



NEW HAMPSHIRE
DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

New Hampshire's Plan for Supporting Individuals to Live in Home and Community Based Settings

Implementing the Community Passport Sustainability Plan

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Program Administrator

History

- Money Follows the Person (MFP): Grant from the Centers for Medicare and Medicaid Services (CMS) that began in 2007
- Community Passport (CPP): New Hampshire's MFP implementation
- Over 300 elders and people with disabilities were assisted to transition from living in institutional settings to community based settings
- Final CPP transitions were completed on March 31, 2016
- Individuals who transitioned continue to be followed for 1 year
- Quality of Life Surveys at the time of discharge and 1 year anniversary

April, 2016 – June, 2017 Project Goals and Activities

- Continue to support safe, successful community transitions
- Prevent Reinstitutionalization
- Review existing protocols and processes
- Identify gaps and barriers in existing system
- Refine the framework built to support CPP and eliminate gaps and barriers
- Train stakeholders, providers and DHHS staff

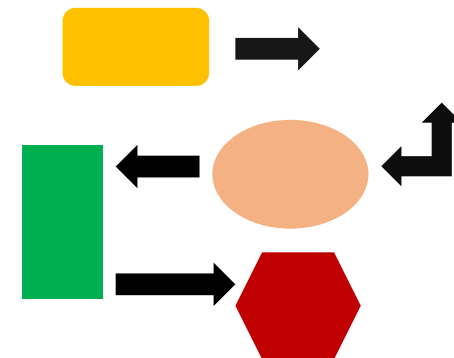
Outreach and Training



Agenda

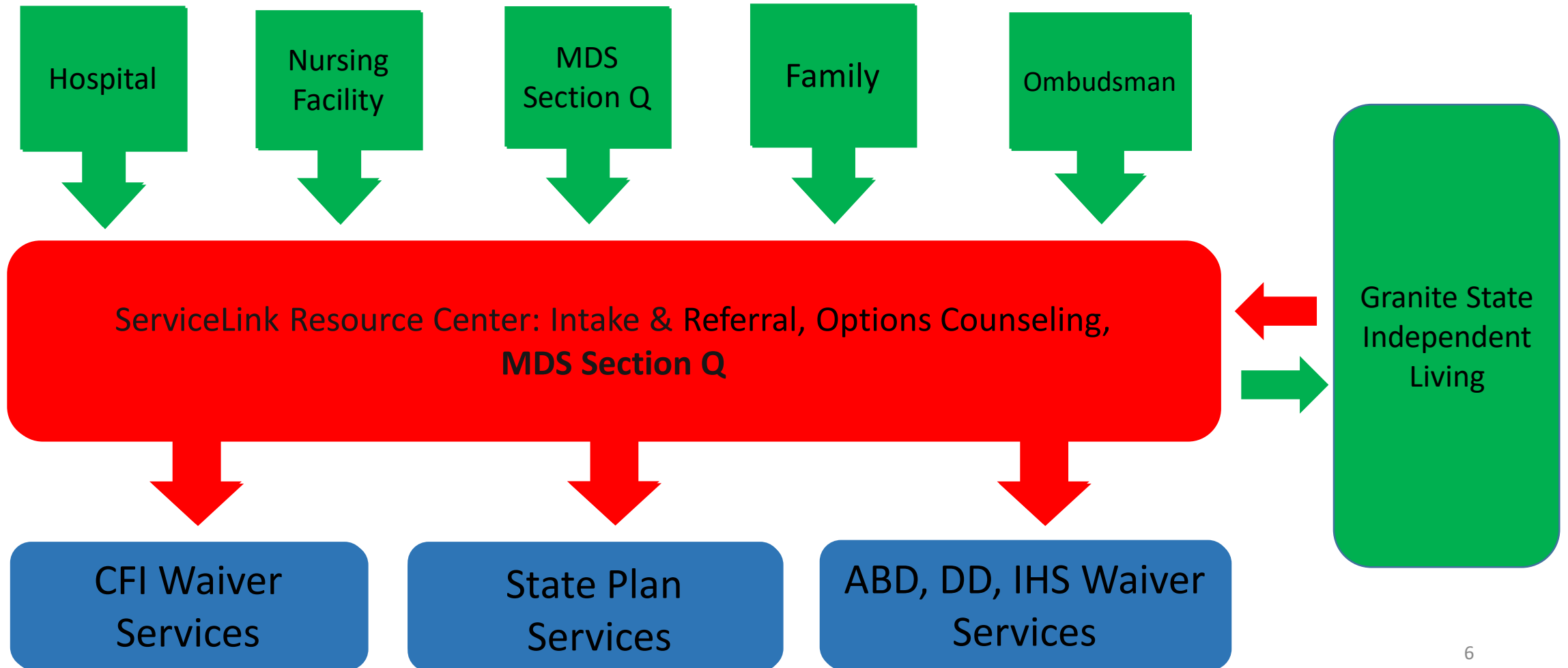
This training will review the **post MFP/ CPP processes** that have been put in place to support individuals who express a desire to return to the community based on their response to Section Q of the MDS or other means.

