

Illinois Money Follows the Person (MFP): Pathways to Community Living

MFP & MCO Collaboration

July 2016



MFP Overview

- MFP is a time-limited federal demonstration project.
- Illinois transitioned its first MFP participants in 2009 and will complete its final MFP transitions by December 31, 2017. More than 2,400 individuals have returned to living in the community through Illinois' MFP Program.

MFP Goals

- Rebalancing - Increase the use of Home and Community Based Services (HCBS) and reduce the use of institutional services
- Individual Choice - Eliminate state barriers that prevent the use of Medicaid funds to enable individuals to receive care in the settings of their choice and facilitate transitions
- Continuity of Service - Strengthen the ability of Medicaid programs to assure continued provision of HCBS to those who transition
- Quality Assurance - Ensure procedures are in place to provide quality service provision and continued quality improvement

Care Coordination and MFP

- Successful MFP transitions require a well-coordinated, collaborative approach.



Care Coordination & MFP Providers

- MFP providers are expected to collaborate and coordinate with MCO staff.
 - MFP provider is an agency or organization that facilitates the actual transition of the MFP participant.
- MFP providers act as the lead Transition Coordinators (TCs) for individuals who are referred and enrolled in MFP.
 - TC is the individual from the MFP provider who works with the MFP participants to facilitate transitions.
- The MCO acts as the Care Coordinator, but is not responsible for MFP-specific requirements or documentation.
 - Care Coordinator is an MCO representative who collaborates with the TC and MFP provider overseeing the MFP transition process. Care Coordinators are not responsible for the CRM documentation that is to be completed by TCs.
 - MCOs have access to view their members' cases in the MFP CRM WebApp.

Care Coordinator/Transition Coordinator Role

- Refer individuals through the MFP web referral form: <https://mfp.hfs.illinois.gov/>
 - MFP eligibility requires:
 1. Inpatient facility stay of at least 90 days
 2. Residence in a facility which is not primarily for the care and treatment of mental disease (IMDs)
 3. Approved for Medicaid benefits for at least one day
- Attend pre- and post-transition staffings and Critical Incident reviews
 - MFP Providers and TCs are charged with inviting MCO staff to these staffings and reviews
- Arrange Managed Long Term Care Services and Supports
- Collaborate with MFP providers & state administrative staff
- Provide incentive payments
 - According to policy, provider agencies invoice the MCOs for services to their members who continue to reside in the community at their 3-month and 12-month post-transition dates.

MFP Documentation & CRM

- MFP Documentation is completed online in the MFP CRM (Customer Relationship Management) Web Application.
- The WebApp can be accessed here:
<https://www.illinois.gov/hfs/MedicalProviders/LTC/Pages/MFPAccess.aspx>
- CRM Training materials are posted here:
 - http://nursing-mfp.webhost.uic.edu/CRM_training.shtml
 - Includes links to training, PowerPoint/Manual, recorded webinars, video tutorials, and additional resources

MCOs & CRM

- MCO users have access to all MFP participants who are enrolled in that MCO.
 - MCO staff can view all parts of the participant's case including case notes, attachments, 24-hour Backup Plan, etc.
- MCO staff responsibilities include:
 - Attending pre-transition and post-transition case reviews
 - Monitoring incident reviews for MFP participants who are enrolled in their MCO.
 - Entering the dates incentive payments were disbursed to MFP provider agencies.

MFP- CRM Process Overview : TC Responsibilities

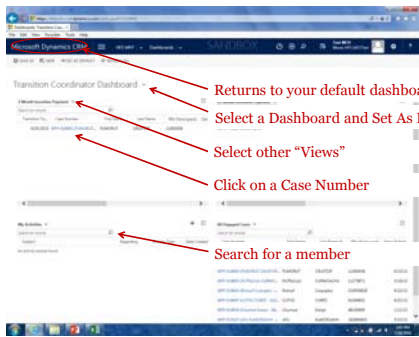
- An MFP provider agency receives a new case in CRM once the referral has passed HFS data quality checks.
 - The MFP provider provides outreach to the participant and completes a case contact. Initial contacts cannot be entered in CRM without a referral.
- The participant enrolls or declines MFP.
- If the participant enrolls, s/he proceeds to transition or dis-enrolls.
- If the participant declines, s/he can be contacted again later.

