

NEW HAMPSHIRE MONEY FOLLOWS THE PERSON

Operational Protocol Executive Summary

As New Hampshire and the nation face workforce and housing shortages, MFP provides a unique opportunity to leverage enhanced federal funding to develop innovative approaches to support individuals returning to the community from institutional settings, coordinate efforts already underway to reduce strains on inpatient and institutional capacity and strengthen the HCBS system overall.

Developed by the DHHS BEAS MFP Team, January 2024

Setting the Stage for a System of Care

The Money Follows the Person (MFP) demonstration supports states to develop and test processes, tools, and infrastructure necessary to advance Long Term Care Supports and Services (LTSS) system reform and support successful transitions from institutional settings to community-based care for individuals eligible for Medicaid via long-term care eligibility.

MFP Program Goals Include:

1. Increase the use of home- and community-based services (HCBS) rather than institutional LTSS.
2. Eliminate barriers that prevent or restrict the flexible use of Medicaid funds to support Medicaid-eligible individuals to receive services and supports in the settings of their choice.
3. Improve the ability of state Medicaid programs to support transitions to the community.
4. Ensure that processes and procedures are in place to provide quality assurance and oversight of programs serving individuals participating in MFP and implement continuous quality improvement systems for LTSS HCBS.

The Building Blocks of MFP

Operational Protocol: The MFP Operational Protocol (OP) is the document that describes how New Hampshire will meet the objectives of the MFP demonstration, operationalize processes and ensure the program has the tools, infrastructure, systems, and policies in place to ensure that MFP goals and objectives are achieved. The OP explains the need for MFP programs and supports in New Hampshire (NH) and describes how the NH Department of Health and Human Services (DHHS) will operate the MFP program. The OP is drafted using a template developed and provided to NH DHHS by the Centers for Medicaid and Medicare Services (CMS). The following is a summary of the essential elements of the Operational Protocol that will be submitted for CMS approval on or before January 31, 2024. Please note that content is subject to change pending CMS review and approval. The [MFP web page](#) will provide updates regarding CMS approval, as well as other program developments.

- ❖ **Administrative Activities:** DHHS will be eligible to receive 100% federal funding for Information Technology (IT) infrastructure, data systems, quality assurance activities, training, and contract services necessary to meet MFP program objectives. Administrative activities also provide 100% federal funding for DHHS personnel and contractors necessary to support MFP program operations.
- ❖ **Proposed IT and Data Projects:** New Heights maintenance and reporting enhancements; public dashboard displaying locations and availability for long-term care residential and housing supports; public quality assurance reporting and online portal to submit, process and track MFP applications.
- ❖ **Proposed Personnel:**
 - *Housing Continuum Administrator*- will be responsible for coordinating and collaborating with housing and residential programs, both within DHHS and across the external partner network, to ensure effective and efficient use of residential and housing resources.
 - *Person-Centered Planning Liaison*- will serve as subject matter expert to support consistent, high-quality, person-centered practices throughout HCBS programs, services and supports.
 - *Quality Coordinator*- will develop and oversee implementation of a comprehensive quality assurance system for MFP and the Choices for Independence Waiver (CFI), as well as lead efforts to address complaints and grievances associated with both programs.
 - *Transition Specialist*- will support internal DHHS processes for complex transitions and provide technical assistance for 1915c waiver case management and provider agencies.

- *Provider Relations Specialist*- will work directly with MFP and CFI providers to assess compliance with the [HCBS Settings Rule](#) and provide direct support to provider network to achieve and sustain compliance.
- ❖ **Proposed Contracted Services:** Administrative funding opportunities to test new and innovative methods of service delivery.
 - *Person-Centered Integrated Care Coordination (PCIC)*- selected vendor(s) will provide person-centered, integrated primary and behavioral health care coordination. PCIC will be delivered by highly trained and qualified professionals utilizing a coordinated team approach.
 - *Housing Navigation*- selected vendor(s) will deliver comprehensive housing and tenancy support services to MFP participants for up to 6-months pre-transition through 365 days of MFP program eligibility.
 - *Performance Incentives*- test new methodologies to pay for services, including CFI case management, that effectively integrate person-centered practices, planning and thinking and meet or exceed quality standards.
- ❖ **Demonstration Services:** HCBS services that could be provided under the NH Medicaid program (state plan or 1915c waivers) but are not currently provided. NH will receive an enhanced federal match for these services and is expected to “test” these services and evaluate whether inclusion in the state plan or waiver(s) would benefit the broader HCBS population.
 - Integrated Primary Care/Behavioral Health Care Coordination
 - Housing Navigation
 - Specialized and Non-Traditional Therapies (e.g., art, music, massage)
 - Enhanced Behavioral Health Residential Support
 - Non-Traditional and Community Health Workers
 - Enhanced Adult Day
 - COAPS (Certified Older Adult Peer Supports)
- ❖ **Supplemental Services:** Short-term services designed to support an individual’s transition that are not otherwise allowable under the Medicaid program.
 - Short-term housing assistance/direct rental payments
 - Utility assistance
 - Household setup
 - Food security and nutrition services
 - Home and vehicle adaptations
 - Landlord incentives and security deposits
 - Flexible funding for unexpected and emerging needs
- ❖ **Rebalancing:** NH is required to set aside enhanced federal matching funds received for MFP demonstration services to invest in initiatives, programs or services that seek to “rebalance” the long-term services and supports system from institutional to community-based care. Rebalancing initiatives will be addressed in the MFP “Work Plan”. CMS is currently in the process of revising the Work Plan template with an anticipated release in Spring 2024. Potential rebalancing initiatives include investments in infrastructure in training to advance person-centered practices across the HCBS system, IT system enhancements to increase coordination across systems, implementation of comprehensive quality assurance and quality improvement process and system investments to increase workforce and provider capacity.

Integrated Approaches to Complex System Challenges

Through stakeholder input and extensive research over the course of the calendar year 2023, multiple themes emerged regarding the current gaps within the HCBS system, including workforce and housing shortages, unmet behavioral health needs for the LTSS population, and the lack of flexibility in Medicaid-funded programs and supports to meet health-related social needs. The MFP Operational Protocol endeavors to implement novel approaches to these challenges that are intended to complement the wide-ranging strategies adopted by other DHHS initiatives, such as the [System of Care for Healthy Aging](#), [No Wrong Door System of Access to LTSS](#), the [10-Year Mental Health Plan](#), and [Mission Zero](#).

