

## MFP Action Plan Update

To: Michael R. Smith (Acting Director – Division of Community Systems Transformation - CMCS)

From: Matt Corjay (Project Director MFP Grant – State of Vermont)

cc: Jeffrey D. Clopein (Project Officer – CMCS)  
Megan Tierney-Ward (Adult Services Division Director – State of Vermont)

Date: November 3, 2015

This memo serves as a quarterly update for Vermont’s action plan. (Grant# 1LICMS330824) The original plan was submitted on October 2, 2014.

Plan Review Dates:

	Q1 (Jan-Mar) – Due Apr 15		Q2 (Apr-Jun) – Jul 15
X	Q3 (Jul-Sep) – Due Oct 15		Q4 (Oct-Dec) – Jan 15

Type of Plan:

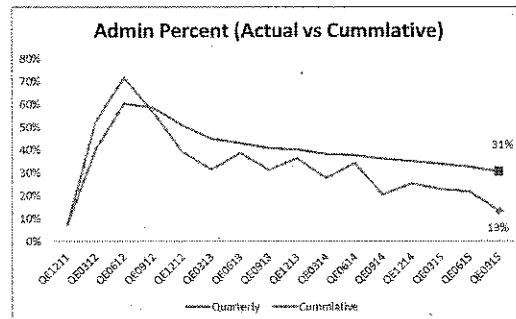
	Proactive to Address Trend		Did Not Meet Projections
X	Other: Admin CAP		

### Administration CAP

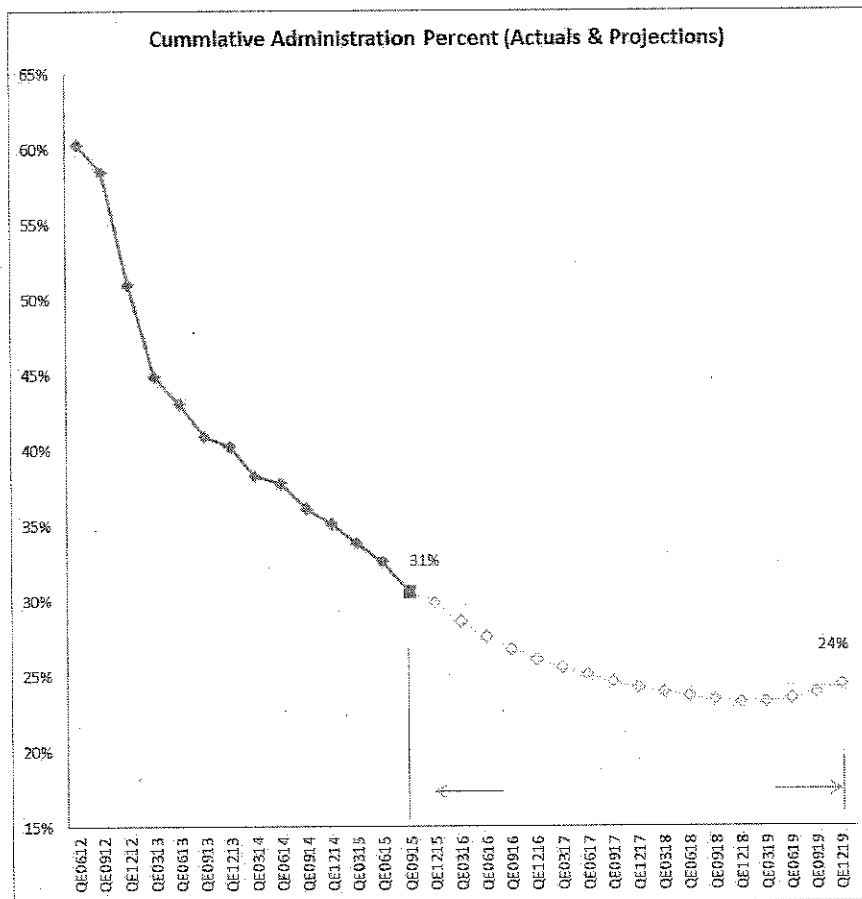
State of Vermont’s Money Follows the Person grant is currently working on a plan to reduce its administration CAP percentage. This CAP percentage is calculated using the formula below:

$$\frac{\text{Administration Expenses}}{\text{Administration Expenses} + \text{Service Expenditures}}$$