CRM Terms and Definitions

- **Case:** A case is created from a referral that has been received and submitted through the online referral system and passes the data quality checks at HFS.
- Cases can be moved forward by the Transition Coordinator into 4 stages:
 - Contact
 - Informed Consent
 - Pre-transition
 - Transition
- **Dashboard:** Home screen that contains one or more views. Views are customized lists of cases that meet specific criteria (3-month incentive payments, 12-month incentive payments, MFP cases by stage, etc.) This is what you will see upon logging in to CRM.

CRM Dashboard

Dashboard: What you see when you sign into CRM



- Returns to your default dashboard
- Select a Dashboard and Set As Default
- Select other "Views"
- Click on a Case Number
- Search for a member

Search for Participants

- Use quick search box on your dashboard
- To search for Florence Jones, you can enter:
 - Florence
 - Jones
 - *Florence J (the * is called a wildcard, and you must use it when you want to search for the first and last name combined)
 - *Florence Jones
 - *Medicaid RIN (*123456789)
 - MFP-Case Number (MFP-123456)

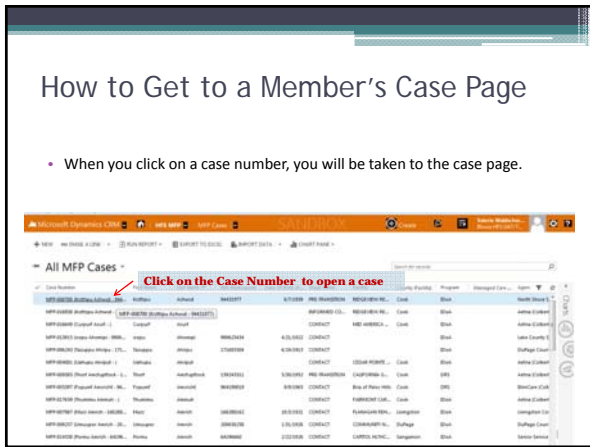


Case Number

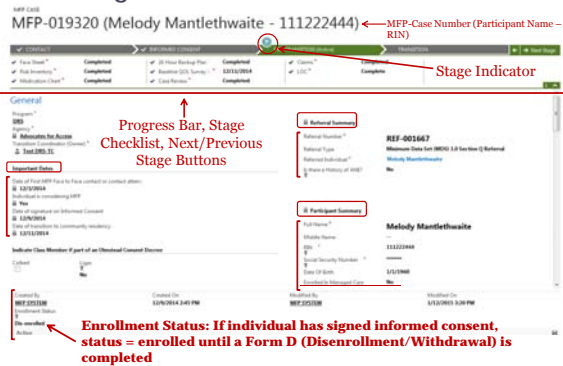
- The MFP case number (begins with MFP- and followed by six random digits) will be referenced on incentive payment invoices and can be used in emails to refer to participants, so that no PHI is revealed.
- Complete names of MFP participants should never be included in unsecured emails.

How to Get to a Member's Case Page

- When you click on a case number, you will be taken to the case page.



Case Page



General Information and Important Dates

- Cases are assigned to a program, agency and TC based on an individual participant's needs.
- The dates in this section are critical to MFP eligibility, reporting, and enhanced match.
- Informed Consent must be signed/dated at least one day before the transition date.

MFP CASE: MFP-019320 (Melody Mantlethwaite - 1)

General

Program: IDoA, DRS, DDD, or DMH

Agency: Abundant for Action

TC/Owner: Lead TC

Important Dates

Transition Date: 8/15/2014

Transition date: Incentive Payment dates are calculated based on this date

Participant Summary

- Name, RIN, SSN, DOB and MCO Enrollment
- Facility Summary
- Community Residence Information

MFP CASE: MFP-019320 (Melody Mantlethwaite - 111222444)

Personal Information

Facility Summary

Community Residence Information

CRM Stages

- **Contact**
 - This stage includes information from first contact, Form A. At this stage, the potential participant is either considering MFP transition or not considering MFP transition.
- **Informed Consent**
 - This is the stage in which the potential participant officially becomes "enrolled" in MFP by signing an Informed Consent document, otherwise known as a Form B.
- **Pre-Transition**
 - This stage encompasses all of the work leading up to the actual date of transition, including the uploading of a face sheet, medication and supplies list, risk inventory and mitigation plan, 24 hour back-up plan, QOL Baseline Survey, Level of Care assessment, Abuse, Neglect, and Exploitation check information, and Medicaid claims.
- **Transition**
 - This stage begins with the completion of Form C, and the input of a transition date in CRM which notes the actual date of the participant's transition to the community.