1. Referral
2. HCBS waiver application/eligibility determination
3. Transitional case management and services
4. Service authorizations and claiming

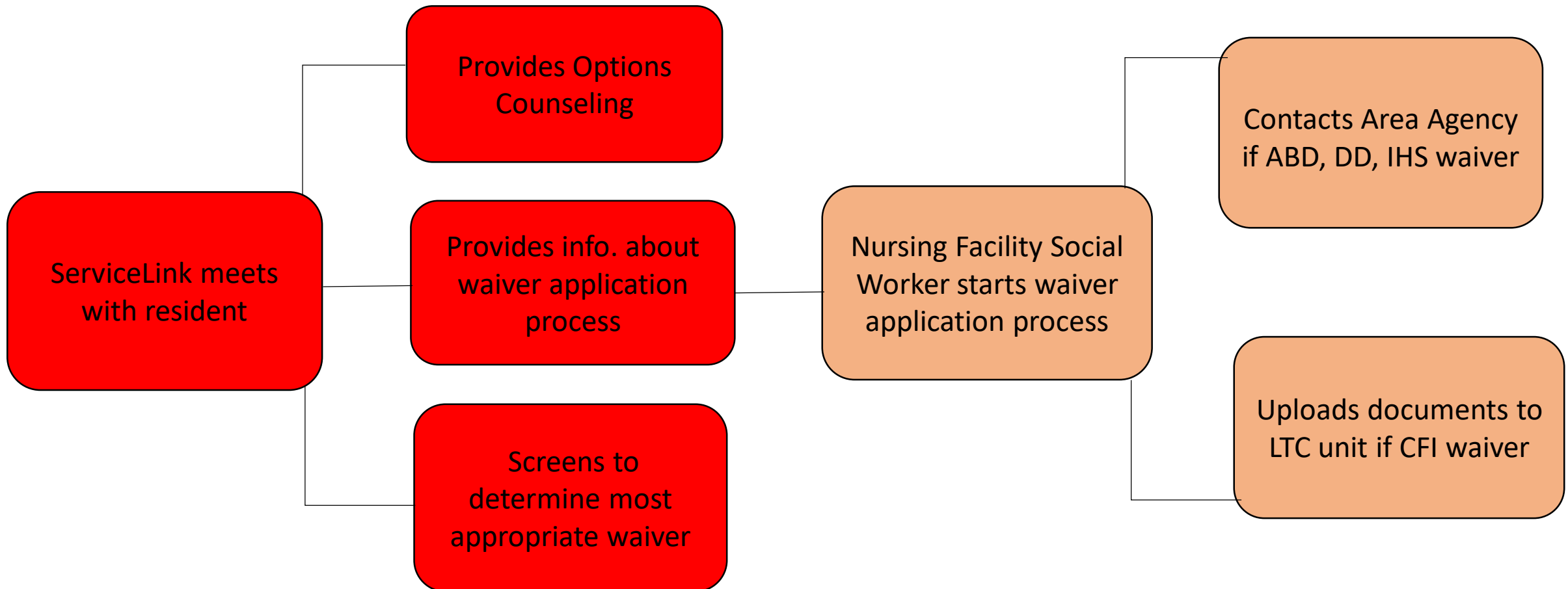




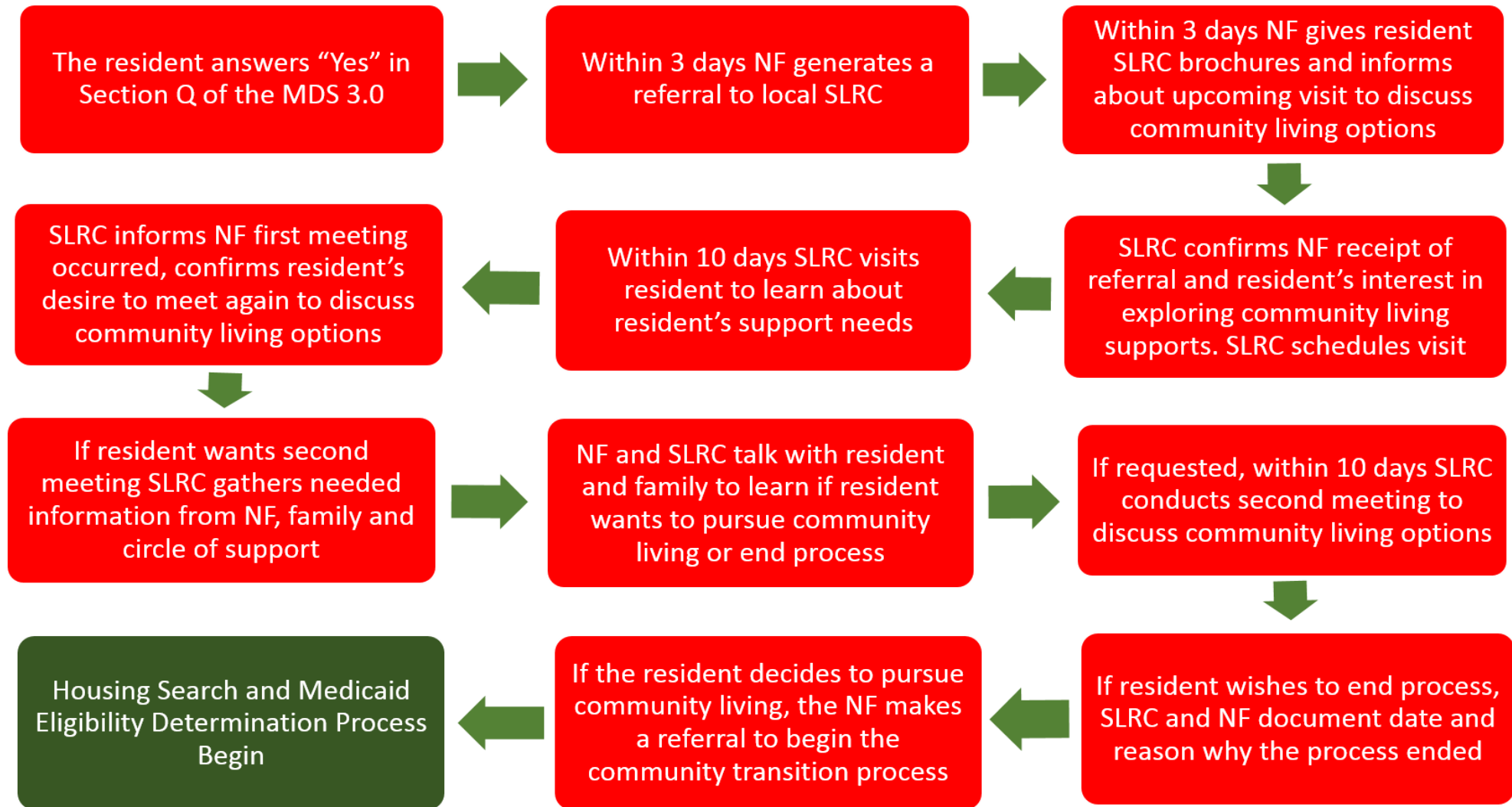
Referral



