



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

December 28, 2012

The Honorable Edward J. Kasemeyer  
Chairman  
Senate Budget and Taxation Committee  
3 West Miller Senate Office Bldg.  
Annapolis, MD 21401-1991

The Honorable Norman H. Conway  
Chairman  
House Appropriations Committee  
121 House Office Bldg.  
Annapolis, MD 21401-1991

The Honorable Thomas M. Middleton  
Chairman  
Senate Finance Committee  
3 East Miller Senate Office Bldg.  
Annapolis, MD 21401-1991

The Honorable Peter A. Hammen  
Chairman  
House Health and Government  
Operations Committee  
241 House Office Bldg.  
Annapolis, MD 21401-1991

**RE: SB 302/HB 325 (Ch. 542/543 of the Acts of 2007) and HG §15-144 – Department of Health and Mental Hygiene – Money Follows the Person Grant – Report**

Dear Chairmen Kasemeyer, Middleton, Conway and Hammen:

The Department of Health and Mental Hygiene (the Department) is required by SB 302/HB 325 (Ch. 542 and 543 of the Acts of 2007) to report annually on the status of the Money Follows the Person (MFP) Grant. The first report, submitted in January 2009, outlined the Department's initial efforts in implementing the activities related to the MFP Grant. It included: an update on communications with the Centers for Medicare and Medicaid Services (CMS) related to the grant, information on funding received from CMS under the grant, the number of individuals moved out of institutions under the grant, by the type of institution, and any plans or policies developed by the Department to move individuals out of institutional settings. The following is an update of the Department's MFP Grant activities through November 2012.

The Department received formal approval of the State's MFP Operational Protocol (OP) on March 6, 2008 with an effective date of February 6, 2008. The total grant award through calendar year 2012 is \$66,840,544. The majority of MFP grant award funds are provided to support an enhanced federal match (75% FFP) for home and community-based services for MFP program enrollees. The enhanced match leads to "savings" over the service costs that the State would have incurred without the enhanced federal match. The MFP Grant obligates the State to spend the "savings" toward meeting the federally established, State-directed goals of the MFP demonstration. The activities funded with the savings through 2011 included: peer outreach; program education;

application assistance; enhanced transitional case management for nursing facility residents; peer and family mentoring; the expansion of the Maryland Access Point (MAP) initiative; development of a statewide MAP resource website; resource coordination and provider incentives to serve individuals with brain injury; and provider training.

A revised OP was approved by CMS effective January 1, 2012. During the past year, the Department has funded changes approved in the new OP including a modified options counseling service that is now available to all nursing facility residents, regardless of Medicaid eligibility, a revised peer outreach effort that includes on-going peer support, evaluation of numerous person-centered hospital discharge programs, IT development, and continuation of MAP expansion grants.

The MFP program staff within the Department regularly communicate with the State's MFP Project Officer at CMS. The MFP Stakeholder Advisory Group which is composed of State staff, consumers, providers, and advocates has met monthly since 2008, moved to quarterly meetings in August 2009, and resumed monthly meetings in August of 2010. In January of 2012, the MFP Stakeholder Advisory Group merged with the Long Term Care Reform Work Group and the expanded group uses the working title: Rebalancing Workgroup: MFP/BIP.

The first MFP participant moved to a community residence on March 18, 2008. As of November 2012, 1,421 individuals have transitioned to the community from institutions, including 1,246 individuals from nursing facilities, 139 individuals from State Residential Centers (with 108 from Rosewood) and 36 individuals from chronic hospitals.

Through the MFP demonstration, the Department has conducted face-to-face outreach visits with 22,782 institutional residents, provided options counseling 7,483 times, and assisted nursing facility residents with 2,842 applications for home and community-based waiver services.

In addition to the changes noted above, CMS implemented a new Minimum Data Set (MDS) assessment for all nursing facility residents on October 1, 2010. As part of the revised MDS 3.0 assessment instrument, Section Q requires nursing facility staff to ask residents if they would like additional information about returning to the community. CMS created a new requirement that states must create a Local Contact Agency responsible for responding to requests for information about community living based on the responses to the MDS 3.0 Section Q. To respond to this new requirement, the MFP Demonstration has agreed to accept and respond to Section Q referrals by providing options counseling to all interested nursing facility residents, regardless of Medicaid eligibility or payment source. Since its implementation on October 1, 2010, the MFP demonstration has received and responded to 3,420 referrals including 2,316 referrals for individuals who are not eligible for Medicaid.

MFP funding was provided to the Maryland Department of Aging to further their efforts to develop the MAP website. This funding and increased collaboration between Departments has fostered positive relationships with MAP partners and increased the availability of information about community services and supports. In order to support the infrastructure of the local MAP sites, a consultant worked with both departments and the MAP sites from May 2011 through October 2012. Throughout the duration of the contract, the consultant assessed the capacity to integrate MFP services within the MAP structure, as well as identified existing structural, staffing, and funding barriers. The consultant developed action plans at both the State and local level to assist the MAP sites to incorporate MFP services as core functions of the MAP and overcome identified barriers.

Behavioral health issues and the lack of affordable, accessible housing are two major barriers that prevent individuals from transitioning to the community. In 2012, the Department continued steps to address these barriers.

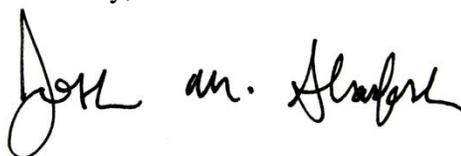
In February of 2011, in partnership with MFP, four Maryland public housing authorities applied for and were awarded a total of 112 category II housing vouchers for non-elderly disabled individuals transitioning from institutions. As of September 2012 all vouchers have been awarded, allowing these individuals to transition back to the community.

In 2012, the Department's housing work continued on the Real Choice Systems Change Grant titled Building Sustainable Partnerships for Housing. The \$330,000 grant was used to assist Maryland in developing strong relationships and a competitive application for funding through the Department of Housing and Urban Development's revised 811 rental assistance program. The Department, in partnership with the Department of Housing and Community Development (DHCD) and the Maryland Department of Disabilities, applied for \$10,000,000 in funding to operate the new Project Rental Assistance Demonstration program that will serve 150 individuals with disabilities, and is targeted to individuals who are institutionalized or at risk for institutionalization. DHCD and local Public Housing Authorities also committed to provide local preferences for 102 Housing Choice vouchers or public housing units to support non-elderly disabled participants.

In 2012 the MFP Behavioral Health Consultant continued providing consultation and technical assistance to the Department for the purpose of providing behavioral health services to individuals with co-occurring somatic and behavioral health support needs, focusing on individuals that are transitioning from institutions, such as nursing facilities, and moving to home and community based services. Work included research on best practices in other states, an assessment of the current service system in Maryland, and a report on best and promising practices for the Department to consider.

Thank you for your consideration of this information. If you have questions or concerns, please contact Marie Grant, Director of Governmental Affairs, at (410) 767-6481.

Sincerely,

A handwritten signature in black ink, appearing to read "Josh M. Sharfstein". The signature is fluid and cursive, with the first name "Josh" being particularly prominent.

Joshua M. Sharfstein, M.D.  
Secretary

cc: Charles Milligan      Tricia Roddy  
Susan Tucker            Marie Grant  
Mark Leeds                Devon Snider