The current overall administration CAP percentage through September 30, 2015 is 31%. Since the start of CY14 this overall percentage has been reduced from 40% (a reduction of 23% overall). The average quarterly administration CAP has been reduced from 45% for the first two years of the grant to 21% for the past year. The chart below depicts the trends of both of these measurements.



The chart below illustrates the cumulative administration CAP percentage for Vermont's MFP grant. Based on current projections, this overall value will be 24% by the end of CY19.



There are three areas that the State of Vermont is currently working on to improve the administration CAP percentage:

- Eliminate all conferences, marketing and community outreach events
- Identify ways of increasing the usage of unused services of a participant's care plan
- Research the contributing factors to Vermont's current de-enrollment rate (43%)

**Eliminate all conferences, marketing and community outreach events:**

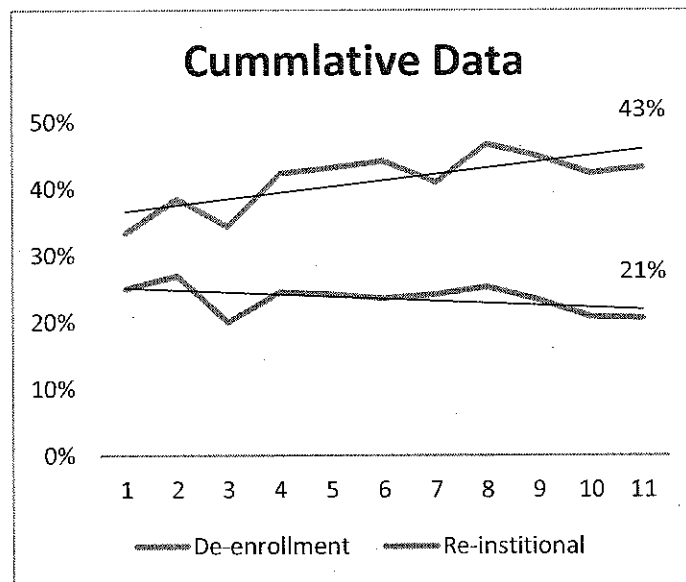
All budgets have been modified to eliminate all of these types of events. In addition, we have been working on ways to reduce travel expenses by the use of state fleet vehicles instead of employee's vehicles for grant travel.

**Identify ways of increasing the usage of unused services of a participant's care plan:**

We are currently running data that compares actual services provided to a participant's authorized care plan. Once completed, the MFP quality team will be working with the participant and the agencies providing the care to understand the barriers being faced in fulfilling all of the care plan hours. Some preliminary research has cited the following barriers that can be addressed: 1) lack of staff in remote areas; 2) client refusal of all allocated care hours; 3) Off-hour coverage not available; 4) Adult Day accessibility (transportation, capacity or convenience) etc.

**Research the contributing factors to Vermont's current de-enrollment rate (43%):**

The chart below illustrates Vermont's de-enrollment and re-institutionalization rates over the life of the grant. The overall de-enrollment rate (43%) although on an overall upward trend has been steadily decreasing for the past two quarters. The overall re-institutionalization rate is on an overall downward trend.



The overall de-enrollment rate is illustrated in the table below:

Status	Count	% of Total
Deceased / De-enrolled	63	43%
Graduated	83	57%
<b>Grand Total</b>	<b>146</b>	

The table below identifies the reasons for de-enrollment. We are performing a case study review of each participant to identify possible areas of improvement for the transition and community sustainability processes currently in use in Vermont.

