

The Consolidated Appropriations Act of 2021 (H.R. 133) extends the Money Follows the Person (MFP) Demonstration through federal fiscal year 2023 and offers states a strategic opportunity to continue, and expand upon, transition supports to older adults and persons with disabilities residing in institutional settings. Originally authorized through Section 6071 of the Deficit Reduction Act of 2005 (P.L. 109-171), states have transitioned nearly 102,000 persons to community living through MFP as of the end of 2019.¹ No Wrong Door (NWD) Systems² played a pivotal role in these transitions and impacted the overall advancement of home and community-based service delivery systems (HCBS).³

Key Changes to the MFP Demonstration as a Result of the Consolidated Appropriations Act of 2021:

- Reduces length of stay requirement from 90 days to 60 days
- Adds requirements for a grantee work plan, evaluation, and sustainability plan
- Requires quarterly reporting on the use of grant funds
- Requires a Medicaid and CHIP Payment and Access Commission (MACPAC) report on qualified settings criteria with recommendations for alignment with the HCBS final rule

The role of NWD Systems in the MFP Demonstration builds upon a longstanding partnership between the Administration for Community Living (ACL) and Centers for Medicare & Medicaid Services (CMS). NWD Systems strengthen and expand HCBS by fostering community-based and state level partnerships, providing accurate, timely, and unbiased information to people and families about HCBS options, providing person-centered counseling to aid in decision-making, connecting people to desired services, streamlining eligibility for public programs, assisting in application for supportive programs, following-up to ensure that needs are addressed, and

NWD Key Elements

Element 2.3: The State uses its NWD System to help individuals, regardless of their income or program eligibility, to avoid unnecessary placement in nursing homes and other institutional facilities as well as to help individuals with LTSS needs who are already residing in these types of facilities to transition back to the community.

connecting people to health and social care services to avoid unnecessary institutional stays.⁴ NWD System coordination provides expertise for integrating a broad range of health and social care services to address the holistic needs and preferences of older adults and people with disabilities. As a result, CMS and ACL enhanced their partnership through strategic alignment of NWD with the MFP Demonstration. The table below provides a quick snapshot of NWD System alignment with MFP and the value of such partnerships.

¹ <https://www.medicaid.gov/medicaid/long-term-services-supports/money-follows-person/index.html>

² NWD entities can include ADRCs, AAAs, CILs, and other community based organizations.

³ <https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/ltss-rebalancing-toolkit.pdf>

⁴ Does early use of community-based long-term services and supports lead to less use of institutional care? Kate Stewart and Carol V. Irvin. Based on Medicaid Analytic eXtract (MAX) Data from 2009 through 2014 across 16 states.

Key Components of the NWD System	Value of NWD/MFP Collaboration
State Governance and Administration	A NWD/MFP partnership on State Governance and Administration helps the state by leveraging both programs to form one vision and provides joint leadership to set a direction for balancing long term services and supports (LTSS) and priorities for programs and initiatives across the state. For example, Alabama’s state Medicaid agency, State Unit on Aging, and NWD System entities worked together to enhance their MFP program based on the work and successes achieved by their area agencies on aging (AAA) providing nursing home transitions.
Public Outreach and Coordination with Key Referral Sources	A NWD/MFP partnership on Public Outreach and Coordination with Key Referral Sources helps people know about, understand, and access available services by maximizing the resources of both NWD and MFP to better inform and serve all persons across an integrated service delivery system of public and private programs. While MFP supports transitions out of facilities, NWD can provide information and access to HCBS, health and social care services, extending MFP’s reach and impact. For example, Ohio’s MFP program developed collaborative activities at the regional level, building upon the existing connectedness of the aging and disability network (AAAs, CILs, and other community partners) to enhance housing with services to benefit community living for all persons with disabilities.
Person Centered Counseling	A NWD/MFP partnership on Person-Centered Counseling (PCC) is based on a core principle of both initiatives: to support choice-driven and person-centered service delivery. MFP can leverage the PCC processes that are embedded within the NWD System by supporting informed decision making and continual follow-up necessary to sustain community living. For example, two ADRCs involved in Texas’ MFP program served as “virtual system navigators,” (1) providing options counseling; (2) exploring community options; and (3) facilitating access to services, programs, and resources that assist in the person's relocation from the nursing facility back into the community.
Streamlined Eligibility for Public Programs	A NWD/MFP partnership on Streamlined Eligibility for Public Programs assists people to access streamlined eligibility processes, through efficient application and assessment processes across multiple LTSS programs, and to improve the integrated delivery system consistent with joint NWD/MFP goals. For example, Connecticut MFP staff work closely with ADRC staff to assist each person they serve with the eligibility process for Medicaid.
Information, Referral and Assistance (IR&A)	A NWD/MFP partnership on IR&A can increase care transitions efficiencies by potentially designating ADRCs as the entry point to MFP and leveraging the marketing and outreach across both. For example, the two previously mentioned ADRCs involved in Texas’ MFP program assisted people by facilitating access to services, programs, and resources supporting a return to community living.
Stakeholder Engagement	A NWD/MFP partnership on Stakeholder Engagement helps both NWD and MFP leverage existing stakeholders, and others in the aging and disability network, across programs and services, to advance common goals. These stakeholders serve overlapping populations. Partnership allows for intentional collaboration with all stakeholders, including persons with disabilities of all ages, to build a more inclusive system, a goal of NWD and MFP. For example, North Dakota’s NWD System conducted virtual meetings with hospital and nursing home discharge planners and administrators to discuss how they can create formal partnerships to assist in increasing referrals to MFP and Medicaid HCBS 1915(c) waiver services.
Quality Assurance and Evaluation	A NWD/MFP partnership on Quality Assurance and Evaluation can leverage MFP reporting requirements. MFP Demonstrations are required to collect quality of life and other transition inputs and outputs to: 1.) generate referrals for transition support, 2.) inform continual quality improvement, and 3.) evaluate and determine the value and sustainability of transitions policy and operational strategies. For example, the Missouri ADRC partnered with MFP to create education and training curricula for those involved in, and impacted by, the application of the new MDS 3.0, Section Q. The MFP project director worked in conjunction with participating ADRC staff to review collected MDS Section Q data to increase referrals and monitor the overall quality of transition efforts.