Contact Stage: Case Contacts (Form A)

CONTACT

INFORMED CONSENT

PRE-TRANSITION

TRANSITION (Upcoming)

Home To Home Contact: 4/15/2014

CONTACT (A)

Must Contact Before: 4/15/2014
 Date of MFP Home-to-Home contact: 4/15/2014
 Individual is considering MFP: Yes

CASE CONTACTS (A)

Name	Date of Visit	Outcome	Recall On	Created On
June 9 Div 9 (00000)	6/9/2014	Individual is considering...		6/10/2014 1:08 PM
June 9 Div 9 (00000)	6/9/2014	Family caregiver refu...	10/10/2014	6/10/2014 1:12 PM
June 9 Div 9 (0002004)	6/1/2014	Individual is consider...		6/1/2014 1:06 PM

If the most recent case contact outcome is "Considering MFP," then this field says "Yes" and the participant is engaged in MFP when in Contact stage.

Completed Case contacts are listed here. Click the "Name" link to view a contact. Use your browser's back button to return to the case page from a case contact.

Informed Consent Stage

- A participant is enrolled in MFP if, and only if, the participant (and/or guardian) has agreed to participate in MFP by signing the **Informed Consent document**.
- The date of the participant's signature on the Informed Consent is the date of enrollment. The TC uploads the signed document to the WebApp under Attachments.

Informed Consent in WebApp

MFP CASE: MFP-007402 (Uptopio Apfurwoof - 157298891)

CONTACT

INFORMED CONSENT (A)

INFORMED CONSENT (B)

INFORMED CONSENT

Attachments

System

1. TC Completes Informed Consent Outcome and Date


2. TC Completes stage checklist

3. TC uploads signed form to Attachments

4. Enrollment Status=Enrolled

Pre-Transition Stage

- This Stage includes the following, uploaded by the Transition Coordinator:
 - Face Sheet
 - Medication and Supplies list
 - Risk Inventory and Mitigation Plan
 - 24 Hour Back up Plan
 - QOL Baseline Survey
 - LOC (Level of Care) Assessment
 - Abuse, Neglect, and Exploitation (ANE) Check Information
 - Medicaid Claims




CONTACT	INFORMED CONSENT	PRE-TRANSITION (Actual)	TRANSITION	Next Stage
Face Sheet*	Completed	24-Hour Backup Plan*	Claims*	Incomplete
Risk Inventory*	Completed	Baseline QOL Survey Data*	LOC*	Incomplete
Medication Chart*	Completed	Case Review*	ANE Check*	Completed

Pre-Transition Case Review

- Two-three weeks prior to transition, the TCs notify members of the collaborating group (UIC, MCO, and others) of the upcoming transition, so that a case review conference can be scheduled. UIC schedules the case review call and sends an agenda to those who are collaborating on the case.
- MFP forms, including Contact, Informed Consent, Face Sheet, Medications and Supplies, Risk Inventory, Mitigation Plan and 24-Hour Backup Plan, must all be completed by the TC prior to the case review conference call.
- Note: TC and UIC staff use the MCO contact list to determine who to contact at the MCO: http://nursing-mfp.webhost.uic.edu/MCO/MCO_MFP_Contact_List.pdf

Transition Form C

- To be completed on the day of transition or within two business days post-transition
- Starts a 365-day clock of eligibility
- Records housing information, housing supplements, new community address & county and planned waiver, state plan and demonstration services.



MFP Incentive Payment Process Overview for MCO Staff

- MFP Transition Coordinators follow quality assurance process for MFP pre-transition planning and documentation.
- MFP participants enrolled in a managed care organization (MCO) that transition to community on or after 8/27/2015 will be eligible to receive incentive payments when they remain in community-based setting for 3 consecutive months and/or 12 consecutive months.
- Transition coordination agency submits an invoice to MCO via LTSS email and current/lead MCO MFP contact person email for the 3-month and/or 12-month incentive payments.
- MCO receives invoice, submits payment to community agency and inputs payment date on MFP case in CRM.

Cases Needing Incentive Payments

These views list participants with incentive payments due. TCs use these views to create invoices.

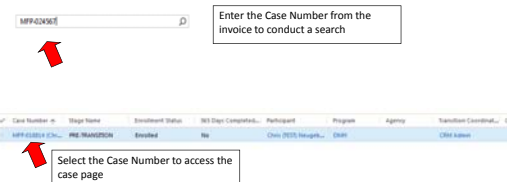
Transitioned with MFP on or after 8/27/2015 and have remained enrolled for three months but do not have a 3-Month Incentive Payment Date.