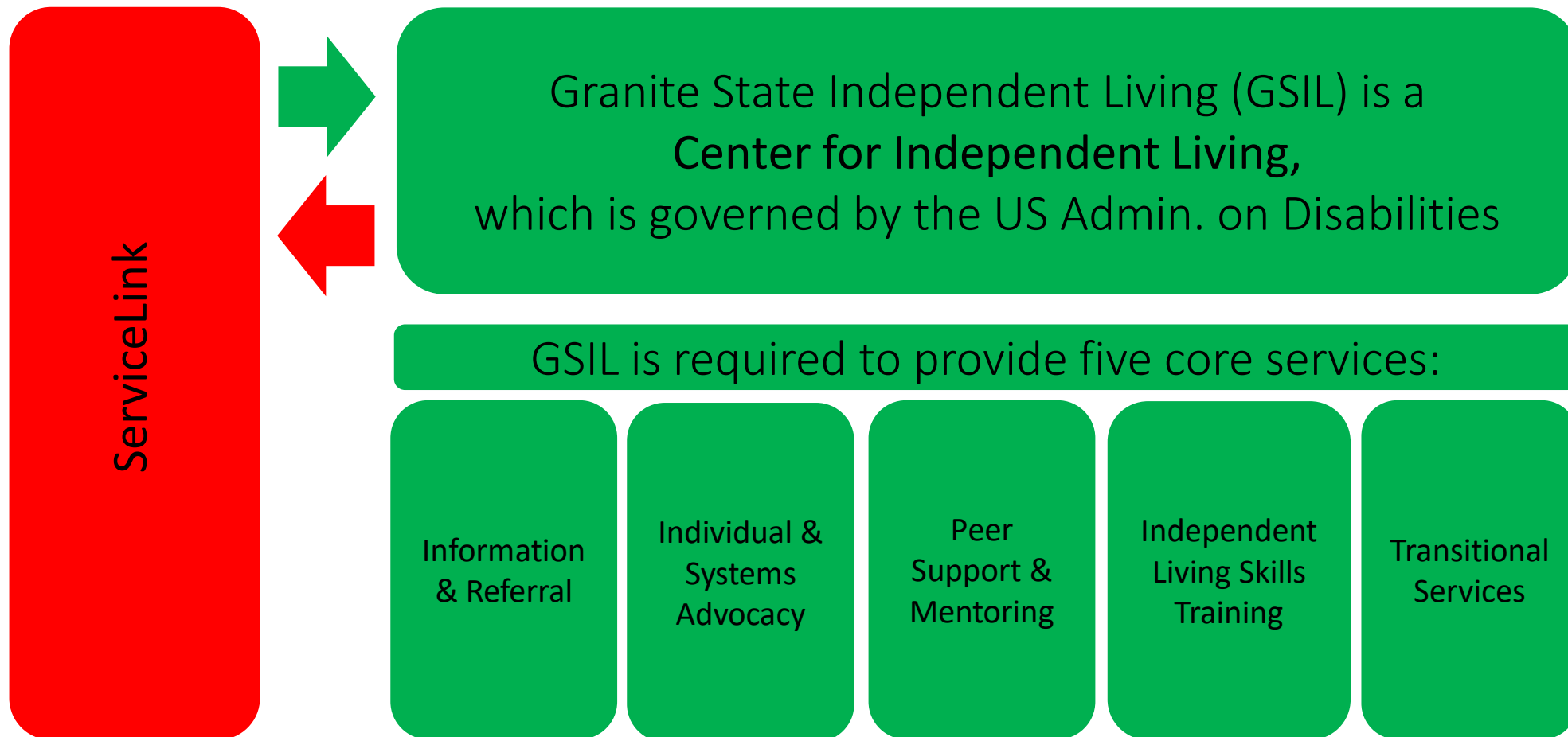
Referral: ServiceLink



Referral: MDS Section Q Process

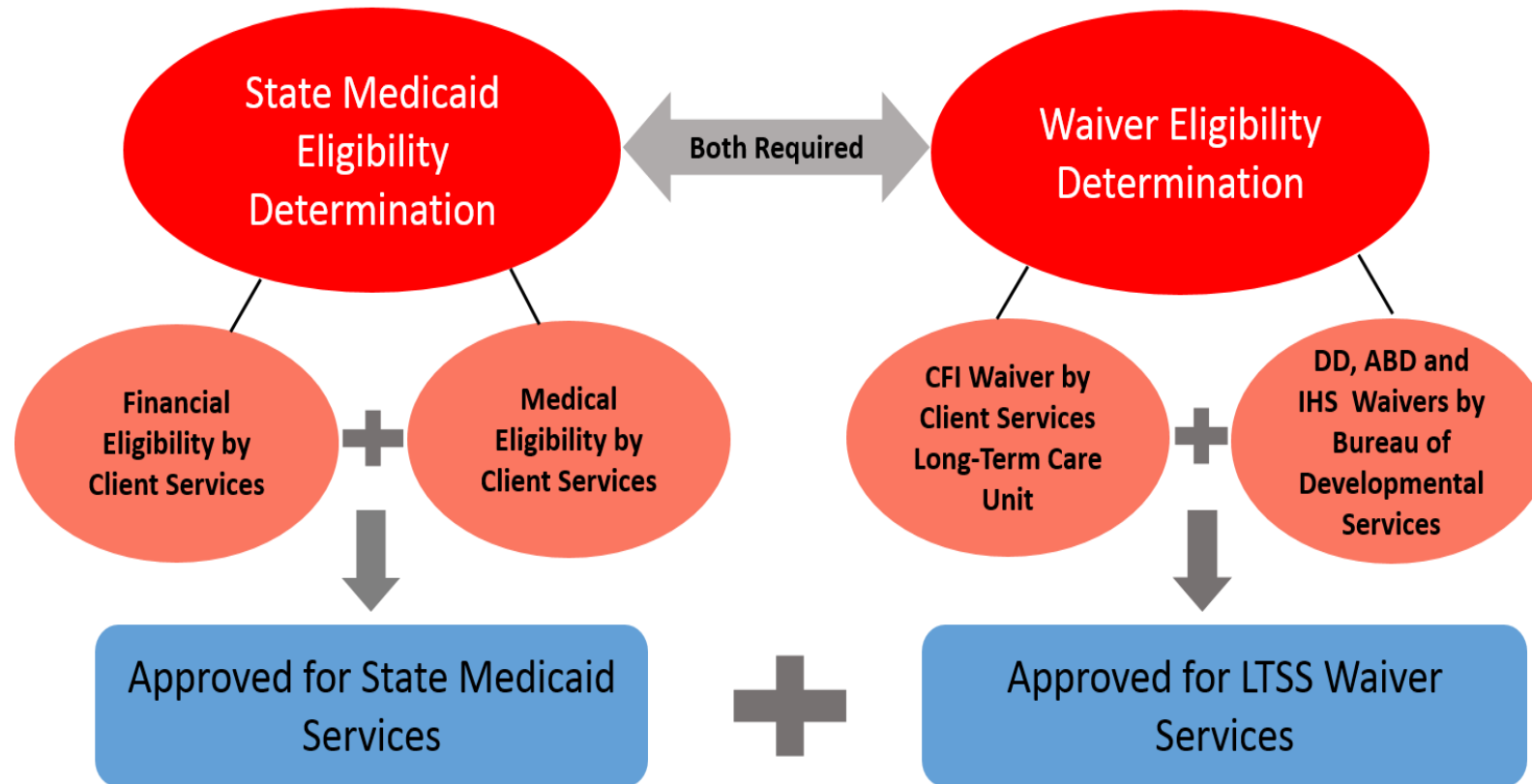


