

October 26, 2017

Chairman Greg Walden Committee on Energy and Commerce 2185 Rayburn House Office Building Washington, DC 20515

Chairman Michael Burgess Committee on Energy and Commerce Subcommittee on Health 2336 Rayburn House Office Building Washington, DC 20515 Ranking Member Frank Pallone Committee on Energy and Commerce 237 Cannon House Office Building Washington, DC 20515

Ranking Member Gene Green Committee on Energy and Commerce Subcommittee on Health 2470 Rayburn House Office Building Washington, DC 20515

Dear Chairman Walden, Ranking Member Pallone, Chairman Burgess, and Ranking Member Green:

We write to you today to urge the reauthorization of the Money Follows the Person (MFP) program in order to maintain the progress the long-term care community has made in the effort to rebalance long-term services and supports (LTSS) towards home- and community-based services (HCBS). As an association of the nation's leading managed long-term services and supports (MLTSS) plans, our members can attest to the positive impact the MFP program has had in the lives of their beneficiaries. Unfortunately, the authorization for the MFP demonstration expired in September 2016. Without a reauthorization, states will lose any remaining funding for these services by 2020 and will most likely have to suspend the efforts they have funded through this program to rebalance LTSS.

The purpose of MFP is to provide funding and support for states to transition individuals living in institutional care settings into settings that are more integrated with their community. In addition, the program aims to encourage states to create policies to allow funding for LTSS to "follow the person" across their preferred care setting. Since the beginning of the program's operations in 2007, MFP has helped transition over 63,000 individuals from institutional settings of care back into their homes and communities. By the end of 2015, 43 states and the District of Columbia were operating an active MFP program.²

The services and initiatives promoted under MFP include (but are not limited to) "expanding or enhancing community-based LTSS waiver programs," "promoting awareness, use, or access to transition services,"

¹"Money Follows the Person Demonstration: Overview of State Grantee Progress, January to December 2015". Mathematica. June 2016.

² Ibid



"Improving participants' access to affordable and accessible housing," and "training direct care workers and medical professionals." MFP funds can also directly facilitate LTSS users' housing transitions by helping them pay for rental deposits, furniture, and other housing essentials they may not have when they leave their institutional setting.

The National MLTSS Health Plan Association is an association of health plans that contract with states to provide managed long-term services and supports (MLTSS). Our members currently cover about 70 percent of enrollees in MLTSS plans and assist States in delivering high quality services at the same or lower cost as the fee for service system with a particular focus on ensuring beneficiaries quality of life and ability to live in the community instead of an institution. In the case of MFP, states have relied on our members to coordinate the transition process for beneficiaries, provide support and follow-up services post-transition to ensure beneficiaries are not readmitted to an institution, and identify and refer beneficiaries eligible for services.

A number of evaluations of the MFP program have proven it successful not only in preventing beneficiaries from being readmitted to an institutional care setting, but achieving beneficiary satisfaction and achieving savings for states. In evaluations by Mathematica, MFP participants reported improvements in all measured quality of life domains one year after transitioning out of an institutional care setting. Beneficiaries reported a similar amount of satisfaction two years after their transition.³ MFP participants are also likely to remain in community settings, as the Kaiser Family Foundation found only 8 percent of all participants returned to an institution.⁴ This success and beneficiary satisfaction culminates in achieving savings for states: MFP transitions made through 2013 have generated health care cost savings of "\$204 to \$978 million depending on the number of transitions that can be attributed to the MFP demonstration."

However, this is to not say that the program and its stakeholders have not experienced challenges during its operation. MLTSS plans and states have experienced difficulties in identifying an adequate supply of housing and workforce necessary to achieve the goals of the MFP program. Adding further complications, MLTSS plans cannot help beneficiaries pay for housing with Medicaid funds, nor can they create the interagency partnerships state MFP staff have (although plans do pay for services to help people remain in alternative housing and have developed successful local interagency partnerships).

³ "Money Follows the Person 2014 Annual Evaluation Report". Mathematica. December 18, 2015. Accessed October 17, 2017. < https://www.mathematica-mpr.com/our-publications-and-findings/publications/money-follows-the-person-2014-annual-evaluation-report>

⁴ M. Watts, E. Reaves, and M. Musumeci. "Money Follows the Person: A 2015 State Survey of Transitions, Services, and Costs." Kaiser Family Foundation. October 2015.

⁵ "Money Follows the Person 2015 Annual Evaluation Report". Mathematica. May 2017. https://www.mathematica-mpr.com/our-publications-and-findings/publications/money-follows-the-person-2015-annual-evaluation-report



Moving forward, we would urge you to reauthorize MFP in order to maintain the progress the LTSS community has made in rebalancing towards HCBS. In addition, we would recommend changes to the program that would help address the workforce and housing challenges issuers and states have faced.

We would welcome the opportunity to discuss this further with you at your convenience. If you have any questions, please feel free to contact me at latkins@mltss.org.

Best,

G. Lawrence Atkins

Executive Director