**Research the contributing factors to Vermont's current de-enrollment rate (43%) (cont):**

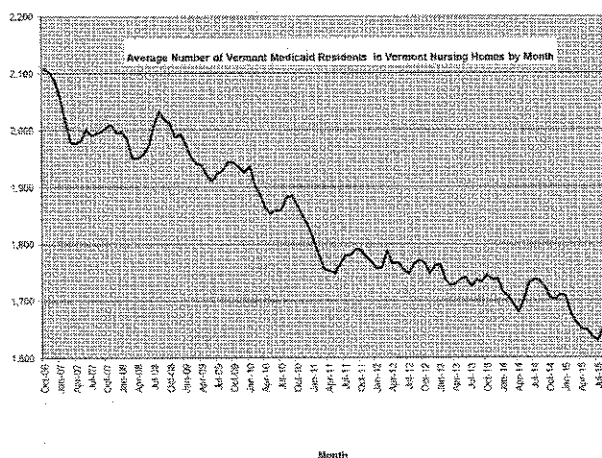
Reasons for de-enrollment

Reason	Count	% of Total
Lost Qualified MFP Housing	3	5%
Lost Medicaid Coverage	3	5%
Lost Clinical Eligibility	6	10%
Voluntary Withdrawal	4	6%
Deceased	17	27%
Return to Nursing Facility	30	48%
<b>Grand Total</b>	<b>63</b>	

Note: Current re-institutional rate is 30 out of 146 participants or 21%.

Once the initial review of each participant's case file is complete, we are planning to use these findings to stimulate brainstorm sessions with the transition coordinators, case managers, home health agencies and discharge planning professionals. Our goal is to identify improvement projects that can be undertaken to help reduce Vermont's overall de-enrollment rate going forward.

Vermont's 1115 Waiver plan (Choices for Care) has been actively working with nursing facility residents who want to receive their services in the community since 2006. During the period from 2005 until the MFP grant started in 2012, Vermont had reduced the average NH Medicaid population from 2,100 to about 1,750 residents per day. Since the inception of the MFP grant this number of residents has continually declined to approximately 1,600 residents per day. As a result of the success of the 1115 Waiver, the participants that we have been transitioning are more clinically complex.



In addition, the culture in Vermont is very person centered and we believe that if a person wishes to receive their services in a community they should be given that opportunity. We do not restrict participation in the MFP grant based on the probability of success. Our participants are counseled in the challenges of such a transition and the associated risks.

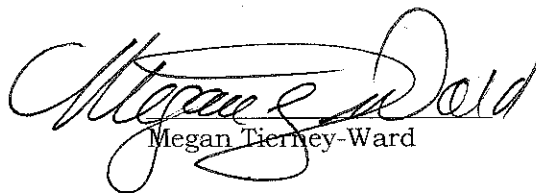
**Additional Action Plan Details**

In addition to the Administration CAP Action Plan, there are items that Vermont is working on as a result of the CMS site visit on July 14 to 16, 2014.

1. Vermont has not submitted the required Service File programmatic report for any quarters since we started. We are working with our IT staff and HP (MMIS vendor) to develop a sustainable system to produce this report.
2. Improve the current system for all MFP programmatic requirements. The effort around this task is two-fold:
  - a. All reports, except for the Semi-annual reports, have been audited and any discrepancies have been reconciled. We are in progress of completing the current Semi-Annual report as well as verifying previously submitted reports. We expect to have this effort completed by the December 31, 2015 deadline. The primary reason for the delinquency of these reports was a turnover of key report creation personnel during calendar year 2014.
  - b. The state of Vermont is currently in the process of replacing its eligibility and MMIS systems. The replacement of these legacy systems is critical to optimizing and automating the current MFP reporting system. The MFP reporting team will be working with the IT development teams to ensure that MFP needs are being represented in the new systems. The initial implementation of these systems will start in late 2017.

**Authorizations:**

Director  
(Adult Services Division)



Megan Tierney-Ward

11/3/15  
Date

Project Officer  
(Project Officer -CMCS)

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Jeffrey D. Clopein

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Date

Acting Director  
(Division of Community  
Systems Transformation)

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Michael R. Smith

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Date