The newest extension of the MFP Demonstration provides NWD Systems with an opportunity to sustain previous partnership efforts and expand upon the NWD System mission to support people of all ages to access HCBS and receive services in the settings of their choice. NWD Systems can take the steps below to grow partnerships already in place, or begin a new partnership.

Outreach to MFP Demonstration Partners

A critical initial step is reaching out to your MFP Demonstration partner (contacts are found on the [Medicaid MFP website](#)) and offering NWD System support. In particular, focus on “telling the story” of NWD System successes including the system’s ability to offer aging and disability experience, connection to community –based partners, and access to processes that streamline eligibility and seamlessly inform and connect people to needed supports and services. In particular, share your direct expertise with care transitions activity which can support MFP Demonstration grantees to meet state transition goals. Further, NWD Systems are experts in person-centered practice and can directly support older adults and people with disabilities to transition to settings of choice (e.g. with family, in an apartment, with a roommate), in preferred ways (e.g. their timing), and with support from people they choose (e.g., home health provider, adult foster care, friend). Beyond care transitions efforts, NWD Systems also have a long history of innovative systems change actions that have led to transformation in how older adults and people with disabilities access and receive Medicaid services. CMS recently noted the impact and role of NWD Systems in their [Long Term Services and Supports Rebalancing Toolkit](#). Share NWD System achievements and prepare to “sell” your value to your state MFP Demonstration partners.

Develop a Strategy and Plan

Partnering with the MFP Demonstration program and other stakeholders to advance innovation in NWD System activities should begin with a strategy and plan consistent with the state’s NWD governance. In partnership with the MFP Demonstration, the NWD System should consider the potential role staff and partners can offer to support care transitions and explore how the NWD System could advance LTSS and HCBS transformation. Notably, NWD Systems can view partnership with MFP Demonstrations through a person and a systems lens.

At a systems level, MFP Demonstrations are focused on strategies (see call out box) to transform how people receive supports,

Consolidated Appropriations Act, 2021 Strategies of Interest to CMS

- How to efficiently and effectively support people of varying needs (I/DD, Older Adults, Physical Disability, Mental Health) to transition, including how to develop support systems for successful community living
- What the most effective use of grant funds are for transition and improvement of health outcomes
- What program, financing and other flexibilities contribute to transition success
- How best to coordinate and finance housing with local housing authorities and other resources
- How best to deliver transition services through managed care entities
- How to integrate MFP practices into the traditional Medicaid program

grant funds could seed new NWD System ideas (e.g. integration of health and social care, expanding partnership with managed care entities to support transitions from hospital to home or nursing facility to home), build in efficiencies (e.g. streamlined information, referral and assistance between NWD System partners and health plans/systems) and/or contribute to infrastructure (e.g. IT interoperability, developing and implementing a Medicaid administrative claiming strategy).

On a person-by-person level, strong partnership between NWD Systems and MFP Demonstration programs can lead to innovations in how people access HCBS and navigate the overall LTSS delivery system across the lifespan. It is important to align NWD System goals with MFP Demonstration goals so that when a partnership is initiated and/or advanced, the desired outcomes of older adults and people with disabilities leverage the collective knowledge and resources of both initiatives.

Actively Engage in the Sharing of Innovative Practices and Lessons Learned

Once a partnership is initiated, or to advance an already established partnership, contribute lessons learned from direct care transitions experience to drive changes in MFP Demonstration operations, when needed. NWD Systems not only have knowledge to transfer, but also can connect MFP Demonstration programs to key stakeholders and community-based partners who can support people to move back to the community. Successful transition is often dependent on access to social services (e.g. food and housing stability) and NWD Systems know how to access and secure these needed supports and achieve successful, lasting transitions. Additionally, it is critically important for NWD Systems to demonstrate their value as key stakeholders within the MFP demonstration and across LTSS transformation. Following the extension of the MFP Demonstration, the Medicaid and CHIP Payment and Access Commission (MACPAC) will submit a Report to Congress on the types of HCBS settings and services available and the alignment of such settings to the HCBS Final Rule. Given broad HCBS applicability, NWD Systems will want to ensure that their lessons learned, promising practices, and thoughts are included.

For more information and/or to seek technical assistance that could best position you for partnership, please email NoWrongDoor@acl.hhs.gov.