Transitioned with MFP on or after 8/27/2015 and have remained enrolled for 12 months and do not have a 12-Month Incentive Payment Date.

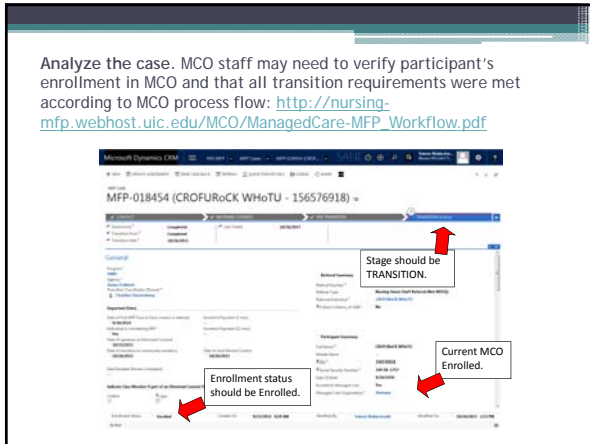


Receive Invoice for an Incentive Payment

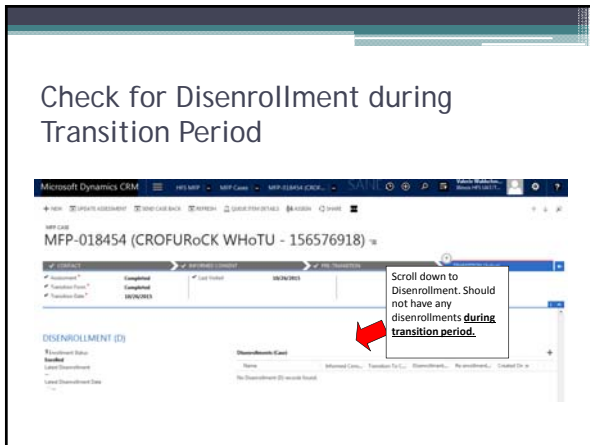
Find the participant in CRM.



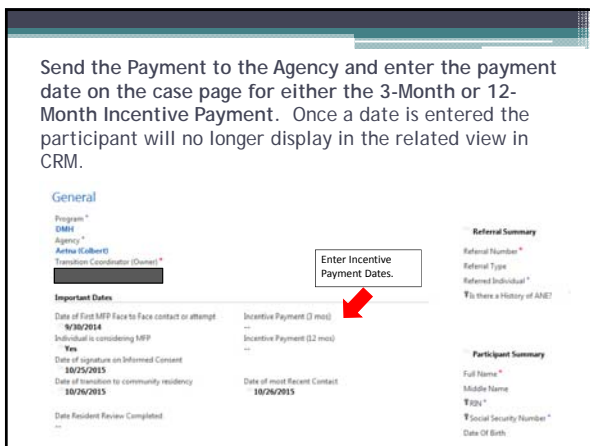
Analyze the case. MCO staff may need to verify participant's enrollment in MCO and that all transition requirements were met according to MCO process flow: http://nursing-mfp.webhost.uic.edu/MCO/ManagedCare-MFP_Workflow.pdf



Check for Disenrollment during Transition Period



Send the Payment to the Agency and enter the payment date on the case page for either the 3-Month or 12-Month Incentive Payment. Once a date is entered the participant will no longer display in the related view in CRM.



Incentive Payments: Other Information

- Contact the community agency transition coordinator, HFS and/or UIC staff if there are questions about incentive payment eligibility.
- MFP – MCO Collaboration information page on UIC website, includes tutorial, invoice and contact information: <http://nursing-mfp.webhost.uic.edu/mco.shtml>

MFP Sustainability

- After the federal demonstration project (MFP) ends, Illinois intends to continue to facilitate safe transitions for facility residents from institutional to community settings with the assistance of the managed care organizations, state agencies, community providers.

As always...

- If you have any questions or issues, feel free to contact HFS.MFP@Illinois.gov
 - *Unable to find a participant enrolled with your MCO,*
 - *Updates/changes to MCO enrollment,*
 - *Questions about incentive payment eligibility,*
 - *Unable to enter incentive payment dates.*
- HFS, UIC, DRS/DMH/IDOA/DDD Contact Information: <http://nursing-mfp.webhost.uic.edu/contact.pdf>