Referral: GSIL





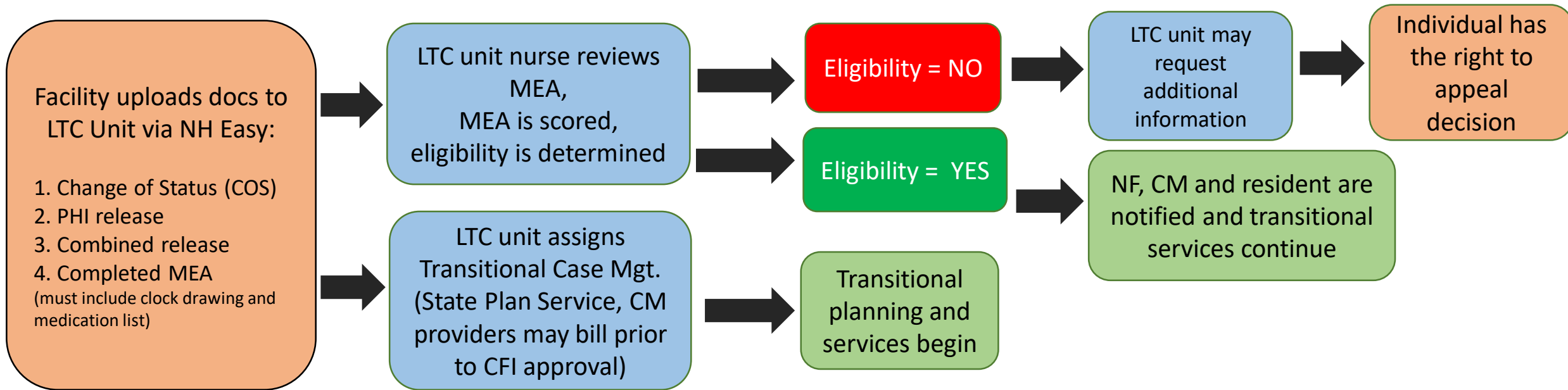
Medicaid Long-Term Services and Supports Eligibility Determination



