



**DEPARTMENT OF HUMAN SERVICES AND OFFICE OF THE OMBUDSMAN FOR
THE INSTITUTIONALIZED ELDERLY**

**FEDERAL INITIATIVE: MONEY FOLLOWS THE PERSON (MFP) DEMONSTRATION
PROJECT**

NEW JERSEY'S MFP PROGRAM: "I CHOOSE HOME NEW JERSEY"

EFFECTIVE DATE: July 1, 2014

DATE ISSUED: July 1, 2014

- I. TITLE: Initial MFP-Nursing Facility Transition Screening Process for
Individuals on Managed Long Term Services and Supports (MLTSS).**
- II. PURPOSE: To establish guidelines for determining an MFP eligible
individual.**
- III. SCOPE: All Nursing Facility residents transitioning to community living on
MLTSS.**
- IV. POLICIES:**
 - According to the Centers for Medicare and Medicaid (CMS) policy**

guidance dated May 17, 2010, an MFP eligible individual must:

- Reside in an inpatient facility for a period of not less than 90 consecutive days;
 - Criteria that should be applied when determining whether to exclude days from the “90 consecutive inpatient facility days”:
 - **Exclude** (doesn’t count toward 90 day stay requirement): Medicare covered post-hospital rehabilitative care that is expected to be short-term in nature as verified by admission records or any other appropriate records. The individual’s plan of care should indicate that the individual is expected to be discharged at the end of the Medicare coverage period;
 - **Should not Exclude** (can count toward 90 day stay requirement):
 - Receiving Medicaid inpatient services furnished by the inpatient facility;
 - Receiving Medicare covered skilled nursing services and **NOT** skilled rehabilitation services as indicated by appropriate records. (Refer to 42 C.F.R. Section 409.33 for examples of services that are considered skilled nursing services but not skilled rehabilitation services).
- Receive Medicaid benefits for inpatient services furnished by the inpatient facility at least one day prior to discharge;
- Meet clinical and financial eligibility for MLTSS;
- Eligible for MLTSS on day of discharge from the inpatient nursing facility;
- Transition to an MFP qualified Community Setting as defined by CMS in the Home and Community Based Services (HCBS) Settings Final Rule dated January 10, 2014;
 - Qualifications for all home and community-based settings include:
 - The setting is integrated in and supports full access to the greater community;
 - Is selected by the individual from among setting options;
 - Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint;

- Optimizes autonomy and independence in making life choices; and
 - Facilitates choice regarding services and who provides them.
- Additional requirements for provider-owned or controlled home and community-based residential settings include:
 - The individual has a lease or other legally enforceable agreement providing similar protections;
 - The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit;
 - The individual controls his/her own schedule including access to food at any time;
 - The individual can have visitors at any time; and
 - The setting is physically accessible.
 - Any modification to these additional requirements for provider-owned home and community-based residential settings must be supported by a specific assessed need and justified in the person-centered service plan.
 - Sign an informed consent agreeing to participate in MFP (see the “Informed Consent” section of MFP Operational Protocol);
 - Complete a Quality of Life Survey prior to discharge from the Nursing Facility.

V. PROCEDURE

- The Managed Care Organization (MCO) Care Manager identifies individuals who wish to transition from the Nursing Facility (NF) to the community. The MCO Care Manager assesses the NF resident at least annually for their desire to transition to the community.
- As per the MCO policy of transitions, the MCO assessor will complete an assessment for NJ NF Level of Care and submit to the appropriate Office of Community Choice Options (OCCO) Regional Office for eligibility determination. If the resident is authorized for NF Level of Care, the MCO assessor will fax the MFP-77 to the OCCO Regional Office for an MFP eligibility screening.
- The OCCO MFP Liaison will then assess the individual to determine:
 - The individual’s desire to return to the community;
 - Verify that all eligibility criteria for MFP are met; and
 - Establish the extent to which the resident wishes to participate in the Interdisciplinary Team (IDT) meeting.
 - If the individual meets the clinical, financial and “90 day stay” requirement for MFP, the program is explained and wish to participate is confirmed.
- The MCO Care Manager sets up an Interdisciplinary Team meeting with the resident, family members, relevant NF staff, NF Social Worker, MFP Liaison/ Community

Choice Counselor (CCC) and a transition plan is developed as per MCO policy and procedure.