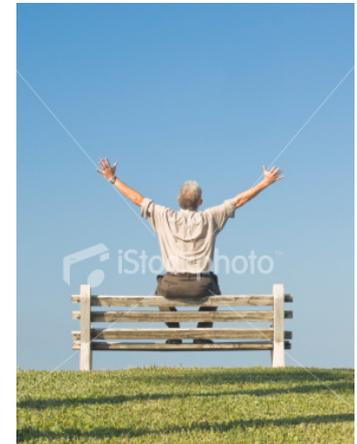
We will provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight.

We are dedicated to A Healthy Georgia.

Four Major Project Tasks



- **Planning & Policy**
 - **Develop, Maintain and Update Operational Protocol (OP) *****
 - Develop, Maintain and Update Policy Manual (PPM)
 - **Develop and Update Project Forms and Letters*****
- **Project Communications**
 - Steering Committee Meetings / Stakeholder Forums
 - Project Evaluation Advisory Team Meetings
 - Training & Employment Team Meetings
- **Training & Employment Team Lead**
 - develop and deliver strategic, competency-based trainings
- **Project Management (PM)**
 - Project Charter, Project Plan, WBS, Project Requirements, Procurement Plan
 - Risk Plan, Training Plan/Materials, Policy Procedures Manual, Project Evaluation



Policy – Update Operational Protocol (OP)

- OP Revision – Last Revised February 2013 (Ver 1.5)
 - Collection of requirements and change orders – Complete
 - Process for OP Amendment (Version 1.6)
 - Submission to CMS for approval
 - Make changes required by CMS
 - Resubmit to CMS
 - 1st submission – September 22, 2014
 - 2nd submission – December 15, 2014
 - 3rd submission – March 16, 2015
 - 4th submission - ???
- Prepare & Publish Final Version 1.6 - ???

Form Updates as of April 2015

(Slide 1 of 5)

- Appendix B: MFP Services and Rate Table
 - Added back Maximum Costs Per Service (Caps)
 - Added back Total Pre-Discharge Max Cap of \$10,244
 - Added back Total Post-Discharge Max Cap of \$26,420
- MFP ITP - Added text to ITP Question
 - Identify MFP Services that will contribute to barrier removal/goals/plan and complete:
 - MFP Service: _____; Budget Calculations: _____
 - MFP Service: _____; Budget Calculations: _____
 - Provide justification for MFP Services (Include in Part A): _____
 - ITP Q6, Q7, Q10 and Q11: (Refer to Screening Q36/DON-R)
 - Establish Eligibility/Need for MFP Service vs. Goals from Person-Centered Planning

Form Updates as of April 2015

(Slide 2 of 5)

- Authorization for MFP Transition Services
 - Added statement regarding individual service caps that cannot be exceeded
- Quote Form for MFP Transition Services
 - Removed SMS and added New Footnotes
 - 1. If the owner/landlord is not the MFP participant, a notarized document must be obtained from the owner/landlord giving permission for environmental modifications and home inspections. The notarized document must state that the owner/landlord gives the participant the right to live in the modified housing/unit for an extended period of time (i.e. the end of the lease or when the participants moves out, whichever comes first) after the modifications are complete. Further, the owner/landlord must allow the participant to live in the housing/unit before and after the home inspections are conducted.
 - 2. For vehicle adaptations, a notarized document must be obtained giving the owner's permission. It must include a statement giving the participant use of the vehicle.



Form Updates as of April 2015

(Slide 3 of 5)

- Request for Additional MFP Transition Service
 - Added Text
 - Complete this form - 1) if the initial budget for the transition service(s) was inadequate AND the service funding cap has not been reached, and/or 2) the transition service was not initially identified during transition service planning (i.e., after discharge to the community, the need for the additional transition service(s) listed below became apparent).
 - *When additional transition services are identified after discharge to the community, the planning document (ITP/ISP) must be updated to reflect these changes.
 - **Initial Amount Authorized plus ***Additional Amount Authorized together cannot exceed individual MFP service caps; see Appendix B: MFP Services and Rate Table.

Form Updates as of April 2015

(Slide 4 of 5)

- MFP Sentinel Event Reporting Form
 - Added several new events that must be tracked per CMS
 - ***Hospitalization: Admit Date: _____ ,
 - ***Death,
 - ***Death due to abuse, neglect, or exploitation,
 - ***Death due to a breakdown in the 24/7 back-up system,
 - ***NOTE: These sentinel events also require the submission of the *MFP Participant Status Change Form* .

Form Updates as of April 2015

(Slide 5 of 5)

- MFP Participant (Enrollment) Status Change Form
 - Added - Original Date of Transition/Discharge (mm/dd/yyyy):
 - Under Reinstitutionalization, Added:
 - Admission Date: _____ and Discharge Date: _____
 - Separated Footnotes –
 1. When a MFP participant is readmitted (**reinstitutionalized**) into an inpatient facility for a period of 30 days or less, the participant remains enrolled in MFP. The reinstitutionalization must be reported with the admission and discharge dates. A reason must be provided for the reinstitutionalization.
 2. When a MFP participant is readmitted into an inpatient facility for a period of time greater than 30 days (31 days or more), the participant is considered **suspended** from MFP. During the suspension, MFP field personnel are required to continue monthly contact with the participant and report the participant's status. The suspended participant will be reactivated or re-enrolled prior to the completion of the MFP period of participation, back into MFP without re-establishing the 90-day institutional requirement.
 3. Upon discharge from the inpatient facility, the MFP participant **resumes their period** of participation for any remaining days up to the maximum of 365 days. No inpatient days are counted toward the total of the 365 days of MFP. MFP field personnel revise the ITP prior to discharge back into the community.
 4. When an MFP participant is suspended for 6 months or longer, the participant must be re-evaluated like a 'new' participant.



Questions? Contact Info



Questions, contact –

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