== Approved for LTSS Waiver Services **APPROVED**



Eligibility Determination (CFI)



Points to Remember

If MEA was not included LTC unit automatically assigns nurse

The process is triggered when LTC unit receives the COS

Transitional Services

Planning details vary depending on:

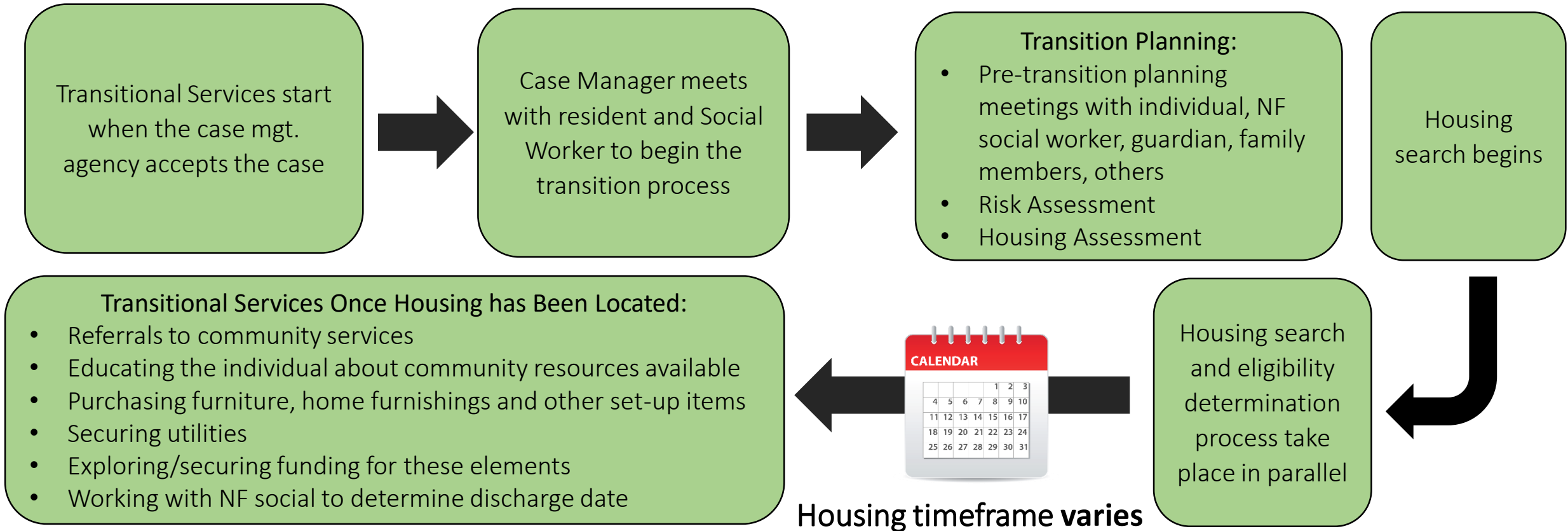
- The services and supports needed
- The waiver that services are delivered through
- The system that is supporting the individual
(Area Agency vs. Independent Case Mgt. provider)

Transitional Services

Common elements of planning:

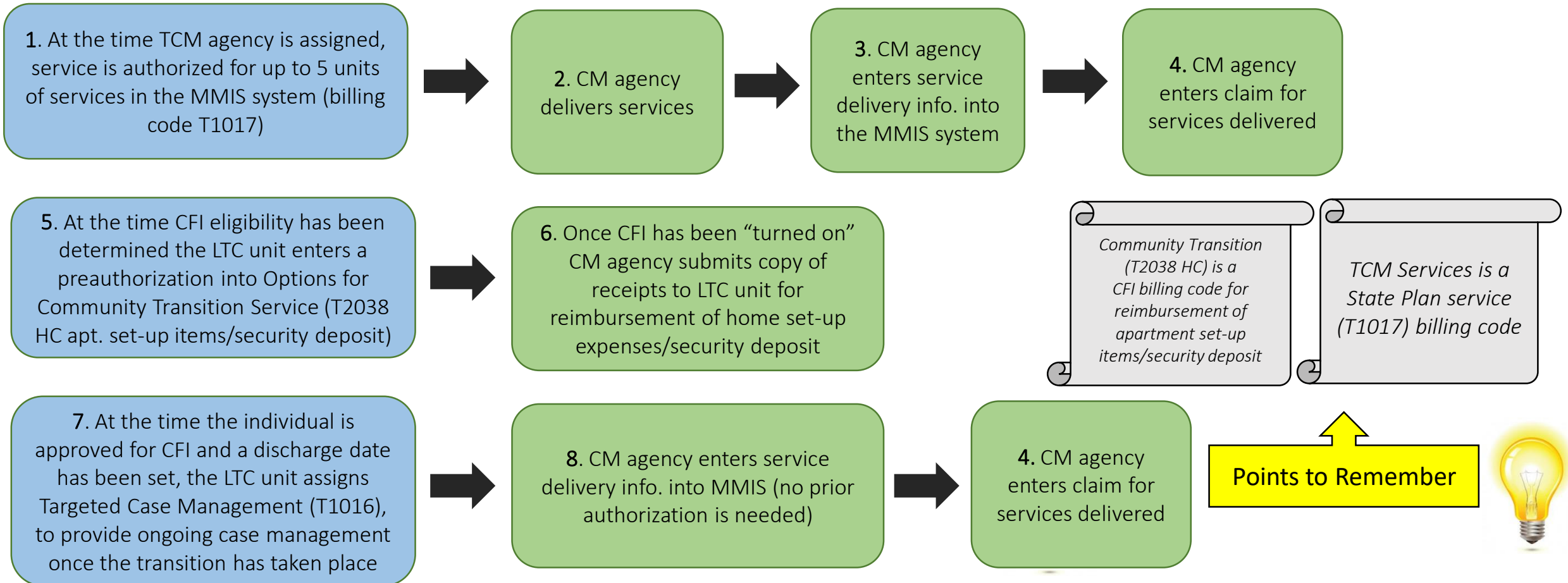
- Communication between Case Manager or Service Coordinator and Nursing Facility to determine the plan and date of discharge
- A Person-Centered approach between the Case Manager or Service Coordinator and the person receiving services to develop a care or service plan
- Requests for authorizations to provide services

Process Milestones (CFI)





Service Authorizations and Claiming (CFI)





CFI Waiver: MFP/Post MFP Process Comparison

Area	During MFP	Current Process
Referral	MDS Section Q referrals were sent to ServiceLink All other referrals sent to CPP Intake Coordinator	All referrals (Section Q and other) are directed to the local ServiceLink
Assessments and Options Counseling	Conducted by CPP Coordinator, Housing Specialist and SLRC Options Counselor	Conducted by Transitional Case Manager and ServiceLink Options Counselor.
Eligibility determination and coordination	CPP Coordinator worked with NF Social Worker to ensure documents were submitted and LTC unit to coordinate the process	Transitional Case Manager works with NF Social Worker and LTC unit to coordinate process
Transitional Case Mgt. (TCM) Transitional Services Community Transition	<p>CPP Transition Coordinator provided or coordinated all services</p> <p>CPP staff purchased furniture and other setup items.</p> <p>CPP staff setup apartment.</p>	<p>Change of Service (COS) triggers LTC unit to assign TCM based on the individual's request or rotation.</p> <p>TCM coordinates/provides all services related to transition. Emphasis is placed on engaging the full array of community resources and natural supports available to support the individual.</p> <p>Community Transition services includes (but is not limited to) securing, furnishing and setting up the apt. (limit \$1,000 including security deposit).</p>

CFI Waiver: MFP/Post MFP Process Comparison

Area	During MFP	Post MFP
<p>Service Authorizations Service codes Claiming mechanisms</p>	<p>Third party served as fiscal intermediary.</p> <p>Fiscal intermediary provided CPP Transition Coordinator with VISA card for the purchase of apartment setup items.</p> <p>CPP Transition Coordinator worked with Green Mountain Furniture (CFI provider) to obtain furniture.</p>	<p>Transitional Case Mgt. Is a State Plan service_T1017, which now allows for up to 5 units CM time.</p> <p>Community Transition is a CFI service T2038 UCU1 for purchase of 1 time set-up items, security deposit, basic living furnishings, pots and pans, dishes, bedding and cutlery. <i>Food, rent, room and board costs are NOT covered.</i></p> <p>CM agency enters service authorization in Options once CFI has been opened. For reimbursement, CM agency submits receipts for items purchased and security deposit.</p>



DD, ABD, IHS Waiver: MFP/Post MFP Process Comparison

Area	During MFP	Current
Referrals	MDS Section Q referrals were sent to ServiceLink All other referrals sent to CPP Intake Coordinator	All referrals (Section Q and other) are sent to ServiceLink.
Assessments and Options Counseling	Community Living Assessment conducted by CPP Coordinator, Housing Assessment by Housing Specialist and Options Counseling by SLRC	Conducted by Area Agency (AA) Intake Coordinator (IC) and ServiceLink Options Counselor (OC).
Eligibility determination and coordination	CPP Coordinator supported AA Intake Coordinator as needed	<p>DD, ABD and IHS Waiver referrals are made to one of the 10 Area Agencies for Developmental Services.</p> <p>No changes have been made to the following process: AA IC coordinates process with NF Social Worker. Functional assessments are conducted by AA IC to determine support needs and health risks.</p> <p>Application file is forwarded to Bureau of Developmental Services (BDS) for review and waiver eligibility decision. Eligibility for the ABD waiver is determined by an ABD review committee, which is made up of brain injury experts and the ABD waiver Administrator.</p>

DD, ABD, IHS Waiver: MFP/Post MFP Process Comparison

Area	During MFP	Current
Prior to the start of waiver services	When needed, CPP Coordinator worked with AA and Client Services to establish State Medicaid eligibility.	Medicaid and waiver eligibility is established and the individual is placed on a waitlist if applicable
Transitional services Service Coordination (case mgt.)	CPP Coordinator worked with AA Service Coordinator (SC) and NF Social Worker on discharge planning and other aspects of community transition. AA SC provided ongoing case mgt. once the individual had transitioned.	AA Service Coordinator (SC) works with NF Social Worker on discharge planning and performs all aspects of community transition. AA SC provides ongoing case mgt. once the individual has transitioned.
Individual budgets Payment to service providers	Apartment setup items and furniture are funded by the individual's budget, based on the level of supports required. AA accounting department obtains invoices from service providers and enters authorizations for payment.	No changes have been made to the following process: AA accounting department obtains invoices from service providers and enters authorizations into Options for payment.

Additional Training Available

Information and Resources to Help Secure Affordable Housing

Topics:

- Using a Person Centered approach
- The role of housing authorities
- Financial support
 - Section 8 voucher
 - Subsidized housing
 - Other
- The application process
- Working with property managers and landlords
- Supporting the move

Additional Training Available

Community Support Information and Resources

Topics:

- ServiceLink Resource Centers (SLRC) NH's Aging and Disability Resource Centers (ADRC) <http://www.servicelink.nh.gov/>
- NH CarePath <http://www.nhcarepath.dhhs.nh.gov/>
- Regional Area Agencies <https://www.dhhs.nh.gov/dcbcs/bds/agencies.htm>
- Community Mental Health Centers <http://www.dhhs.nh.gov/dcbcs/bbh/centers.htm>
- NH Department of Health and Human Services (DHHS) <https://www.dhhs.nh.gov>
- Granite State Independent Living (GSIL), NH's Center for Independent Living <https://www.gsil.org/>



Abbreviations

AA: Area Agency
ABD: Acquired Brain Disorder
BDS: Bureau of Developmental Services
CFI: Choices for Independence
CMA: Case Management Agency
CM: Case Manager
COS: Change of Service
CPP: Community Passport Program
DCS: Division of Client Services
DD: Developmental Disabilities
DHHS Department of Health and Human Services

IC: Intake Coordinator
LTC : Long Term Care
LTSS: Long Term Services and Supports
MDS: Minimum Data Set
MFP: Money Follows the Person
NF: Nursing Facility
OC: Options Counseling
SC: Service Coordinator
SW: Social Worker
SLRC: ServiceLink Resource Center



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Thank You!

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